



MICHIGAN DEPARTMENT OF ENVIRONMENT,
GREAT LAKES, AND ENERGY

Remediation and Redevelopment Division

For EGLE Use Only

Submittal Review
Due Date:

**REQUEST FOR EGLE REVIEW – RESPONSE ACTIVITY PLAN TO COMPLY WITH
7A(1)(B)**

Instructions

This form is required for submittal of a request for the Michigan Department of Environment, Great Lakes, and Energy (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. The Response Activity Plan to Comply with 7a(1)(b), must address the entire property, all complete pathways, and propose the necessary response activities to mitigate unacceptable exposures for all complete pathways through which there is an unacceptable exposure.

This form is for use by a prospective owner or operator who is not yet required to be in compliance with their Section 20107a obligations but is requesting EGLE review of response activities under 7a(1)(b) to be conducted upon their purchase, occupancy or foreclosure that are intended to prevent or mitigate an unacceptable exposure.

OR

This form is for use by a current owner or operator who must undertake response activities under Section 20107a(1)(b) to achieve compliance with their Section 20107a(1)(b) obligation to mitigate an unacceptable exposure. A current owner or operator of contaminated property has obligations under Section 20107a (due care) with respect to any existing contamination on the property to prevent unacceptable exposure.

If additional data or other information needs to be acquired to conduct an adequate evaluation to determine complete pathways or appropriate response activities, this is not the correct response activity plan submittal form.

EGLE will make every effort to review the response activity plan within 45 business days after receipt, but not later than 150 days per section 20114b(3) EGLE will, approve, approve with conditions, or deny the response activity plan, or will notify the submitter the plan does not contain sufficient information for EGLE to make a decision.

Current owners or operators who believe they are in compliance with all their applicable Section 20107a (due care) obligations need to use form EQP 4402, Documentation of Due Care Compliance, and request review under Section 20114g(2), Part 201 of the NREPA.

Section A: Submitter Information

Legal Entity/Person requesting review:			Complete if contact for questions if different from legal entity:		
			Relationship of contact person to the submitter:		
Street Address:			Contact Name:		
City:	State:	Zip:	Contact Title:		
Contact Name:			Street Address:		
Contact Title:			City:	State:	
			Zip:		
Phone:			Phone:		
Email:			Email:		

Section B: Property Information

Street Address of Property (include all applicable addresses - no dashes):			Town:	Range:	Section:
City:	State:	Zip:	Quarter:	Quarter-Quarter:	
County:			Decimal Degrees Latitude:		
			Decimal Degrees Longitude:		
Property Tax ID (include all applicable ID's):			Reference point for latitude and longitude:		
Part 201 Site ID # (if known):			Center of Site <input type="checkbox"/> Main/Front Door <input type="checkbox"/>		
			Front gate/Main Entrance <input type="checkbox"/> Other <input type="checkbox"/>		
City/Village/Township:			Collection Method:		
			Survey <input type="checkbox"/> GPS <input type="checkbox"/> Interpolation <input type="checkbox"/>		

Section C: Status of Submitter Relative to the Property (Check all that apply)

Current Owner	Prospective Owner <input type="checkbox"/>
Current Operator <input type="checkbox"/>	Prospective Operator <input type="checkbox"/>
Date Submitter became the owner or operator:	Date Submitter anticipates becoming the owner or operator:

Section D: Current or Proposed Property Use

Current Use	Proposed Use
Residential <input type="checkbox"/>	Residential <input type="checkbox"/>
Nonresidential <input type="checkbox"/>	Nonresidential <input type="checkbox"/>
Mixed Use <input type="checkbox"/>	Mixed Use <input type="checkbox"/>

Section E: The following questions assist EGLE in evaluating this request

On-site Well(s) (Check all that apply): Drinking Water <input type="checkbox"/> Industrial/Commercial Production <input type="checkbox"/> Agriculture/Irrigation <input type="checkbox"/> No Well on-site <input type="checkbox"/>
Approximate Depth of Well(s):
Has a Baseline Environmental Assessment (BEA) been previously submitted for this property? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date BEA Submitted:
BEA Number:

Section F: Category of Applicable Generic Cleanup Criteria or Site-Specific Criteria**

Generic	Site-Specific (check all that apply)	
Residential <input type="checkbox"/>	Residential <input type="checkbox"/>	EGLE Provided <input type="checkbox"/>
Nonresidential <input type="checkbox"/>	Nonresidential <input type="checkbox"/>	**Submitter Developed Section 20120b(2) & (3) <input type="checkbox"/>
		**2020 VIAP Screening Levels <input type="checkbox"/>

****EGLE review required within 90 days of EGLE receipt of the Response Activity Plan, per Section 20120b.**

Section G: Complete Pathways (Check all that apply)

Item	Residential	Nonresidential
Drinking Water / Drinking Water Protection	<input type="checkbox"/>	<input type="checkbox"/>
Direct Contact	<input type="checkbox"/>	<input type="checkbox"/>
Soil Volatilization to Indoor Air Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater Volatilization to Indoor Air Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Ambient Air	<input type="checkbox"/>	<input type="checkbox"/>
Particulate Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Section H: Proposed Response Activities (Check all that apply)

Item	Check if Yes
Excavation	<input type="checkbox"/>
Physical or Engineered Exposure Barrier	<input type="checkbox"/>
Containment: Physical or Hydraulic	<input type="checkbox"/>
Active Soil Remediation System	<input type="checkbox"/>
Active Groundwater Remediation System	<input type="checkbox"/>
Passive Vapor Mitigation System	<input type="checkbox"/>
Active Vapor Mitigation System	<input type="checkbox"/>
Rule 1013(6) Notice(s)	<input type="checkbox"/>
Rule 1015 Notice	<input type="checkbox"/>
Rule 1019 Notice	<input type="checkbox"/>
MIOSHA Demonstration Section 20120a(18)	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

Section I: 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:	Date:	
Printed Name:		
Company of Environmental Professional:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

Section J: 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.		
Signature:	Date:	
Printed Name:		
Title and relationship of signatory to submitter:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

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