



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

**LEAKING UNDERGROUND STORAGE TANK FINAL ASSESSMENT REPORT
COVER SHEET**

NEW REVISED PER EGLE AUDIT

INSTRUCTIONS:

COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21311a of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Check one of the boxes above to indicate whether this is a new or revised submittal.** Please provide the completed Final Assessment Report with the associated Table of Contents, Form EQP4007, within 365-days of discovery of a release to the appropriate RRD District Office.

SITE INFORMATION:

Site Name: _____ Facility ID Number: _____

Street Address: _____

City: _____ ZIP Code: _____ County: _____

Date(s) Release(s) Discovered: _____

Confirmed Release Number(s): _____

O/O Name: _____ O/O Email Address: _____

O/O Street Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Permission is given for EGLE to contact the Qualified Consultant:

Yes No

FINAL ASSESSMENT REPORT INFORMATION: Answer All Questions (Do Not Leave Blanks)

1. Site Classification (1-4): _____ Previous Site Classification (1-4): _____

Type of RBCA evaluation: Tier I Tier II Tier III

2. Does the report include:

SSTLs developed by the O/O for the VIAP or any other pathway? Yes No

The use of the 2020 VIAP Screening Levels (SLs) as SSTLs? Yes No

If using VIAP SLs as SSTLs, report includes VIAP Screening Levels Assessment Checklist and supporting documentation.

Yes No

3. Substance(s) released:

Gasoline Diesel Ethanol E-10 E-85

Other If Other: _____

4. Has contamination migrated off-site above Tier I Residential RBSLs? Yes No

If YES, have off-site impacted parties been notified per Section 324.21309a(3) of Part 213?

Yes No

5. Predominant groundwater flow direction: _____

Shallowest depth to groundwater: _____

6. Is mobile NAPL present: Currently: Yes No Previously: Yes No

If present, was it recovered? Yes No

If recoverable, total gallons recovered since last reported: _____ To Date: _____

7. Is migrating NAPL present: Yes No

If yes, are actions being taken to stop the NAPL migration? Yes No

8. Since last report: Cubic yards of soil remediated: _____

Gallons of groundwater remediated: _____

Totals to date: Cubic yards of soil remediated: _____

Gallons of groundwater remediated: _____

9. Have explosive hazards and/or acute vapor hazards been identified?

Yes No

10. Drinking water supply affected?

Currently: Yes No Previously: Yes No

Indicate type and number of wells affected:

Private Number of wells: _____

Public Type II/III Number of wells: _____

Municipal Number of wells: _____

11. Has the release affected surface water or wetlands? Yes No

12. Estimated distance and direction from point of release to nearest:

Private Well: _____ Municipal Well: _____

Surface water/wetland: _____

Is site within a wellhead protection zone? Yes No

13. Does the report include a request for:

In-Situ injection? Yes No

EGLE approved for GSI Compliance? Yes No

Groundwater not in an aquifer determination? Yes No

Institutional controls? Yes No

This form 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 on EGLE's Remediation and Redevelopment Division Page at Michigan.gov/EGLEERRD. 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.