



Request for DEQ Review of Response Activity Plan

This form is required for submittal of a request for the DEQ 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.

Section A: Type of Response Activity Plan being Submitted (Check all that apply):

Remedial Investigation	<input type="checkbox"/>	20b(2) Site Specific Criteria (modification of generic criteria)	<input type="checkbox"/>
Evaluation Plan	<input type="checkbox"/>	20b(3) Site Specific Criteria or Surrogate (no generic criteria available)	<input type="checkbox"/>
Feasibility Study	<input type="checkbox"/>	Section 20118(4) and (5) Request	<input type="checkbox"/>
Remedial Action Plan	<input type="checkbox"/>	Land or Resource Use Restrictions	<input type="checkbox"/>
Interim Response Plan	<input checked="" type="checkbox"/>	Other, Specify: Response Activity Plan- IRP Progress Review	<input type="checkbox"/>
Mixing Zone Request	<input type="checkbox"/>		
20e(14) De Minimus GSI Impact	<input type="checkbox"/>		

The Response Activity Plan addresses the entire facility:
 (entire facility as defined by Part 201, all releases, hazardous substances, and environmental media)

The Response Activity Plan does not address the entire facility:
Please specify the release(s), hazardous substance(s), environmental media, and/or portions of the facility addressed by the Response Activity Plan.

Section B: Facility/Property Subject to (Check all that apply):

Facility regulated under Part 201 Part 201 Facility ID (if known): 25000686	<input checked="" type="checkbox"/>
Leaking Underground Storage Tank regulated pursuant to Part 213 Part 211/213. Facility ID, if known:	<input type="checkbox"/>
Oil or gas production and development regulated pursuant to Part 615 or 625	<input type="checkbox"/>
Licensed landfill regulated pursuant to Part 115	<input type="checkbox"/>
Licensed hazardous waste treatment, storage, or disposal facility regulated pursuant to Part 111	<input type="checkbox"/>
Consent Agreement or other legal agreement with the MDEQ	<input type="checkbox"/>

Section C: Facility and Locational Information:

Facility Name: RACER Trust Hemphill Road Industrial Land	County: Genesee
Street Address of Property: 3289 South Saginaw	City/Village/Township: Burton
City: Burton State: MI Zip: 48507	Town: T7N Range: R7E Section: 30
Property Tax ID (include all applicable IDs): 25-59-29-300-024	Quarter: SE Quarter-Quarter:
Status of submitter relative to the property (check all that apply):	Decimal Degrees Latitude: 42.9805
	Decimal Degrees Longitude: -83.6726
Former Current Prospective	Reference point for latitude and longitude:
Owner <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Center of site <input checked="" type="checkbox"/> Main/front door <input type="checkbox"/>
Operator <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Front gate/main entrance <input 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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Section D: Submitter Information:

Entity/person requesting review: RACER Trust/ David Favero
 Contact Person (name and title): David Favero (Deputy Cleanup Manager)
 Submitter Address: 500 Woodward Ave. State: MI Zip: 48226
 City: Detroit E-Mail: dfavero@racertrust.org
 Telephone: 734-879-9525
 Relationship of contact person to the submitter: Direct Report Company: RACER Trust
 Owner Name, if different from submitter:
 Address:
 City: Telephone: State: Zip:
 E-Mail:

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

	Current	Previous	Unknown
Mobile or Migrating Non Aqueous Phase Liquids (NAPL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above any residential criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above any non-residential criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil aesthetic impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above any residential criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above any non-residential criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater aesthetic impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Gas contamination above residential vapor intrusion (VI) screening levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Soil Gas contamination above non-residential VI screening levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conditions immediately dangerous to life or health (IDLH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Explosion hazards related to releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contamination existing in drinking water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imminent threat to drinking water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact to Surface Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water Sediments above screening levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: The following questions assist DEQ in evaluating this request.

Known or Suspected Contaminant(s) Type (Check all that apply):
 Petroleum Volatile Organic Compounds Metals Other

Current Site Status (Check all that apply):
 Undergoing property transfer Active operations Inactive operation

Current Property Use:
 Residential
 Non-residential

Anticipated Property Use:
 Residential
 Non-residential

Estimated Area of Contamination Addressed in Response Action Plan (Cumulative):
 Currently undetermined < 0.5 acre > 0.5 acre

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"/>


Facility Investigation Status:
 Ongoing Complete

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Facility Response Activity Status (Check all that apply): None <input type="checkbox"/> IR Implemented <input checked="" type="checkbox"/> Response Activity Ongoing <input checked="" type="checkbox"/> Response Activity Completed <input 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 <input checked="" type="checkbox"/> Distance to nearest off-site drinking water well: 1,125 ft Private <input checked="" type="checkbox"/> Municipal <input type="checkbox"/>	
Surface Water Bodies on or Adjacent to Facility (Check all that apply): Wetlands <input type="checkbox"/> Ditch <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake/Pond <input type="checkbox"/>	
Local Surface Water Bodies: Distance to nearest wetland: 380 ft Ditch: 400 ft Stream/River: Lake/Pond: stormwater retention pond approximately 400 ft	
Have other plans been submitted for this facility? No Facility Name, if different than this submittal: Date and Name of most recent submittal:	


Section G: 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.

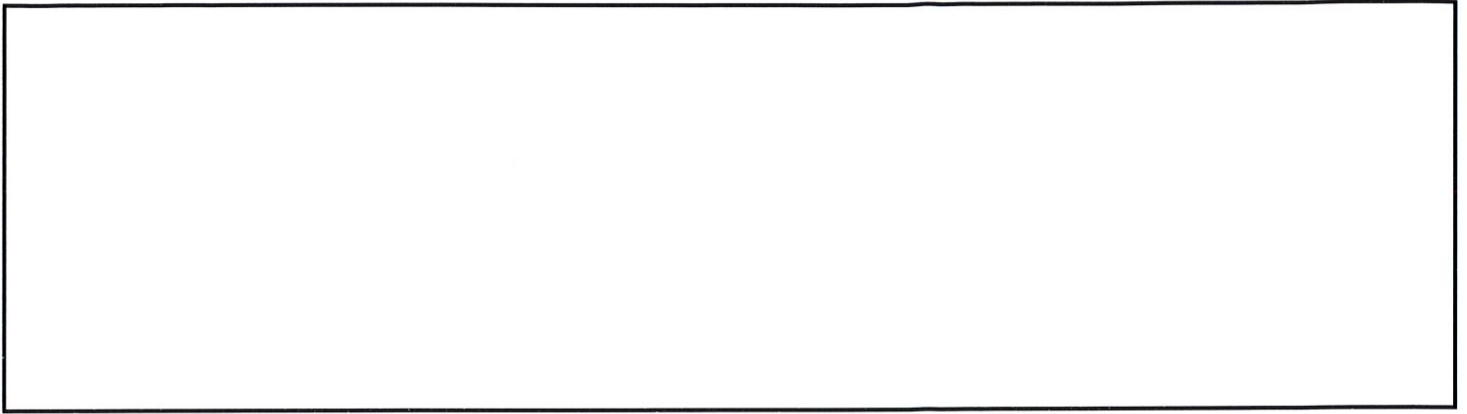
Signature:  Date: 9/26/2017
Printed Name: Brian E. White
Company of Environmental Professional: O'Brien & Gere Engineers, Inc.
Address: 37000 Grand River Ave., Ste 260
City: Farmington Hills State: MI Zip: 48335
Telephone: 248-770-5701 E-mail address: brian.white @obg.com

Section H: 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

Signature:  Date: 9/20/2017
Printed name: David Favero
Title/Relationship of signatory to submitter: MI Deputy Cleanup Manager
Address: 500 Woodward Ave., Suite 2650
City: Detroit State: MI Zip: 48226
Telephone: 734-879-9525 E-Mail address: dfavero@racertrust.org

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This form and the Response Activity Plan should be submitted to the MDEQ Remediation & Redevelopment Division District Office for the county in which the property is located, unless the response activity is related to a facility that is regulated by another MDEQ Division. A district map is located at www.michigan.gov/deqrrd. If regulated by another division, contact should be made with that division for information on where to submit the form and plan.