



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY –  
 REMEDIATION AND REDEVELOPMENT DIVISION  
 PO BOX 30426, LANSING, MICHIGAN 48909-7926,  
 Phone 517-284-5087

FOR DEQ USE ONLY  
 SUBMITTAL Review  
 Due Date

**Request for DEQ Review – Response Activity Plan to Comply with 7a(1)(b) or 7a(2)**

*This form is required for submittal of a request for the DEQ to review a Response Activity Plan, under Section 20114b, Part 201, Environmental Remediation, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Current owners or operators who believe they are in compliance with all their applicable Section 20107a (due care) obligations need to use form EQP 4402, Documentation of Due Care Compliance and request review under Section 20114g(2), Part 201 of the NREPA.***

*This form is for use by a prospective owner or operator who is not yet required to be in compliance with their Section 20107a obligations, but is requesting DEQ review of response actions under 7a(1)(b) to be conducted upon their purchase, occupancy or foreclosure that are intended to prevent or mitigate an unacceptable exposure.*

**OR**

*This form is for use by a current owner or operator who must undertake response actions under Section 20107a(1)(b) to achieve compliance with their Section 20107a(1)(b) obligation to mitigate an unacceptable exposure. A current owner or operator of contaminated property has obligations under Section 20107a (due care) with respect to any existing contamination on the property to prevent unacceptable exposure.*

*The department will make every effort to review the response activity plan within 45 business days after receipt, but not later than 150 days per section 20114b(3) the department will, approve, approve with conditions, or deny the response activity plan, or will notify the submitter the plan does not contain sufficient information for the department to make a decision.*

**Section A: Status of Submitter relative to the Property (Check all that apply):**

Current Owner: <input type="checkbox"/>	Prospective Owner: <input type="checkbox"/>
Current Operator: <input type="checkbox"/>	Prospective Operator: <input type="checkbox"/>
Date Submitter became the owner or operator: _____	Date Submitter anticipates becoming the owner or operator: _____

**Section B: Type of Response Activity Plan being Submitted:**

Plan to Implement Response Actions to Comply with 7a(1)(b)   
 (includes continued operations and maintenance)

7a(2) Site Specific Criteria or Surrogate   
 (no generic criteria available)

**Section C: Property Information:**

Street Address of Property: _____	City/Village/Township: _____
City: _____	Town: _____ Range: _____ Section: _____
State: _____ Zip: _____	Quarter: _____ Quarter-Quarter: _____
Property Tax ID (include all applicable IDs): _____	Decimal Degrees Latitude: _____
Part 201 Site ID # (if known): _____	Decimal Degrees Longitude: _____
County: _____	Reference point for latitude and longitude: Center of site <input type="checkbox"/> Main/front door <input type="checkbox"/> Front gate/main entrance <input type="checkbox"/> Other <input type="checkbox"/>
	Collection method: Survey <input type="checkbox"/> GPS <input type="checkbox"/> Interpolation <input type="checkbox"/>

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**Section D: Submitter Information:**

Entity/person requesting review: _____  Company: _____ Submitter Address: _____  City: _____ State: _____ ZIP: _____ Telephone: _____ Email: _____	Contact Person (name and title): _____  Address: _____  City: _____ State: _____ ZIP: _____ Telephone: _____ Email: _____ Relationship of contact person to the submitter: _____
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**Section E: Are the following present at the property (Check all that apply):**

Item	Current	Unknown	Previously
Non Aqueous Phase Liquid (NAPL) (residual, mobile, migrating)	<input type="checkbox"/>	<input type="checkbox"/>	
Soil contamination above residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	
Soil contamination above non-residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	
Groundwater contamination above residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	
Groundwater contamination above non-residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	
Soil Gas contamination above residential vapor intrusion (VI) screening levels	<input type="checkbox"/>	<input type="checkbox"/>	
Soil Gas contamination above non-residential VI screening levels	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination existing in drinking water supply	<input type="checkbox"/>	<input type="checkbox"/>	
Conditions immediately dangerous to life or health (IDLH)			<input type="checkbox"/>
Fire & Explosion hazards related to releases			<input type="checkbox"/>
Imminent threat to drinking water supply			<input type="checkbox"/>

**Section F: The following questions assist DEQ in evaluating this request:**

<b>On-site Well(s) (Check all that apply):</b>	
Drinking Water <input type="checkbox"/> Industrial/Commercial Production <input type="checkbox"/>	Agricultural/Irrigation <input type="checkbox"/> No well on-site <input type="checkbox"/>
Approximate Depth of Well(s): _____	
<b>Surface Water Bodies on or Adjacent to Property (Check all that apply):</b>	
Wetlands <input type="checkbox"/> Ditch <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake/Pond <input type="checkbox"/>	
<b>Has a Baseline Environmental Assessment been previously submitted for this property?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date BEA submitted: _____	
BEA Number: _____	

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**Section G: Environmental Professional Signature:**

*With my signature below, I certify that this plan and all related materials are true, accurate, and complete to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company of Environmental Professional: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Section H: Submitter Signature:**

*With my signature below, I certify that this plan and all related materials are true, accurate, and complete to the best of my knowledge and belief and I am legally authorized to sign for the submitter*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Relationship of signatory to submitter: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This form and the Response Activity Plan to Comply with 7a(1)(b) should be submitted to the DEQ Remediation & Redevelopment Division District Office for the county in which the property is located, unless the response activity is related to a property that is regulated by another DEQ Division. [A district map is located at: http://www.michigan.gov/deqrrd](http://www.michigan.gov/deqrrd). If regulated by another division, contact should be made with that division for information on where to submit the form and plan. The Response Activity Plan is a stand-alone document and should contain all information necessary for the DEQ to render a decision.