



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – REMEDIATION & REDEVELOPMENT DIVISION  
 PO BOX 30426, LANSING, MI 48909-7926, Phone 517-373-9837, Fax 517-373-2637, E-mail [DEQ-STD-TANKS@michigan.gov](mailto:DEQ-STD-TANKS@michigan.gov)

## LEAKING UNDERGROUND STORAGE TANK SUPPLEMENTAL REPORT COVER SHEET

**INSTRUCTIONS:** Complete this form with all applicable information. Attach this form to all supplemental Leaking Underground Storage Tank (LUST) submittals; this includes all reports other than the Initial Assessment, Final Assessment, and Closure Reports. The Certified Underground Storage Tank Professional (CP) MUST sign below. Please return this completed report cover sheet to the appropriate RRD District Office. See form EQP4410 for a complete list of RRD district offices. Use of this form to provide the listed information is voluntary.

**IDENTIFY TYPE OF SUPPLEMENTAL REPORT:**

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

**ANSWER ALL QUESTIONS**

1. Type(s) of product released:		
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)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. Estimated depth to groundwater:		Estimated groundwater flow direction:
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):		
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. MTBE	Has MTBE been detected in any groundwater sample? <input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum MTBE concentration found in groundwater _____ 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 - ( <b>REQUIRED</b> ) _____	Date _____	PRINT QC PROJECT MANAGER'S NAME _____
PRINT CP's Name _____		NAME OF CONSULTING FIRM _____
CP ID _____		QC ID: <b>Z</b> _____
ADDRESS _____	PHONE: _____	FAX: _____