MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIATION AND REDEVELOPMENT DIVISION
PO BOX 30426, LANSING, MICHIGAN 48909-7926, Phone 517-284-5087, Fax 517-241-9581

Request for DEQ Review of No Further Action (NFA) Report

This form is required for submittal of a request for the DEQ to review a No Further Action Report, under Section 20114d, Part 201, Environmental Remediation, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Section A: NFA Category (Check all that apply:)

Residential	☐	Unrestricted	☐
Non-Residential	☐	Restricted	☐
20b(3) Site Specific or Surrogate *(no generic criteria available)*	☐	20b(2) Site Specific *(modification of generic critera)*	☐

The NFA addresses the entire facility ☐
(entire facility as defined by Part 201, all releases, hazardous substances, and environmental media):

The NFA does not address the entire facility ☐
Please specify the release(s), hazardous substance(s), environmental media, and/or portions of the facility addressed by the NFA.

NFA relies on a De minimus determination of GSI impact pursuant to Section 20120e(14): ☐

Section B: Facility Information:

Facility Name:

Street Address of Property:

City: State: Zip:

Property Tax ID (include all applicable IDs addressed by the NFA)

Status of submitter relative to the property (check all that apply):

	Former	Current	Prospective
Owner	☐	☐	☐
Operator	☐	☐	☐

County:
City/Village/Township:
Range: Section:
Town:
Quarter: Quarter-Quarter

Decimal Degrees Latitude:
Decimal Degrees Longitute:

Reference point for latitude and longitude:
Center of site ☐ Main/front door ☐
Front gate/main entrance ☐ Other ☐

Collection method:
Survey ☐ GPS ☐ Interpolation ☐

Section C: Submitter Information:

Entity/person requesting review:

Contact Person (name and title):

Submitter's Address:

City: State: Zip:

Telephone: E-Mail:

Relationship of Contact Person to the Submitter:

Owner Name, if different from Submitter: Company:

Owner Address: City: State: Zip:

Telephone:	E-Mail:

Section D: Facility/Property Subject to (Check all that apply):

Facility regulated under Part 201, source other than listed below or source unknown Part 201 Site ID, if known:	☐
Leaking Underground Storage Tank regulated pursuant to Part 213. Part 211/213 Facility ID, if known:	☐
Oil or gas production and development regulated pursuant to Part 615 or 625	☐
Licensed landfill regulated pursuant to Part 115	☐
Licensed hazardous waste treatment, storage, or disposal facility regulated pursuant to Part 111	☐
Consent Agreement or other legal agreement with the MDEQ	☐

Section E: Are/were the following present at the facility (Check all that apply):

	Current	Previously	Unknown
Mobil or migrating non aqueous phase liquids (NAPL)	☐	☐	☐
Soil contamination above residential criteria	☐	☐	☐
Soil contamination above non-residential criteria	☐	☐	☐
Soil aesthetic impacts	☐	☐	☐
Groundwater contamination above residential criteria	☐	☐	☐
Groundwater contamination above non-residential criteria	☐	☐	☐
Groundwater aesthetic impacts	☐	☐	☐
Soil Gas contamination above residential vapor intrusion (VI) screening levels	☐	☐	☐
Soil Gas contamination above non-residential VI screening levels	☐	☐	☐
Conditions immediately dangerous to life or health (IDLH)	☐	☐	☐
Fire & Explosion hazards related to releases	☐	☐	☐
Contamination existing in drinking water supply	☐	☐	☐
Imminent threat to drinking water supply	☐	☐	☐
Impact to surface water	☐	☐	☐
Impact to surface water sediments above screening levels	☐	☐	☐
	☐	☐	☐

Section F: The following questions assist MDEQ in evaluating the No Further Action Report:

Have other plans or reports, BEAs, DDCCs, NFAs, etc. been submitted for this facility?

Facility Name, if different than this submittal:
Date and Name of most recent submittal:

Response Activities or Remedial Action that have been Implemented (Check all that apply):

	Current	Previously
Excavation	☐	☐
Physical or Engineered Exposure Barrier	☐	☐
Active Soil Remediation System	☐	☐
In-situ Soil Remediation	☐	☐
Active Groundwater Remediation System	☐	☐
In-situ Groundwater Remediation	☐	☐
Groundwater Monitored Natural Attenuation	☐	☐
Containment, Physical or Hydraulic	☐	☐
Vapor Intrusion Barrier	☐	☐
Vapor Intrusion Remediation System	☐	☐
Other, Specify:		

Remedial Action Relies on (Check all that apply):

Mixing Zone	☐
Part 201 Section 20118(4) and (5)	☐
MIOSHA demonstration (Section 20120a(18))	☐
Restrictive Covenant	☐
Institutional Control (Section 20121(8))	☐
Alternative Instruments (Section 20121(9)	☐

Post Closure Plan and Components:

Post Closure Plan Required? Yes ☐ No (Residential, Unrestriced Category Only) ☐

Plan Includes:

- Permanent Markers ☐
- Restrictive Covenant ☐
- Other Institutional Controls ☐

Post Closure Agreement and Components:

Post Closure Agreement Required? Yes ☐ No ☐

Agreement Includes:

- FAM ☐
- FAM, de minimus ☐
- Waiver of Permanent Marker ☐

Section G: Attachments (Required):

	Yes
Environmental Professional's Affidavit is attached:	☐
Environmental Professional's Certificate of Insurance is attached:	☐
Submitter's Affidavit is attached:	☐

Section H: Environmental Professional Signature:

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

Signature:_____Date:_____

Printed Name:

Company:

Mailing Address: City: State: Zip:

Telephone: E-mail:

Section I: Submitter Signature:

With my signature below, I certify that this report 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:_____

(Person legally authorized to bind the legal entity)

Printed Name:

Title and Relationship of signatory to submitter:

Address: City: State: Zip:

Telephone: E-Mail:

This form and the No Further Action Report should be submitted to the DEQ Remediation and Redevelopment Division District Office unless the response activity is related to a facility that is regulated by another DEQ Division. A district map is located at 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 report.