



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

**LEAKING UNDERGROUND STORAGE TANK SUPPLEMENTAL INFORMATION  
COVER SHEET**

**INSTRUCTIONS:**

Use this form to submit all supporting documentation requested by the RRD or to voluntarily submit additional information. NOTE: Submittal of a Final Assessment Report (FAR) or Closure Report, revised as a result of An EGLE audit, requires use of the FAR or Closure Report cover sheet Form EQP4000 or EQP4452 indicating it is "revised per EGLE audit". Use Form EQP4005 or EQP4004 to submit documentation to demonstrate that conditions identified in an "approval with conditions" audit determination are satisfied. The RRD may comment on supplemental information but only has the authority to audit FARs and Closure Reports. Please submit the completed form and supplemental information 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

**SUPPLEMENTAL 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 Residential RBSL?  Yes  No

Residential SSTLs?  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 toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)?  
 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. Have surface water/wetlands been contaminated?  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. Type of Report:

Requested Supporting Documentation

Soil or Groundwater Investigation

Corrective Action Plan Monitoring

Operation and Maintenance

Soil Vapor Monitoring

LNAPL Status

Other Report

Please specify: \_\_\_\_\_

