

# Arkansas Department of Environmental Quality

## UST Compliance Inspection Checklist

**A. Ownership of Tank(s)**

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

ENTERGY ARKANSAS

Street Address

425 WEST CAPITAL

County

PULASKI

City

LITTLE ROCK

State

AR

Zip Code

72203

Area Code

501

Phone Number

688-7270

Contact Person At UST Location

Phone #

**B. Location of Tank(s)**(If Same as Section 1, check here ☐)

Facility Name or Company Site Identifier, as applicable

ENTERGY ARK - WHITE BLUFF

Street Address or State Road, as applicable

1100 WHITE BLUFF ROAD

City (nearest)

REDFIELD

State

AR

Zip Code

72132

County

JEFFERSON

Number of Tanks at This Location: 2

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 GASOLINE | 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. Financial Assurance**

|                                                             |     |    |     |                                                         |
|-------------------------------------------------------------|-----|----|-----|---------------------------------------------------------|
| (1) Petroleum Storage Tank Trust Fund (PSTTF)? (circle one) | Yes | No | N/A | If No or N/A for PSTTF, mechanism for meeting financial |
| (2) Can PSTTF deductible be satisfied? (circle one)         | Yes | No | N/A | responsibility?                                         |

**G. Site Information**

General site observations and comments (vicinity observations, groundwater level, etc.)

I, Randy Fowlson, certify that I have inspected the above named facility on 10-12-06  
 (Print Name) (Date/Time)

Inspector's Signature:

R Fowlson

Date:

10-12-06

## 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 Leak Detection Required?<br>(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 &amp; substances stored) and location of wells and their distance from tanks and piping.

Comments

I RANDY FOWLER  
(Print Name)

certify that I have inspected the above named facility on

10-12-06  
(Date/Time)

Inspector's Signature:

R Fowler

Date:

10-12-06

**RELEASE PREVENTION**Facility ID#: 35000026

Check (✓) for compliance; "No" for noncompliance. Leave blank for "N/A".

**I. SPILL PREVENTION**

|                                                                  | Tank# <u>1</u> | Tank# <u>2</u> | Tank# | Tank# |
|------------------------------------------------------------------|----------------|----------------|-------|-------|
| (1) Spill prevention device present and operational. [1]         | ✓              | ✓              |       |       |
| (2) Spill prevention device in good repair.                      | No             | No             |       |       |
| (3) Spill prevention device has no significant debris or liquid. | /              | /              |       |       |

**II. OVERFILL PREVENTION**

|                                                                 |   |   |  |  |
|-----------------------------------------------------------------|---|---|--|--|
| (1) Overfill prevention device present and operational. [2]     | ✓ | ✓ |  |  |
| <b>A. Automatic shutoff device.</b>                             |   |   |  |  |
| (1) Verified by observations.                                   | ✓ | ✓ |  |  |
| (2) Automatic shutoff device is functional and operational. [2] | ✓ | ✓ |  |  |
| (3) Automatic shutoff device appropriate for system.            | ✓ | ✓ |  |  |
| <b>B. Audible or visual alarm</b>                               |   |   |  |  |
| (1) Present                                                     |   |   |  |  |
| (2) Alarm is functional and operational. [2]                    |   |   |  |  |
| (3) Alarm is audible/visible to delivery driver. [2]            |   |   |  |  |
| <b>C. Ball float valves</b>                                     |   |   |  |  |
| (1) Presence verified thru records and/or observation.          |   |   |  |  |
| (2) Ball float is operational. [2]                              |   |   |  |  |
| (3) Ball float is appropriate for system.                       |   |   |  |  |

**III. OPERATION AND MAINTENANCE**

|                                                                                      |  |  |  |  |
|--------------------------------------------------------------------------------------|--|--|--|--|
| (1) Repairs to UST system performed according to a recommended practice.             |  |  |  |  |
| (2) Repaired UST system tightness tested within 30 days of repair. [3]               |  |  |  |  |
| (3) CP system tested within 6 months of any CP repair. [4]                           |  |  |  |  |
| (4) Records of UST system repairs.                                                   |  |  |  |  |
| (5) CP system properly operated and maintained to provide continuous protection. [5] |  |  |  |  |
| (6) CP system performing adequately based on results of testing. [5]                 |  |  |  |  |

Comments:

SPILL Buckets NEED REPLACING

Inspector's Signature

R. L. Lavelle

Date

10-12-06

## RELEASE PREVENTION (Cont'd)

Facility ID#: 35000026

Check (✓) for compliance; "No" for noncompliance. Leave blank for "N/A".

| IV. CORROSION PROTECTION                                                               | System# 1 |        | System# 2 |        | System# |        | System# |        |
|----------------------------------------------------------------------------------------|-----------|--------|-----------|--------|---------|--------|---------|--------|
|                                                                                        | Tank      | Piping | Tank      | Piping | Tank    | Piping | Tank    | Piping |
| A. Material of Construction (Check all that apply)                                     |           |        |           |        |         |        |         |        |
| NON-CORRODIBLE                                                                         | ✓         | ✓      | ✓         | ✓      |         |        |         |        |
| CORRODIBLE                                                                             |           |        |           |        |         |        |         |        |
| B. Internal lining                                                                     |           |        |           |        |         |        |         |        |
| (1) Installed according to a recommended practice.                                     |           |        |           |        |         |        |         |        |
| (2) Inspected in a timely manner and lining is in compliance. [7]                      |           |        |           |        |         |        |         |        |
| (3) Inspected according to approved protocol.                                          |           |        |           |        |         |        |         |        |
| (4) Corrective action taken on failed inspection.                                      |           |        |           |        |         |        |         |        |
| C. Galvanic (sacrificial) anodes                                                       |           |        |           |        |         |        |         |        |
| (1) Designed by CP expert/specialist.                                                  |           |        |           |        |         |        |         |        |
| (2) Tested in a timely manner.                                                         |           |        |           |        |         |        |         |        |
| (3) Corrective action taken on failed test.                                            |           |        |           |        |         |        |         |        |
| (4) Metal components (i.e., flex lines, submersibles, etc.) protected as required. [8] |           |        |           |        |         |        |         |        |
| (5) Operational records available.                                                     |           |        |           |        |         |        |         |        |
| D. Impressed current                                                                   |           |        |           |        |         |        |         |        |
| (1) Designed by CP expert/specialist.                                                  |           |        |           |        |         |        |         |        |
| (2) Tested in a timely manner.                                                         |           |        |           |        |         |        |         |        |
| (3) Rectifier is operational.                                                          |           |        |           |        |         |        |         |        |
| (4) Daily records of 60-day check. [6]                                                 |           |        |           |        |         |        |         |        |
| (5) Corrective action taken on failed check.                                           |           |        |           |        |         |        |         |        |
| (6) Operational records available.                                                     |           |        |           |        |         |        |         |        |
| (7) CP system maintained.                                                              |           |        |           |        |         |        |         |        |
| (8) Metal components (i.e., flex lines, submersibles, etc.) protected as required. [8] |           |        |           |        |         |        |         |        |

Comments:

Inspector's Signature

R. P. Peral

Date 10-12-06

# Interstitial Monitoring

Facility ID #: 35000026Manufacturer and Name of System: WARRICK CONTROLS DNF-TYPE II  
RS-10 SENSORDate System Installed: 1991

Materials Used for Secondary Barrier: \_\_\_\_\_

Materials Used for Internal Lining: \_\_\_\_\_

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

Please check 'YES' or 'NO' or 'N/A' for each question

|                                                                                                                                                                                    | YES | NO | N/A |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| (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 than 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 <sup>6</sup> 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: \_\_\_\_\_

Inspector's Signature: R. PaulDate: 11-12-06

## 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.

\* FAILURE TO REPAIR OR REPLACE SPILL BUCKETS

\* FAILURE TO USE APPROVED PAVING ON AT&T  
RISERS (PVC)

NOTE: SPILL BUCKET REPAIR IS AN ISSUE FROM  
INSPECTION ON 9-13-05

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

You have until 12-12-06 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

10/12/2006  
Date