



Tier 2 Site Cleanup Report
Leaking Underground Storage Tank Site Assessment
 for the 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: _____

Classification: High Risk Low Risk No Action Required
 Recommended: Tier 3 Corrective Action Is this a revised Tier 2 SCR? Yes No

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, the Department of Natural Resources' Tier 2 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 135.10(11) and meets the applicable requirements of the Tier 2 site assessment.

Print Name, Address and Phone Number of Certified Groundwater Professional

 Signature: _____
 Date: _____
 (Sent/Given to Responsible Party)

I certify that I have reviewed this document 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