



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

LEAKING UNDERGROUND STORAGE TANK CLOSURE REPORT COVER SHEET

NEW REVISED PER EGLE AUDIT

INSTRUCTIONS:

COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21312a 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.** The Owner/Operator (O/O) and Qualified Underground Storage Tank Consultant (QC) must complete the affidavits on page 2. Please submit the completed closure report cover sheet and Table of Contents (Form EQP4008) to the appropriate 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

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

1. Site Classification (1-5): _____ Previous Site Classification (1-5): _____

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. Was migrating NAPL present: Yes No

If yes, were actions 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. Closure Report based on which type of land use?

Residential Nonresidential

14. Does the report include a request for:

EGLE approval for GSI Compliance? Yes No

Groundwater not in an aquifer determination? Yes No

Institutional controls? Yes No

15. Institutional Controls:

None Notice of Corrective Action Restrictive Covenant Other

If Other: _____

16. What type of Corrective Action was completed? (i.e., Air Sparge/Soil Vapor Extraction; Monitored Natural Attenuation; Multi-phase Extraction; Excavation; Institutional Controls; etc.):

CLOSURE REPORT AFFIDAVITS: (Must be completed before submitting form)

OWNER/OPERATOR AFFIDAVIT OF REPORT COMPLETENESS:

I attest that the information upon which the closure report is based is complete and true to the best of my knowledge, in accordance with Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Signature of Owner or Operator/Affidavit Print Name Date

Name of Company (if applicable): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Sworn to before me and subscribed in my presence this ____ day of _____, 20__.

Notary Public Print Name

County of _____ My Commission Expires _____

Acting in the County of _____

QUALIFIED UNDERGROUND STORAGE TANK CONSULTANT AFFIDAVIT OF CLOSURE:

As preparer of the Closure Report, I attest to the fact that the corrective actions detailed in the closure report complies with all applicable requirements under the applicable Risk Based Corrective Action standard and that the information upon which the closure report is based is true and accurate to the best of my knowledge. 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. Attached is a Certificate of Insurance demonstrating that I have obtained the insurances required by sections 324.21312a(1)(c) and 324.21325.

Signature of Qualified UST Consultant _____ Print Name _____ Date _____

Name of Company (if applicable): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public

Print Name

County of _____

My Commission Expires _____

Acting in the County of _____

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 at www.michigan.gov/EGLErrd. 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.