



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Remediation and Redevelopment Division

**LEAKING UNDERGROUND STORAGE TANK  
FINAL ASSESSMENT REPORT  
CONDITIONAL APPROVAL DOCUMENTATION**

This is the final submittal in accordance with the conditions established by EGLE's conditional approval of the Final Assessment 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 EGLE's conditional approval of a Final Assessment Report. **Check the box above to indicate that all conditions in the conditional approval of the Final Assessment 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. Please visit [Michigan.gov/EGLEERRD](http://Michigan.gov/EGLEERRD) for a complete list of RRD District and Field Offices.

**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

**FINAL ASSESSMENT CONDITIONAL APPROVAL DOCUMENTATION:**

1. Final Assessment Report Date: \_\_\_\_\_
2. Date of EGLE Approval with Conditions: \_\_\_\_\_

**LIST CONDITIONS AS SPECIFIED IN THE EGLE'S CONDITIONAL APPROVAL:**

Completed?  Yes  No

Completed?  Yes  No

Completed?  Yes  No

Completed?  Yes  No

Completed?  Yes  No

Completed?  Yes  No

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

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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](http://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](mailto: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.