

Arkansas Department of Environmental Quality UST Compliance Inspection Checklist

A. Ownership of Tank(s)

Owner Name (Corporation, individual, Public Agency, or other entity):
Great Lakes Chem Corp. - S. Plan
 Street Address
324 South Field
 County
 Union
 City State Zip Code
El Dorado AR 71730
 Area Code Phone Number
870 862-1355
 Contact Person At UST Location Phone #
Thomas G. Ray

B. Location of Tank(s)

(If Same as Section 1, check here)
 Facility Name or Company Site identifier, as applicable
 Street Address or State Road, as applicable
 City (nearest) State Zip Code
 _____ Arkansas _____
 County Facility ID# **70000179**
 Number of Tanks at This Location: **B**
 Registration certificate posted in a conspicuous location: Yes No

C. Tank Information

(1) Tank(s) presently in use	Tank# 9-16	Tank#	Tank#	Tank#
(2) If not in use, date last used	Unknown			
(3) If emptied, verify 1" or less of product in tank				
(4) Month and Year Tank Installed (E-estimate or K-known)				
(5) Material of Construction (E-estimate or K-known)	STEEL			
(6) Capacity of Tank (in gallons)(E-estimate or K-known)	Various			
(7) Substance Stored (E-estimate or K-known)	Various			

D. Release Detection For Tanks

Release detection system meets the performance standards in 26 CFR 260.44

If Yes, check method below. If No, explain: _____

(1) Manual Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Tank Tightness Testing and Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Automatic Tank Gauging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Vapor Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Groundwater Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Secondary Containment with Interstitial Monitoring (Required on tank(s) installed after July 1, 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Other approved method (write in name of method)				

E. Release Detection For Piping

Release detection system meets the performance standards in 26 CFR 260.44

If Yes, check method below. If No, explain: _____

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

Inspector's Signature: _____

Date: **Jun 29, 2010**

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.

Comments: No evidence of underground tanks found

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.

Signature not available
Name with Title
Date: 6/29/2010 10:28:00 AM

Signature not available
Name with Title
Date: 6/29/2010 10:28:00 AM

Name of Owner/Owner's Representative (Please Print) Signature of Owner/Owner's Representative Date Jun 29, 2010