



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):

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

If Other:

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) Current Previous Unknown

Soil contamination above any residential criteria Current Previous Unknown

Soil contamination above any non-residential criteria Current Previous Unknown

Soil aesthetic impacts Current Previous Unknown

Groundwater contamination above any residential criteria Current Previous Unknown

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

Signature	Print Name	Date
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Company of Environmental Professional:

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.

Signature _____ Print Name _____ Date _____

Title/Relationship of signatory to submitter:

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

This form and the Response Activity Plan should be submitted to EGLE Remediation & Redevelopment Division District Office for the county in which the property is located, unless the response activity is related to a facility that is regulated by another EGLE Division. A district map is located at Michigan.gov/EGLErrd. If regulated by another division, contact should be made with that division for information on where to submit the form and plan.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 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.