



**Corrective Action Design Report for
Leaking Underground Storage Tank Sites**
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: _____

The treatment technologies to be used at the site. (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Soil Vapor Extraction (SVE) | <input type="checkbox"/> Excavation (off-site treatment) | <input type="checkbox"/> Pump & Treat (P & T) |
| <input type="checkbox"/> Bioventing | <input type="checkbox"/> Air Sparging with SVE | <input type="checkbox"/> Air Stripper Treatment |
| <input type="checkbox"/> Biomounding | <input type="checkbox"/> Bioremediation | <input type="checkbox"/> Carbon Adsorption |
| <input type="checkbox"/> Thermal Desorption | <input type="checkbox"/> Biosparging | <input type="checkbox"/> Aeration Treatment |
| <input type="checkbox"/> Land Farming | <input type="checkbox"/> Vacuum Enhanced P & T | |

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, the Department of Natural Resources' guidance and specifications for corrective action design reports. 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 135.12(9) and meets the applicable requirements of the corrective action design report, and that the recommended corrective action can reasonably be expected to meet its stated objective.

Print Name, Address and Phone Number of Certified Groundwater Professional

_____	Signature: _____
_____	Date: _____

I certify that I have reviewed this document, appendices, and attachments 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

CADR checklist

- ☐ Completed CADR cover page
- ☐ Completed CADR checklist
- ☐ I. Executive summary
- ☐ II. Comparison of two corrective action alternatives
- ☐ III. Justification for selected corrective action
- ☐ IV. Timetable and critical performance benchmarks
- ☐ V. System design
- ☐ VI. Pilot test
- ☐ VII. Operation and maintenance plan
- ☐ VIII. Start-up period plan
- ☐ IX. Groundwater summary corrective action map from the Tier 2 report
- ☐ X. Soil summary corrective action map from the Tier 2 report
- ☐ XI. Groundwater flow direction maps (current and historic)
- ☐ XII. Monitoring plan
- ☐ XIII. Waste management disposal plan
- ☐ XIV. Security / System protection
- ☐ Appendix A: Permits
- ☐ Appendix B: Justification
- ☐ Appendix C: Boring logs / well construction diagrams (Only those which have not been previously submitted to the DNR.)
- ☐ Appendix D: Laboratory analytical reports (Only those which have not been previously submitted to the DNR.)