



**Site Monitoring Report for
Leaking Underground Storage Tank Sites**
for the Iowa Department of Natural Resources

Site Identification

LUST #: _____ UST Registration #: _____
 Site Name: _____
 Site Address: _____ City: _____

Responsible Party Identification

Name: _____ Phone #: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____

Type of Monitoring: _____

Is site reclassification recommended? Yes No
 If yes, what classification? High Risk Low Risk No Action Required

Statement of Certification

I, _____, Groundwater Professional Certification No. _____, am familiar with all applicable requirements of Iowa Code § 455B.474 and all rules and procedures adopted thereunder including, but not limited to, Chapter 567-135 and the Department of Natural Resources' Site Monitoring Report guidance. Based on my knowledge of those documents and information I have prepared and reviewed regarding this site, UST Registration No. _____, LUST No. _____, I certify that this document is complete and accurate as provided in 567 IAC 135.12 and meets the applicable requirements of the Site Monitoring Report.

Print Name, Address and Phone Number of Certified Groundwater Professional

 Signature: _____
 Phone #: _____
 Date: _____

I certify that I have reviewed this document for submittal to the Department of Natural Resources.

 Print: Name of Responsible Party Signature- Responsible Party Date (Sent/Given to DNR)

Official DNR Use Only	
Date Received: _____	Comment Letter Date: _____
Reviewer: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No

SITE MONITORING REPORT CHECKLIST

Printed from the RBCA Application

Indicate with "N/A" those sections of the report which are not included because they do not apply to site-specific conditions.

<input type="checkbox"/>	Report Cover Sheet. Signed by certified groundwater professional and responsible party (542-0762).....	1
<input type="checkbox"/>	SMR Checklist (542-0762).....	2
<input type="checkbox"/>	<input type="checkbox"/> Groundwater Source Summary Table	3
<input type="checkbox"/>	<input type="checkbox"/> Soil Leaching Summary Table.....	4
<input type="checkbox"/>	<input type="checkbox"/> Soil Vapor Summary Table	5
<input type="checkbox"/>	<input type="checkbox"/> Soil Water Line Summary Table	6
<input type="checkbox"/>	<input type="checkbox"/> Potential Receptor Summary	7
<input type="checkbox"/>	<input type="checkbox"/> Receptor Status Change.....	8
<input type="checkbox"/>	<input type="checkbox"/> Site Reclassification.....	9
<input type="checkbox"/>	<input type="checkbox"/> Groundwater Analytical Data.....	10
<input type="checkbox"/>	<input type="checkbox"/> Soil Gas Data	11
<input type="checkbox"/>	<input type="checkbox"/> Soil Gas at Sources	12
<input type="checkbox"/>	<input type="checkbox"/> Soil Leaching SSTL Tables	13
<input type="checkbox"/>	<input type="checkbox"/> Groundwater/Soil Leaching Monitoring Plan Summary	14
<input type="checkbox"/>	<input type="checkbox"/> Soil Gas Monitoring Plan.....	15
<input type="checkbox"/>	Corrections to Tier 2 Deficiencies	16

Appendices:

- 1. Evaluation of Analytical Data
- 2. Site Plan Map
- 3. Site Vicinity Map
- 4. Soil Summary Corrective Action Map (From Tier 2)
- 5. Soil Contamination Map (From Tier 2)
- 6. Soil Gas Map (From SMR)
- 7. Groundwater Summary Corrective Action Map (From Tier 2)
- 8. Groundwater Monitoring Results Map (From SMR)
- 9. Groundwater Contamination Map (From SMR)
- 10. Groundwater Flow Direction Map
- 11. Analytical Data Sheets
- 12. Boring Logs / Monitoring Well Construction Diagrams
- 13. Documentation
- 14. Best Management Practices (Initial SMR only)

RBCA Application Submitted