

MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Remediation and Redevelopment Division

Public Highway Institutional Control

Instructions

When environmental contamination is proposed to remain in place within a public highway owned or controlled by a county road commission or local unit of government, the "Public Highway Institutional Control" may be used to satisfy all of the requirements under Section 21310a(3)(c) of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA). In addition, the "Public Highway Institutional Control" may serve as an alternative instrument, with department approval, pursuant to Section 20121(9) of Part 201, Environmental Remediation, of the NREPA. Multiple signature pages may be necessary if there is more than one authority that owns or controls the public highway. All institutional control Reference Numbers assigned shall be predominantly displayed on the first page. The EGLE Reference Number can be obtained by emailing EGLE-RRD@Michigan.gov. If you have received a Reference Number over a year prior to finalizing the Public Highway Institutional Control, please send an email to EGLE-RRD@Michigan.gov to request a new Reference Number.

Section 1. Facility Information

EGLE Reference Number PHIC-RRD-	<u></u>		
Site or Facility Name:		_Site or Facility ID No.:	_
Site or Facility Street Address:			
City:	State:	ZIP Code:	
Name of Party Proposing Public Highway	IC:		_
Email:			_
Street Address of Party Proposing Public I	Highway IC:		_
City:	State:	ZIP Code:	
Contact Person:			_
Phone:	F	Fax:	
EGLE District Office: ☐ Cadillac ☐ Gaylo	ord 🗆 Grand F	Rapids □ Jackson □ Kalamazoo	
□ Lansing □ Saginaw Bay □ SE M	lichigan □ U	Jpper Peninsula	

Section 2. Affected Public Highway Information

1.	Name of affected public highway(s) and nearest intersection:				
2.	. Known or suspected contaminant(s) type (check all that apply):				
	☐ Petroleum ☐ Volatile organic compounds ☐ Metals ☐ Other If other:				
3.	. Is residual/mobile nonaqueous-phase liquid present in the affected public highway:				
	□ Yes □ No				
4.	Media contaminated:				
	a. Soil depth to contaminated soil:				
	b. Groundwater depth to contaminated groundwater:				
	Predominant groundwater flow direction:				

- 5. Provide a scaled drawing of the portion of the public highway subject to the institutional control that depicts the area impacted by regulated substances and the location of utilities in the impacted area, including storm water systems and municipal separate storm water systems. At a minimum, the scaled drawing should include:
 - a. A north arrow.
 - b. A graphical scale bar and scale statement (e.g. 1" = 50').
 - c. The limits of the source property plotted, to scale, showing the relationship to the county road commission or local unit of government and other affected parcels.
 - d. The public highway(s) name identified.
 - e. A statement identifying the Township, Range, Section, and Quarter Section where the parcel is located.
 - f. The limits of the affected public highway plotted to scale. This area should be hatched and labeled appropriately.
 - g. The location of significant site features such as buildings, drives, parking lots, and road surface.
 - h. Cross section illustrating affected public highway, media, utilities, and location and depth of contaminated media.
 - i. Most recent analytical data illustrating contaminant compounds and concentrations within the contaminated media.

6.	intere	de a complete list that identifies all parties with ownership and possessory or use property sts related to the public highway (including owners of real property, easement holders, utility nise holders, and owners or operators of public utilities):
	a.	Are any of the parties listed above affected by the contamination: \Box Yes \Box No
	b.	Have all of the parties above affected by the contamination received notification of the existing conditions as part of a corrective action plan or pursuant to the due care requirements: \Box Yes \Box No
7.	Expos	sure risks:
	a.	Due to groundwater contamination (check all that apply):
		☐ Drinking water ☐ Indoor air inhalation ☐ Surface water
	b.	Due to soil contamination (check all that apply):
		□ Direct contact□ Ambient air inhalation□ Indoor air inhalation□ Leaching from soil to groundwater□ Direct transport to surface water
		☐ Soil excavation/relocation

Based on the exposure risks identified above, insert a paragraph below which describes the affected media, the nature and extent of the hazardous substances, the cleanup criteria exceeded, the routes of potential exposure, any response activities or corrective actions that have been taken to address the contamination, and any activities that could result in exposure to hazardous substances that would cause this institutional control to not be protective of public health, safety, and welfare (e.g. use of the groundwater for consumption, irrigation, or any other use, management and disposal of groundwater for dewatering for construction purposes; any excavation or intrusive activity that would result in contaminated soils to be placed at the ground surface or otherwise exacerbate the extent of contamination).

Section 3. Storm Sewer System Certification Is contamination present in or does the contamination have the potential to enter the storm sewer system (including separate storm sewer systems and combined sewers) as a result of the release from the underground storage tank system: ☐ Yes □ No If yes, please provide the information below and attach any drawings, tables, etc. that clearly identifies the nature and extent of the contamination that enters or has the potential to enter the storm sewer system. **Section 4. Submitter Information** I, as the submitter identified in Section 1, or the qualified consultant authorized to complete this document on the submitter's behalf, hereby attest to the accuracy of the statements in this document and all attachments and have provided this document to the county road commission or local unit of government. Signature Date Printed/Typed Name: _____ Name of Company (if applicable): Address: City: _____ State: ____ ZIP Code: ____

Phone: ______ Fax: _____

Section 5. County Road Commission or Local Unit of Government Confirmation

Name of county road commission or local unit of government:

commission or local un	,	(county road y confirms that there are no current plan y signature below, I certify that I am legal
	alf of theall unit of government above).	(county
Todu commission or loc	ar unit or government above).	
Signature of Authorized (Official	Date
Printed/Typed Name of A	uthorized Official:	
Title of Authorized Officia	l:	
Address:		
City:	State:	ZIP Code:
Phone:	F	ax:
Email:		

If you need this information in an alternate format, contact <u>EGLE-Accessibility@Michigan.gov</u> or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.