



MICHIGAN DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENT – REMEDIATION DIVISION
PO BOX 30426, LANSING, MICHIGAN 48909-7926, Phone 517-373-9837, Fax 517-373-2637

Request for DNRE Review of Response Activity Plan

This form is required for submittal of a request for the MDNRE to review a Response Activity Plan, under Section 20114b, Part 201, Environmental Remediation, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Type of Response Activity Plan being Submitted:

Remedial Investigation	<input checked="" type="checkbox"/>	Site Specific Criteria	<input type="checkbox"/>
Evaluation Plan	<input type="checkbox"/>	Mixing Zone	<input type="checkbox"/>
Feasibility Study	<input type="checkbox"/>	Section 20118(5) and (6) Request	<input type="checkbox"/>
Remedial Action Plan	<input type="checkbox"/>	Institutional Controls	<input type="checkbox"/>
Interim Response Plan	<input type="checkbox"/>	Due Care Plan	<input type="checkbox"/>
Other, Specify:			

Facility Information:

Facility Name: GLTC Land (formerly Die Storage Lot)		
Physical Address of Property: Northwest corner of South Saginaw Street and Atherton Road		
City: Flint	State: Michigan	Zip: 48507
Property Tax ID (include all applicable IDs): 41-19-454-014		

Submitter Information:

Entity/person requesting review: RACER Trust			
Contact Person (name and title): David Favero / Deputy Cleanup Manager (MI)			
Submitter Address: 2930 Ecorse Road			
City: Ypsilanti	State: Michigan	Zip: 48198	
Telephone: 217.741.6235		E-Mail: dfavero@racertrust.org	
Relationship of contact person to the submitter: Owner's Representative			
Submitter is Owner of the Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Submitter is Operator of the Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Submitter is Not Owner of the Property <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Submitter is Not Operator of the Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Owner Name: Elliott P. Laws, Trustee		Company: RACER Properties, LLC	
Address: 2930 Ecorse Road		City: Ypsilanti State: Michigan Zip: 48198	
Telephone: 313.486.2908		E-Mail:	

Submitter's Consultant Information:

Name: Scott L. Cormier			
Title: Vice President			
Organization/Company: O'Brien & Gere Engineers, Inc.			
Consultant Address: 37000 Grand River Ave., Suite 260		City: Farmington Hills	State: Michigan Zip: 48335
Telephone: 248.477.5701 ext. 13		E-Mail: scott.cormier@obg.com	

Locational Data:

County: Genesee		City/Village/Township: Flint	
Town: 7 North	Range: 7 East	Section: 19	Quarter: South 1/2 Quarter-Quarter:
Decimal Degrees Latitude: 42.989043		Decimal Degrees Longitude: -83.678097	
Reference Point for Latitude and Longitude:			
Center of site <input type="checkbox"/>	Main/front door <input type="checkbox"/>	Front gate/main entrance <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
Collection Method:			
Survey <input type="checkbox"/>	GPS <input type="checkbox"/>	Interpolation <input checked="" type="checkbox"/>	

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The following questions assist DNRE in evaluating the Response Activity Plan Submittal:			
Known or Suspected Contaminant(s) Type (Check all that apply):			
Petroleum	<input type="checkbox"/>	Volatile Organic Compounds	<input checked="" type="checkbox"/>
Metals	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
Current Site Status (Check all that apply):			
Undergoing property transfer	<input type="checkbox"/>	Active operations	<input type="checkbox"/>
Inactive operation	<input checked="" type="checkbox"/>		
Current Property Use:			
Residential/Institutional (including schools, nursing homes, hospitals, etc.)	<input type="checkbox"/>		
Non-residential	<input checked="" type="checkbox"/>		
Anticipated Property Use:			
Residential/Institutional (including schools, nursing homes, hospitals, etc.)	<input type="checkbox"/>		
Non-residential	<input checked="" type="checkbox"/>		
Estimated Area of Contamination Addressed in Response Action Plan (Cumulative):			
Currently undetermined	<input type="checkbox"/>	< 0.5 acre	<input type="checkbox"/>
> 0.5 acre	<input checked="" type="checkbox"/>		
Migration:			
	Yes	No	Unknown
Has contamination migrated beyond the property boundaries?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has the Notice of Migration been submitted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Historically)
Facility Investigation Status:			
Ongoing	<input type="checkbox"/>	Complete	<input checked="" type="checkbox"/>
Facility Response Activity Status (Check all that apply):			
None	<input type="checkbox"/>	IR Implemented	<input type="checkbox"/>
Response Activity Ongoing	<input type="checkbox"/>	Response Activity Completed	<input checked="" type="checkbox"/>
Drinking Water Supply for Facility (Check all that apply):			
Municipal	<input type="checkbox"/>	Private Well(s)	<input type="checkbox"/>
No Current Water Supply	<input checked="" type="checkbox"/>	Municipal Available	<input checked="" type="checkbox"/>
On-site Well(s) (Check all that apply):			
Drinking Water	<input type="checkbox"/>	Industrial/Commercial Production	<input type="checkbox"/>
Agricultural/Irrigation	<input type="checkbox"/>	No well on-site	<input checked="" type="checkbox"/>
Approximate Depth of Well(s):			
Local Drinking Water Supply:			
Is facility in a designated Wellhead Protection Area?	Yes	<input type="checkbox"/>	No
Distance to nearest off-site drinking water well: 2,000 ft NW	Private	<input checked="" type="checkbox"/>	Municipal
Surface Water Bodies on or Adjacent to Facility (Check all that apply):			
Wetlands	<input type="checkbox"/>	Ditch	<input checked="" type="checkbox"/>
Stream/River	<input type="checkbox"/>	Lake/Pond	<input type="checkbox"/>
Local Surface Water Bodies:			
Distance to nearest wetland: 1,500 ft NE Ditch: 50 ft NE Stream/River: 3,800 ft N Lake/Pond: 1,300 ft NE			
Have other plans been submitted for this facility?			
Facility Name, if different than this submittal: a.k.a., Die Storage Lot			
Date and Name of most recent submittal: July 16, 2012, NFA Report – Figures E-1 through E-3			
Facility/Property Subject to (Check all that apply):			
Consent Agreement or other legal agreement with MDNRE	<input type="checkbox"/>		
Corrective Action under Part 111 or RCRA (Hazardous Waste)	<input type="checkbox"/>		
Part 115 (Solid Waste)	<input type="checkbox"/>		
Part 615 (Oil & Gas)	<input type="checkbox"/>		
Part 201 (Environmental Remediation)	<input checked="" type="checkbox"/>		
Part 213 (Leaking Underground Storage Tanks)	<input type="checkbox"/>		

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Are/were the following present at the facility (Check all that apply):

Current Previous Unknown

- Free product ☐
- Free phase liquid ☐
- Soil contamination above any residential criteria ☒
- Soil contamination above any non-residential criteria ☒
- Soil aesthetic impacts ☐
- Groundwater contamination above any residential criteria ☒
- Groundwater contamination above any non-residential criteria ☒
- Groundwater contamination above the Acute Inhalation Screening Level ☐
- Groundwater aesthetic impacts ☐
- Soil Gas contamination above residential screening levels ☐
- Soil Gas contamination above non-residential screening levels ☐
- Conditions immediately dangerous to life or health (IDLH) ☐
- Fire & Explosion hazards related to releases ☐
- Contamination existing in drinking water supply ☐
- Imminent threat to drinking water supply ☐

Current	Previous	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<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"/>

Environmental Media Known to be Affected

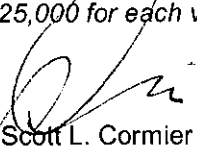
- Soil ☒
- Groundwater ☒
- Soil Vapor ☐
- Surface Water ☐
- Surface Water Sediments ☐

Current	Previous	Unknown
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" 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"/>

Environmental Professional Signature:

With my signature below, I certify that this plan and all related materials are true, accurate, and complete to the best of my knowledge and belief. I understand that intentionally submitting false information in a plan is a felony and may result in fines of up to \$25,000 for each violation.

Signature:



Date:

2/6/13

Printed Name: Scott L. Cormier

Company of Environmental Professional: O'Brien & Gere Engineers, Inc.

Address: 37000 Grand River Ave., Suite 260

City: Farmington Hills

State: Michigan

Zip: 48335

Telephone: 248.447.5701 ext. 13

E-mail address: scott.cormier@obg.com

Submitter Signature:

With my signature below, I certify that this plan and all related materials are true, accurate, and complete to the best of my knowledge and belief and I am legally authorized to sign for the submitter. I understand that intentionally submitting false information in a plan is a felony and may result in fines of up to \$25,000 for each violation.

Signature:



Date:

1/30/2013

Printed name: David M. Favero

Title/Relationship of signatory to submitter: Deputy Cleanup Manager – Michigan/RACER Trust

Address: 2930 Ecorse Road

City: Ypsilanti

State: Michigan

Zip: 48198

Telephone: 217.741.6235

E-Mail address: dfavero@racertrust.org

This form and the response activity plan should be submitted to the MDNRE Remediation Division District Office unless the response activity is related to a facility that is regulated by another MDNRE Division. If regulated by another division, contact should be made with that division for information on where to submit the form and plan.