Arkansas Department of Environmental Quality
UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity): BAPTIST HEALTH MEDICAL CENTER
Street Address: FACILITY MANAGEMENT
County: PULASKI
City: LITTLE ROCK State: AR Zip Code: 72205
Area Code: 501 Phone Number: 202-1152
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: BAPTIST HEALTH MEDICAL CENTER
Street address or State Road, as applicable: 9601 I-630, EXIT 7
City (nearest): LITTLE ROCK State: Arkansas Zip Code: 72205
County: PULASKI Lat.:
Number of Tanks at This Location: 3 Long.:
Facility ID#: 60000135

C. Tank Information

(1) Tank(s) presently in use	Tank# 2	Tank# 3	Tank# 4	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)	2/1/1998	2/1/1998	4/1/1994	
(5) Material of Construction (E-estimate or K-known)	FRP	FRP	FRP	
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	15,000	10,000	2500	
(7) Substance Stored (E-estimate or K-known)	DIESEL	KEROSENE	DIESEL	

D. Release Detection For Tanks

Release detection method is present for tank(s). [1] Yes ☑ No ☐ NA ☐
If Yes, select method below. If NA, explain:

(1) Manual Tank Gauging	☐	☐	☐	☐
(2) Tank Tightness Testing and Inventory Control	☐	☐	☐	☐
(3) Automatic Tank Gauging	☑	☑	☐	☐
(4) Vapor Monitoring	☐	☐	☐	☐
(5) Groundwater Monitoring	☐	☐	☑	☐
(6) Interstitial Monitoring	☐	☐	☐	☐
(7) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection method is present for piping. [1] Yes ☐ No ☐ NA ☑
If Yes, select method below. If NA, explain:

(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 Interstitial Monitoring		☐	☐	☐	☐
(d) Line Tightness Testing		☐	☐	☐	☐
(e) Other approved method (write in name of method)					

F. Financial Assurance

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (check one) Yes ☑ No ☐ N/A ☐ If No or N/A for PSTTF, mechanism for meeting financial responsibility?

(2) Can PSTTF deductible be satisfied? Yes ☐ No ☐ N/A ☐

(1) Release detection system meets the performance standards in 280.43 or 280.44. [3] Yes ☑ No ☐ NA ☐

(2) Implementing agency has been notified of suspected release as required. [4] Yes ☐ No ☐ NA ☑

(3) Hazardous substance UST system release detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [6] Yes ☐ No ☐ NA ☑

(4) Release detection requirements are complied with (i.e., method present, operational, release investigated and reported as required) for UST systems containing product. [7] Yes ☑ No ☐ NA ☐

Inspector's Signature: Signed with SignDoc Signed on 2008-05-15 9:31:12

Date: May 13, 2008