Leak Detection Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): ENTERGY ARKANSAS

Street Address: 425 W. CAPITOL

County: Pulaski

City: LITTLE ROCK State: AR Zip Code: 72203

Area Code: 501 Phone Number: 688-7270

Contact Person At UST Location: BARRY SNOW Phone #

B. Location of Tank(s)

(If Same as Section 1, check here ___)

Facility Name or Company Site identifier, as applicable: ENTERGY AR - WHITE BLUFF

Street Address or State Road, as applicable: 1100 WHITE BLUFF ROAD

City (nearest): REDFIELD State: AR Zip Code: 72132

County: JEFFERSON 34, 42198

Number of Tanks at This Location: 2 -92, 13623

Facility ID#: 35000026

C. Tank Information

(1) Tank(s) presently in use	Tank 1	Tank 2	Tank __	Tank __
(2) If not in use, date last used				
(3) If emptied, verify 1" or less of product in tank				
(4) Month and Year Tank Installed (E-estimate or K-known)	K 1991	K 1991		
(5) Material of Construction (E-estimate or K-known)	K FRP	K FRP		
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	K 4000	K 4000		
(7) Substance Stored (E-estimate or K-known)	K GAS	K DIESEL		

D. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

(1) Manual Tank Gauging (only for tanks under 1,000 gal.)				
(2) Manual Tank Gauging and Tank Tightness Testing (only for tanks under 2,000 gal.)				
(3) Tank Tightness Testing and Inventory Control				
(4) Automatic Tank Gauging				
(5) Vapor Monitoring				
(6) Groundwater Monitoring				
(7) Interstitial Monitoring	✓	✓		
(8) Other approved method (write in name of method)				

E. Release Detection For Piping

Check the release detection method(s) used for piping.

(1) Check Type of Piping for each Tank	Pressure Pipe				
	Suction Pipe	✓	✓		
(2) **FOR PRESSURE PIPING:** Automatic Line Leak Detectors, and (check one)					
(a) Vapor Monitoring					
(b) Groundwater Monitoring					
(c) Secondary Containment With Monitoring					
(d) Line Tightness Testing					

F. Corrosion, Spill/Overfill Protection

(1) Corrosion protection installed (indicate date) 1991

FRP TANKS & PIPING \ DOUBLE WALL ANODES SURFACE

(2) Spill/Overfill protection installed (indicate date)

SPILL BUCKETS / FLAPPER VALVES

G. Trust Fund Certification

(1) Certification? Yes (No) N/A (circle one)

If N/A, mechanism for meeting financial responsibility? FINANCIAL REPORT

(2) Can deductible be satisfied? (Yes) No N/A (circle one)

H. Site Information

General site observations and comments (vicinity observations, ground water level, etc.) _____

I, RANDY FOWLER (Print Name), certify that I have inspected the above named facility on 7-29-04 2:00PM (Date/Time)

Inspector's Signature: R Fowler Date: 7-29-04

Release Detection for Piping

Facility ID#: 35000026

Pressurized Piping A method must be selected from each set. Where applicable, indicate date of last test. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional piping.

Set 1	Tank 1	Tank 2	Tank __	Tank __
(1) Automatic Flow Restrictor				
(2) Automatic Shut-off Device				
(3) Continuous Alarm System				
and				
Set 2				
(4) Annual Line Tightness Testing				
(5) Vapor Monitoring				
(6) If Vapor Monitoring, documentation of monthly monitoring is available?				
(7) Interstitial Monitoring				
(8) If Interstitial Monitoring, documentation of monthly monitoring is available?				
(9) Groundwater Monitoring				
(10) If Groundwater Monitoring, documentation of monthly monitoring is available?				
(11) Other Approved Method (specify in comments)				

Suction Piping Indicate date of most recent test.

(12) Line Tightness Testing (required every 3 years)				
(13) Vapor Monitoring				
(14) Secondary Containment with Interstitial Monitoring				
(15) Groundwater Monitoring				
(16) Other Approved Method (specify in comments)				
(17) **No Release Detection Required? (must answer yes to all of the following questions)**	—	—		
(a) Operates at less than atmospheric pressure	—	—		
(b) Has only one check valve, which is located directly under pump	—	—		
(c) Slope of piping allows product to drain back into tank when suction released	—	—		
(d) All information on suction piping is verifiable	—	—		

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size & substances stored) and location of wells and their distance from tanks and piping.

Comments: WATER LEAK BENEATH UNLEADED DISPENSER. NEEDS TO BE FIXED

I RANDY FOWLER (Print Name) certify that I have inspected the above named facility on 7-29-04 (Date/Time)

Inspector's Signature: R Fowler Date: 7-29-04

Interstitial Monitoring

Facility ID #: 35000026

Manufacturer and Name of System: WARRICK CONTROLS DWT-TYPE II RS-10 SERIES

Date System Installed: 1991

Materials Used for Secondary Barrier: N/A

Materials Used for Internal Lining: N/A

Interstitial Space is Monitored (circle one): Automatically, Continuously, Monthly.

Please check 'YES' or 'NO' or 'N/A' for each question		✓		✓		✓
(1) All tanks in system are fitted with secondary containment & interstitial monitoring?	YES		NO	✓	N/A	
(2) System is designed to detect release from any portion of UST system that routinely contains product?	YES	✓	NO		N/A	
(3) Monitoring method documented as capable of detecting leak as small as .1 gal/hr. with at least 95% probability of detection & a probability of false alarm of no more then 5%?	YES	✓	NO		N/A	
* (4) Documentation of monthly readings is available for last 12 months?	YES	✓	NO		N/A	
(5) Maintenance & calibration documents & records are available & indicate appropriate maintenance procedures for system have been implemented?	YES	✓	NO		N/A	
(6) Monitoring box, if present, is operational?	YES	✓	NO		N/A	
(7) If monitoring wells are part of leak detection system, monitoring wells are clearly marked & secured to avoid unauthorized access & tampering?	YES	✓	NO		N/A	
(8) Interstitial space is monitored manually on monthly basis? (If yes, answer next question)	YES	✓	NO		N/A	
(a) Equipment used to take readings is accessible and functional?	YES	✓	NO		N/A	
(9) Tank is double-walled?	YES	✓	NO		N/A	
(10) Tank is fitted with internal bladder to achieve secondary containment? (If yes, then answer following question).	YES		NO		N/A	✓
(a) Bladder is compatible with substance stored & will not deteriorate in the presence of that substance?	YES		NO		N/A	
(11) Excavation is lined with impervious artificial material to achieve secondary containment (If yes, answer the following questions).	YES		NO		N/A	✓
(a) Secondary barrier is always above groundwater?	YES		NO		N/A	
(b) If secondary barrier is not always above groundwater, secondary barrier & monitoring designs are for use under such conditions?	YES		NO		N/A	
(c) Secondary barrier is constructed from artificially constructed material, with permeability to substance < 10^{-6} cm/sec?	YES		NO		N/A	
(d) Secondary barrier is compatible with the regulated substance stored and will not deteriorate in presence of substance?	YES		NO		N/A	
(e) Secondary barrier does not interfere with operation of cathodic protection system?	YES		NO		N/A	

Comments: ALSO USES ALARM TESTS MONTHLY

OWNED CONTAINS 8000 GAL UNIT

Inspector's Signature: R Fowl Date: 7-29-04

INSPECTION SUMMARY

(An asterisk [*] denotes violation)

Check (✓) the appropriate box:

- ☐ Facility non-compliant with SOC Release Detection.
- ☒ Facility non-compliant with SOC Release Prevention.
- ☐ Facility non-compliant with both SOC Release Detection and SOC Release Prevention.
- ☐ Facility has other non-SOC compliance issues.
- ☐ Facility in compliance at time of inspection.

NEED 3 YEAR CORROSION CERTIFICATION FOR ANODES ON FLEX LINES

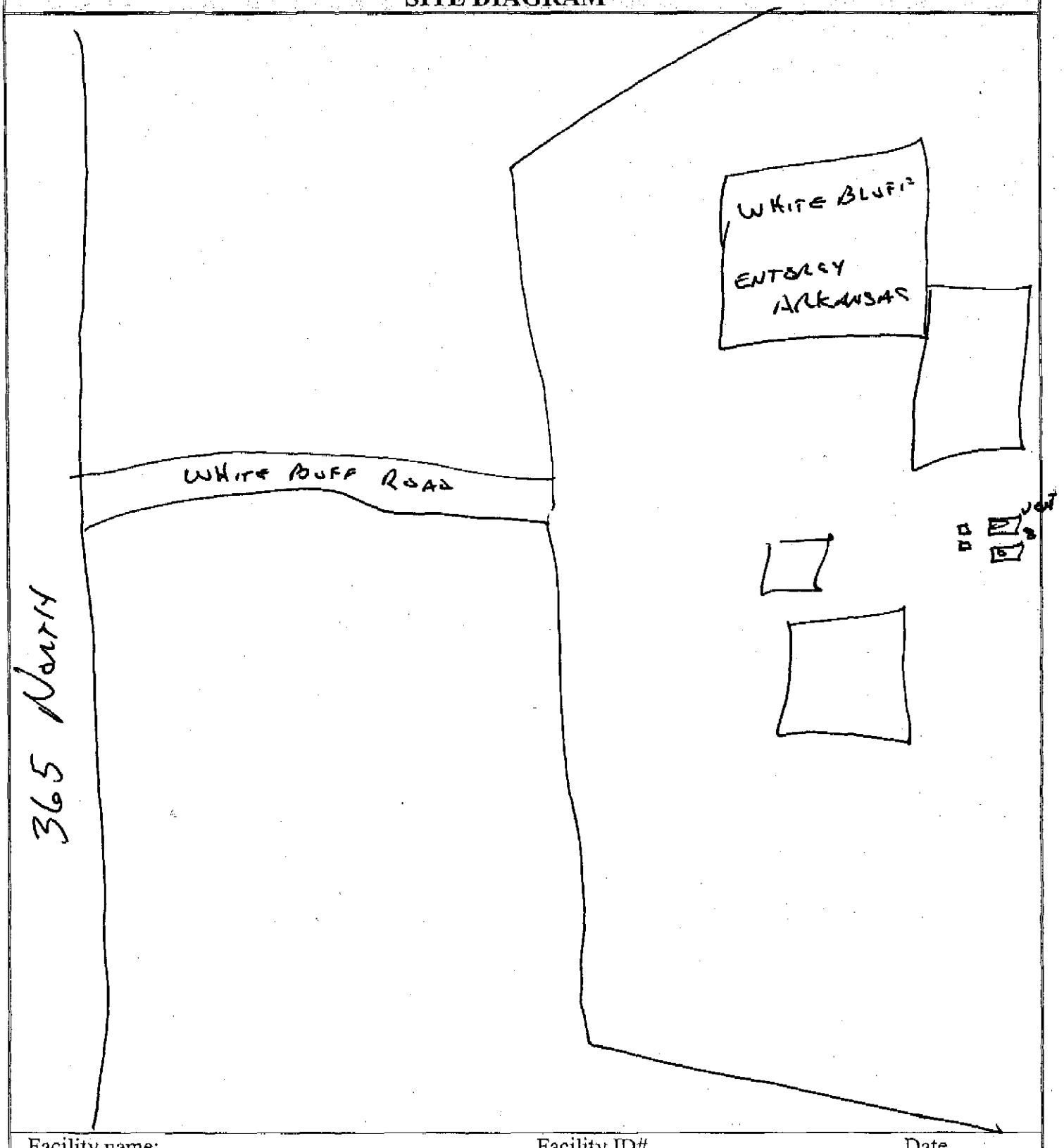
This inspection checklist and summary serve as your Notice of Noncompliance (if violations are indicated).

You have until 8-29-04 to provide evidence of compliance. Noncompliance issues could result in enforcement actions including, but not limited to, penalty assessments. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement actions.

Signature of Owner/Owner's Representative

07/29/2004
Date

SITE DIAGRAM



Facility name:	Facility ID#	Date
ENTERGY AR-WHITE BLUFF	35000026	7-20-04