



Bedrock Site Monitoring Report
Leaking Underground Storage Tank Sites
 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: _____

Type of Monitoring: _____

Is site reclassification recommended? Yes No
 If yes, what classification? High Risk Low Risk No Action Required

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' Site Monitoring 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 135.12 and meets the applicable requirements of the Site Monitoring Report.

Print Name, Address and Phone Number of Certified Groundwater Professional

 _____ Signature: _____
 _____ Phone #: _____
 _____ Date: _____

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

BEDROCK SITE MONITORING REPORT CHECKLIST

Printed from the Tier 2 Bedrock Software

Indicate with "N/A" those sections of the report which are not included because they do not apply to site-specific conditions.

<input type="checkbox"/>	Report Cover Sheet. Signed by certified groundwater professional and responsible party (542-0769).....	1
<input type="checkbox"/>	Bedrock SMR Checklist (542-0769)	2
<input type="checkbox"/>	<input type="checkbox"/> Tier 2 Bedrock Data Summary	3
<input type="checkbox"/>	<input type="checkbox"/> Preliminary Pathway Evaluation Requirements	4
<input type="checkbox"/>	<input type="checkbox"/> Tier 2 Bedrock Receptor Summaries	5
<input type="checkbox"/>	Field Screening Results/Soil Boring and Monitoring Well Placement	6
<input type="checkbox"/>	<input type="checkbox"/> Sampling Results Soil	7
<input type="checkbox"/>	<input type="checkbox"/> Sampling Results Monitoring Wells	8
<input type="checkbox"/>	<input type="checkbox"/> Sampling Results Water Supply Wells	9
<input type="checkbox"/>	<input type="checkbox"/> Sampling Results Soil Gas	10
<input type="checkbox"/>	<input type="checkbox"/> Soil Gas Monitoring Plan: Comments and Summary Table	11
<input type="checkbox"/>	<input type="checkbox"/> Monitoring Plan (Monitoring Wells).....	12
<input type="checkbox"/>	<input type="checkbox"/> Monitoring Plan (Water Supply Wells)	13
<input type="checkbox"/>	<input type="checkbox"/> List of Receptors	14
<input type="checkbox"/>	<input type="checkbox"/> Possible Deficiencies.....	15
<input type="checkbox"/>	<input type="checkbox"/> Potential Receptor Summary.....	16
<input type="checkbox"/>	<input type="checkbox"/> Receptor Status Change.....	17
<input type="checkbox"/>	Site Reclassification.....	18

Bedrock Pathway Assessment Attachments (From Tier 2):

(SW) Pathway	B	T	E	X	TEH-D	TEH-WO
<input type="checkbox"/> 1. GW Ingestion - Actual Map						
<input type="checkbox"/> 2. GW Ingestion - Potential Map						
<input type="checkbox"/> 3. Soil Gas Plume Map			---	---	---	---
<input type="checkbox"/> 7. GW to Water Line Map						
<input type="checkbox"/> 8. Surface Water Map						
<input type="checkbox"/> 9. Soil Leaching Map				---		---
<input type="checkbox"/> 10. Soil Vapor Map				---		---
<input type="checkbox"/> 11. Soil to Water Line Map				---		---

Appendices:

- 1. Evaluation of Analytical Data
- 2. Site Plan Map
- 3. Site Vicinity Map
- 4. Monitoring Plan Map
- 5. X, Y Coordinates Map
- 6. Soil Summary Corrective Action Map/Soil Leaching Corrective Action Map
- 7. Soil Contamination Plume Map
- 8. Soil Gas Map
- 9. Groundwater Summary Corrective Action Map
- 10. Groundwater Contamination Map
- 11. Groundwater Flow Direction Map
- 12. Analytical Data Sheets
- 13. Boring Logs / Monitoring Well Construction Diagrams
- 14. Documentation
- 15. Best Management Practices (Initial SMR only)

Tier 2 Software File **Submitted**

Potential Receptor Summary

Surveys for new, removed, and replaced receptors must be conducted within the larger area of either 1) the receptor identification plume for the appropriate receptor type; or 2) the receptor-specific distance listed in brackets below.

Receptor questions	Yes/ No	Contact Name/ Company Name/ Complete Address	Contact Phone #	Date
New drinking water well(s)? [1,000']	<input type="checkbox"/> Y <input type="checkbox"/> N			
New non-drinking water well(s)? [1,000']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Plugged drinking water well(s)? [1,000']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Plugged non- drinking water well(s)? [1,000']	<input type="checkbox"/> Y <input type="checkbox"/> N			
New plastic water line(s)? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Replaced or relocated plastic water line(s)? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
New sanitary sewer(s)? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Replaced or relocated sanitary sewer(s)? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
New building(s) with basement(s)? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Building(s) with basement(s) removed? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			
Zoning changes? [200']	<input type="checkbox"/> Y <input type="checkbox"/> N			

Receptor: Status Change

List and describe all receptors whose status has changed since the previous receptor evaluation (e.g. Private Well A was plugged/water supply notification form was sent to the proper authorities; new houses were built; etc.).

Site Reclassification

Should the site be reclassified? No Yes

If yes, the site should be reclassified as: High Risk Low Risk No Action Required

If reclassification is recommended, provide the justification for reclassification and provide all necessary documentation in Appendix 12.