



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF ENVIRONMENTAL QUALITY
LANSING



DAN WYANT
DIRECTOR

Pontiac West / Technical / Corres

March 7, 2012

CERTIFIED MAIL

RACER Trust
2930 Ecorse Road
Ypsilanti, Michigan 48198

RECEIVED MAR 12 2012

Dear RACER Trust:

SUBJECT: Facility ID 18277, Confirmed Release Number: C-0014-12
Pontiac Center Point Campus-West, 660 S. Boulevard East, Pontiac,
Michigan 48341

On February 24, 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.

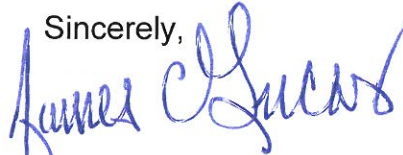
In the event your claim is denied, you are not relieved of your responsibility to perform corrective actions in accordance with Part 213. If your claim is denied, in whole or in part, the DEQ requests that you send a copy of the denial letter from your insurance provider to Mr. Robert Reisner, Remediation 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.

March 7, 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, Southeast Michigan District, 27700 Donald Court, Warren, Michigan 48092. 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



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WASTE AND HAZARDOUS MATERIALS DIVISION
PO BOX 30241, LANSING, MI 48909-7741, Phone 517-335-2690, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

Upgraded to Confirmed pl

C-0041-12

RELEASE REPORT: ~~SUSPECTED~~ ☒ **CONFIRMED**

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, AS AMENDED (A01 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 <i>13277</i>	ENTRY DATE <i>2/16/12</i>
UPGRADE/CANCEL DATE <i>3/5/12</i>	INCIDENT NUMBER <i>[REDACTED]</i>
DATE REPORTED <i>2/15/12</i>	TIME REPORTED <i>9:45</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature <i>James C. [Signature]</i>	

PERSON REPORTING RELEASE Robert Barkholz			COMPANY (IF NOT OWNER/OPERATOR) ARCADIS G&M of Michigan, Inc.			TELEPHONE NUMBER: (517) 324-5057									
TANK REMOVAL CONTRACTOR HM Environmental, Inc			CONTRACTOR CONTACT Robert Mackinder			CONTRACTOR TELEPHONE NUMBER: (566) 419-4000									
I. OWNERSHIP OF TANKS						II. LOCATION OF TANKS									
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) RACER Trust						FACILITY NAME OR COMPANY SITE IDENTIFIER Pontiac Center Point Campus- West									
STREET ADDRESS 2930 Ecorse Rd						STREET ADDRESS (P O Box Not Acceptable) 660 S Boulevard East									
CITY Ypsilanti		STATE Michigan		ZIP CODE 48198		CITY Pontiac		COUNTY Oakland		STATE MI		ZIP CODE 48341			
TELEPHONE NUMBER (313) 486-2908						TELEPHONE NUMBER (248) 760-3821									
DATE RELEASE DISCOVERED: 2/14/2012						CONTACT PERSON FOR LOCATION Jim Clark									
TIME RELEASE DISCOVERED: 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM															
TANK NUMBER ¹ (if known)		GI-1													
SIZE OF TANK (gallons)		12,000													
SUBSTANCE RELEASED		Gasoline													
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 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)		<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 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)		<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)		<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)		<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)		<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):

Two tanks were removed, a 12,000-gallon gasoline tank and a 12,000-gallon diesel tank. Based on field evaluations and olfactory characteristics, it is currently believed that only the gasoline tank had a release. It is unknown as to how the release occurred; however, the most significant impacts are being evidenced near the fill-port side of the gasoline tank. No integrity problems were found with either of the tanks.



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 <u>18077</u>	ENTRY DATE <u>3/7/12</u>
UPGRADE/CANCEL DATE <u>—</u>	INCIDENT NUMBER
DATE REPORTED <u>2/29/12</u>	TIME REPORTED <u>5:53</u> <input type="checkbox"/> AM <input checked="" 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 <u>James C. Lucas</u>	

PERSON REPORTING RELEASE Robert Barkholz			COMPANY (IF NOT OWNER/OPERATOR) ARCADIS G&M of Michigan, Inc.			TELEPHONE NUMBER: (517) 324-5057		
TANK REMOVAL CONTRACTOR HM Environmental, Inc			CONTRACTOR CONTACT Robert Mackinder			CONTRACTOR TELEPHONE NUMBER: (586) 413- 4000		
I. OWNERSHIP OF TANKS				II. LOCATION OF TANKS				
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) RACER Trust				FACILITY NAME OR COMPANY SITE IDENTIFIER Pontiac Center Point Campus- West				
STREET ADDRESS 2930 Ecorse Rd				STREET ADDRESS (P O Box Not Acceptable) 660 S Boulevard East				
CITY Ypsilanti	STATE Michigan	ZIP CODE 48198	CITY Pontiac	COUNTY Oakland	STATE MI	ZIP CODE 48341		
TELEPHONE NUMBER (313) 486-2908			TELEPHONE NUMBER (248) 760-3821					
DATE RELEASE DISCOVERED: 2/14/2012			CONTACT PERSON FOR LOCATION					
TIME RELEASE DISCOVERED: 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			Jim Clark					
TANK NUMBER ¹ (if known)	GI-1							
SIZE OF TANK (gallons)	12,000							
SUBSTANCE RELEASED	Gasoline							
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 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)	<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 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)	<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)	<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)	<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):

Two tanks were removed, a 12,000-gallon gasoline tank and a 12,000-gallon diesel tank. Based on field evaluations and olfactory characteristics, it was believed that only the gasoline tank had a release. It is unknown as to how the release occurred. The most significant impacts are being evidenced near the fill-port side of the gasoline tank. No integrity problems were found with either of the tanks. Based on analytical data attached to this form, a release has been

confirmed due to detectable concentrations of ethyl benzene being reported at two site assessment soil sampling locations on the south side of the tank excavation.

DISTRIBUTION: WHMD, FACILITY FILE, DISTRICT OFFICE, OWNER

¹ Copy this page for additional tanks if needed.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – WASTE AND HAZARDOUS MATERIALS DIVISION
PO BOX 30241, LANSING, MI 48909-7741, Phone 517-335-2690, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

RELEASE REPORT FORM EQP3826

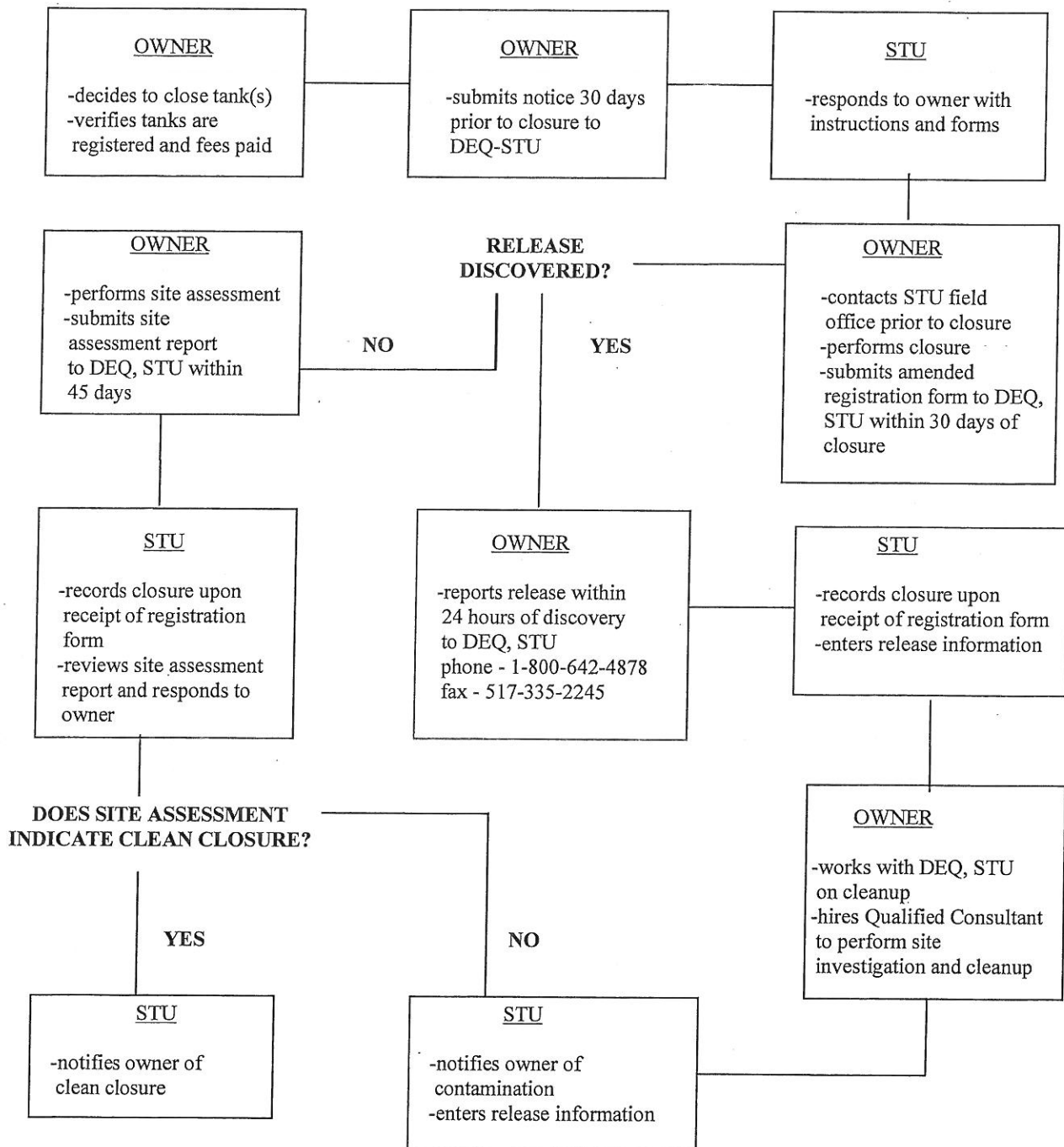
- Suspected release must be canceled or upgraded within 14 working days. The underground storage tank (UST) owner/operator is responsible for the release investigation.
- For a confirmed release, the owner/operator shall conduct initial response activities, and shall obtain the services of a Qualified Underground Storage Tank Consultant to perform corrective actions (site characterization and cleanup), in accordance with Part 213, Leaking Underground Storage Tanks, of Act 451.
- A site assessment pursuant to Part 211, Underground Storage Tank Regulations, of Act 451 is not required if a confirmed release has been reported for the UST system (tank and piping).
- If the UST is not registered, the owner/operator must submit a completed registration form with the \$100 per tank fee prior to UST removal.
- After the UST system(s) has/have been removed from the ground, the owner/operator must submit an amended registration form to avoid future billing for closed tanks.
- Closure in place of the UST by cleaning and filling 100 percent with a solid inert material (sand, concrete, or gravel) is permitted only if the tank removal would jeopardize the integrity of building structures above or close to the tank. Otherwise, the tank must be removed from the ground. It is the responsibility of the owner/operator to make the determination and retain supporting documentation.

If you have any questions, please contact the WHMD at 517-335-2690 or e-mail DEQ-STD-TANKS@state.mi.us.

DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ)
WASTE AND HAZARDOUS MATERIALS DIVISION (WHMD)
STORAGE TANK UNIT (STU)
PO BOX 30241, LANSING, MI 48909-7741
HQ PHONE: 517-335-2690

**OWNER'S RESPONSIBILITY
CLOSURE OF A UST**

RECEIVED MAR 12 2012





INSTRUCTIONS FOR FORM EQP3821 UNDERGROUND STORAGE TANKS (UST) REGISTRATION

A. SUMMARY OF HOW A UST IS 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:

MDEQ, OFFICE OF FINANCIAL MANAGEMENT, REVENUE CONTROL UNIT, PO BOX 30657, LANSING, MI 48909

B. HOW DO I REPORT A RELEASE?

To report a release of product from a UST, E-mail DEQ-std-tank@state.mi.us or FAX at 517-335-2245.

C. 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 Unit (STU). Owner means any person who owns, or owned at the time of release, a UST used for storage, use, or dispensing of regulated substances.

D. 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.

E. 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.

F. WHEN SHOULD A UST BE REGISTERED?

1. Owners who plan to install UST(s) shall submit to the STU 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 STU 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 STU 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 STU on form EQP3821 within 30 days of the change.

**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 tank for which notification is not given or for which false information is submitted.

<input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> AMENDED INFORMATION (for Registered USTs Only)	<u>If sending payment and form mail to: MDEQ, Office of Financial Management,</u> Revenue Control Unit, PO Box 30657, Lansing, MI 48909 <u>If sending form only, mail to: MDEQ, WHMD, PO Box 30241, Lansing, MI 48909</u>	FACILITY IDENTIFICATION NUMBER (if known)
<div style="display: flex; justify-content: space-between;"><div>NO. OF TANKS AT FACILITY</div><div>NO. OF CONTINUATION SHEETS ATTACHED</div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">I. OWNERSHIP OF TANKS <div style="border: 1px solid black; padding: 2px;">IF THIS IS A NEW OWNER'S ADDRESS, PLEASE CHECK <input type="checkbox"/></div><div style="border: 1px solid black; padding: 2px;">OWNER NAME (Corporation/Individual, etc.)</div><div style="border: 1px solid black; padding: 2px;">MAILING ADDRESS</div><div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div style="width: 30%;">CITY</div><div style="width: 15%;">STATE</div><div style="width: 55%;">ZIP</div></div><div style="border: 1px solid black; padding: 2px;">COUNTRY (Please Specify) <input type="checkbox"/> USA <input type="checkbox"/> OTHER _____</div><div style="border: 1px solid black; padding: 2px;">TELEPHONE (Including Area Code) () - </div><div style="border: 1px solid black; padding: 2px;">TAX PAYER ID OR SOCIAL SECURITY NUMBER</div><div style="border: 1px solid black; padding: 2px;">LATITUDE AND LONGITUDE of facility (If known) LATITUDE (North): _____ LONGITUDE (West): _____</div></div><div style="width: 48%;">II. LOCATION OF TANKS <div style="border: 1px solid black; padding: 2px;">IF INFORMATION IS THE SAME AS SECTION I, PLEASE CHECK <input type="checkbox"/></div><div style="border: 1px solid black; padding: 2px;">FACILITY NAME OR SITE IDENTIFIER</div><div style="border: 1px solid black; padding: 2px;">STREET ADDRESS (P.O. Box Not Acceptable)</div><div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div style="width: 30%;">CITY</div><div style="width: 15%;">STATE Michigan</div><div style="width: 55%;">ZIP</div></div><div style="border: 1px solid black; padding: 2px;">COUNTY</div><div style="border: 1px solid black; padding: 2px;">TELEPHONE (Including Area Code) () - </div></div></div>		
III. TYPE OF OWNER <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> LOCAL GOVERNMENT</div><div><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE 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: _____</div></div>		
IV. TYPE OF FACILITY <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> PUBLIC GAS STATION <input type="checkbox"/> PRIVATE GAS STATION <input type="checkbox"/> MARINE GAS STATION <input type="checkbox"/> PETROLEUM DISTRIBUTOR <input type="checkbox"/> AIRLINE AND/OR AIRCRAFT OWNER <input type="checkbox"/> AUTO DEALERSHIP <input type="checkbox"/> RAILROAD</div><div style="width: 33%;"><input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> FEDERAL/NON-MILITARY <input type="checkbox"/> FEDERAL-MILITARY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> HOSPITAL</div><div style="width: 33%;"><input type="checkbox"/> CONTRACTOR <input type="checkbox"/> TRUCKING/TRANSPORT <input type="checkbox"/> UTILITIES <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER (Explain) _____</div></div>		
V. CONTACT PERSON <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div style="width: 30%;">NAME</div><div style="width: 30%;">JOB TITLE</div><div style="width: 40%;">TELEPHONE (Including Area Code) () - </div></div>		
VI. CERTIFICATION <div style="border: 1px solid black; padding: 5px;">I 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.</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div style="width: 45%;">NAME AND OFFICIAL TITLE OF OWNER OR OWNERS' AUTHORIZED REPRESENTATIVE</div><div style="width: 30%;">SIGNATURE</div><div style="width: 25%;">DATE</div></div>		

VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS

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

TANK IDENTIFICATION NUMBER								
1. STATUS OF TANKS (Check One)								
CURRENTLY IN USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPORARILY OUT OF USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMENDMENT OF INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>(If tanks are removed/closed, complete page 3, Section IX)</small>								
2. DATE OF INSTALLATION (Month/Day/Year)								
3. ESTIMATED TOTAL CAPACITY (Gallons)								
4. MATERIAL OF CONSTRUCTION (Mark All That Apply)								
ASPHALT COATED OR BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPOXY COATED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE (Steel With Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LINED INTERIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLYETHYLENE TANK JACKET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION LINER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
HAS TANK BEEN REPAIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING MATERIAL (Mark All That Apply)								
BARE STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GALVANIZED STEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPPER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CATHODICALLY PROTECTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE WALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLEXIBLE 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"/>
ENVIROFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GEOFLEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING (Type) (Mark All That Apply)								
SUCTION: NO VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUCTION: VALVE AT TANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE (Remote)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS PIPING BEEN REPAIRED?	<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 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)								
VIII. TANKS OUT OF USE OR CHANGE IN SERVICE								
NOTE: A SITE ASSESSMENT MUST BE COMPLETED UNLESS YOU REPORT A CONFIRMED RELEASE								
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								
•REASON TANK WAS NOT REMOVED								
E. CHANGE IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. CERTIFICATION OF COMPLIANCE								
1. INSTALLATION								
A. INSTALLER CERTIFIED BY TANK AND PIPING MANUFACTURERS	<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. INSTALLER CERTIFIED OR LICENSED BY STU	<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. INSTALLATION INSPECTED BY A REGISTERED ENGINEER	<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. INSTALLATION INSPECTED AND APPROVED BY STU	<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. ANOTHER METHOD ALLOWED BY STU (Please Specify)								

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 STU (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: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> NAME PRINTED </div> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE </div> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DATE </div> </div> <div style="text-align: center; margin-top: 10px;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> COMPANY </div>																

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**UNDERGROUND STORAGE TANK SYSTEM SITE ASSESSMENT REPORT AND
CLOSURE OR CHANGE-IN-SERVICE REGISTRATION FORM**

This information is required under Part 211, Underground Storage Tank Regulations, of the Natural Resources and Environmental Protection Act, Act 451 of the Public Acts of 1994, being Sections 324.21101 to 324.21113 of the Michigan Compiled Laws Annotated. Any owner who knowingly fails to notify or submits false information shall be subject to a misdemeanor and/or civil penalties not to exceed \$5000 per day for each tank for which notification is not given or for which false information is submitted.

INSTRUCTIONS: For permanent closure and change-in-service, complete all the information on this form and submit with the site assessment analytical results, chain of custody and site sketch which indicates the location and depths of tanks, piping, and samples. This form must be received within 45 days of the samples being taken. The owner is required to keep a copy of the site assessment report for a minimum of three years. See reverse side of this form for additional information.				FACILITY ID NUMBER	
I. OWNERSHIP OF TANKS				II. LOCATION OF TANKS	
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.)				FACILITY NAME OR COMPANY SITE IDENTIFIER	
STREET ADDRESS				STREET ADDRESS (PO BOX NOT ACCEPTABLE)	
CITY		STATE	ZIP CODE	CITY STATE ZIP CODE	
AREA CODE & TELEPHONE NUMBER				CONTACT PERSON FOR LOCATION	AREA CODE & TELEPHONE NUMBER
III. TANK INFORMATION					
TANK NUMBER					
TANK SIZE					
SUBSTANCE STORED					
DATE LAST USED					
DATE CLOSED					
REMOVED FROM GROUND					
CLOSED IN PLACE (INDICATE TYPE OF FILL)					
CHANGE-IN-SERVICE					
OWNER'S NAME		OWNER'S SIGNATURE		DATE	
IV. SUBMITTER INFORMATION					
SUBMITTED BY (COMPANY NAME)			NAME (INDIVIDUAL)		
SIGNATURE		DATE	AREA CODE & TELEPHONE NUMBER		

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**SITE ASSESSMENT REVIEW REPORT**

Your site assessment has been reviewed by the Storage Tank Unit staff and the following determination has been made:

- ☐ The contamination concentration is below the threshold detection levels, and there is no evidence of a confirmed release.
- ☐ The test methodology or level of detection is faulty. The data submitted is not considered valid. Please perform another site assessment and forward a copy of the results to this office within 45 days.
- ☐ The number of sampling points analyzed are considered inadequate to make a determination of the cleanliness of the site. Please perform another site assessment and forward a copy of the results to this office within 45 days.
- ☐ The contaminant concentrations are greater than the threshold detection levels and there is evidence of a confirmed release. A confirmed release report is being generated. Follow reporting requirements in accordance with 451 PA 1994, Part 213, as amended.
- ☐ The soils excavated and removed from the site were greater than allowable volumes. A confirmed release was not reported to this office within 24 hours per the Michigan Underground Storage Tank Rules (MUSTR) prior to excavation of contaminated soil. A confirmed release report is being generated. Follow reporting requirements in accordance with 451 PA 1994, Part 213, as amended.

SIGNATURE OF REVIEWER	DATE OF REVIEW
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MAIL COPIES TO: WASTE AND HAZARDOUS MATERIALS DIVISION, STORAGE TANK UNIT
DEPARTMENT OF ENVIRONMENTAL QUALITY
PO BOX 30241 LANSING, MI 48909-7741

EQP3881 (11/05)