



Iowa Department of Natural Resources  
**Free Product Recovery Report**  
 Leaking Underground Storage Tank Site Assessment

**SITE IDENTIFICATION**

LUST No. \_\_\_\_\_ UST Registration No. \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_

**RESPONSIBLE PARTY IDENTIFICATION**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

**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' Free Product Recovery 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 135.9(11)"c) and meets the applicable requirements of the Free Product Recovery Report.

Print: Name/Address of Certified Groundwater Professional

\_\_\_\_\_  
 Signature: \_\_\_\_\_

\_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 Date: \_\_\_\_\_

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

\_\_\_\_\_  
 Print Name of Responsible Party

\_\_\_\_\_  
 Signature- Responsible Party

**Official DNR Use Only**

Date Received: \_\_\_\_\_ Comment Letter Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Approved:  Yes  No

### Free Product Recovery Information

Tabulate the free product and groundwater volumes removed from each well. List each extraction event chronologically with the oldest data first. The results for all events must be provided. Give all elevations as feet Above Sea Level (ASL). Ground surface elevation must be reported to the nearest 0.1 foot. Top of casing elevation, static water elevations, and free product thickness must be reported to the nearest 0.01 foot. Volume of free product and groundwater removed must be reported to the nearest 0.1 gallon. A separate sheet should be used for each recovery well.

Well Number: \_\_\_\_\_ Ground Surface Elevation: \_\_\_\_\_ Top of Casing Elevation: \_\_\_\_\_

Date Sampled	Static Groundwater Level (feet ASL)	Free Product Thickness (feet)	Volume of Free Product Removed (gallons)	Volume of Groundwater Removed (gallons)

### Free Product Recovery - Site Totals

Tabulate the total groundwater volume and total free product volume removed from all the recovery wells at the site. Volume of free product and groundwater recovered must be reported to the nearest 0.1 gallon. List the site totals starting with the first month the recovery was initiated. The results for all events must be provided.

#### Volume of Water Recovered

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Month / Year	-	Gallons
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#### Volume of Free Product Recovered

Month / Year	-	Gallons
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