Print Form

Iowa Department of Natural Resources
Underground Storage Tank Section
502 East 9th Street
Des Moines, IA 50319-0034

Iowa DNR – UST Section
Stage 1 Vapor Recovery Survey Form

UST FACILITY		
Name:		Registration No:
Address:		LUST No:
City:	ZIP:	Phone:

INSPECTOR		
Name:		Inspector No:
Company:		Phone:
Address:		
City:	State:	ZIP:

THE FACILITY'S ESTIMATED MONTHLY THROUGHPUT FOR GASOLINE IS (CHECK ONE):

☐ **LESS THAN 10,000 GALLONS**

Inspection Date: _____

Is the tank top access vapor tight? Yes ☐ No ☐

☐ **10,000 GALLONS OR MORE, BUT LESS THAN 100,000 GALLONS**

Inspection Date: _____

Is the tank top access vapor tight? Yes ☐ No ☐

Are drop tubes installed in all tanks? Yes ☐ No ☐

☐ **100,000 GALLONS OR MORE**

Inspection Date: _____

Is the tank top access vapor tight? Yes ☐ No ☐

Is Stage 1 Vapor Recovery System installed? Yes ☐ No ☐

Date it was installed _____

Is it dual point ☐ or single point ☐?

Has vapor balance system been tested? Yes ☐ No ☐

Date it was tested? _____

Are the results passing? Yes ☐ No ☐

NOTES:

CERTIFICATION OF INSPECTOR RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Inspector's Signature: _____ Date: _____