



Iowa DNR – UST Section Stage 1 Vapor Recovery Survey Form

UST FACILITY

Name: _____ Registration No: _____
 Address: _____ LUST No: _____
 City: _____ ZIP: _____ Phone: _____

INSPECTOR

Name: _____ Inspector No: _____
 Company: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

THE FACILITY'S ESTIMATED MONTHLY THROUGHPUT FOR GASOLINE IS (CHECK ONE):

<input type="checkbox"/>	LESS THAN 10,000 GALLONS	<i>NOTES:</i>
Inspection Date: _____		
Is the tank top access vapor tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	10,000 GALLONS OR MORE, BUT LESS THAN 100,000 GALLONS	
Inspection Date: _____		
Is the tank top access vapor tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are drop tubes installed in all tanks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	100,000 GALLONS OR MORE	
Inspection Date: _____		
Is the tank top access vapor tight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Stage 1 Vapor Recovery System installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date it was installed _____		
Is it dual point <input type="checkbox"/> or single point <input type="checkbox"/> ?		
Has vapor balance system been tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date it was tested? _____		
Are the results passing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATION OF INSPECTOR RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Inspector's Signature: _____ Date: _____