

NO DISCHARGE SAMPLE FORM

I hereby certify that I attempted to obtain an effluent sample from the onsite wastewater discharge point at:

NAME: _____

ADDRESS: _____

I attempted to obtain a sample of the above onsite wastewater system, but found no evidence of an effluent discharging. I inspected the system for any signs of surface discharge, erosion, soil staining, etc. There did not appear to be any evidence of flow in the last six months. I will continue to monitor the system in accordance with Iowa Administrative Code 567-Chapter 69.2(455B) and Iowa Administrative Code 567- Chapter 64, General Permit # 4 Rules and the County specified sampling dates.

DATE OF INSPECTION: _____

SAMPLER NAME: _____

MAINTENANCE CONTRACTOR (Company Name, if used)

Mail to:
Environmental Health
214 E. Main, Ste 2
Knoxville, IA 50138

Or fax to: 641-828-2042