



LEAKING UNDERGROUND STORAGE TANK CLOSURE REPORT

INSTRUCTIONS: COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY. The Certified Underground Storage Tank Professional (CP) MUST sign below. **Failure to submit this report within the stated time period may result in administrative penalties as provided for in Part 213, Section 21313a of 1994 PA 451, as amended.** PLEASE RETURN THIS COMPLETED REPORT AND ASSOCIATED ATTACHMENTS TO THE APPROPRIATE RRD DISTRICT OFFICE. See form eqp4410 for a complete list of RRD district offices.

FACILITY NAME:		FACILITY ID NUMBER:	
STREET ADDRESS:			
CITY:		ZIP:	COUNTY:
DATE(S) RELEASE DISCOVERED:		CONFIRMED RELEASE NUMBER(S):	
O/O NAME:			
O/O STREET ADDRESS:		STATE:	ZIP:
CONTACT PERSON:		PHONE NUMBER:	

ANSWER ALL QUESTIONS (DO NOT LEAVE BLANKS):

1. a. Has the UST been emptied? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain why):		
b. Has the UST system been properly closed? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain why):		
2. Free product present: a. Currently? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, total gallons recovered since last report:		
b. Previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, total gallons recovered to date:		
3. Have vapors been identified in any confined spaces (basement, sewers, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. State the number of homes where drinking water is or was affected as a result of a release from this facility:		
5. Estimated distance and direction from point of release to nearest:		
a. Private well:	b. Municipal well:	c. Surface water/wetland:
6. Since last report:	a. cubic yards of soil remediated:	b. gallons of groundwater remediated:
7. Totals to date:	a. cubic yards of soil remediated:	b. gallons of groundwater remediated:
8. Michigan RBCA Site Classification (1-4):		Previous RBCA Site Classification (1-4):
9. Has contamination migrated off-site above Tier 1 Residential RBSLs <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, have off-site impacted parties been notified (per Section 21309a(3) of Part 213) <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. Is an institutional control required for contamination that has migrated or will migrate off-site? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. MTBE	Has MTBE been detected in any groundwater sample? <input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum concentration of MTBE found in ground water _____ ppb.

CERTIFICATION OF REPORT COMPLETION

I, the undersigned CP, hereby attest to the best of my knowledge and belief that the statements in this document and all attachments are true, accurate, and complete. I certify that the report was submitted to the Remediation & Redevelopment Division (RRD) on _____ (Date submitted **REQUIRED**)

CP Original Signature - (REQUIRED) _____	Date _____	PRINT QC PROJECT MANAGER'S NAME _____
PRINT CP's Name _____		NAME OF CONSULTING FIRM _____
CP ID _____		QC ID: Z _____
ADDRESS _____		PHONE: _____ FAX: _____

CERTIFICATION OF CLOSURE

1. Type of RBCA Evaluation: Tier 1 Tier 2 Tier 3
2. Closure report based on which type of land use?: Residential Commercial III Commercial IV Industrial
3. Institutional Controls: None Notice of Corrective Action Restrictive Covenant Other

I certify under penalty of law that corrective actions associated with the above referenced release at this facility were completed in accordance with Part 213, 1994 PA 451, as amended, and current departmental guidance and procedures available at the time the work was completed. I further certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

CP Signature - (**REQUIRED**) _____ Date _____

Instructions - Utilize the following checklist to ensure that all required information is provided in the Closure Report. Include this

checklist as the table of contents. The order in which the information is provided is at your discretion. Each page of the report (including the cover sheet, table of contents, appendices, figures, etc.) should be consecutively numbered. The location column should be completed with the appropriate page number for each item. You may reference previously submitted materials by specifying the location within that document. Maps, tables, figures, etc. should be combined as appropriate.

All information required by Part 213 to be included in the Closure Report **must** be provided, and all sections of the report must be completed. If any items are not applicable to the site, provide a justification regarding the absence of this information in the appropriate section of the report.

If an Initial Assessment Report (IAR) and/or a Final Assessment Report (FAR) have not been submitted for this release, provide all required information from the IAR and/or FAR not included below.

Section	Table of Contents	Page
1.0	<u>PROJECT CHRONOLOGY</u>	
	A. Provide the date and time the confirmed release(s) was/were discovered and reported.	_____
	B. Provide the IAR submittal date.	_____
	C. Provide the FAR submittal date.	_____
	D. Provide dates for any other submittals.	_____
2.0	<u>SUMMARY OF CORRECTIVE ACTION ACTIVITIES PERFORMED</u>	
2.1	IMMEDIATE RESPONSE ACTION IMPLEMENTATION	
	If an IAR has not been previously submitted, provide all information requested in Section 1.0 of the IAR	_____
2.2	FREE PRODUCT DISCOVERY AND REMOVAL	
	If free product has not been discovered, then proceed to Section 2.3.	
	A. Describe initial response actions performed at this site to address the presence of free product as specified in Sections 21307(2)(c) and (f), and (3)(b) and (c), 21308a(1)(b)(xviii). Refer to the Storage Tank Division Operational Memorandum No. 7, <i>Identification, Reporting, and Recovery of Free Product at LUST Sites</i> .	_____
	B. Attach a final RRD Free Product Recovery Status Report (EQP 3850) if not previously submitted.	_____
2.3	SITE ASSESSMENT ACTIVITIES	
	A. If an IAR has not been previously submitted, provide all information requested in Section 3.0 of the IAR.	_____
	B. If a FAR has not been previously submitted, provide all information requested in Section 2.0 of the FAR.	_____
2.4	SITE CLASSIFICATION	
	A. Indicate the current Site Classification Level, in accordance with Storage Tank Division Operational Memorandum No. 5, <i>Leaking Underground Storage Tank (LUST) Site Classification. System</i> .	_____
	B. Provide a justification for this classification. Identify the current conditions that are the basis of the classification.	_____

C. Indicate whether the site classification has changed since the submission of the last report.

2.5 TIERED EVALUATIONS AND CLEANUP GOALS

A. Indicate whether a site-specific Tier II or Tier III evaluation has been conducted for this site.

B. If applicable, identify and justify where alternate assumptions or site-specific information were used in place of the default assumptions as defined in the Storage Tank Division Operational Memorandum No. 4, *Tier 1 Lookup Tables for Risk-Based Corrective Action at Leaking Underground Storage Tank (LUST) Sites*.

NOTE: If a Tier II evaluation was performed and described in the IAR or the FAR, explicitly indicate where different assumptions or site-specific information were used in this Tier II or Tier III evaluation and why the change was justified.

C. Provide the calculations and reference citations supporting the development of the relevant Tier II or Tier III SSTLs.

D. Provide a table which compares the maximum remaining contaminant concentrations for each required parameter for all media to the appropriate RBSLs (as provided in the Storage Tank Division Operational Memorandum No. 4), and/or the calculated SSTLs. Identify all applicable land use scenario(s).

2.6 MODELING

Provide all modeling documentation. Refer to the Storage Tank Division Operational Memorandum No. 10 *Presentation of Tier 2 and 3 Groundwater Modeling Evaluations*.

2.7 NOTICES AND RESTRICTIONS

If the closure does not require the use of institutional controls to restrict land or resource use, then proceed to Section 2.8.

NOTE: Draft copies of all Restrictive Covenants and Notices of Corrective Action for off-site institutional controls must be submitted to the RRD for approval prior to filing. Refer to Storage Tank Division Operational Memorandum No. 12, *Institutional Controls and Public Notice Requirements and Procedures*.

A. Submit copies of all notices or restrictions which have been filed, and provide proof of filing these notices or restrictions. If the person filing is not the property owner, attach a copy of the written permission for the filing from the property owner.

B. Identify the individuals or segments of the public which have been provided with notice of the proposed land use restrictions or limitations to be placed on resource use. Include the names and addresses of the affected parties (unless large segments of the public will be provided notice, e.g., users of a municipal water supply system). Include proof that notice was provided to the affected parties.

C. Provide a map depicting the location(s) of the individuals or segments of the noticed public.

D. Describe any alternate mechanism utilized to restrict exposure to regulated substances

as defined in Section 324.21310a(3), and justify how this mechanism reliably restricts exposure to the regulated substances.

2.8 PERMITS

List all discharge permits and/or permit exemptions that were required for the corrective action, and include the type of permit, permit number, application date, approval date and termination date.

2.9 CORRECTIVE ACTION PLAN

- A. Summarize the corrective action activities that resulted in release closure. Include the operating history of any active treatment systems.

- B. Summarize the types of monitoring activities performed, including the media and parameters monitored.

- C. Attach performance monitoring data.

- D. Describe and justify changes to the previously submitted Corrective Action Plan.

- E. Provide the total volume of soil remediated, and include disposal location and proof of disposal (e.g., invoices, not load tickets) for all soils excavated subsequent to submittal of the last report, if appropriate.

- F. Provide the total volume of groundwater actively remediated to date, and include disposal documentation, if appropriate.

3.0 CLOSURE VERIFICATION SAMPLING

3.1 SOIL CLOSURE VERIFICATION

NOTE: Verification sampling must be conducted whenever contaminated soils are identified but not remediated, including when contaminated soil is returned to an excavation after the removal of a UST.

- A. Describe the soil verification sampling strategy applied at the site by providing the following:
 - 1. A scaled site map which identifies the former extent of the soil contamination, and the soil verification sampling locations relative to existing site features. *(Multiple chemical contaminants and multiple sample depths should be addressed on the minimum number of site maps needed to convey the information with clarity and legibility.)*

 - 2. For a corrective action involving excavation, a scaled drawing(s) showing the floor and walls of the excavation and the associated sampling locations. The drawing should also depict the subsurface stratigraphy, soil types, fractures, discolored soil locations, adjoining conduits or potential migration pathways, and locations of former and existing UST system components, as appropriate.

 - 3. A description of how the number and location of samples collected for soil verification purposes was established. If your sampling strategy differs from the MDEQ *Verification of Soil Remediation Guidance Document* and Storage Tank Division Operational Memorandum No. 9, *Groundwater and Soil Closure Verification Guidance*, provide justification.

 - 4. A list of the analytical parameters used to verify the soil remediation.

- 5. A justification if all soil verification samples were not analyzed, preserved, and handled in accordance with the Storage Tank Division Operational Memorandum No. 14 *Analytical Parameters and Methods, Sample Handling, and Preservation for Petroleum Releases*. _____

B. Provide a table with laboratory data showing the results of all verification soil sampling performed to date for the required parameters. Refer to the Storage Tank Division Operational memorandum No. 14 *Analytical Parameters and Methods, Sample Handling, and Preservation for Petroleum Releases*. The table should include the following: _____

- 1. Sample ID
- 2. Sample depth
- 3. Date of collection
- 4. Dates of extraction and analysis
- 5. Method Detection Limits
- 6. Analytical method

(NOTE: The RRD may request copies of the laboratory data sheets, chain-of-custody forms, and all available QA/QC information.)

C. Provide copies of all soil boring logs not previously submitted. _____

3.2 GROUNDWATER CLOSURE VERIFICATION

A. Describe the groundwater verification sampling strategy applied at the site by providing the following:

- 1. A scaled site map which identifies the former extent of groundwater contamination, the groundwater verification sampling locations relative to existing site features, and the groundwater flow direction(s). *(Multiple chemical contaminants and multiple aquifer/sample depths should be addressed on the minimum number of site maps needed to convey the information with clarity and legibility.)*
- 2. A description of how the sampling frequency and duration of sampling for groundwater verification purposes was established. If your sampling strategy differs from the Storage Tank Division Operational Memorandum No. 9. _____
- 3. A list of the analytical parameters used to verify groundwater closure _____
- 4. A justification if all groundwater verification samples were not analyzed, preserved, and handled in accordance with the Storage Tank Division Operational Memorandum No. 14 *Analytical Parameters and Methods, Sample Handling, and Preservation for Petroleum Releases*. _____

B. Provide a table with laboratory data showing the results of all verification groundwater sampling performed to date for the required parameters. Refer to the Storage Tank Division Operational Memorandum No. 14 *Analytical Parameters and Methods, Sample Handling, and Preservation for Petroleum Releases*. The table should include the following:

- 1. Sample ID _____
- 2. Sampling depth or screened interval _____
- 3. Date of collection _____
- 4. Dates of extraction and analysis _____
- 5. Method Detection Limits _____
- 6. Analytical method _____

(NOTE: The RRD may request copies of the laboratory data sheets, chain-of-custody

forms, and all available QA/QC information.)

C. Attach copies of the following:

1. Boring logs not previously submitted. _____
2. Well construction diagrams not previously submitted. _____
3. Potentiometric surface maps for each groundwater verification sampling event. _____
4. Elevation data (USGS datum preferred), including top-of-casing and grade elevations, and depth to groundwater for each groundwater verification sampling event. _____

3.3 CLOSURE VERIFICATION FOR OTHER MEDIA

- A. Describe the verification sampling strategy for other media applied at the site. _____
- B. Provide a scaled site map which identifies the verification sampling locations relative to existing site features and boundaries, if appropriate. _____
- C. Provide a table with the laboratory data showing the results of all verification sampling performed to date in the other specified environmental media. _____

(NOTE: The RRD may request copies of the laboratory data sheets, chain-of-custody forms, and all available QA/QC information.)