

SECTION B: FACILITY 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 C: 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 D: FACILITY/PROPERTY SUBJECT TO (Check all that apply):

Facility Regulated under Part 201, source other than listed below or source unknown:

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 E: ARE/WERE THE FOLLOWING PRESET AT THE FACILITY (Check all that apply):

Mobile or Migrating Non-Aqueous Phase Liquids	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	Current	Previous	Unknown
Groundwater aesthetic impacts	Current	Previous	Unknown
Soil Gas contamination above residential site-specific Volatilization to indoor air criteria (SSVIAC)	Current	Previous	Unknown
Soil Gas contamination above non-residential SSVIAC	Current	Previous	Unknown
Conditions immediately dangerous to life or health	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 THE NFA REPORT:

Have other plans or reports, Baseline Environmental Assessment, Documentation of Due Care Compliance, No Further Action, etc. been submitted for this facility?

Yes No

Facility Name and/or Facility ID, 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):

Excavation	Current	Previous
Physical or Engineered Exposure Barrier	Current	Previous
Active Soil Remediation System	Current	Previous

Active Groundwater Remediation System	Current	Previous
Groundwater Monitored Natural Attenuation	Current	Previous
Containment, Physical or Hydraulic	Current	Previous
Vapor Intrusion Barrier	Current	Previous
Vapor Intrusion Mitigation System	Current	Previous
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, Unrestricted Category Only)

Plan Includes:

Permanent Markers

Restrictive Covenants

Other Institutional Controls

Post Closure Agreement and Components:

Remedial Action relies on engineering controls/barriers:

Vapor Intrusion Barrier Yes No

Vapor Intrusion Mitigation System (passive/active) Yes No

Infiltration Barrier Yes No

Exposure Barrier for the Direct Contact Pathway:

Non-structural (soil, gravel, rock, and other non-organic materials)

Yes No

Structural (building floors, foundations, asphalt, and concrete including streets, sidewalks, and parking lots)

Yes No

Existing soil Yes No

Remedial Action requires monitoring, or operation and maintenance Yes No

If yes checked for any of the engineering control/barrier elements above and any of these elements require monitoring, or operation and maintenance, a Post Closure Agreement is required to be submitted with the NFA Report.

Post Closure Agreement Required? Yes No

Agreement Includes:

Monitoring or Operation and Maintenance Manual

FAM

FAM, de minimis

Waiver of Permanent Marker

SECTION G: ATTACHMENTS (Required):

Environmental Professional's Affidavit is attached? Yes

Environmental Professional's Certificate of Insurance is Attached? Yes

Submitter's Affidavit is attached? Yes

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	Print Name	Date
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Company of Environmental Professional:

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

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 (Person legally authorized to bind the legal entity)	Print Name	Date
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Title/Relationship of signatory to submitter:

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

This form and the No Further Action Report should be submitted to EGLE Remediation and Redevelopment Division District Office unless the response activity is related to a facility that is regulated by another EGLE Division. A district map is located at www.michigan.gov/EGLErrd. If regulated by another division, contact should be made with that division for information on where to submit the form and report.

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

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