

ARKANSAS DEPARTMENT OF ENERGY & ENVIRONMENT - DEQ

UST COMPLIANCE INSPECTION CHECKLIST

A. Ownership of Tank(s)	B. Location of Tank(s)
<u>Baptist Health Regional Hospital</u> Owner Name (Corporation, Individual, Public Agency, or other entity)	(If same as "Owner", check here:) <u>Baptist Health Medical Center</u> Facility Name or Company Site Identifier, as applicable
<u>P.O Box 8516</u> Street Address	<u>9601 Baptist Health Drive</u> Street Address or State Road, as applicable
<u>Pulaski</u> County	<u>Pulaski</u> County
<u>Little Rock, AR 72215</u> City, State Zip	<u>Little Rock, AR 72205</u> City (nearest), State Zip
<u>501-202-1152</u> Phone Number	<u>501-202-1152</u> Phone Number
Contact Person at UST Location: <u>Kevin Bell</u>	Number of Tanks at This Location: <u>3</u>
Phone Number: <u>501-902-6470</u>	Registration certificate posted in a conspicuous location: ☒ Yes ☐ No

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)	K 02/01/1998	K 02/01/1998	K 04/01/1994	
(5) Material of Construction (E-estimate or K-known)	K DW FRP	K DW FRP	K DW FRP	
(6) Capacity of Tank (in gallons) (E-estimate or K-known)	K 15,000	K 10,000	E 2,500	
(7) Substance Stored (E-estimate or K-known)	Diesel	JP1 Jet Fuel	Diesel	

D. Release Detection For Tanks

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Automatic Tank Gauging				
(2) Vapor Monitoring				
(3) Groundwater Monitoring	✓	✓	✓	
(4) Statistical Inventory Reconciliation (SIR)				
(5) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)				
(6) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection system must meet the performance standards in 280.43 or 280.44

(1) Check Type of Piping for each Tank	Pressure Pipe				
	Suction Pipe	✓	✓	✓	
(2) FOR PRESSURE PIPING: Automatic Line Leak Detectors, <u>and</u> (check one)					
(a) Vapor Monitoring					
(b) Groundwater Monitoring					
(c) Secondary Containment With Interstitial Monitoring (required on piping installed after July 1, 2007)					
(d) Line Tightness Testing					
(e) Other approved method (write in name of method)					

COMPLIANCE INSPECTION CHECKLIST

Date: 01/14/2020

Please save your changes before proceeding.

Facility ID: 60000135 AFIN: 60-00308 Facility Name: Baptist Health Medical Center**RELEASE DETECTION FOR PIPING****Pressurized Piping**

A method must be selected from each set. Where applicable indicate date of last test.

Set 1	Tank # <u>2</u>	Tank # <u>3</u>	Tank # <u>4</u>	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? (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	✓	✓	✓	

Comments:

RELEASE DETECTION FOR PIPING CHECKLIST

Date: 01/14/2020

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Facility ID: 60000135 AFIN: 60-00308 Facility Name: Baptist Health Medical Center**RELEASE PREVENTION****Check (✓) for compliance; “No” for noncompliance. Leave blank for “N/A”.**

I. SPILL PREVENTION	Tank # 2	Tank # 3	Tank # 4	Tank # _____
(1) Spill prevention device present and operational.	✓ ☐	✓ ☐	✓ ☐	☐ ☐
(2) Spill prevention device in good repair.	✓ ☐	✓ ☐	✓ ☐	☐
(3) Spill prevention device has no significant debris or liquid.	✓ ☐	✓ ☐	✓ ☐	☐
(4) Spill prevention device is tested at least every three years, or is double walled and periodically monitored.	☐	☐	☐	☐
II. OVERFILL PREVENTION				
(1) Overfill prevention device present and operational.	✓ ☐	✓ ☐	✓ ☐	☐ ☐
A. Automatic shutoff device.				
(1) Verified by observations.	✓ ☐	✓ ☐	✓ ☐	☐
(2) Automatic shutoff device is functional and operational.	✓ ☐	✓ ☐	✓ ☐	☐ ☐
(3) Automatic shutoff device appropriate for system.	✓ ☐	✓ ☐	✓ ☐	☐
(4) Tested every three years.	☐	☐	☐	☐
B. High level alarm				
(1) Present	☐	☐	☐	☐
(2) Alarm is functional and operational.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(3) Alarm is audible/visible to delivery driver.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(4) Tested every three years.	☐	☐	☐	☐
C. Ball float valves				
(1) Presence verified thru records and/or observation.	☐	☐	☐	☐
(2) Ball float is operational.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(3) Ball float is appropriate for system.	☐	☐	☐	☐
(4) Tested every three years.	☐	☐	☐	☐
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) CP system tested within 6 months of any CP repair.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(4) Records of UST system repairs.	☐	☐	☐	☐
(5) CP system properly operated and maintained to provide continuous protection.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(6) CP system performing adequately based on results of testing.	☐ ☐	☐ ☐	☐ ☐	☐ ☐
(7) Walkthrough inspections are conducted at least every 30 days. Facilities must have records for the two most recent consecutive months, and for 10 of the last 12 months.	☐	☐	☐	☐
Comments:				

RELEASE PREVENTION CHECKLIST: SPILL/OVERFILL/O&M

Date: 01/14/2020

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Facility ID: 60000135 AFIN: 60-00308 Facility Name: Baptist Health Medical Center

RELEASE PREVENTION (CONTINUED)

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

IV. CORROSION PROTECTION	System # <u>2</u>		System # <u>3</u>		System # <u>4</u>		System # _____	
A. Material of Construction (Check all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
NON-CORRODIBLE	✓	✓	✓	✓	✓	✓		
CORRODIBLE								
B. Internal lining								
(1) Installed according to a recommended practice.								
(2) Inspected in a timely manner and lining is in compliance.	□	□	□	□	□	□	□	□
(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, subpumps, etc.) protected as required.	□	□	□	□	□	□	□	□
(5) Operational records available.								
D. Impressed current								
(1) Designed by CP expert/specialist.								
(2) Tested in a timely manner.								
(3) Rectifier is operational.								
(4) Verify records of 60 day check.	□	□	□	□	□	□	□	□
(5) Corrective action taken on failed check.								
(6) Operational records available.								
(7) CP system maintained.								
(8) Metal components (i.e., flex lines, subpumps, etc.) protected as required.	□	□	□	□	□	□	□	□
V. COMPATIBILITY	✓	✓	✓	✓	✓	✓		
All portions of the system are compatible with product stored.								

Comments:

RELEASE PREVENTION CHECKLIST: CORROSION PROTECTION

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Facility ID: 60000135 AFIN: 60-00308 Facility Name: Baptist Health Medical Center

GROUNDWATER MONITORING

Monitoring Performed by: Staff

Date GWM System Installed: Unknown Number of Wells: 4

Groundwater monitoring well assessment was conducted by: Unknown

Please answer each question for each well.

	Well # <u>1</u>	Well # <u>2</u>	Well # <u>3</u>	Well # <u>4</u>
(1) Well is clearly marked & secured to avoid unauthorized access or tampering?	Yes	Yes	Yes	Yes
(2) Well was opened & presence of water was observed in well at depth of <u>10</u> feet?	10	10	10	10

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

(3) Wells are used to monitor piping?	
(4) Groundwater monitoring well assessment was performed prior to installation of wells?	
(5) Documentation of monthly readings is available?	✓
(6) Specific gravity of product is less than one?	✓
(7) Hydraulic conductivity of soil between UST system & monitoring wells is not less than 0.01 cm/sec. According to:	✓
(8) Groundwater is not more than 20 feet from ground surface?	✓
(9) Wells are sealed from the ground surface to top of filter pack?	✓
(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?	✓
(11) Groundwater is monitored: ✓ Manually Automatically	✓
(12) If groundwater is monitored manually : Bailer used is accessible & functional?	✓
(13) If groundwater is monitored automatically : Monitoring box is operational?	
(14) Checked for presence of sensor in monitoring well?	
(15) Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product).	☒ YES ☐ NO
(16) Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 10 months of the last 12 months).	☒ YES ☐ NO

Comments:

Monthly groundwater monitoring is maintained for Tank #2 and #3
Tank #4 is used for an emergency generator

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FINANCIAL ASSURANCE

(1) Petroleum Storage Tank Trust Fund (PSTTF)? (check one) ☒ Yes ☐ No ☐ N/A

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

If No or N/A for PSTTF, mechanism for meeting financial responsibility? _____

Other SOC

(1) Implementing agency has been notified of suspected release as required. ☐ Yes ☐ No ☒ N/A

(2) Hazardous substance UST system release detection meets requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). ☐ Yes ☐ No ☒ N/A

(3) UST systems in temporary closure but still containing product, are compliant with release detection requirements (i.e., method present, operational, release investigated & reported as required). ☐ Yes ☐ No ☒ N/A

Operator Training/Certification Requirements

Class A designated operator Name <u>Kevin J. Bell</u> # <u>001570</u>	☒ Yes	No	
Class B designated operator Name <u>Kevin J. Bell</u> # <u>001570</u>	☒ Yes	No	
Class C designated operator (minimum 1 operator per shift)	☒ Yes	No	*N/A
*Unmanned emergency generator facility (no class C required); OR	Yes	No	
*Unmanned facility in compliance with Arkansas State Fire Code (no class C required);	Yes	No	
If "NO", explain in comments			
Training records maintained for all Class A, B, and C operators	☒ Yes	No	
Class A and Class B Operators certified within 30 days of assuming O/M responsibilities	☒ Yes	No	
Class A and Class B Operators recertified within 45 days of delivery prohibition violation	Yes	No	*N/A

Class C Operator(s) training:

- | | | |
|---|---|----|
| • Conducted by ADEQ-certified Class A or Class B operator | ☒ Yes | No |
| • Specific to facility | ☒ Yes | No |
| • Documented by ADEQ provided forms | ☒ Yes | No |
| • Adequately addresses delivery controls, monitoring of dispensing and emergency response | ☒ Yes | No |
| • Trained prior to assuming Class C responsibility | ☒ Yes | No |

Comments:

FINANCIAL ASSURANCE CHECKLIST

Date: 01/14/2020

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INSPECTION SUMMARY**Check (✓) the appropriate box:**☒ Facility in compliance at time of inspection.

Facility non-compliant with SOC Release Detection.

Facility non-compliant with SOC Release Prevention.

Facility non-compliant with SOC Financial Assurance requirements.

Facility non-compliant with both SOC Release Detection and SOC Release Prevention.

Facility has other non-SOC compliance issues.

I Riley Carlisle certify that I have inspected the above named facility on 01/14/2020 2pm.Inspector's Signature: **Riley Carlisle** (date/time)
Digitally signed by Riley Carlisle
Date: 2020.01.16 17:02:20 -06'00'**IF DELIVERY PROHIBITION IS INVOKED, THE DESIGNATED CLASS A AND CLASS B OPERATOR MUST BE RECERTIFIED WITHIN 45 DAYS OF THE FACILITY BEING RED-TAGGED. IF FUEL DELIVERY PROHIBITION IS NOT IMMEDIATELY IMPLEMENTED. FAILURE TO CORRECT SOC NONCOMPLIANCE ISSUES IN THE TIMEFRAME GIVEN MAY RESULT IN FUEL DELIVERY PROHIBITION.****This inspection checklist and summary serve as your Notice of Noncompliance (if violations are indicated).****You have until _____ to provide evidence of compliance. Noncompliance issues could result in enforcement actions but not limited to, penalty assessments. Failure to resolve these noncompliance issues within the specified time frame could result in the escalation of enforcement action.**KC V IN B, 11Riley Carlisle 01/14/2020

Name of Owner/Owner's Representative (Please Print) Signature of Owner/Owner's Representative Date

**INSPECTION SUMMARY
(CONTINUED)**

Comments:

There are no pending enforcement actions for this facility in the past 3 years at the time of this inspection.
The owner has been notified of the new regulations.

Facility in compliance at time of inspection.

SITE DIAGRAM

A CURRENT SITE DIAGRAM IS ON FILE FOR THIS FACILITY

Date: 01/14/2020