

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 AP	PLICABLE)	
Site Name:				
		City:		Zip:
Contact Porson:			Phone	
Owner Identification				
Name:	Con	npany:		
City:			Phone:	
Certified Groundwater Professional (CGP)				
Name:				Date:
	E			
	State:			
SITE CHECK SAMPLE COLLECTOR (IF NOT THE CGP LISTED ABOVE)				
Name:				Date:
		-mail:		
City:		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 Submitted