



NOTICE OF UNDERGROUND STORAGE TANK (UST) COMPLIANCE INSPECTION

ADEM Administrative Code Rule 335-6-15 Compliance Inspection Authorization

335-6-15-.40 Access to Records. Any owner or operator of an underground storage tank shall upon request of a duly authorized representative of the Department, permit the representative, at all reasonable times, access to all records concerning the storage of regulated substances and permit the representative to copy said records.

335-6-15-.41 Entry and Inspection of Facilities. Any owner or operator of an underground storage tank shall upon request of a duly authorized representative of the Department, permit the representative to enter, at all reasonable times, property and buildings where an underground storage tank is located and allow the representative to inspect facilities and equipment and to conduct monitoring and sampling.

Inspection details: Routine Compliance Inspection checked. Owner Name: City of Alexander City. Facility Name: Alabama Food Group. Address: 228 Franklin St., Alex City, AL 3504. Contact: Gerard Brewer, 256/409-2020.

Submit Designated Notifications: Suspected release, Permanent closure, Temporary closure, New installation, Transfer of ownership, Notification, Other.

Submit Designated Regulatory Fees: UST regulatory fee payment due for: Current fiscal year.

Submit Designated Delinquent Test Reports: 3 year containment sump integrity test, 3 year UST impressed current cathodic protection test, 3 year galvanic cathodic protection test (checked 5/30/2021).

Submit Most Recent Designated Additional Test Data: 30 day ATG 0.2 gph test printout, 30 day CSLD test printout, 30 day SIR report log, 30 day containment sump sensor printout, 30 day manual tank gauging log, 30 day tank interstitial sensor printout.

Submit Designated Operation and Maintenance Inspection Results: 60 day impressed current CP inspection log, 3 year overfill prevention equipment inspection, Annual walkthrough inspection log, 30 day walkthrough inspection log.

Operation and Maintenance Needing Immediate Action: Containment Sumps, Containment Sump Equipment, Operator Training, Tank Cathodic Protection Rectifier, Spill Prevention Equipment, Temporary Closed Tanks.

Inspector Comments: 1) Cathodic Protection test is past due. Facility is closed USTs are temporarily closed. Dispensers are present. USTs are empty.

Submit any requested information to the attention of the inspector at the address indicated below, fax to the inspector's attention, or e-mail to the inspector at: rcarrington@adem.alabama.gov

ADAM Field Operations, Birmingham Field Office, Mobile Field Office, Decatur Field Office contact information.

Compliance Inspection Results

No Action Required - Thank you for your continuing efforts to comply with the ADEM UST regulations.

NOTE: THE ABOVE FACILITY WAS INSPECTED TO DETERMINE COMPLIANCE WITH ADEM ADMINISTRATIVE CODE RULE 335-6-15. THE STATUS OF COMPLIANCE IS INDICATED ABOVE.

Receipt of this "ADEM UST Compliance Inspection" is hereby acknowledged by the facility owner or representative. If other than the owner receives this notice, it should immediately be forwarded to the owner of the USTs.

Signatures: Robert Carrington (Owner/Representative), Robert Carrington (Inspector), Date: 9/16/2021

Owner Name: CITY OF ALEXANDER CITY
 Owner Type : L P O BOX 552
 ALEX CITY AL 35011
 Owner Phone: 2563299057 Fax Phone: 2564092009
 Owner Contact Name: GERARD BREWER
 Owner Contact Phone: 2564092020
 Email (verified from web):



OPERATOR TRAINING:
 YES

Email (OLD unverified) mike.smith@alexandercityal.gov

Number of Sites: 5	The Fiscal Account information is provided to aid in the inspection process only. It reflects the Owner's account status as of the printed date and is subject to change on a daily basis based on payments made and number of tanks in service during the year.	Owner Fee Information FY	2021	2020
GSA ID:		Billed Amount	60	60
Bad Address:		Paid Amount	60	60
No Bill:				

SITE DATA -----Date of last walk Thru [REDACTED]
 Site Name: ALABAMA FOOD GROUP
 228 FRANKLIN ST
 ALEX CITY AL 35010
 Site Contact Name: GERARD BREWER X 222
 Site Contact Phone: 2564092020
 Email (verified from web):

Cannot locate Site:
 Abandoned Site:
 Adjacent to residence
 Within 300 feet of residence:
 Located within Indian Lands:
 Located within Wellhead Protection Area:

Email (OLD unverified)

Location:	-----GPS Data-----				-----Verified-----
	Decimal Deg	Degrees	Minutes	Seconds	
Latitude:	32.941227	32	56	28.417000	Code:
Longitude:	-85.950515	-85	57	1.854000	Date:

Stagel facility number: 310-G-020		Number of ASTs: 0
Number of USTs: 4		Active ASTs: 0
Currently in use: 0		
Temporarily Closed: 2		
3 YR Insp tanks: 2	NOTE: Site has no tanks with compatibility demonstration needed.	
Permanently Closed: 2		
Retired: 0		
Contested: 0		Date Last Inspected: 6/8/2020

Inspector Comments:

Owner Name: CITY OF ALEXANDER CITY

Site Name: ALABAMA FOOD GROUP

I. Description of underground storage tanks

A. Tank status (Mark all that apply)	TANK ID NO:	001276 U 03	047234 U 04
1. Currently in Use			
2. Temporarily Closed		X	X
a. Estimated date last used		11/28/2012	11/28/2012
b. Estimated quantity of substance remaining			
6. Contested Ownership			
Date Owner contested ownership of tank			
Cannot Locate Tank			
C. Tank History			
1. Date Installed		1/1/1983	8/20/1997
D. Tank Estimated Total Capacity (gallons)			
		6000	10000
1. Number of compartments if compartmented tank		1	1
2. Number of manifolded tanks if manifolded		0	0
E. Substance Currently Stored (Mark all that apply)			
1. Petroleum			
a. Unleaded Gasoline		X	
b. Mid-Grade Gasoline			
c. Premium Gasoline			
d. Diesel			X
e. Kerosene			
f. Aviation Fuel (JP-4), etc.)			
g. Used Oil			
h. Virgin Oil			
i. E-85			
j. Biodiesel			
i. Other, Please specify			
2. Hazardous Substance			
a. Please indicate Name of Principal CERCLA Substance or			
b. Chemical Abstract Service (CAS) No.			
F. Tank Usage (Mark all that apply)			
1. Emergency Power Generator (Part IV not required)			
2. Retail			
3. Bulk Facility			
4. Industrial		X	X
5. Local Government		X	X
6. State/Federal Government			
7. Farm			
8. Heating Oil (Notification not Required)			
Fee information for this FY as of date printed:	Fees billed	30	30
	Fees paid	30	30

Tank Comments for Tank 1276

Tank Comments for Tank 47234

001276 E_COMPATIBILITY_REQUIRED: E_COMPATIBILITY_VERIFIED
 047234 E_COMPATIBILITY_REQUIRED: E_COMPATIBILITY_VERIFIED

Owner Name: CITY OF ALEXANDER CITY
 Site Name: ALABAMA FOOD GROUP

II. Corrosion Protection

G. Tank Construction Material (Mark all that apply)			
Single Wall			
Double Wall			
1. Steel	X		
2. Fiberglass Reinforced Plastic			
3. Fiberglass Coated Steel		X	
4. Other, Please Specify			
H. Steel Tank Corrosion Protection (Mark all that apply)			
1. Galvanic Cathodic Protection	X		
2. Impressed Current Cathodic Protection			
Date cathodic protection installed			
3 YR CP REVIEW			
3 YR CP TEST DATE			
3. Interior Lining (e.g., epoxy resins)			
Date interior lining installed			
INTERIOR LINING INSPECTION REVIEW			
INTERIOR LINING INSPECTION DATE			
4. Other, None or Painted, Please Specify			
I. Piping Material Of Construction (Mark all that apply)			
Single Wall			
Double Wall			
Installation Date			
1. Steel			
2. Fiberglass Reinforced Plastic		X	
3. Flexible	X		
Manufacturer			
4. Other material or piping information			
J. Steel Piping Corrosion Protection (Mark all that apply)			
1. Impressed Current Cathodic Protection			
2. Galvanic Cathodic Protection (e.g. sacroficial anode)			
3. Isolated or Above Ground			
Date protection installed			
3 YR CP REVIEW			
3 YR CP TEST DATE			
4. None or N/A			
5. Other, Please specify			
III. Spill/Overfill Protection			
K. Tank Spill Prevention Equipment (Mark all that apply)			
1. Catchment Basin	X	X	
Test Date			
Reviewed			
2. Other , Please specify			
3. Not required			
L. Tank Overfill Prevention Equipment (Mark all that apply)			
1. Flow Restrictor at 90% full (e.g.,ball float vent valve)		X	
2. Auto Shutoff Device at 95% full (e.g. flappervalve)	X		
3. High Level Alarm at 90% full (must alert fuel deliverer)			
Test Date			
Reviewed			
4. Other, Please specify			

Comments:

IV. Release Detection

M. Tank Methods of Release Detection (Mark all that apply)	001276 U 03	047234 U 04
1. Automatic tank gauge	X	X
2. Continuous Automatic tank gauge		
Probe Test Date		
Sensor Test Date		
Console Test Date		
IM Sensor Test Date		
3. Tight testing every 5 yrs for only 10 yrs w/inventory control		
Date of Tank Tightness Test	8/8/1997	8/8/1997
4. Tank tightness testing once every 5 years for only 10 years with manual tank gauging (inly tanks 551-2000 gal.)		
5. Interstitial monitoring		
Monthly log date		
Type of IM method for above		
6. Vapor monitoring		
Vapor Approval Date		
7. Groundwater monitoring		
Groundwater Date		
8. Manual tank gauging (only tanks 1000 gal. or less)		
9. Statistical Inventory Reconciliation (SIR)		
SIR Annual Report Date (Year only)		
11. Other, Please specify		
N. Pressurized Piping Method of Release Detection (At least one item from BOTH Group I and GroupII must be marked)		
Containment Sump		
Sump Test Date \ Reviewed	1	1
Annual Inspection Date	1/1/1901	1/1/1901
1. GROUP I (Mark one of the following)		
a. Automatic Flow Restrictor (MLLD)		
Annual Test Date		
b. Automatic shutoff device (ELLD)		
ELLD Test Date		
c. Continuous Alarm System		
Sump Sensor Test Date		
d. Sump Sensor Relayed		
Sump sensor relayed Test Date		
d. Other, Please Specify		
2. GROUP II (Mark one of the following)		
a. Annual Line Testing		
Line Test Date		
b. Automatic electronic line leak detector		
c. Vapor Monitoring (SAME AS FOR TANKS)		
d. Groundwater Monitoring (SAME AS FOR TANKS)		
e. Statistical Inventory Reconciliation (SIR)		
f. Interstitial monitoring		
Monthly Log Date		
Type of IM method above		
g. Other, Please Specify		
O. Suction Piping Method of Release Detection (Mark one)		
1. Line tightness testing every 3 years		
Date of Line Test		
2. Interstitial monitoring		
Type of IM method above		
3. Vapor Monitoring (SAME AS FOR TANKS)		
4. Groundwater Monitoring (SAME AS FOR TANKS)		
5. Safe Suction	X	X
6. Statistical Inventory Reconciliation (SIR)		
7. Other, Please Specify		
P. Gravity Piping (No leak detection required)		
V. UIC (If yes to the next question, send copy of this report to UST/UST Compliance Section Chief.)		
Are there floor drains in an automobile repair shop that discharge to field lines at this facility?	YES	NO

USTs are Tempo facility is closed

Site Observations		
Are ASTs on site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Did inspector provided owner/operator with AST guidance? <i>(Please provide if ASTs present)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Does the site use interstitial monitoring?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was all stage 1 vapor recovery equipment tested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	
Release Detection		
Verified the ATG console operating properly with 1 year of printouts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	Site Meets RD Performance Measure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending
Verify SIR Annual Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	
Verified Group I release detection records for piping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verified Group II release detection records for piping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation of proper release detection testing <i>(Applicable testing forms: ATGTEST, LSTEST, RDTST, LINETT, LDLTTEST)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Corrosion Prevention		
Type of CP at site	<input type="checkbox"/> Impressed (IC) <input checked="" type="checkbox"/> Galvanic <input type="checkbox"/> None (FG tanks/lines)	Site Meets CP Performance Measure <i>PC</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Was Rectifier powered on and showing volt and amp readings >0? (IC only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Was Rectifier log present and up to date? (If IC, not part of performance measure)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Verified documentation of 3 year CP testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/a	
Spill Prevention		
Documentation of 3 year spill bucket test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site Meets SP Performance Measure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending
Are Spill buckets free of visible cracks/holes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Spill buckets free of product/sludge/ water? (Water may be present in spill bucket as long as there is not an obvious lack of maintenance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Overfill Prevention		
Does site appear to have functioning overfill prevention devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site Meets OF Performance Measure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending
Documentation of overfill inspection <i>(Due by Dec 8, 2020, not part of OF measure until Dec 8, 2020)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical Compliance Determination		
Site is in Technical Compliance Site is in technical compliance if it meets all 4 measures above: RD, CP, SP & OF	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pending	
Walkthrough Inspections		
Documentation of 30 day walkthrough inspections <i>(Must have 10 out of 12 months of 30 day inspections)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site Meets Walkthrough Measure <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending
Documentation of annual walkthrough inspections	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Containment Sumps		
Were all Containment sumps inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Containment sumps were free of water/debris/product? <i>(Only must be free of water if used for interstitial monitoring)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Did the site have documentation of containment sump integrity test? <i>(Due by Dec 8, 2020 for sumps used for interstitial monitoring only)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Sensors mounted at low point of sump	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Under Dispenser Containment		
Was UDC inspected and found to be satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Observed	
Did the site have documentation of UDC integrity test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/a	
Operator Training		
Has the Owner completed A/B operator training? <i>(Verify from database, certificate not required to be kept on site)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was a Class C operator training records available on site? <i>(Records for all current class C operators must be kept at the facility per regulations)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Please complete this page during the inspection and scan with the Compliance Inspection Record

DRAFT

Preliminary list of Deficiencies found during Site inspection

Printed 8/20/2021

0_2PELLD

0_2T

279

3_0ELLD

ALARM

CHIOWN

CloRpt

CPLog

CPTest

ePwr

Fees

INTLining

LTT

MLLDF

MLLDInstall

MLLDT

OverFill

SIRContract

SIRMON

SIRROX

SPILLF

SPILLMT

SPILLR

SPILLT

SUMPI

SumpMT

SUMPR

SumpSensorT

TEMP

OPTRGN

WLKTHRU

Inspector Name: Rob Carrington

Inspector Signature: [Signature]

Inspection Date: 9/16/2021