



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Remediation and Redevelopment Division

**Leaking Underground Storage Tank Final Assessment Report  
CONDITIONAL APPROVAL DOCUMENTATION**

☐ This is the final submittal in accordance with the conditions established by EGLE's conditional approval of the Final Assessment Report. (Check only if all conditions have been met.)

**Instructions:**

Pursuant to Part 213, Section 21315(9) of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, use this form when submitting the documentation required by EGLE's conditional approval of a Final Assessment Report. **Check the box above to indicate that all conditions in the conditional approval of the Final Assessment Report are complete and that this is the LAST SUBMITTAL to meet the requests of the conditional approval.**

**Site Information:**

Site Name: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Date(s) Release(s) Discovered: \_\_\_\_\_

Confirmed Release Number(s): \_\_\_\_\_

O/O Name: \_\_\_\_\_ O/O Email Address: \_\_\_\_\_

O/O Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Permission is given for EGLE to contact the Qualified Consultant (QC):**

☐ Yes    ☐ No

**Final Assessment Conditional Approval Documentation:**

1. Final Assessment Report Date: \_\_\_\_\_
2. Date of EGLE Approval with Conditions: \_\_\_\_\_

**List Conditions As Specified In The Egle's Conditional Approval:**

Completed? ☐ Yes ☐ No

Completed? ☐ Yes ☐ No

Completed? ☐ Yes ☐ No

Completed? ☐ Yes ☐ No

Completed? ☐ Yes ☐ No

Completed? ☐ Yes ☐ No

**Signature Of Owner/Operator (O/O) And Qualified UST Consultant (Qc) Submitting Report:**

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Signature of Owner/Operation (O/O) or  
Authorized Representative

Print Name

Date

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Signature of Qualified UST Consultant (QC)

Print Name

Date

QC Company Name: \_\_\_\_\_

QC Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

QC Phone Number: \_\_\_\_\_ QC Fax Number: \_\_\_\_\_

QC E-Mail Address: \_\_\_\_\_

**Submission Information:**

This form and appropriate attachments should be submitted to the EGLE Remediation and Redevelopment Division (RRD), unless regulated by another division in which case contact should be made with that division for information on where to provide the form and report. Submittals to RRD can be provided electronically using the Remediation Information Data Exchange (RIDE). For more information on submitting forms electronically using RIDE, please visit [EGLE's RIDE Webpage](#). Hardcopy submittals should not be provided if RIDE is used to upload the submittal. If the submittal is being provided as a hardcopy only, it can be sent to RRD using the following address:

Michigan Department of Environment, Great Lakes, and Energy  
Remediation & Redevelopment Division  
PO Box 30426  
Lansing, MI 48909-7926

If you need this information in an alternate format, contact [EGLE-Accessibility@Michigan.gov](mailto:EGLE-Accessibility@Michigan.gov) or call 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.