U.S. Environmental Protection Agency
Region 7
11201 Renner Blvd., Lenexa, KS 66219

NOTICE OF INSPECTION

Resource Conservation and Recovery Act (RCRA) Public Law 94-580, as amended.
Subtitle I Underground Storage Tanks

Date: **July 13, 2021** **Login Required:**	Inspector: Joe Heafner Michael Pomes, Eduardo Ortiz	Facility Name: **WCHS Twelve Clans Unity Hospital**
Agency Facility ID# **EPA-R7-USTFacID-855**		Street Address: **225 Bluff Street**
Facility Representative(s): [sign and date]		City: **Winnebago**
		State: **NE** Zip Code: 60871

Reason for Inspection: Enforcement **Entry by** **Consent (X)** **Warrant ( )**
To determine the extent of compliance with the above referenced law, which may require the collection of samples, documents and/or photographs.

Other (Specify)_____

Does EPA have access to this facility for the inspection? Yes (X) No ( )

Name and title of person granting access Paul McCarty

Compliance Documents Received Log **Document Description, e.g., ATG tapes, CP tests, SIR reports, Line tests, etc.**	**Facility Represent-ative Initials**
ATG Tapes	
Photos	
Training Certificate	

The facts established by this inspection will be reviewed by personnel in the EPA Regional Office. A final determination of your facility's compliance with the EPA regulations will be made as a result of this review. The review may reveal additional deficiencies.

Signature of Inspector:	**Date:**	**ECAD RCRA Section Chief:**	**Date:**
	8/25/21	AMBER WHISNANT Digitally signed by AMBER WHISNANT Date: 2021.09.22 18:38:19 -05'00'	

REPORT OF OPENING AND CLOSING CONFERENCES

Opening Conference

1. Give time of and list attendees of Opening Conference__ Paul McCarty Joseph Painter, ____

   Michael Pomes, Eduardo Ortiz_____

   Date/Time: July 22, 2021 1:30 PM_____

		Circle Yes or No
2.	Were UST Inspection Credentials presented?	Yes No
3.	Was the statutory and regulatory purpose of the inspection explained?	Yes No
4.	Were areas of the facility being inspected noted?	Yes No
5.	Was a list of records being reviewed provided?	Yes No
6.	Was an opportunity given to claim confidential business information (CBI)?	Yes No
7.	Was the approximate duration of the inspection noted?	Yes No
8.	Were operators at the facility notified they have the opportunity to fix areas of concern identified during the inspection?	Yes No
9.	Was equipment used during the inspection noted?	Yes No

Closing Conference

1. Give time of and list attendees of Closing Conference__Joe Heafner, Michael Pomes, Paul McCarty

   Date/Time: August 26, 2021 1:00 _____

		Circle Yes or No
2.	Was the purpose of the inspection restated?	Yes No
3.	Was what happens with photos taken during the inspection explained?	Yes No
4.	Were areas of concern and inspection observations discussed? Note: Compliance is the responsibility of the operators and any potential deficiencies or areas of concern are not the final determination of compliance.	Yes No
5.	Was EPA's right to bring an enforcement action pending review explained?	Yes No
6.	Were any "fixed" deficiencies or areas of concern noted in the report?	Yes No
7.	Were photos and copies of documents itemized on the report?	Yes No
8.	Was the time frame for receiving the completed report given?	Yes No
9.	Was the Small Business Resources Information Sheet provided?	Yes No

1 UST Inspection Checklist — Agency Fac. ID 855

I. Ownership of Tank(s) ☒ Tribal

Owner Name:
WCHS Twelve Clans Unity Hospital

Street Address
225 Bluff Street

County
Thurston

City	State	Zip Code
Winnebago	**NE**	**60871**

Phone Number
402-878-3601

Owner Contact Person
Paul McCarty Paul.Mccarty@ihs.gov

☒ Do you own UST(s) at other UST Facilities **Yes/No**

If Yes, how many facilities **N/A**
How many USTs **N/A**

II. Location of Tank(s) ☒ same as owner location (I.)

Facility Name or Company Site identifier, as applicable
WCHS Twelve Clans Unity Hospital

Street Address or State Road, as applicable
225 Bluff Street

County
Thurston

City (nearest)	State	Zip Code
Winnebago	**NE**	**60871**

Contact Person(s) at Facility	Phone Number
Paul McCarty	**402-878-3601**

Latitude	Longitude
42.233397	**-96.470561**

Datum
WGS 84

ICIS/FERS Number: Date entered:

III. Notification (280.22)

☐ Notification to implementing agency; name **WCHS Twelve Clans Unity Hospital** **[280.22(a)]**
Agency Facility ID # **EPA-R7-USTFacID 855**; Agency notified? Y ☒ N ☐ Unknown ☐ NA ☐ **[280.22(b)]**

☐ Has ownership changed in previous 30 days? Y ☐ N ☒ Unknown ☐ NA ☐ **[280.22(b)]**

☐ Have substances stored changed in the USTs? Y ☐ N ☒ Unknown ☐ NA ☐ **[280.22(b)]**

☐ Do newly stored substances include blends greater than E10 or B20? Y ☐ N ☒ Unknown ☐ NA ☐ **[280.32(b)]**

IV. Financial Responsibility (280.93)

Is documentation of financial responsibility available? Y ☒ N ☐ Unknown ☐ NA ☐

Does Wording Follows 40 CFR 280 Subpart B Y ☒ N ☐ Unknown ☐ NA ☐

Does FR mechanism cover cleanup of releases from USTs? Y ☒ N ☐ Unknown ☐ NA ☐

Does FR mechanism cover damage to property and third party liability caused by releases from USTs? Y ☒ N ☐ Unknown ☐ NA ☐

Is amount of FR coverage adequate based on number of facilities? Y ☒ N ☐ Unknown ☐ NA ☐
☒ $1,000,000 for less than 200 facilities
☐ $2,000,000 for more than 200 facilities

Is amount of FR coverage adequate based on monthly throughput? Y ☒ N ☐ Unknown ☐ NA ☐
☒ $1,000,000 if through put greater than 100,000 gallons
☐ $50,000 if throughput less than 100,000 gallons

Does the FR mechanism list the covered facilities as registered by EPA on the Declaration Page? Y ☒ N ☐ Unknown ☐ NA ☐

Does the FR mechanism provide first dollar coverage without self-insured retention? Y ☒ N ☐ Unknown ☐ NA ☐

Specific Financial Mechanism used – check below:
☒ State Fund **Nebraska Title 200** ☐ Private Insurance: Insurer/Policy #
☐ Guarantee ☐ Surety Bond ☐ Letter of Credit ☐ Self Insured
☐ Local Government ☐ Not Required (Federal & State government, hazardous substance USTs)

V. Operator Training (280.240) [List names, certificate numbers, expiration dates, trainer, and state]

A Operator(s): **Paul McCarty**

B Operators(s): Paul McCarty

C Operators(s): Paul McCarty

Does the owner have a list of designated operators currently trained at each facility? Y ☒ N ☐ Unknown ☐ NA ☐

Does the owner have evidence of operator training or retraining? Y ☒ N ☐ Unknown ☐ NA ☐

Were any of the designated UST Operators on duty during the inspection? Y ☒ N ☐ Unknown ☐ NA ☐

VI. Proximity of Groundwater Wells and Release History

☒Drinking water wells within 1,500 feet of the tank basin; is so note how many and list what types:
Yes, Domestic water well northeast of facility,

☐Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)

☐**Releases reported to implementing agency; if so, date(s)_____[280.53]**

☐Release confirmed; when and how _____

☐Initial abatement measures and site characterization ☐ Free product removal

☐Soil or ground water contamination ☐ Corrective action plan submitted

☐Remediation ongoing ☐ Remediation completed, no further action; date(s)_____

☐Unknown

VII. Tank Information (give numbers)	**Tank 2**					
Tank presently in use	**Yes**					
If not, date last used (see Section IX.)						
If empty, verify 1" or less left (see Section IX.)						
Most recent M/Y tank installed/upgraded (mm/dd/yr)	**1/1/1999**					
Material of Construction: steel, impressed current, sacrificial anodes, composite, FRP,, internal lining, excavation liner single-walled (SW), double-walled (DW)	**FRP DW**					
Capacity of Tank (gal)	**15,000**					
Substance Stored **E-15, E85 labeling correct? Yes No NA UNK**	**Diesel**					
Are Compatibility Records available? **Yes No NA UNK [280.34(b)(3)]**	**NA**					
Is compatibility demonstrated? **Yes No NA UNK [280.32(b)(1) and (2)]**	**NA**					
Contained Submersible Turbine Pump (STP) Sumps Yes No NA UNK If yes, give installation date **1/1/1999**	**East Yes**	**West Yes**				
Is STP used for release detection? **Yes No NA UNK**	**Yes**	**Yes**				
Is STP double-walled? **Yes No NA UNK** If Double-Walled (DW), Date of Last Monthly Integrity Check of Annular Space? **[280.35(a)(1)(i)] Note: only applies to interstitial spaces under pressure or vacuum or filled with brine.**	**No**	**No**				

VII. Tank Information (give numbers)	Tank 2E	West				
Contained Submersible Turbine Pump (STP) Sumps If DW, are the last 12 months of records available? **Yes No NA UNK**	NA	NA				
If non-DW, Date of Last 3-year Containment Integrity Test? **[280.35(a)(1)(ii)] Note: Triennial Sump Testing is required if sumps installed on or after April, 11, 2016.**	Pass 7/22/21	Pass 7/22/ 2021				
Special Configuration Manifolded/Compartmentalized – Describe using tank numbers	East STP sump	West STP sump				
Field-Constructed/Airport Hydrant System **FC or AHS**	NA	NA				

VIII. Piping Information		E. STP	W. STP				
Piping type	Pressurized	X	X				
	Suction						
Piping Material: steel, copper, impressed current, sacrificial anodes, FRP, flexible nonmetallic single-walled (SW), double-walled (DW)		DW FRP	DW FRP				
Under Dispenser Containment (UDC) **Yes No NA UNK** If yes, give installation date_____		NA	NA				
Is UDC used for release detection? **Yes No NA UNK**		NA	NA				
Is UDC double-walled? **Yes No NA UNK** If DW, Date of Last Monthly Integrity Check of Annular Space?**[280.35(a)(1)(i)] Note: only applies to interstitial spaces under pressure or vacuum or filled with brine.**		NA	NA				
If DW, are the last 12 months of records available? **Yes No NA UNK**		NA	NA				
If non-DW, Date of Last 3-Year Containment Integrity Test? **[280.35(a)(1)(ii)] Note: Triennial Sump Testing is required if sumps installed on or after April, 11, 2016.**		NA	NA				

Tank or piping properly designed and constructed according to a code of practice developed by a nationally recognized association or independent testing laboratory [280.20(a), 280.20(b)] Y ☒ N ☐ Unknown ☐ NA ☐

IX. Repairs NA ☐

Repairs are conducted according to a code of practice [280.33(a)] Y ☒ N ☐ Unknown ☐ NA ☐

Metal piping sections/fittings that are damaged and have released product are replaced manufacturer's specifications. Non-corrodible pipes and fittings may be repaired in accordance with the manufacturer's specifications.
[280.33(c)] Y ☐ N ☐ Unknown ☐ NA ☒

Repairs to secondary containment areas of tanks, piping, and containment sumps are tightness tested within 30 days of repair completion. All other repairs to tanks and piping are tightness tested within 30 days of repair completion (except when internal inspection conducted or monthly monitoring is conducted) [280.33(d)] Y ☒ N ☐ Unknown ☐ NA ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system [280.33(e)]
Y ☐ N ☐ Unknown ☐ NA ☒

Internal linings repaired following standard code or practice [Citation needed] Y ☐ N ☐ Unknown ☐ NA ☒

Repaired spill or overfill prevention equipment are tested or inspected within 30 days, as appropriate, in accordance with § 280.35 to ensure it is operating properly. [280.33(f)] Y ☐ N ☐ Unknown ☐ NA ☒

Records of repairs are maintained [280.33(g)] Y ☒ N ☐ Unknown ☐ NA ☐

X. Temporary Closure NA ☒

CP is continued to be maintained [280.70(a)] Y ☐ N ☐ Unknown ☐ NA ☐

Release detection is being performed and UST system contains > 1 inch of product [280.70(a)] Y ☐ N ☐ Unknown ☐ NA ☐

Vent lines left open and functioning [280.70(b)] Y ☐ N ☐ Unknown ☐ NA ☐

Lines, pumps, manways, and ancillary equipment capped and secured [280.70(b)] Y ☐ N ☐ Unknown ☐ NA ☐

XI. Corrosion Protection (CP)

Tank and piping components are constructed of or jacketed with non-corrodible materials, e.g., FRP, dielectric coatings, plastic, etc. [280.20(a)(1), 280.20(a)(3), [280.20(b)(1)] Circle one or both: Tanks Pipes Y ☒ N ☐ Unknown ☐ NA ☐

Implementing agency has determined that tank and piping construction and corrosion protection are designed to prevent releases in a manner that is no less protective of human health and environment [280.20(a)(5), 280.20(b)(4)] Y ☒ N ☐ Unknown ☐ NA ☐
Owners and operators have maintained records by corrosion expert to document that CP is not necessary [280.20(a)(4)(ii), 280.20(b)(3)(ii)]
Y ☐ N Unknown ☐ NA ☒

Steel tank or piping coated with suitable dielectric material and cathodically protected [280.20(a)(2)(i), 280.20(b)(2)(i)]
Y ☐ N ☐ Unknown NA ☒

Field-installed CP system designed by a corrosion expert [280.20(a)(2)(ii), 280.20(b)(2)(ii) Y ☐ N ☐ Unknown ☐ NA ☒

CP system tested and documentation maintained every three years or a time frame established by implementing agency [280.31(b)(1), 280.31(d)(2)] Y N☐ Unknown ☐ NA ☒

Criteria used to determine that CP is adequate was in accordance with a standard code of practice developed by a nationally recognized association [280.31(b)(2)] Y ☐ N ☐ Unknown ☐ NA ☒

CP system did not meet acceptable criteria at last test and action was taken by owner/operator to correct problem [280.31(b)(2)]
Y ☐ N ☐Unknown ☐ NA ☒

Metal components in sumps NA ☐ **Tank numbers:**	**Tank 2E**	**Tank 2W**				
Are the metal components at the tank and dispenser isolated (e.g. booted), cathodically protected or isolated? [280.20(b)(4)] Yes No NA UNK	**Yes**	**Yes**				

Notes:

East and West STP, Tank 2

- **STP piping isolated in contained East and West STP sumps**

XI. Corrosion Protection (CP) Tank numbers:	**Tank 2**					
Lining: [280.21(b)(1)] NA ☒ **Periodic lining inspection requirements for tank met [280.21(b)(1)(ii)] Yes No NA UNK** **[10 years after installation, every five years thereafter]**	**NA**					
Documentation that lining was installed [280.21 (b) (1) (i)] Yes No NA UNK	**NA**					
Shell integrity tested and passed? Yes No NA UNK	**NA**					
Internal inspection test result – Pass or Fail	**NA**					
If Fail, is tank still in service? [280.21(b)(1)(ii)] Yes No NA UNK	**NA**					
Sacrificial Anode: NA ☒	**NA**					
CP system operated and maintained continuously. [280.31(a)] Yes No NA UNK	**NA**					
Last 3 yr test results show a voltage of at least -850mV? [280.31(b)(2)] Yes No	**NA**					
Dates of last two 3 yr test results available? [280.31(d)(2)] Yes No **List Dates:**	**NA**					
Impressed Current: NA ☒ **Is the Rectifier on a dedicated power circuit? Yes No NA UNK**	**NA**					
CP system operated and maintained continuously. [280.31(a)] Yes No NA UNK	**NA**					
Last 3 yr test results show a voltage of at least -850mV or 100 mv shift [280.31(b)(2)] Yes No NA UNK	**NA**					
CP inspected and rectifier log maintained every 60 days to ensure equipment is running properly. Last three test results available? [280.31(d)(1)] Yes No NA UNK	**NA**					
Dates of last two 3 yr test results available? [280.31(d)(2)] Yes No **List Dates:**	**NA**					

Notes:

XII. Spill and Overfill Protection [280.21(d)] Indicate any USTs filled by transfers < 25 gallons

☐ For transfers greater than 25 gallons

Spill Prevention **Tank numbers:**	**Tank 2**					
Device is present and functional? [280.20(c)(1)(i)] **Yes No NA UNK**	**Yes**					
Spill bucket free of water, debris, etc. **Yes No NA UNK**	**Yes**					
Double walled? **Yes No NA UNK Note: only applies to interstitial spaces under pressure or vacuum or filled with brine.**	**NA**					
If Yes, Last Monthly Check? **[280.35(a)(1)(i)] List date:**	**NA**					
If No, Date of Last Triennial Containment Integrity Test **[280.35(a)(1)(ii)] List date:**	**7/27/ 2021**					
Overfill Prevention **Device is present and operational? [280.20(c)(1)(ii)]** **Yes No NA UNK**	**Yes**					
Date of Last Triennial Inspection? **[280.35(a)(2)]**	**7/27/21**					
Ball float valve riser present: **[280.20(c)(1)(ii)(B) Yes No NA UNK** **Ball float valves are not suitable on suction systems, with coaxial drop tubes, or pressurized deliveries.**	**Yes**					
Ball float valve installed or replaced after October 13, 2015? **[280.20(c)(3)] Yes No NA UNK**	**NA**					
Flapper valve **Operational: [280.20(c)(1)(ii)(B)]** **Yes No NA UNK**	**NA**					
Automatic shutoff: **Operational: [280.20(c)(1)(ii)(A)]** **Yes No NA UNK**	**NA**					
Automatic shutoff: **Operational: [280.20(c)(1)(ii)(A)]** **Yes No NA UNK**	**NA**					
Alarms **Operational: [280.20(c)(1)(ii)(B)]** **Yes No NA UNK**	**Yes**					
Visible and/or audible to jobber/driver? **Yes No NA UNK**	**Yes**					

Location(s) of overfill alarm(s): **South of Tank, North side of Building**

Failure to take necessary precautions to prevent a spill or overfill during product delivery [280.30(a)] Y ☐ N ☐ Unknown ☐ NA ☒

XIII. Tank and Pipe Release Detection

Release detection present [280.40(a)] Y ☒ N ☐ Unknown ☐ NA ☐ Note: Emergency Generator Tanks installed on or before 10/13/2015 must have release detection by 10/13/2018. Emergency Generator Tanks installed after 10/13/2015 but before 4/11/2016 must have release detection installed during installation. Emergency Generator Tanks installed after 4/11/2016 must have secondary containment and use interstitial monitoring.

Release detection system operating properly (i.e., system must be able to detect a release from any portion of the tank and piping that routinely contains product) [(280.40(a)(1)] Y ☐ N ☒ Unknown ☐ NA ☐

Release detection system meets the performance requirements at 280.43 or 280.44 [(280.40(a)(3)] Y ☐ N ☒ Unknown ☐ NA ☐

Implementing agency has been notified of a suspected release as required, or when a release detection method or device alarms or fails a test [(280.40(b)] Y ☐ N ☐ Unknown ☐ NA ☒

Tanks and piping are monitored monthly for releases and records available (must have records for the two most recent consecutive months and for 10 months of the last 12 months). [280.41(a), and 280.45(b)] Y ☒ N ☐ Unknown ☐ NA ☐
Meets performance requirements for tank and line tightness test and maintains records.[280.43(c), 280.44(b), and 280.45(b)]
Y ☒ N ☐ Unknown ☐ NA ☒

XIII. Tank and Pipe Release Detection

Hazardous Substance UST Systems: NA ☒

Release detection requirements are complied with for UST systems containing product. [(280.42)(b)] Y ☐ N ☐ Unknown ☐ NA ☒

Tanks and all piping systems equipped with secondary containment Y ☐ N ☐ Unknown ☐ NA ☒

Pressurized piping w/ ALLD

Monitored for a release every 30 days Y ☐ N ☐ Unknown ☐ NA ☒

Pressurized Piping

TWO METHODS MUST BE SELECTED; ONE FROM EACH SET.

Set 1	**E STP**	**W. STP**				
Automatic Line Leak Detector (ALLD) installed (give date last tested/checked) **Yes No NA UNK** **4/8/2021**	**NO**	**Yes**				
Annual function test of the operation of the leak detector within last 12 months [280.44(a)] Yes No NA UNK *** In accordance with the manufacturer's requirements**	**NA**	**Yes 7/27/21**				
Does the owner/operator have ALLD function tests available for the last 3 years? Yes No NA UNK	**Yes**	**Yes**				
Operating so as to alert the operator to the presence of a leak (see 280.44(a) for description of ALLD) [280.44(a)] Yes No NA UNK	**No**	**Yes**				
Is the ALLD appropriate for the fuel stored in the UST? Yes No NA UNK	**Yes**	**Yes**				
Automatic Shut-off Device (Electronic line leak detector (ELLD)) **NA ☐**	**NO**	**Yes**				
Continuous Alarm System (sump sensor/double-walled piping) Must meet leak threshold for large and small releases. **NA ☐**	**Yes**	**Yes**				
Set 2 **Tank numbers:**	**Tank 2E**	**Tank 2W**				
Annual Line Tightness Testing -- give date **4/8/2021** **Is the last Line Tightness Test within the last 12 months? Yes No NA UNK**	**NA**	**Yes**				
Does the owner/operator have line tightness test reports available for the last 3 years? Yes No NA UNK	**NA**	**NA**				
Secondary Containment with Interstitial Monitoring **Yes No NA UNK**	**Yes**	**Yes**				
Other (SIR, etc.) **Yes No NA UNK** **ALM:IM**		**Yes**				
Suction Piping						
Line Tightness Testing (required every 3 yr) **Yes No NA UNK** **Indicate date of most recent test**	**NA**	**NA**				
Secondary Containment with Interstitial Monitoring **Yes No NA UNK**	**NA**	**NA**				
Other (SIR, etc.) **Yes No NA UNK**	**NA**	**NA**				
No Leak Detection Required (must answer yes to all of the following questions):						
Operates at less than atmospheric pressure **Yes No NA UNK**	**NA**	**NA**				
Has only one check valve which is located directly under pump (dispenser) **Yes No NA UNK**	**NA**	**NA**				
Slope of piping allows product to drain back into tank when suction released **Yes No NA UNK**	**NA**	**NA**				

XIII. Tank and Pipe Release Detection Tank Numbers:	**Tank 2**					
Under Dispenser Containment (UDC) **List dates installed** **Note: Triennial Sump Testing required if sump installed on or after April 11, 2016.**	**NA**					
Are UDC Monitored? **Yes No NA UNK**	**NA**					
How are UDC Monitored? **Visual or Electronic**	**NA**					
Are records of inspections available? **Yes No NA UNK**	**NA**					
UDC Monitoring Notes: (Records of release: State the past 12 months monitoring records)						

Tank Release Detection Summary (refer to appropriate detailed RD form) **Pages 13-18** Mark Tank numbers with an "X"						
Automatic Tank Gauging (ATG)	**X**					
Automatic Line Monitoring (ALM)	**X**					
Interstitial Monitoring (IM)	**X**					
Statistical Inventory Reconciliation (SIR)						
Manual Tank Gauging (MTG)						

XIV. Walkthrough Inspections [§ 280.36 – Subpart C]

Owner and operators must conduct walkthrough inspections of the following:

Must have records for inspections performed every 30 days — **Y ☒ N ☐ Unknown ☐ NA ☐**

Date of last 30-day Walkthrough Inspection 7/26/21

Spill Prevention Equipment – must be checked for damage, remove liquid or debris, and check fill cap. [If deliveries occur at intervals greater than every 30 days, spill prevention equipment can be checked at the time of delivery] — **Y ☒ N ☐ Unknown ☐ NA ☐**

DW spill prevention equipment with interstitial monitoring – must check for leak in interstitial area. [Only applies to DW spill prevention equipment with vacuum, pressurized or brine-filled interstitial spaces] — **Y ☐ N ☐ Unknown ☐ NA ☒**

Release detection equipment – must check to ensure operating with no alarms and review records of of release detection testing. — **Y ☒ N ☐ Unknown ☐ NA ☐**

Do the 30-day walkthrough inspections follow a nationally recognized standard code or practice? — **Y ☒ N ☐ Unknown ☐ NA ☐**

Are records of 30-day walkthrough inspections available for the two most recent consecutive months and for 10 of the last 12 months? — **Y ☒ N ☐ Unknown ☐ NA ☐**

Must have records for inspections performed each year — **Y ☒ N ☐ Unknown ☐ NA ☐**

Date of last Annual Walkthrough Inspection 6/16/2021

Containment sumps – must check for damage, leaks, remove liquid or debris. — **Y ☒ N ☐ Unknown ☐ NA**

DW sumps with interstitial monitoring – must be checked for leak in interstitial area. — **☐ ☐ N ☐ Unknown ☐**

Hand-held release detection equipment – must check tank gauge sticks or groundwater bailer. — **NA ☒ Y ☐ N ☐ Unknown**

Does the annual walkthrough inspection follow a nationally recognizes standard code or practice? — **☐ NA ☒ Y ☒ N ☐ Unknown ☐ NA ☐**

SITE DRAWING

DATE: 8/4/21 TIME ON SITE: **0940** TIME OFF SITE: **1150**

WEATHER: **Partly cloudy, cool**

ENVIRONMENTALLY SENSITIVE AREA : Y ☐ N ☒
If "Yes", please describe:

WCHS Twelve Clans Unity Hospital (EPA-R7-USTFacID-855)



NOTES:

ATG – TLS – 350

EAST STP: Sump Sensor on Bottom, Line Leak Detector Missing

WEST STP: Sump Sensor on Bottom

Spill Bucket – Free of debris and water at time of inspection

ATG SUMP- Tight, no water dry

IS- Tight, No water Dry

Automatic Tank Gauging (ATG) NA☐

Manufacturer, name and model number of system: **Veeder-Root TLS-350**

Third-party evaluators: **Ken Wilcox and Associates** ☐ Unknown

NOTE: Most ATGs are not certified for use with used/waste oil tanks

ATG checking portion of tank that routinely contains product [280.40(a)(1)]	Yes	No
Device documentation is available at site (e.g., manufacturer's brochures, owners' manual, third-party certification)	Yes	No
Checked for presence of monitoring box and evidence that device is working.	Yes	No
Checked documentation that system installed, calibrated, & maintained according to manufacturer's instructions [280.40(a)(2)] ATG must be set for 0.2 gal/hr minimum	Yes	No
Monitoring (includes inventory) and testing records are available for the past 12 months	Yes	No

Year	Month	Tank #2	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
2021	January	**Pass**					
2021	February	**Pass**					
2021	March 29	**Fail**					
2021	April 22	**Fail**					
2021	May 10	**Pass**					
2021	June 16	**Pass**					
2021	July 8	**Pass**					
2021	August 4	**Pass**					
2020	September 22	**Pass**					
2020	October 27	**Pass**					
2020	November 23	**Pass**					
2020	December 22	**Pass**					

Non-passing results reported and resolved in accordance with implementing agency's directions. **[280.40(b)]** ☐ NA Yes No

Annual Release Detection Operability **Test Date: 7/21/2021**

1. Automatic tank gauge and other controllers: test alarm; verify system configuration; test battery backup**.** **Y** ☒ **N** ☐ **Unknown** ☐ **NA** ☐

2. Probes and sensors: inspect for residual buildup; ensure floats move freely; ensure shaft is not damaged; ensure accessible cables are free of kinks and breaks; test alarm operability and communication with controller**.** **Y** ☒ **N** ☐ **Unknown** ☐ **NA** ☐

3. Does the owner/operator have operability test records for the last three years? **Y** ☐ **N** ☒ **Unknown** ☐ **NA** ☒

- **Pass 0.2 gal/hr on 8/4/21**
- **Error- Bad Sensor, L2 Fuel Alarm**
- **Missing 0.2 gal/hr test for January 2021 and February 2021**
- **Tank History shows Passing test for January and February 2021**

Facility Name WCHS Twelve Clans Unity Hospital **Agency Fac. ID 855**

Automatic Line Monitoring (ALM) NA ☐

Manufacturer, name and model number of system: **Veeder-Root PLLD**

Third-party evaluators: **Ken Wilcox Associates** ☐ Unknown

ALM checking portion of piping that routinely contains product [280.40(a)(1)]	Yes	No
Device documentation is available at site (e.g., manufacturer's brochures, owners' manual, third-party certification)	Yes	No
Checked for presence of monitoring box and evidence that device is working.	Yes	No
Checked documentation that system installed, calibrated, & maintained according to manufacturer's instructions [280.40(a)(2)] ALM must be set for 0.2 gal/hr minimum	Yes	No
Monitoring (includes inventory) and testing records are available for the past 12 months	Yes	No

Year	Month	Tank #2					
2021	January 13	**PASS**					
2021	February 18	**PASS**					
2021	March 16	**PASS**					
	April						
	May						
	June						
	July						
2021	August	**No TEST**					
	September						
2020	October 24	**PASS**					
2020	November 19	**PAS**					
2020	December 16	**PASS**					

Non-passing results reported and resolved in accordance with implementing agency's directions. **[280.40(b)]** ☐ NA Yes No

Annual Function Test Test Date: **07/21/21**

1. Automatic tank gauge and other controllers: test alarm; verify system configuration; test battery backup. **Y** ☒ **N** ☐ **Unknown** ☐ **NA** ☐

2. ALM units: ensure accessible cables are free of kinks and breaks; test alarm operability and communication with controller. **Y** ☒ **N** ☐ **Unknown** ☐ **NA** ☐

3. Does the owner/operator have function test records for the last three years? **Y** ☐ **N** ☐ **Unknown** ☐ **NA** ☒

- **PLLD stopped performing 0.2 gal/hr line test after 3/16/21**

Facility Name WCHS Twelve Clans Unity Hospital **Agency Fac. ID 855**

Interstitial Monitoring for: Piping / Tank(s) NA ☐

Manufacturer and name of system: **Veeder-Root Sump Sensor IM**

Date system installed: **1/1/1999**

Materials used for secondary containment: **FRP**

Materials used for internal lining: **FRP**

Interstitial space is monitored (Circle one): automatically, continuously, or on a monthly basis.

If tank is of double-walled construction, what is material of construction? FRP

If piping is of double-walled construction, what is material of construction? FRP

Documentation of monthly readings is available for last 12 months. Yes No NA

Year	Month	Tank #1	Pipe #1										
2021	January												
2021	February												
2021	March 29	**P**	**P**										
2021	April 22	**P**	**P**										
2021	May 10	**P**	**P**										
2021	June 16	**P**	**P**										
2021	July 1	**P**	**P**										
2021	August	**P**	**P**										
2020	September 22	**P**	**P**										
2020	October 27	**P**	**P**										
2020	November 23	**P**	**P**										
2020	December 22	**P**	**P**										

Monitoring method is documented as capable of detecting a leak as small as .1 gal/hr with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes	No	NA
System is designed to detect release from any portion of UST system that routinely contains product.	Yes	No	NA
Secondary containment tight as to direct a release to the monitoring point and permit its detection [280.43(g)(2)]	Yes	No	NA
Sensor is positioned correctly and operating in accordance with manufacturer's instructions [280.40(a)(2)]	Yes	No	NA
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	Yes	No	NA

Annual Release Detection Operability **Test Date: 7/27/21**

1. Vacuum pumps and pressure gauges to ensure proper communication with sensors and controller. **Y ☐ N ☐ Unknown ☐ NA ☒**

2. Sensors: ensure floats move freely; ensure accessible cables are free of kinks and breaks; test alarm operability and communication with controller. **Y ☒ N ☐ Unknown ☐ NA ☐**

3. Does the owner/operator have operability test records for the last three years? **Y ☒ N ☐ Unknown ☐ NA ☐**

- **No positive shut-off, Alarm should shut STP Down**

Facility Name WCHS Twelve Clans Unity Hospital Agency Fac. ID 855

Inventory Control [for Compliance Assistance Purposes only] NA ☒

Inventory Control data input: ATG ☐ Manual tank gauging (stick) ☐

Leak Check Calculation is performed each month to detect a release of 1.0 percent of flow-through plus 130 gallons. [280.43(a)]	Yes	No
Inventory volume measurements for regulated substance inputs, withdrawals, and the amount still remaining in the tank are recorded each operating day. [280.43(a)(1)]	Yes	No
The equipment used is capable of measuring the level of product over the full range of the tank's height to the nearest one-eighth of an inch. [280.43(a)(2)]	Yes	No
The regulated substance inputs are reconciled with delivery receipts by measurement of the tank inventory volume before and after delivery. [280.43(a)(3)]	Yes	No
Deliveries are made through a drop tube that extends to within one foot of the tank bottom. [280.43(a)(4)]	Yes	No
Product dispensing is metered and recorded within the local standards for meter calibration or an accuracy of 6 cubic inches for every 5 gallons of product withdrawn. [280.43(a)(5)]	Yes	No
The measurement of any water level in the bottom of the tank is made to the nearest one-eighth of an inch at least once a month. [280.43(a)(6)]	Yes	No
Inventory Control Records are available for the past 12 months	Yes	No
Operator or owner has access to correct tank charts to convert inches to gallons.	Yes	No

Leak Check Calculation Results: P = PASS F = FAIL N=None

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] ☐ **NA**	Yes	No

Notes:

Facility Name WCHS Twelve Clans Unity Hospital Agency Fac. ID 855

Statistical Inventory Reconciliation (SIR) NA ☒

Designer/Manufacturer and name of program:

SIR Service Provider:

Third-party evaluators:

SIR data input: ATG ☐ * Manual tank gauging (stick) ☐ (Must follow the requirements for inventory control)

* Monthly water level readings recorded, drop tubes present, meters calibrated, and the dipstick is marked legibly and product levels can be measured to the nearest 1/8 inch	Yes	No
SIR documentation is available at site (e.g., designer's brochures, owners' manual)	Yes	No
Owner/Operator has documentation on file verifying method meets minimum performance standards of 0.20 gph with Pd 95% and Pfa of 5% for statistical inventory reconciliation (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes	No
SIR results are available for the past 12 months	Yes	No

SIR Test Results: P = PASS F = FAIL INC = Inconclusive N=None

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] ☐ **NA**	Yes	No
Receiving results within a time frame established by implementing agency [280.41(a) & 280.43(h)]	Yes	No

Annual Release Detection Operability **Test Date:** _____

1. If ATG used for data input, refer to page 12 for annual testing requirements**.**

2. If tank measuring stick used for data input: Hand-held sampling equipment (gauging sticks, etc.) to ensure proper operation. **Y** ☐ **N** ☐ **Unknown** ☐ **NA** ☐

3. Does the owner/operator have operability test records for the last three years? **Y** ☐ **N** ☐ **Unknown** ☐ **NA** ☐

Facility Name WCHS Twelve Clans Unity Agency Fac. ID 855

Manual Tank Gauging (MTG) NA ☒

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal or less, or in combination with tank tightness testing for tanks 2,000 gal. or less. * Manual tank gauging must be used in combination with tank tightness testing for tanks over 1,000 gal.

Records show liquid level measurements are taken at beginning and ending of period of at least 36 hours during which no liquid is added to or removed from the tank. [280.43(b)(1)]	Yes	No
Level measurements based on aver. of two consecutive stick readings at both beginning and end of period.	Yes	No
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.	Yes	No
Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down. [280.43(b)(3)]	Yes	No
Gauge stick is marked legibly and product level can be determined to the nearest 1/8 inch [280.43(b)(3)]	Yes	No
MTG is used as sole method of leak detection for tank.	Yes	No
MTG is used in conjunction with tank tightness testing.	Yes	No
Are all tanks for which MTG is used 2,000 gal or less in capacity? [280.43(b)(5)]	Yes	No
Operator or owner has access to correct tank charts to convert inches to gallons.	Yes	No

Check One:	Nominal Tank Capacity (gal)	Tank Dimensions	Monthly Standard (gal)	Minimum Test Duration
( )	550	NA	5	36 hr
( )	551 - 1,000	NA	7	36 hr
( )	1,000	64" diam. X 73" length	4	44 hr
( )	1,000	48" diam. X 128" length	6	58 hr
( )	1,001 - 2,000*	NA	13	

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	JAN								JUL						
	FEB								AUG						
	MAR								SEP						
	APR								OCT						
	MAY								NOV						
	JUN								DEC						

Are monitoring records available for the last 12 month period?	Yes	No
Performing proper recording and reconciliation activities [280.43(b)(4)]	Yes	No
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] □ NA	Yes	No

Annual Release Detection Operability **Date:** _____

1. Hand-held sampling equipment (gauging sticks, etc.) to ensure proper operation. **Y** ☐ **N** ☐ **Unknown** ☐ **NA** ☐

2. Does the owner/operator have operability test records for the last three years? **Y** ☐ **N** ☐ **Unknown** ☐ **NA** ☐

2 Underground Storage Tank (UST) Inspector's Observation Report

THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 7
Tanks, Toxics, and Pesticides Branch
LCRD/TTPB 11201 Renner BLVD
Lenexa, Kansas 66219
913-551-7216

Facility Name: WCHS Twelve Clans Unity Hospital **Agency Fac. ID** EPA-R7-USTFacID-855

☐ No areas of concern or deficiencies were observed at the conclusion of this inspection.

☒ The above named facility was inspected by a duly authorized representative of EPA Region 7, and the following are the inspector's observations and/or recommended corrective action(s):

Deficiencies or Areas of Concern Identified:

Regulatory Citation	Description
§ 280.40(a)(1)	PLLD stopped performing 0.2GPH line test After 3/16/21
§ 280.40(a)(3)	Line Release detection system not meeting performance requirements
§	
§	
§	
§	
§	
§	

Actions Taken:

☐ Field Citation; # ___ ☐ Additional information required ☐ Inspection Deficiency Summary/Due date _

Notes:

- Clean Spill Bucket
- Dry/Clean STP Sumps
- No positive shutoff. Alarm should shut down STPs

Name of Owner/Operator Representative:
See Original

_____
(Please print)

_____
(Signature)

Other Participants: _____

_____

_____

_____

Name of EPA Representative:
See Original

_____
(Please print)

_____
(Signature)

_____
(Credential Number)

_____
(Title)

Date of Inspection _____ Time _____ AM/PM

3 Underground Storage Tank (UST) Compliance Inspection Deficiency Summary

On August 4, 2021 the United States Environmental Protection Agency conducted an underground storage tank (UST) inspection of your facility to determine compliance with the Federal Underground Storage Tank regulations, 40 C.F.R. Part 280. During the inspection, potential record-keeping deficiencies were identified. You may resolve the below-cited deficiencies by providing documentation indicating that the facility had no areas of concern at the time of the inspection with the items listed below. Please return the documentation within **5** business days. **Failure to provide the requested documentation within the specified timeframe may result in the issuance of a formal information request pursuant to Section 9005 of the Resource Conservation and Recovery Act, 42 U.S.C. § 6991d.**

Notification

- ☐ Document the notification to the state of a previously unregistered existing underground storage tank.
- ☐ Provide documentation of the notification and investigation of a suspected release to the state implementing agency per the requirements defined in 40 C.F.R § 280.50.

Cathodic Protection

- ☐ Document the installation or repair and testing of a cathodic protection system for unprotected piping, flex connectors, buried metallic components, etc.
- ☐ Document the installation or repair and testing of a cathodic protection system for an unprotected steel or composite UST.
- ☐ Document an internal tank lining integrity test.
- ☐ Document a field test of the cathodic protection (CP) system by a qualified protection tester to determine that the CP system adequately provides the required corrosion protection for all components as required by 40 C.F.R.§ 280.31(b). (Required every 3 years following the initial testing after the CP system's installation)
- ☐ Provide documentation demonstrating that the impressed current cathodic protection system has been inspected at least every 60 days. Such documentation may be in the form of a system rectifier inspection log or other such record demonstrating compliance with 40 C.F.R. § 280.31(c). Provide the records for the months of_____.

Release Detection

- ☒ Document product line tightness testing using an approved method for annual line leak detection. Needs to be conducted MD 0.2gph test documentation for product lines
- ☐ Document an operational integrity test (annual) on line leak detector (LLD) in accordance with the manufacturer's requirements.
- ☐ Document a tank tightness test using an approved method.
- ☐ Document an approved form of monthly release detection monitoring, e.g., statistical inventory reconciliation (SIR), automatic tank gauging (ATG), etc
- ☐ Provide the following documentation that the leak detection method has been implemented:
  - ☐ Automatic tank gauge data (e.g. CSLD, SCALD, "Leak Check").
  - ☐ Inventory Control, ☐ SIR, ☐ Document monthly interstitial sensor/probe status data
- ☐ Document the performance of a release detection operability test.

Facility Name WCHS Twelve Clans Unity Hospital **Agency Fac. ID** 855

Spill and Overfill Protections

☐ Document the installation or repair of an approved overfill prevention device(s), e.g., outside overfill alarm, automatic shutoff device (flapper valve), etc.

☐ Document the installation or repair of an approved spill prevention device(s), e.g., spill bucket, catchment basin, etc.

☐ Document the performance of one or both of the following

- ☐ Triennial Spill Bucket Test
- ☐ Triennial Overfill Equipment Test

Temporary/Permanent Closure

☐ Document placement the UST(s) in temporary out-of-service status, including documentation of the removal of all product to below one-inch, in accordance with 40 C.F.R. § 280.70.

☐ Document the proper permanent closure of the UST(s) in accordance with 40 C.F.R. §280.71, and any applicable state regulations.

Financial Responsibility

☐ Provide documentation of financial responsibility for underground storage tank system in accordance with 40 C.F.R. 280, Subpart H.

Other

- ☐ Under Dispenser Containment (Visual inspection or electronic monitoring)
- ☐ Documentation of Compatibility for UST Systems
- ☐ Documentation of Periodic Walk-through Inspection
- ☐ Walkthrough Inspection Records – Monthly and Annually
- ☐ Documentation of Containment Sump Testing
- ☐ _____

Submit all documentation to: heafner.joseph@epa.gov

THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 7
Tanks, Toxics, and Pesticides Branch
LCRD/TTPB, 11201 Renner BLVD
Lenexa, Kansas 66219

4 Underground Storage Tank (UST) Inspection Photo Documentation Log

Camera Type: Canon PC 1431 **Camera S/N:** 092600 5973

Facility Name: Twelve clans Unity Hospital **BPA-R7-UST Fac ID:** **Agency Fac. ID:** 855

Location (City/State) 225 S. Bluff Street

Date Photos Taken: 8/4/21 **Photographer:** Edwardo Ortiz

Photo No.	Time	Direction	Description
2377	9:07	Down	Start Photograph
2378	9:07	SE	Boiler Room (Location of ATG) South of Tank.
2379	9:10	North	ATG inside boiler room Veeder-Root TLS-350
2380	9:10	North	ATG Alarm "L 2: Fuel Alarm" 8/4
2381	9:19	North	ATG operating instructions.
2382	9:28	East	Tank layout Diesel 15,000 gal DW
2383	9:29	Down	Spill bucket contained
2384	2988	Down	STP sump (west) Contained. Sensor touching bottom
2385	9:29	Down	STP sump (east) line leak detector missing.
2386	9:29	Down	Ball float valve
2387	9:29	Down	ATG port tight
2388	9:29	Down	Interstitial monitoring risers.
2389	9:32	South	Overfill Alarm located South of Tanks, North of boiler room

Initial/Date: SMH 8/25/21