Facility ID: 35000026 AFIN: 35-00110 Facility Name: Entergy White Bluff

ARKANSAS DEPARTMENT OF ENERGY & ENVIRONMENT - DEQ
UST PERMANENT CLOSURE REPORT
(40CFR280 SUBPART G)

Date of Closure: 06/24/2020 Inspection #: 112353

A. UST OWNERSHIP

Entergy Arkansas LLC
Owner Name

425 West Capital Avenue 22-D
Street Address

Little Rock, AR 72201
City, State Zip

501-377-4030
Phone Number

B. LOCATION OF TANK(S)

(If same as "Owner", check here:)

Entergy White Bluff
Facility Name

1100 White Bluff Road
Street Address

Redfield, AR 72132
City, State Zip

Phone Number

C. CONTRACTOR INFORMATION

PMI
Company Name

3512 South Shackleford
Street Address

Little Rock, AR 72205
City, State Zip

501-221-7122
Phone Number

Danny Murdaugh
Site Supervisor

000236
UST License Number

D. TANK INFORMATION

Number of tanks at this location: 2

Number of tanks removed: 2

Number of tanks closed in place: 0

Type of inert solid used:

Number of tanks included in change-of-service: 2

Non-regulated substance to be stored in tank:

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

(1) Was a vapor monitoring system in operation according to 40CFR280.43 (e) at time of closure?	YES ✔ NO
(2) Was a groundwater monitoring system in operation according to 40CFR280.43 (f) at the time of closure?	✔ YES NO
(3) If applicable, did either the vapor monitoring or the groundwater monitoring system indicate a release had occurred?	YES ✔ NO
(4) During assessment did the owner/operator measure for contamination where it was most likely to occur at the UST site?	✔ YES NO
(5) Did DEQ personnel visit the site during closure? If yes, give name and date: Bryan Paul	✔ YES NO
(6) During closure did owner/operator encounter any:	
(a) Free Product	YES ✔ NO
(b) Contaminated Soil	YES ✔ NO
(c) Contaminated Groundwater	YES ✔ NO

Please save your changes before proceeding.

Facility ID: 35000026 AFIN: 35-00110 Facility Name: Entergy White Bluff

UST PERMANENT CLOSURE REPORT
(CONTINUED)

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

If yes, indicate corrective action taken for contamination**:**	
(7) What is the depth of the groundwater? _____	
(8) What type of backfill was encountered? **(Check One)** Sand ✔ Gravel Native Soil Other: _____	
(9) Was a 30-day Notification of Permanent Closure sent? If yes, date received: 04/29/2020	✔ YES NO
(10) Was this closure a result of corrective action taken?	YES ✔ NO
(11) Did owner/operator empty and clean all tanks removing accumulated liquids or sludge?	✔ YES NO
(12) Did owner/operator purge tanks of flammable vapors prior to removal?	✔ YES NO
(13) Has owner/operator conducted site assessment according to 40CFR280.72?	✔ YES NO
(14) Did site assessment indicate any contamination above the prescribed limits for particular site conditions?	YES ✔ NO

Attach site maps, results of site assessments, lab sample results, sample locations, chains of custody, photographs and any other pertinent information.

Comments:

Tanks were removed on 06/24/2020. Backfill was placed back in the excavation and new backfill was added.

Inspector's Signature: Bryan Paul Digitally signed by Bryan Paul Date: 2020.06.25 11:32:54 -05'00' Date: 06/25/2020

Please save your changes before proceeding.