



NOTICE TO LOCAL UNIT(S) OF GOVERNMENT OF LAND USE RESTRICTIONS

This information and form is required under Sections 21310a(5) and 21316 of Part 213, Leaking Underground Storage Tanks (LUST), of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Instructions: A person that implements corrective action activities that relies on land use restrictions shall provide notice of the land use restrictions that are part of the corrective action plan to the local unit of government in which the site is located within 30 days of filing of the land use restrictions with the county register of deeds. (1) Use this form to provide notice of land use restrictions that are part of the corrective action plan to the Local Unit(s) of Government (LUG). (2) Send the notice to the city, village or township clerk. Provide a copy to the County/District Health Department if groundwater exceeds Tier 1 residential screening levels. (3) Submit a copy of the notice and proof of providing the notice with the Closure Report (EQP4452) to the appropriate RRD District Office identified in form EQP4410. This notice does not constitute a warranty or representation of any kind by the State of Michigan that the corrective actions performed in accordance with this notice will result in the achievement of the remedial criteria established by Law, or that the property is suitable for any particular use.

 Name of Local Unit of Government

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Notice to the Local Unit of Government Receiving this Form:

A corrective action plan for the site named below has been developed as a result of a release of regulated substances from an underground storage tank. This form and the attachments are to provide the local unit(s) of government notice of the land use restrictions that are part of the corrective action plan. A copy of the institutional control mechanism(s) in the form of a Corrective Action Notice to Register of Deeds, and/or Restrictive Covenant, and/or alternate mechanism is/are attached. The attached institutional control mechanism(s) describes the land use restrictions and the land where the restrictions apply.

Owner or Operator: _____

Site Name: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Qualified Underground Storage Tank Consultant : _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____

I hereby attest to the accuracy of the statements in this document and all attachments. I further certify that the language on this form has not been modified.

 Owner or Operator's Signature

 Date