

2008-2009 SELF-AUDIT FORM FOR ARKANSAS UNDERGROUND STORAGE TANKS

(If you need additional forms, please **Do Not Copy**. Instead, contact the RST Division.)

**Do Not
Staple**

60-00308

60000135

FACILITY ID #

Return original forms to ADEQ, RST Division,
5301 Northshore Dr., No. Little Rock, AR 72118-5317
No later than September 30, 2008

Owner Name (print)

Baptist Health Medical Center - LR

Address

9601 I-630 Exit 7

City

Little Rock

State

AR

Zip Code

72205

Facility Name (print)

Baptist Health Medical Center - LR

Address

9601 I-630 Exit 7

City

Little Rock

State

AR

Zip Code

72205

Date of Evaluation

09/26/08

Please note that completing this checklist does not guarantee that you are in compliance with UST requirements. Only an official site inspection can confirm your compliance status. Check with ADEQ if you have questions concerning this form. YOU MUST COMPLETE A NEW FORM ANNUALLY.

Your USTs have RELEASE DETECTION?

Only mark answers in columns for tanks you actually have. 1 tank per column.

	UST #1	UST #2	UST #3	UST #4
UST uses Interstitial Monitoring at least monthly?	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☒ Y ☐ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
UST Uses Automatic Tank Gauging at least monthly?	☒ Y ☐ N ☐ O ☐ NA	☒ Y ☐ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
UST uses Vapor Monitoring at least monthly?	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
UST uses Groundwater Monitoring at least monthly?	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
UST uses Manual Tank Gauging alone (only for tanks 1,000 gallons or less)?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA
UST uses Manual Tank Gauging & Tank Tightness Testing (only for tanks 1,001-2,000 gallons and 10-year maximum use after upgrade)?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA
UST uses Inventory Control and Tank Tightness Testing (10-year maximum use after upgrade)?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA

Specify any other release detection method, such as SIR:

If UST has PRESSURIZED PIPING:

Only mark answers in columns for tanks you actually have. 1 tank per column.

Piping uses annual line tightness testing?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA
Piping uses monthly or continuous monitoring?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA

If UST has SUCTION PIPING:

Only mark answers in columns for tanks you actually have. 1 tank per column.

Piping uses annual line tightness testing?	☒ Y ☐ N ☐ O ☐ NA	☒ Y ☐ N ☐ O ☐ NA	☒ Y ☐ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
Piping uses monthly monitoring?	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☒ N ☐ O ☐ NA	☐ Y ☐ N ☐ O ☐ NA
Piping has no release detection requirements due to design?	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☒ NA	☐ Y ☐ N ☐ O ☐ NA

You keep records at least 1 year showing the results of repairs and of monthly sampling, testing, and monitoring of release detection (except for tank tightness testing records, which you keep until the next test)?

☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☐ Y ☐ N ☐ O ☐ NA

You keep records at least 5 years of calibration and maintenance of release detection equipment? Mark NA if you use manual tank gauging, inventory control, or tank tightness testing.

☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☐ Y ☐ N ☐ O ☐ NA

You keep vendor's performance claims and results of third-party evaluations for 5 years for interstitial monitoring, automatic tank gauging, vapor monitoring, groundwater monitoring, tank tightness testing, or other applicable approved methods?

☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☒ Y ☐ N ☐ O ☐ NA ☐ Y ☐ N ☐ O ☐ NA

Shade Circles Like This--> ●

Not Like This--> ⊗

-OVER-

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60000135

FACILITY ID #

Your USTs have CORROSION PROTECTION?

Only mark answers in columns for tanks you actually have. 1 tank per column.

	UST #1	UST #2	UST #3	UST #4
Tank is fiberglass?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Tank is coated & cathodically protected steel (Stip-3)?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Tank is steel clad (or jacketed) with non-corrodible material?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Tank retrofitted with cathodic protection (impressed current or sacrificial anode system)?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Tank retrofitted with interior lining?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Specify any other method used to achieve tank's corrosion protection:				

Your piping has CORROSION PROTECTION?

Only mark answers in columns for tanks you actually have. 1 tank per column.

	UST #1	UST #2	UST #3	UST #4
Piping is non-corrodible material (fiberglass, flexible piping, etc.)?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Piping is coated & cathodically protected steel?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Piping retrofitted with cathodic protection?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Specify any other method used to achieve piping's corrosion protection:				

You have RECORDS FOR CATHODIC PROTECTION:

Only mark answers in columns for tanks you actually have. 1 tank per column.

If you have impressed current systems or sacrificial anodes, you have the documentation of the last 2 tests conducted within 6 months of installation, at least every 3 years thereafter, and within 6 months of a repair?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
If you have an impressed current system, you have documentation of the last three rectifier readings that need to be taken every 60 days to show that the rectifier is working properly? (Most USTs will share one rectifier.)	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

Your UST has SPILL PROTECTION:

Only mark answers in columns for tanks you actually have. 1 tank per column.

UST has spill protection equipment, such as catchment basin?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
Your UST has OVERFILL PROTECTION:				
UST has automatic shutoff device?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
UST has overflow alarm?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA
UST has ball float valve (cannot be used on systems with suction piping)?	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

OTHER REQUIREMENTS for entire facility:

Respond in each row for entire facility

You have filed a notification form with ADEQ?	☐ Y ☐ N ☐ NA
You keep records of all UST system repairs for the operating life of the UST system?	☐ Y ☐ N ☐ NA
If you have permanently closed any USTs, you satisfy the requirements for permanent closure and keep site assessment results for 3 years?	☐ Y ☐ N ☐ NA
If you have temporarily closed any USTs, you satisfy the requirements for temporary closure?	☐ Y ☐ N ☐ NA
You have the correct ADEQ Registration Certificate (with current year's sticker) posted in a conspicuous location at the facility?	☐ Y ☐ N ☐ NA

CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally completed and am familiar with the information submitted in this and all attached documents, and that the submitted information is true, accurate and complete.

Owner Name (print) Baptist Health Medical Center - LR

Owner Signature

Date Signed

Alan Forrest

Sept 26, 2008

RECEIVED

OCT 01 2008

ADEQ-RST

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