



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

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

NEW Amendment to the IAR

INSTRUCTIONS:

COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21308a(2)(b) 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 amended submittal.** Please provide the completed Initial Assessment Report with the associated Table of Contents, Form EQP4006, to the appropriate RRD District Office within 180 days after a release has been discovered.

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

INITIAL ASSESSMENT REPORT (IAR) 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 or 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. 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. Has the UST(s) been emptied? Yes No

Has the UST System(s) been properly closed? Yes No

If No, explain why?

Additional space for Question 13:

This Initial Assessment Report, which was completed in accordance with Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA451, as amended, is submitted by:

Signature of Owner/Operation (O/O) or Authorized Representative	Print Name	Date
--	------------	------

Signature of Qualified UST Consultant (QC)*	Print Name	Date
---	------------	------

*** By signing this form, I certify that I meet the qualified underground storage tank consultant requirements identified in Section 324.21325 of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.**

QC Company Name: _____

QC Street Address: _____

City: _____ State: _____ ZIP Code: _____

QC Phone Number: _____ QC Fax Number: _____

QC E-Mail Address: _____

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.

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. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.