



MICHIGAN DEPARTMENT OF ENVIRONMENT,
GREAT LAKES, AND ENERGY
Remediation and Redevelopment

For EGLE Use Only Permit Number

Request for EGLE Review – Response Activity Plan to Comply with 7A(1)(B)

Instructions

This form is required for submittal of a request for the Michigan Department of Environment, Great Lakes, and Energy (EGLE) 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. The Response Activity Plan to Comply with 7a(1)(b), must address the entire property, all complete pathways, and propose the necessary response activities to mitigate unacceptable exposures for all complete pathways through which there is an unacceptable exposure.

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 EGLE review of response activities 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 activities 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.

If additional data or other information needs to be acquired to conduct an adequate evaluation to determine complete pathways or appropriate response activities, this is not the correct response activity plan submittal form.

EGLE 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) EGLE will, approve, approve with conditions, or deny the response activity plan, or will notify the submitter the plan does not contain sufficient information for EGLE to make a decision.

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.

Section A: Submitter Information

Legal entity/person requesting review: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____ Contact Title: _____

Phone: _____ Email: _____

Complete if contact for questions is different from legal entity:

Relationship of contact person to submitter: _____

Contact Name: _____ Contact Title: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Section B: Property Information

Street address of property (include all applicable addresses):

County: _____ City/Village/Township: _____

Property Tax ID (include all applicable ID's):

Part 201 Site ID Number (if known): _____

Town: _____ Range: _____ Section: _____

Quarter: _____ Quarter-Quarter: _____

Decimal Degree Latitude: _____ Decimal Degree Longitude: _____

Reference point for latitude and longitude:

☐ Center of Site ☐ Main/Front Door ☐ Front gate/Entrance ☐ Other:

Collection Method: ☐ Survey ☐ GPS ☐ Interpolation

Section C: Status of Submitter Relative to the Property

Check all that apply.

☐ Current Owner ☐ Prospective Owner ☐ Current Operator ☐ Prospective Operator

Date Submitter became the owner or operator: _____

Date Submitter anticipates becoming the owner or operator: _____

Section D: Current or Proposed Property Use

Current Use: ☐ Residential ☐ Nonresidential ☐ Mixed Use

Proposed Use: ☐ Residential ☐ Nonresidential ☐ Mixed Use

Section E: The following questions assist EGLE in evaluating this request.

On-site Well(s) (Check all that apply):

☐ Drinking Water ☐ Industrial/Commercial Production ☐ Agriculture Irrigation

☐ No well on-site

Approximate Depth of Well(s): _____

Has a Baseline Environmental Assessment (BEA) been previously submitted for this property?

☐ Yes ☐ No

Date BEA submitted: _____

BEA Number: _____

Section F: Category of Applicable Generic Cleanup Criteria or Site-Specific Criteria**

Generic: ☐ Residential ☐ Nonresidential

Site-Specific (check all that apply):

☐ Residential ☐ Nonresidential ☐ EGLE Provided

☐ **Submitter Developed Section 20120b(2) & (3) ☐ **2020 VIAP Screening Levels

****EGLE review required within 90 days of EGLE receipt of the Response Activity Plan, per Section 20120b.**

Section G: Complete Pathways

Check all that apply.

Item	Residential	Nonresidential
Drinking Water / Drinking Water Protection	<input type="checkbox"/>	<input type="checkbox"/>
Direct Contact	<input type="checkbox"/>	<input type="checkbox"/>
Soil Volatilization to Indoor Air Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Volatilization to Indoor Air Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Ambient Air	<input type="checkbox"/>	<input type="checkbox"/>
Particulate Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Section H: Proposed Response Activities

Check all that apply.

Item	Check if Yes
Excavation	<input type="checkbox"/>
Physical or Engineered Exposure Barrier	<input type="checkbox"/>
Containment: Physical or Hydraulic	<input type="checkbox"/>
Active Soil Remediation System	<input type="checkbox"/>
Active Groundwater Remediation System	<input type="checkbox"/>
Passive Vapor Mitigation System	<input type="checkbox"/>
Active Vapor Mitigation System	<input type="checkbox"/>
Rule 1013(6) Notice(s)	<input type="checkbox"/>
Rule 1015 Notice	<input type="checkbox"/>
Rule 1019 Notice	<input type="checkbox"/>
MIOSHA Demonstration Section 20120a(18)	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Section I: 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: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Section J: 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.

Signature

Date

Printed Name: _____

Title and relationship of signatory to submitter: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Submission Information

This form and documentation for the completed response activity 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 hard copy 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

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 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.