



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

**Request for EGLE Review of Response Activity Plan**

This form is required for submittal of a request for 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.

**Section A: Type Of Response Activity Plan Being Submitted (Check All That Apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Remedial Investigation   | <input type="checkbox"/> Section 20118(4) and (5) Request  |
| <input type="checkbox"/> Evaluation Plan  | <input type="checkbox"/> Land or Resource Use Restrictions |
| <input type="checkbox"/> Feasibility Study  | <input type="checkbox"/> Other (Please specify below)      |
| <input type="checkbox"/> Remedial Action Plan   | If Other:  |
| <input type="checkbox"/> Interim Response Plan  |  |
| <input type="checkbox"/> Mixing Zone Request  |  |
| <input type="checkbox"/> 20e(14) De Minimus GSI Impact  |  |
| <input type="checkbox"/> 20b(2) Site Specific Criteria (modification of generic criteria)           |  |
| <input type="checkbox"/> 20b(3) Site Specific Criteria or Surrogate (no generic criteria available) |  |

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

The Response Activity Plan does not address the entire facility:

Please specify the release(s), hazardous substance(s), environmental media, and/or portions of the facility address by the Response Activity Plan:

**Section B: Facility/Property Subject To (Check All That Apply):**

Facility Regulated under Part 201:

Part 201 Facility 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 EGLE

**Section C: Facility And Locational Information:**

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address of Property: \_\_\_\_\_

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

City/Village/Township: \_\_\_\_\_

Property Tax ID (Include all applicable IDs): \_\_\_\_\_

Town: \_\_\_\_\_ Section: \_\_\_\_\_ Range: \_\_\_\_\_

Quarter: \_\_\_\_\_ Quarter-Quarter: \_\_\_\_\_

Decimal Degrees Latitude: \_\_\_\_\_

Decimal Degrees Longitude: \_\_\_\_\_

Reference Point for Latitude and Longitude:  Center of Site  Main/Front Door

Front Gate/Main Entrance  Other If Other: \_\_\_\_\_

Collection Method:  Survey  GPS  Interpolation

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

- Former Owner       Current Owner       Prospective Owner       Former Operator  
 Current Operator       Prospective Operator

**Section D: Submitter Information:**

Entity/Person requesting review: \_\_\_\_\_

Contact Person (name and title): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship of contact person to the submitter: \_\_\_\_\_

Owner Name, if different from submitter: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section E: Are/Were The Following Preset At The Facility (Check All That Apply):**

- |  |                                  |                                   |                                  |
|--|----------------------------------|-----------------------------------|----------------------------------|
| Mobile or Migrating Non-Aqueous Phase Liquids (NAPL)     | <input type="checkbox"/> Current | <input type="checkbox"/> Previous | <input type="checkbox"/> Unknown |
| Soil contamination above any residential criteria        | <input type="checkbox"/> Current | <input type="checkbox"/> Previous | <input type="checkbox"/> Unknown |
| Soil contamination above any non-residential criteria    | <input type="checkbox"/> Current | <input type="checkbox"/> Previous | <input type="checkbox"/> Unknown |
| Soil aesthetic impacts                                   | <input type="checkbox"/> Current | <input type="checkbox"/> Previous | <input type="checkbox"/> Unknown |
| Groundwater contamination above any residential criteria | <input type="checkbox"/> Current | <input type="checkbox"/> Previous | <input type="checkbox"/> Unknown |

- Groundwater contamination above any non-residential Criteria  Current  Previous  Unknown
- Groundwater contamination above the Acute Inhalation Screening Level  Current  Previous  Unknown
- Groundwater aesthetic impacts  Current  Previous  Unknown
- Soil Gas contamination above residential vapor intrusion (VI) screening levels  Current  Previous  Unknown
- Soil Gas contamination above non-residential VI screening levels  Current  Previous  Unknown
- Conditions immediately dangerous to life or health (IDLH)  Current  Previous  Unknown
- Fire & Explosion hazards related to releases  Current  Previous  Unknown
- Contamination existing in drinking water supply  Current  Previous  Unknown
- Imminent threat to drinking water supply  Current  Previous  Unknown
- Impact to Surface Water  Current  Previous  Unknown
- Surface Water Sediments above screening levels  Current  Previous  Unknown

**Section F: The Following Questions Assist EGLE In Evaluating This Request:**

**Known or Suspected Contaminant(s) Type (Check all that apply):**

- Petroleum  Volatile Organic Compounds  Metals  Other

If Other, please specify: \_\_\_\_\_

**Current Site Status (Check all that apply):**

- Undergoing Property Transfer  Active Operations  Inactive Operation

**Current Property Use:**  Residential  Non-Residential

**Anticipated Property Use:**  Residential  Non-Residential

**Estimated Area of Contamination Addressed in Response Action Plan (Cumulative):**

Currently undetermined     <0.5 acre     >0.5 acre

**Migration:**

Has contamination migrated beyond the property boundaries?     Yes     No     Unknown

Has the Notice of Migration been submitted?     Yes     No     Unknown

**Facility Investigation Status:**

Ongoing     Complete

**Facility Response Activity Status (Check all that apply):**

None     IR Implemented     Response Activity Ongoing     Response Activity Complete

**Drinking Water Supply for Facility (Check all that apply):**

Municipal     Private Well(s)     No Current Water Supply     Municipal Available

**On-Site Well(s) (Check all that apply):**

Drinking Water     Industrial/Commercial Production     Agricultural/Irrigation

No well on-site    Approximate Depth of Well(s): \_\_\_\_\_

**Local Drinking Water Supply:**

Is the facility in a designated Wellhead Protection Area?     Yes     No

Distance to nearest off-site drinking water well - Municipal: \_\_\_\_\_

Distance to nearest off-site drinking water well - Private: \_\_\_\_\_

**Surface Water Bodies on or Adjacent to Facility (Check all that apply):**

Wetlands     Ditch     Stream/River     Lake/Pond

**Local Surface Water Bodies (All four below distances required):**

Distance to nearest wetland: \_\_\_\_\_ Ditch: \_\_\_\_\_

Stream/River: \_\_\_\_\_ Lake/Pond: \_\_\_\_\_

**Have other plans been submitted for this facility?**

Facility Name, if different than this submittal: \_\_\_\_\_

Date and Name of most recent submittal: \_\_\_\_\_

**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.

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Signature	Print Name	Date
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Company of Environmental Professional:

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Continue to next page for Section H: Submitter Signature**

**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.

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Signature	Print Name	Date
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Title/Relationship of signatory to submitter:

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Submission Information:**

This form 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

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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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