

Arkansas Department of Environmental Quality

Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): Baptist Medical Center
 Street Address: 9601 I-630, Exit 7 Fac Mngt
 County: Pulaski
 City: Little Rock State: AR Zip Code: 72205
 Area Code: (501) Phone Number: 227-2389
 Contact Person At UST Location: Frank White Phone #: (501) 202-1152

B. Location of Tank(s)

(If Same as Section 1, check here ☐)
 Facility Name or Company Site Identifier, as applicable: Baptist Medical Center - Eye Ctr
 Street Address or State Road, as applicable: 9601 I-630, Exit 7
 City (nearest): Little Rock State: AR Zip Code: 72205
 County: Pulaski Lat. 34.74637362
 Number of Tanks at This Location: 3 Long. 92.38305244
 Facility ID#: 60000135

C. Tank Information

(1) Tank(s) presently in use	Tank <u>2</u>	Tank <u>3</u>	Tank <u>4</u>	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)	<u>2/98</u>	<u>2/98</u>	<u>4/94</u>	
(5) Material of Construction (E-estimate or K-known)	<u>FRP</u>	<u>FRP</u>	<u>FRP</u>	
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	<u>15,000</u>	<u>10,000</u>	<u>2500</u>	
(7) Substance Stored (E-estimate or K-known)	<u>Diesel</u>	<u>Kerosene</u>	<u>Diesel</u>	

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): FRP Tanks / FRP Lines
 (2) Spill/Overfill protection installed (indicate date): Spill Catchment / Ball Floats 3 & 2 / Flapper Valve #4

G. Trust Fund Certification

(1) Certification? Yes No N/A (circle one)
 If N/A, mechanism for meeting financial responsibility? _____
 (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.): Note: Tank 2 is for an emergency generator & boilers, Tank 3 is aviation fuel, Tank 4 is generator & boiler.

I, Kevin Davis, certify that I have inspected the above named facility on 12/1/04 1400
 (Print Name) (Date/Time)
 Inspector's Signature: [Signature] Date: 12/1/04

Release Detection for Piping

Facility ID#:

60000135

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 2	Tank 3	Tank 4	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:

Kevin Davis

(Print Name)

certify that I have inspected the above named facility on

12/1/04 1400

(Date/Time)

Inspector's Signature:



Date:

12/1/04

Automatic Tank Gauging

Facility ID#: 60000135

Manufacturer, name and model number of system: Veeder Root TLS 300C

Please check 'YES' or 'NO' for each question

(1) Device documentation is available at site (e.g., manufacturer's brochures, owners manual)?	YES	☒	NO	☐
(2) Device can measure height of product to nearest one-eighth of an inch?	YES	☒	NO	☐
(3) Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch?	YES	☒	NO	☐
(4) Device will declare a leak on the basis of inventory reconciliation if discrepancy exceeds 1% of flow-through, plus 130 gallons on a monthly basis?	YES	☐	NO	☐
(5) Documentation is available that the ATG was in test mode a minimum of once a month?	YES	☒	NO	☐
(6) Checked for presence of gauge in tanks?	YES	☒	NO	☐
(7) Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation)?	YES	☒	NO	☐
(8) Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods")?	YES	☒	NO	☐
(9) Checked documentation that system was installed, calibrated and maintained according to manufacturer's instructions?	YES	☐	NO	☐
(10) Maintenance records are available upon request?	YES	☒	NO	☐
(11) Monitoring and testing records are available for the past 12 months?	YES	☒	NO	☐

Comments: ATG used as leak detection for tanks 2 and 3.

Inspector's Signature: 

Date: 12/1/04

Groundwater Monitoring

Facility ID#: 60000135Date GWM System Installed: 4/94Number of Wells: 1Distance of well from tank(s): (1) 1' (2) _____ (3) _____ (4) _____Distance of well from piping: (1) N/A (2) _____ (3) _____ (4) _____Site assessment was conducted by: *Location of Site Assessment Documentation: *

Please answer each question for each well

If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well 1	Well	Well	Well
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	<u>Yes</u>			
(2) Well was opened & presence of water was observed in well at depth of _____ feet?				

Please check 'YES' or 'NO' for each question

(3) Wells are used to monitor piping?	YES	☒	NO	☒
(4) Site assessment was performed prior to installation of wells?	YES	☒	NO	☐
(5) Documentation of monthly readings is available?	YES	☒	NO	☐
(6) Specific gravity of product is less than one?	YES	☒	NO	☐
(7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to: <u>*</u>	YES	☒	NO	☐
(8) Groundwater is not more than 20 feet from ground surface?	YES	☒	NO	☐
(9) Wells are sealed from the ground surface to top of filter pack?	YES	☒	NO	☐
(10) Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth inch of free product on top of groundwater in well?	YES	☒	NO	☐
(11) Groundwater is monitored: (☒) Manually on a monthly basis? () Automatically (continuously, or on a monthly basis [Circle one]).				
(12) If groundwater is monitored manually: Bailer used is accessible & functional?	YES	☒	NO	☐
(13) If groundwater is monitored automatically: Monitoring box is operational? <u>N/A</u>	YES	☐	NO	☐
(14) Checked for presence of sensor in monitoring well? <u>N/A</u>	YES	☐	NO	☐

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 * Groundwater Monitoring Site Assessment RequiredNote: Groundwater monitoring used as leak detection for tank #4 only.Inspector's Signature: [Signature]Date: 12/1/04

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.

* Groundwater monitoring Site Assessment required. (Tank #4)

* Proof of overflow protection required for tank #4.

ADEQ

Inspector : Kevin Davis

Date: 12/1/04

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

You have until 12/15/04 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

Dec. 1, 2004

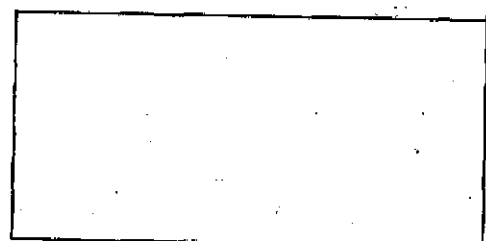
Date

SITE DIAGRAM

I-630

☐ Tank #4

Eye Center



Parking Lot

Parking Deck

Baptist Hospital

☐ Tank #2

☐ Tank #3

Kanis Road

Baptist Medical Center - Eye Ctr.

60000135

12/1/04

FACILITY NAME

FACILITY ID#

DATE