



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



DAN WYANT
DIRECTOR

June 2, 2012

CERTIFIED MAIL

RACER Trust
2930 Ecorse Road
Ypsilanti, Michigan 48198

RECEIVED JUN - 6 2012

Dear RACER Trust:

SUBJECT: Facility ID 3522, Confirmed Release Number: C-0060-12
2930 Ecorse Road, Ypsilanti, Michigan 48198

On May 2, 2012, the Department of Environmental Quality (DEQ), Remediation Division, was notified of a release of a regulated substance from an underground storage tank (UST) system at the subject location. Enclosed is a copy of the confirmed release report.

Pursuant to Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, you are responsible for hiring a Qualified Underground Storage Tank Consultant (QC) to conduct the required corrective actions at this location. Please see the enclosed information regarding the hiring of a QC. If you do not agree that you are responsible for conducting corrective actions at this facility, please submit supporting documentation to the Remediation Division of the DEQ within 30 days from the date of receipt of this letter that demonstrates you are not responsible for the release.

If your means of financial responsibility is liability insurance, the DEQ would like to remind you to immediately report the confirmed release to your insurance provider and begin corrective actions. If you have an alternate form of financial responsibility, please proceed to undertake all corrective actions pursuant to the requirements of Part 213.

In the event your claim is denied, you are not relieved of your responsibility to perform corrective actions in accordance with Part 213. If your claim is denied, in whole or in part, the DEQ requests that you send a copy of the denial letter from your insurance provider to Mr. Robert Reisner, Remediation Division, P.O. Box 30473, Lansing, Michigan 48909-7973 or reisnerr@michigan.gov.

The Remediation Division may audit or oversee all aspects of corrective actions undertaken pursuant to Part 213. Please be advised that the liable owner or operator may be subject to penalties for not submitting the reports outlined in Part 213, or may also be subject to civil and/or criminal fines and penalties for failure to comply with Part 213.

June 2, 2012

Please note that you are required to notify the Remediation Division of any changes to your UST system using the form EQP3821 Registration of Underground Storage Tanks. Please include the facility identification number in any further communications with the DEQ. Correspondence, including reports required under Part 213, should be submitted to the DEQ, Jackson District, 301 E. Louis Glick Highway, Jackson, Michigan 49201-1556. Should you have questions regarding this letter, or need additional information please call (517) 335-7279.

Sincerely,



Jim Lucas
Program Support Section
Remediation Division

Enclosures



RELEASE REPORT: ☐ SUSPECTED ☒ CONFIRMED

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, AS AMENDED (Act 451). FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY RESULT IN A MISDEMEANOR AND/OR CIVIL PENALTIES NOT TO EXCEED \$5000 PER DAY, PER TANK.

INSTRUCTIONS: This form applies to releases of petroleum and hazardous substances from underground storage tanks regulated under Part 211, Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (PA 451).

The owner or operator must report suspected and confirmed releases to the Waste and Hazardous Materials Division (WHMD) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. Phone 1-800-MICHUST, FAX this form to 517-335-2245, or submit the web form from the WHMD web site www.state.mi.us/std. All information on this form must be provided regardless of whether the release is reported by telephone, FAX, or web form. For further information see Page 2.

WHMD USE ONLY

FACILITY NUMBER 5512	ENTRY DATE 6/2/12
UPGRADE/CANCEL DATE —	INCIDENT NUMBER C-0060-12
DATE REPORTED 5/2/12	TIME REPORTED 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL <input checked="" type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature James C. Lucas	

PERSON REPORTING RELEASE Casey Armstrong			COMPANY (IF NOT OWNER/OPERATOR) PM Environmental, Inc			TELEPHONE NUMBER: (517) 321-3331							
TANK REMOVAL CONTRACTOR Oscar W. Larson Company			CONTRACTOR CONTACT Bill Bogan			CONTRACTOR TELEPHONE NUMBER: (800) 482-1200							
I. OWNERSHIP OF TANKS						II. LOCATION OF TANKS							
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) RACER Trust						FACILITY NAME OR COMPANY SITE IDENTIFIER Willow Run Plant Industrial Land							
STREET ADDRESS 2930 Ecorse Road						STREET ADDRESS (P O Box Not Acceptable) 2930 Ecorse Road							
CITY Ypsilanti		STATE Michigan		ZIP CODE 48198		CITY Ypsilanti		COUNTY Washtenaw		STATE MI		ZIP CODE 48198	
TELEPHONE NUMBER (734) 480-1066						TELEPHONE NUMBER (734) 480-1066							
DATE RELEASE DISCOVERED: 5-1-12						CONTACT PERSON FOR LOCATION Dave Favero							
TIME RELEASE DISCOVERED: 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM													
TANK NUMBER ¹ (if known)		58		59		60		61					
SIZE OF TANK (gallons)		12000		3000		12000		3000					
SUBSTANCE RELEASED		Gasoline		Gasoline		Gasoline		Diesel					
SOURCE OF RELEASE (check one per Cause)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	
CAUSE OF RELEASE (check one per Source)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	
COMMENTS (attach additional sheets if necessary):													
Confirmed release based upon petroleum odors and elevated PID readings in UST basin fill material.													

DISTRIBUTION: WHMD, FACILITY FILE, DISTRICT OFFICE, OWNER

¹ Copy this page for additional tanks if needed.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – REMEDIATION & REDEVELOPMENT DIVISION
PO BOX 30426, LANSING, MI 48909-7926, Phone 517-373-9837, Fax 517-373-2637, E-mail DEQ-STD-TANKS@michigan.gov

FREE PRODUCT FAX TRANSMITTAL

Authorized by the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, (Act 451), Part 213

INSTRUCTIONS: Complete this form to notify the Remediation & Redevelopment Division (RRD) within 24 hours of the discovery of free product as required under Act 451. Failure to provide this notification may result in fines as provided in Act 451.
SEE FORM EQP4410 FOR A COMPLETE LIST OF RRD DISTRICT OFFICES AND FAX NUMBERS.

Today's Date _____ Time _____ No. of pages including transmittal sheet _____

SENT TO:

MDBEQ Project Manager or District Supervisor: _____

District Office: _____

Telephone Number: _____ Fax Number: _____

SENT BY:

Person Reporting the Discovery: _____

Company: _____

Address: _____

Telephone Number: _____ Fax Number: _____

SITE INFORMATION:

Facility Name: _____

Contact Person for Facility: _____ Phone Number: _____

Address of Facility: _____ County: _____

Facility ID# (required for all facilities): _____

Date/Time Free Product was discovered: _____

Identification of Free Product: _____

Location/Thickness of Product: _____

Action Taken: _____

Type of Product Recovery: _____

Quantity (gallons) of Free Product Recovered: _____



FREE PRODUCT RECOVERY STATUS REPORT

Authorized by Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451).

INSTRUCTIONS: Use the checklist below to ensure that all required information is provided in the Quarterly Free Product Recovery Status Report and submit WITH THE SUPPLEMENTAL REPORT COVER SHEET (EQP3849) to the appropriate Remediation & Redevelopment Division (RRD) district office. See form eqp4410 for a complete list of RRD district offices. Include this checklist as a table of contents. Each page of the report should be consecutively numbered. The location column should be completed with the appropriate page number for each item. Refer to Storage Tank Division Operational Memorandum No. 7 for further instructions. The reporting schedule may be altered at the discretion of the DEQ project manager based on site conditions.

FACILITY ID NUMBER:

SITE NAME:

COUNTY:

Section	Table of Contents	Page
---------	-------------------	------

1.0 ACTIVITIES COMPLETED Section 21307(2) and (3)(b),(c)

- A. Describe response activities completed to address free product. _____

2.0 EXPOSURE PATHWAY EVALUATION Section 21307(2)(a),(e) and (3)(c)

- A. Identify and describe complete exposure pathways related to the free product. _____
- B. Provide a scaled site map, which shows the extent of free product including the utility corridors, buildings with or without basements, private wells, and sensitive habitat/surface water. _____

3.0 DATA TREND ANALYSIS Section 21307(2)(c)(i),(ii) and (3)(c)

- A. Provide a data summary table for all wells that contain free product. The table should include monitoring point location, date sampled, depth to water, free product thickness, and quantity of free product removed. _____
- B. Provide graphs of static water elevations of a well near the free product plume versus free product apparent thickness compared over time. These graphs should be provided for all monitoring wells that have shown free product. _____
- C. Provide graphs of static water elevations versus groundwater concentration (e.g., Benzene, MTBE, and/or total BTEX) in select downgradient monitoring wells compared over time. _____

4.0 FEASIBILITY ANALYSIS ON SELECTION OF RECOVERY SYSTEM

Section 21307(2)(c)(i),(ii) and (3)(c), and 21308a(1)(b)(xviii)

- A. Provide initial and any subsequent bail-down test recovery data, analysis of which will determine the frequency of recovery. Refer to the references in Storage Tank Division Operational Memorandum No. 7 for sample calculations. _____
- B. Attach a schematic drawing of the free product recovery system. _____

5.0 PERMITTING AND WASTE DISPOSAL TRACKING

- A. Provide copies of manifests or trip logs of liquid industrial waste or recycling per Section 21307(2)(c)(iii) and (3)(c), and 21308a(1)(b)(xvii)(H). _____
- B. Provide the air quality sampling results and calculations to meet Rule 290 of the Air Pollution Control Rules promulgated under Part 55, Air Pollution Control, of Act 451. _____

6.0 OPERATION AND MAINTENANCE RECOVERY DATA Section 21307(2)(c)(i),(ii) and (3)(c)

- A. Describe any free product system design modifications, since last submittal. _____
- B. Provide the action levels that may trigger a change in remediation strategy. _____

7.0 PROPOSED FUTURE ACTIONS Section 21307(2)(e) and Section 21309a(2)(e)

- A. Provide a schedule for free product evaluation and groundwater sampling. _____
- B. Provide a schedule outlining the next operation and maintenance activities. _____
- C. Provide the date of the next report. _____

Hiring a Qualified UST Consultant

The State of Michigan requires that you hire an approved Qualified UST Consultant (QC) to complete investigation and cleanup activities for leaking underground storage tanks (LUSTs) in Michigan. The purpose of this document is to aid you in locating and hiring an environmental consultant.

QUALIFIED UST CONSULTANT LIST

The following link will connect you to an index of approved consultants and their respective address and phone number: <http://www.deq.state.mi.us/qclist/>. This list was compiled by the Michigan Department of Environmental Quality (MDEQ) providing up to date contact information and can be sorted by city, county and several different ways.

The MDEQ does not endorse any specific firm on the list. These firms may or may not have professional engineers or certified professional geologists on staff. Owners and operators are cautioned that the approved QCs have been determined to meet the minimum education and experience requirements necessary to undertake corrective actions at LUST sites in Michigan. The MDEQ is not responsible or liable for the performance of the QC.

EXERCISE CARE IN HIRING A CONSULTANT

As the owner/operator or responsible party, you must be aware that you are ultimately responsible for the investigation and cleanup of your release. Therefore extreme care should be utilized when selecting an environmental consultant, because the responsibility remains with the owner/operator or responsible party even though a consulting firm did the actual work. Please be advised that the same precautions should be taken in hiring an environmental consultant that are taken in hiring any contractor or employee.

TIPS FOR HIRING A CONSULTANT

- Request a Statement of Qualifications. The document should include employee resumes, project summaries, and references.
- Ask for references from previous clients in your local area – AND CHECK THEM!
- Do they offer field and professional services? Who are their subcontractors?
- Inquire about their errors and omissions and pollution liability insurances.
- Do they stay within their projected budgets or are change orders a common practice? Ask about billing procedures.
- Do they keep up with the current rules and regulations?
- Ask about their workload. How soon can they start on your project, and what type of priority will your project receive?
- Consultants based in your local area will have less costly travel time expenses.
- Ask about their experience and qualifications in the type of work you need, and whether they have had audited closures from the MDEQ. What percentage of their work is related to the services you require? What are their fields of specialty?
- Do they have a good Health and Safety record?
- What are their Quality Assurance/Quality Control procedures?

TIPS FOR HIRING A CONSULTANT - continued

- Ask what approach they are considering for your site. Be skeptical of those who hide behind technical jargon and cannot properly explain procedures in plain language.
- Ask if the approach they are proposing to address your site has been successfully implemented and has achieved the desired results at sites with contaminants and hydrogeological conditions similar to yours.
- A patent for a new product is not a guarantee that the product will work.
- *Get a minimum of three bids as prices vary greatly.*

*******Remember that the cheapest bid is not always the best bid*******

STAY INFORMED

Don't assume the consultant is taking care of everything. Follow up and make sure everything is being done to resolve the site and maintain compliance with the law. We recommend an agreed upon schedule be developed with important dates such as when reports are required to be submitted to the MDEQ. You are encouraged to periodically contact the DEQ project manager, who will answer any questions or concerns regarding your facility. Once again, remember that you are responsible for everything your consultant does or fails to do!



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
STORAGE TANK DIVISION

FACILITY NUMBER (see invoice)

INTENT OF REMOVAL, CLOSURE OR CHANGE-IN-SERVICE OF UNDERGROUND STORAGE TANKS

This information is required under the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (Act 451), Part 211. Any owner/operator who fails to notify is subject to a misdemeanor and civil penalties, not to exceed \$5,000 per day for each tank.

INSTRUCTIONS: NOTICES WILL ONLY BE ACCEPTED ON THIS FORM. YOUR UST MUST BE REGISTERED PRIOR TO SUBMITTAL OF THIS FORM. Please type or print clearly. ALL information must be completed. See reverse side for additional information. If you have questions, call 517- 373-8168, Monday through Friday between 8:00 am - 5:00 pm

I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
<input type="checkbox"/> PLEASE CHECK IF NEW OWNER'S ADDRESS			<input type="checkbox"/> PLEASE CHECK IF SAME AS SECTION I		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.)			FACILITY NAME OR COMPANY SITE IDENTIFIER		
STREET ADDRESS			STREET ADDRESS (P O Box Not Acceptable)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
COUNTY	TOWNSHIP		COUNTY	TOWNSHIP	
AREA CODE & TELEPHONE NUMBER ()			CONTACT PERSON FOR LOCATION	AREA CODE & TELEPHONE NUMBER ()	

TANK INFORMATION			
TANK NUMBER AS INDICATED ON UST INVOICE	PRODUCT LAST STORED IN TANK	SIZE OF TANK (GALLONS)	INDICATE ACTION TO BE TAKEN REMOVAL, CHANGE-IN-SERVICE, CLOSE IN PLACE

Comments:

Notification Submitted by (Print Name)

Company

Signature

Date

Area Code & Telephone Number
()

THIS IS NOT A REGISTRATION FORM. AN AMENDED REGISTRATION FORM, EQP3821, MUST BE FILED TO REMOVE THE LISTED TANKS FROM THE BILLING CYCLE

STD USE ONLY

STD APPROVAL NOTICE

Approval is given to perform the indicated activity at the above facility location. Action indicated above may commence on or after _____.

Expiration Date: _____. If action is not taken by the expiration date, you must submit another notification.

Authorizing Signature

Date

Mail White and Canary Copies To:

STORAGE TANK DIVISION
DEPARTMENT OF ENVIRONMENTAL QUALITY
P O BOX 30157
LANSING, MI 48909-7657

Date Confirmation Mailed to Owner

Entry Date

INSTRUCTIONS

REPORTING REQUIREMENTS

This form must be received by the Storage Tank Division 30 days prior to the commencement of work indicated.

An underground storage tank (UST) subject to Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, must be registered by the current owner and have all fees paid to be considered registered with the Storage Tank Division (STD). The UST owner/operator or agent must complete this form as instructed. The copies returned by the STD will indicate the earliest closure date along with the last date this form is valid.

A site assessment shall be conducted during the closure/change-in-service, with results sent to the STD along with the form provided. The owner/operator must also submit an amended registration form notifying the STD of completion of closure/change-in-service within 30 days after the date of the closure/change-in-service.

INSURANCE REQUIREMENTS

Pursuant to Section 21107 of Part 211, a person who removes USTs shall maintain pollution liability insurance of not less than \$1,000,000 per occurrence.

CONFIRMED RELEASE

A confirmed release must be reported to the STD within 24 hours. A confirmed release waives the requirements of submitting this form, waiting 30 days, and conducting a site assessment. Once reported, the owner/operator will be informed regarding rules for further testing and cleanup activities. Releases may be reported by fax to 517-335-2245 or called in to 1-800-MICHUST.

CLOSURE OF TANKS

Tanks shall be emptied of all liquid and accumulated sludge and purged of all vapors. Piping shall be emptied of all liquid and sludge, purged and capped, or removed from the ground. *Permanent closure* requires **removal** of the UST from the ground, unless it can be documented that removal of the UST would cause damage to a permanent structure. The tank can be closed-in-place after the 30 day waiting period provided that the required documentation is placed in the owner's file. If closure in place is necessary, the tank must be emptied of liquid, sludge and vapors and filled 100% with inert solid material (sand, fly-ash concrete or pea gravel). Piping shall be closed as indicated above. A site assessment is still required if tanks are closed-in-place.

CHANGE-IN-SERVICE

A change-in-service is defined as going from the storage of a regulated substance to an unregulated substance. The tank must be cleaned and purged as stated above, and a site assessment must be performed prior to the introduction of the unregulated substance.

NOTIFICATION

It is recommended that the Hazardous Materials Storage Inspector at the STD district office be notified ² days prior to the work being performed.

If you have questions regarding the above instructions, please contact the STD at 517-373-8168 or the STD District Office.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - STORAGE TANK DIVISION
PO BOX 30157, LANSING, MI 48909-7657, Phone 517-373-8168, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

INSTRUCTIONS FOR FORM EQP3821 UNDERGROUND STORAGE TANKS (UST) REGISTRATION

A. HOW IS A UST REGISTERED?

All regulated tanks are registered by completing form EQP3821 and submitting it with a check or money order made payable to the "State of Michigan" to cover the \$100 per tank registration fee. Tanks are not considered registered until fees are paid. Mail the registration form and check to:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY, STORAGE TANK DIVISION, PO BOX 30157, LANSING, MI 48909-7657

B. HOW DO I REPORT A RELEASE?

To report a release of product from a UST, call 1-800-MICH-UST (1-800-642-4878) or FAX at 517-335-2245.

B. WHAT LAW REQUIRES REGISTRATION OF USTs?

Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, requires that owners register USTs that are being used, or have been used, to store regulated substances, unless the USTs have been properly closed or removed and notification provided to the Storage Tank Division (STD). Owner means any person who owns, or owned at the time of release, a UST used for storage, use, or dispensing of regulated substances.

C. WHAT USTs ARE INCLUDED?

A UST system means a tank or combination of tanks which is, was, or may have been used to contain an accumulation of "regulated substances" as defined in Section 21101(g) of Part 211, and whose volume (including connected underground piping) is ten (10) percent or more beneath the ground. Regulated substance includes petroleum and hazardous substances as defined in the federal Comprehensive Environmental Response, Compensation and Liability Act, 1980 PL 96-510.

D. WHAT UST SYSTEMS ARE EXCLUDED FROM REGISTRATION?

1. Tanks that have been properly closed or removed prior to January 1, 1974.
2. Farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for non-commercial purposes.
3. A tank used exclusively for storing heating oil for consumptive use on the premises where the tank is located.
4. Septic tanks.
5. Pipeline facilities (including gathering lines).
6. Surface impoundments, pits, ponds, or lagoons.
7. A stormwater or wastewater collection system.
8. Flow-through process tanks.
9. Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations.
10. Storage tanks situated in an underground area (such as a basement, cellar, mineworking, drift, shaft or tunnel) if the storage tank is situated on or above the surface of the floor.
11. Any pipe connected to an exempt UST (described above).
12. USTs holding hazardous wastes listed under Subtitle C of the Solid Waste Disposal Act, Title II of Public Law 89-272, or a mixture of such hazardous waste and other regulated substances.
13. Wastewater treatment tank system that is part of a wastewater facility regulated under the federal water pollution control act.
14. Equipment that contains regulated substances for operational purposes such as hydraulic lift tanks and electrical equipment tanks.
15. USTs with a capacity of 110 gallons or less.
16. USTs that contain a DEMINIMUS concentration of regulated substances.
17. An emergency spill or overflow containment UST that is expeditiously emptied after use.

E. WHEN SHOULD A UST BE REGISTERED?

1. Owners who plan to install UST(s) shall submit to the STD form EQP3820, A NOTICE OF PROPOSED INSTALLATION OF UNDERGROUND STORAGE TANKS, with a complete set of plans at least 45 days prior to use. When plans are approved, a copy of form EQP3821 will be sent back to the owner with the completed plan review. The owner completes Registration Form EQP3821 and returns it to the STD with the appropriate fees. Please refer to form EQP3820 for more details.
2. Owners of a new UST system shall register their UST system by submitting Registration Form EQP3821 to the STD before the system is put into operation. Owners must supply an installation date and the installer's certification must be completed and signed. A \$100 per tank fee is due with form EQP3821 whenever new tanks are being registered.
3. Owners who discover tanks on their premises shall register the tanks by submitting form EQP3821 along with \$100/tank registration and shall properly close the tanks.
4. Owners who discover additional tanks at the time of a tank removal project shall register the tanks immediately and seek permission to waive the 30-day notice for removal. They may then remove the tank.
5. Any change in information submitted with the registration of the UST must be reported to the STD on form EQP3821 within 30 days of the change.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - STORAGE TANK DIVISION
PO BOX 30157, LANSING, MI 48909-7657

REGISTRATION OF UNDERGROUND STORAGE TANKS

The information in this form is required under "Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended." Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5,000 per day for each

<input type="checkbox"/> NEW REGISTRATION			FACILITY IDENTIFICATION NUMBER (if known)		
<input type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)					
NO. OF TANKS AT FACILITY		NO. OF CONTINUATION SHEETS ATTACHED			
I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/>			IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input type="checkbox"/>		
OWNER NAME (Corporation/Individual, etc.)			FACILITY NAME OR SITE IDENTIFIER		
MAILING ADDRESS			STREET ADDRESS (P.O. Box Not Acceptable)		
CITY	STATE	ZIP	CITY	STATE	ZIP
			Michigan		
COUNTY (Please Specify)			COUNTY		
<input type="checkbox"/> USA <input type="checkbox"/> OTHER _____					
TELEPHONE (Including Area Code)			TELEPHONE (Including Area Code)		
() -			() -		
TAX PAYER ID OR SOCIAL SECURITY NUMBER					
LATITUDE AND LONGITUDE of facility (if known)					
LATITUDE (North):			LONGITUDE (West):		
III. TYPE OF OWNER					
<input type="checkbox"/> FEDERAL <input type="checkbox"/> COMMERCIAL					
<input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> PRIVATE					
<input type="checkbox"/> LOCAL GOVERNMENT ARE TANKS LOCATED ON LAND WITHIN A RESERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF TANKS ARE LOCATED WITHIN A RESERVATION, DOES A NATIVE AMERICAN TRIBE OWN TANKS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF TANKS ARE OWNED BY A TRIBE, NAME OF TRIBE: _____					
IV. TYPE OF FACILITY					
<input type="checkbox"/> PUBLIC GAS STATION		<input type="checkbox"/> LOCAL GOVERNMENT		<input type="checkbox"/> CONTRACTOR	
<input type="checkbox"/> PRIVATE GAS STATION		<input type="checkbox"/> STATE GOVERNMENT		<input type="checkbox"/> TRUCKING/TRANSPORT	
<input type="checkbox"/> MARINE GAS STATION		<input type="checkbox"/> FEDERAL/NON-MILITARY		<input type="checkbox"/> UTILITIES	
<input type="checkbox"/> PETROLEUM DISTRIBUTOR		<input type="checkbox"/> FEDERAL-MILITARY		<input type="checkbox"/> RESIDENTIAL	
<input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER		<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> FARM	
<input type="checkbox"/> AUTO DEALERSHIP		<input type="checkbox"/> INDUSTRIAL		<input type="checkbox"/> OTHER (Explain) _____	
<input type="checkbox"/> RAILROAD		<input type="checkbox"/> HOSPITAL			
V. CONTACT PERSON					
NAME		JOB TITLE		TELEPHONE (Including Area Code)	
				() -	
VI. FINANCIAL RESPONSIBILITY					
I HAVE MET THE FINANCIAL RESPONSIBILITY REQUIREMENTS AS REQUIRED IN THE MICHIGAN UNDERGROUND STORAGE TANK RULES (MUSTR) (Check All Items Below That Apply)					
<input type="checkbox"/> SELF INSURANCE		<input type="checkbox"/> GUARANTEE		<input type="checkbox"/> TRUST FUND	
<input type="checkbox"/> COMMERCIAL INSURANCE		<input type="checkbox"/> SURETY BOND			
<input type="checkbox"/> RISK RETENTION GROUP		<input type="checkbox"/> LETTER OF CREDIT			
VII. CERTIFICATION					
CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND ALL ATTACHED DOCUMENTS AND THAT I HAVE VERIFIED THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE.					
NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE			SIGNATURE		DATE

(Complete the following pages for each tank at this location; Copy these pages for additional tanks if needed)

[illegible]

TANK IDENTIFICATION NUMBER								
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME								
GASOLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GASOHOL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEROSENE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Not For Consumptive Use On Premises) FUEL OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USED OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS SUBSTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANK HAS COMPARTMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(List substances in comments area)								
OTHER (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERCLA NAME AND/OR CHEMICAL ABSTRACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE (CAS) NUMBER (if hazardous substance stored)								

1. CLOSING OF TANK								
A. ESTIMATED DATE LAST USED (Month/Day/Year)								
B. ESTIMATED DATE TANK REMOVED/ CLOSED IN PLACE (Month/Day/Year)								
C. TANK WAS REMOVED FROM GROUND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. TANK FILLED WITH INERT MATERIAL (Sand, Concrete, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•DESCRIBE TYPE OF FILL USED	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
•REASON TANK WAS NOT REMOVED	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>	<hr/> <input type="checkbox"/>
E. CHANGE IN SERVICE								

[illegible]

TANK IDENTIFICATION NUMBER																
2. RELEASE DETECTION	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE	TAN	PIPE
A. MANUAL (Static) TANK GAUGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. TANK TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. INVENTORY CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. AUTOMATIC TANK GAUGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. VAPOR MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. GROUNDWATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. INTERSTITIAL MONITORING DOUBLE WALLED TANK/PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. AUTOMATIC LINE LEAK DETECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. LINE TIGHTNESS TESTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. OTHER METHOD ALLOWED BY STD (Specify in comments area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. SPILL AND OVERFILL PROTECTION																
A. OVERFILL DEVICE INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SPILL DEVICE INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU INSTALLED IMPRESSED CURRENT CATHODIC PROTECTION?																
A. YES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I CERTIFY THE INFORMATION CONCERNING INSTALLATION THAT IS PROVIDED IN SECTION X IS TRUE TO THE BEST OF MY BELIEF AND KNOWLEDGE.

INSTALLER:

NAME PRINTED

SIGNATURE

DATE

TITLE

COMPANY