



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Remediation and Redevelopment Division

**LEAKING UNDERGROUND STORAGE TANK
CLOSURE REPORT
CONDITIONAL APPROVAL DOCUMENTATION**

This is the final submittal in accordance with the conditions established by the EGLE's conditional approval of the Closure Report. (Check only if all conditions have been met.)

INSTRUCTIONS:

Pursuant to Part 213, Section 21315(9) of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, use this form when submitting the documentation required by the EGLE's conditional approval of a Closure Report. **Check the box above to indicate that all conditions in the conditional approval of the Closure Report are complete and that this is the LAST SUBMITTAL to meet the requests of the conditional approval.** Please provide the completed form with the associated attachments 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 (QC):

Yes No

CLOSURE REPORT CONDITIONAL APPROVAL DOCUMENTATION:

1. Closure Report Date: _____ 2. Date of EGLE Approval with Conditions: _____

LIST CONDITION(S) AS SPECIFIED IN THE EGLE'S CONDITIONAL APPROVAL LETTER:

Completed? Yes No

Completed? Yes No

SIGNATURE OF OWNER/OPERATOR (O/O) AND QUALIFIED CONSULTANT (QC) SUBMITTING REPORT:

Signature of Owner/Operation (O/O) or Authorized Representative	Print Name	Date
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Signature of Qualified UST Consultant (QC)	Print Name	Date
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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.

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