



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

REQUEST FOR CERTIFICATE OF COMPLETION FROM EGLE

This form is required for submittal of a request for the EGLE to issue a Certificate of Completion of a response activity under Section 20114f, Part 201, Environmental Remediation, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

SECTION A: TYPE OF RESPONSE ACTIVITY COMPLETED:

- Remedial Investigation (RI)
- Remedial Action
- Evaluation other than RI
- Interim Response
- Feasibility Study
- Other

If Other, please specify: _____

SECTION B: PRIOR EGLE APPROVAL OF THE RESPONSE ACTIVITY:

Did the response activity completed receive prior approval from EGLE pursuant to Section 14b of Part 201?

- Yes
- No

If the answer is "Yes", provide the date and title of the response activity plan approved:

SECTION C: 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 D: FACILITY/PROPERTY REGULATED BY (Check all that apply):

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

Part 201 Site 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: SUBMITTER INFORMATION:

Entity/Person requesting the Certificate of Completion: _____

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

Free product/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 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 | <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 G: THE FOLLOWING QUESTIONS ASSIST EGLE IN EVALUATING THE REQUEST OF A CERTIFICATE OF COMPLETION: (Please note this information is not required if the Certificate of Completion is being requested for a response activity previously approved by EGLE (see Section B) and the responses below have not changed since the prior submittal)

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/Institutional (including schools, nursing homes, hospitals, etc.)
 Non-Residential

Anticipated Property Use:

- Residential/Institutional (including schools, nursing homes, hospitals, etc.)
 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 Private

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

Wetlands Ditch Stream/River Lake/Pond

Local Surface Water Bodies:

Distance to nearest wetland: _____ Ditch: _____

Stream/River: _____ Lake/Pond: _____

SECTION H: ENVIRONMENTAL PROFESSIONAL SIGNATURE:

With my signature below, I certify that the documentation of the completed response activity and all related materials are true, accurate, and complete to the best of my knowledge and belief.

Signature _____ Print Name _____ Date _____

Company of Environmental Professional:

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

SECTION I: SUBMITTER SIGNATURE:

With my signature below, I certify that the documentation of the completed response activity and all related materials are true, accurate, and complete to the best of my knowledge and belief.

Signature _____ Print Name _____ Date _____

Title/Relationship of signatory to submitter:

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

This form and the documentation for the completed response activity should be submitted to the EGLE Remediation & Redevelopment Division District Office for the county in which the property is located, unless the response activity was 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 documentation.

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.