8/1/03

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM (INDIAN)

Significant Compliance: RD (Y) N Upgrade (Y) N

Facility# 4260087
Inspection Date 6-17-04 Time 10:45 GPS reading C0617/9A
Lead Inspector Jim Greeves Others Laurie Palecek (In-training)
Facility Reps Tony Manager Albert Rodriguez* maintiance
Tribal Reps _____ (* Credentials Presented)
Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ Other
Facility Drainage (FD) questionaire: ☐ Completed ☒ Not Completed ☐ Not Applicable
Enforcement Actions Taken Onsite: FNNC # 1104 FC # _____ For $ _____
Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y (N)
Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Smitty's Conoco
Owner Susan Smith Operator _____
Address (Loc/Owner/Op) 102 E Toppenish
City Toppenish State WA Zip 98948 Phone 509-865-5909
Address(Loc/Owner/Op) RA Smith Dist.
City Grandview State WA Zip 98930 Phone 509-882-3377

Tank #	1 1	2 2	3 3	4	5	6
☒ MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
☐ All (tanks covered) or (check which tanks are covered)						
Type: ☒ Ins. ☐ Self ☐ PSTF ☐ Other _____ Dates Coverage: 2-15-04 to 2/15/05						
Issuing Entity: Zurich Policy No.: USL523656 In EPA Format? (Y) N						
TANK STATUS						
Status (circle): (CIU) TOU POU ☐ All or	✓	✓	✓			
Manifolded (M) or Compartmented (C) Tank?	—	—	—			
Date installed: 1974 ☐ All or	✓	✓	✓			
Tank cap (gal): ☐ All or	8	6	4			
Product in Tank: ☐ All or	UNL	Plus	DSL			
Tank Material: BS (CPS) C FRP DW ExL Lin ☐ All or	✓	✓	✓	From Previous I		
Piping Material: GS (CPS) FRP FlexP DW SecC ☐ All or	✓	✓	✓	From Previous I		
Piping Type: Grav (Pres) SafeS U.S.S ☐ All or	✓	✓	✓			
Date last used: ☐ All or						
Closure Status: Removed In-Place Chg-in-Svc ☐ All or						
Site Assessment? Y N ☐ All or						

Tank #	1	2	3	4	5	6
LEAK DETECTION						
☐ **Manual Tank Gauging**						
MTG method correctly done? Y N ☐ All or						
☐ **Tank Tightness Testing**						
Last TTT date? ____ Passed? Y N ☐ All or						
☒ **Inventory Control** Doing both IC & SIR -						
IC method correctly done? (Y) N ☐ All or	✓	✓	✓			
☐ **Automatic Tank Gauging**						
ATG method correctly done? Y N ☐ All or						
☐ **Vapor Monitoring**						
Site assessment? Y N ☐ All or						
VM method correctly done? Y N ☐ All or						
☐ **Ground Water Monitoring**						
Site assessment? (ie: 3'<gw<20') Y N ☐ All or						
GWM method correctly done? Y N ☐ All or						
☒ **SIR** Primary RD						
SIR method correctly done? (Y) N ☐ All or	✓	✓	✓			
☐ **Interstitial Double-Wall Monitoring**						
Interstitial DW method correctly done? Y N ☐ All or						
☐ **Interstitial Sec. Con. Monitoring**						
Interstitial SC method correctly done? Y N ☐ All or						
PIPING No current ALLD test						
☒ ALLD(s) - Last annual test date: 3/19/03 (Pass) ☒ All or	✓	✓	✓	pass	due.	
☐ LTT(s) - Date last LTT 3/19/03 Passed? Y N ☐ All or	✓	✓	✓			
Monthly Monitoring Method (circle): ATG VM GWM IM (SIR) IMSump Other ____ ☐ All or						
RECORDS						
RD records verify compliance? (Y) N ☐ All or						

Equipment operated correctly and/or functioning? (Y) N Method(s)/Equipment name(s): ATG SIR IM Other____

Model/Name: SIR - USTMan

Third Party Evaluation(s) available for: ATG (SIR) IM Sensors ALLD Other____ In Compliance with Evaluation? (Y) N

Comments: Has 12 months both as IC & SIR records

(No Tank monitor installed)

Tank #	1	2	3	4	5	6
UPGRADE INFORMATION						
☒ **CP Met on Tank(s) and Piping** ☐ All or						
☒ **Tank Lining**						
Lining documentation provided? Y N ☐ All or Date of Lining: 4/98 previous Inspector	✓	✓	✓	Roberts Inspection 3/23/99		
Date of last inspection, if required: _____ ☐ All or						
☒ **Cathodic Protection**						
Date of **Passing** Integity Inspection: _____ ☐ All or			Have copy			
CP covers: ☐ Tanks ☐ Piping ☐ All or						
☒ **Impressed Current System** ☐ All or Installation Date: 12-98 Set at _____ amps			Date from ~~previous~~ previous Inspection			
☐ Last 3 (60-day) rectifier inspections documented? ☐ All or			Only has 2 readings			
System On? (Y) N Observed amperage of .1 amps			Voltage on			
☐ **Sacrificial Anode System** ☐ All or						
☐ **Combination of both systems** (describe in notes) ☐ All or Installation Date:						
CP Testing Requirements		Next due by 10-04				
☐ 6 mo. CP test after installation (if applicable) ☐ All or Covers: ☒ Tanks/Piping ☐ Tanks ☐ Piping						
☒ Date of last test: 10/01 Passed? (Y) N ☐ All or Covers: ☒ Tanks/Piping ☐ Tanks ☐ Piping						
☐ Date previous test: _____ Passed? Y N ☐ All or Covers: ☐ Tanks/Piping ☐ Tanks ☐ Piping						
☐ **Spill/Overfill Met** (transfer>25 gals.)						
☒ Spill Bucket ☒ All or	✓	✓	✓			
☐ Ball Float Valve ☐ All or						
☒ Flow Restrictor ☒ All or	✓	✓	✓			
☐ Automatic Alarm ☐ All or						
☐ **Spill/Overfill NOT Req'd** (transfer≤25 gals.) ☐ All or						
Inspector's Signature Jim Greeves Date: 6-17-04						

9899 00 01 03 04

Piping Sumps Not contamted. TRB in ~~dry~~ dirt.
see pictures

~~Top~~ Impress Current CP - covers both tanks and piping.
~~The~~ CP unit has ~~ee~~ recently been ~~repl~~ replaced with a larger unit.

Not doing 60 day CP log. Has only 2 readings No previous readings available. going to do every 30 days?

Store manager Tony - I was his second day. ~~to~~ Tony did not know we had an appointment to do an inspection. He Call~~ed~~ main office in Grandview. They sent out Albert with their UST compliance book for this facility. Albert ~~ad~~ also is new to the company.

Compliance Book had FR, release ~~detection~~ detection ~~rec~~ records and ~~cp~~ CP records.
NLD~~&~~ test is past due. When I talked to there office Eddie indicated that they probably do not have a current test results.