



Site Check

Attach this form when submitting a Site Check to the DNR. Refer to Subrule 567-135.6(3)b for additional information.

UST REGISTRATION No.		LUST No. (IF APPLICABLE)	
-----------------------------	--	---------------------------------	--

Site Name: _____
Site Address: _____ City: _____ Zip: _____
Contact Person: _____ Phone: _____

OWNER IDENTIFICATION

Name: _____ Company: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

CERTIFIED GROUNDWATER PROFESSIONAL (CGP)

Name: _____ Date: _____
Company: _____ Certification No: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

SITE CHECK SAMPLE COLLECTOR (IF NOT THE CGP LISTED ABOVE)

Name: _____ Date: _____
Company: _____
Address: _____ E-mail: _____
City: _____ State: _____ Zip: _____ Phone: _____

SITE ACTIVITY

Describe the circumstances prompting the site check:

I certify that I have reviewed the attached site check report, appendices, and attachments for submittal to the Iowa Department of Natural Resources. To the best of my knowledge, the information provided is true, accurate and complete.

Signature – **OWNER**

Date

Signature – **CGP**

Date

Date Submitted