



Request for Certificate of Completion from DEQ

This form is required for submittal of a request for the DEQ to issue a Certificate of Completion of a response activity under Section 20114f, Part 201, Environmental Remediation, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

Section A - Type of Response Activity Completed:

Remedial Investigation (RI)	<input type="checkbox"/>	Remedial Action	<input type="checkbox"/>
Evaluation other than RI	<input type="checkbox"/>	Interim Response	<input type="checkbox"/>
Feasibility Study	<input type="checkbox"/>	Other, Specify:	<input type="checkbox"/>

Section B - Prior DEQ Approval of the Response Activity:

Did the response activity completed receive prior approval from the DEQ pursuant to Section 14b of Part 201?

No

Yes If the answer is "yes", provide the date and title of the response activity plan approved.

Section C - Facility Information:

Facility Name:	County:
Street Address of Property:	City/Village/Township:
City: State: Zip:	Town: Range: Section:
Property Tax ID (include all applicable IDs):	Quarter: Quarter-Quarter:
Status of submitter relative to the property (check all that apply):	Decimal Degrees Latitude:
Former Current Prospective	Decimal Degrees Longitude:
Owner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference point for latitude and longitude:
Operator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Center of site <input type="checkbox"/> Main/front door <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 type="checkbox"/>

Section D: Facility/Property Regulated by (Check all that apply):

Facility regulated under Part 201, other source, or source unknown	<input type="checkbox"/>
<u>Part 201 Site ID, if known:</u>	
Leaking Underground Storage Tank regulated pursuant to Part 213	<input type="checkbox"/>
<u>Part 211/213. Facility ID, if known:</u>	
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 E - Submitter Information:

Entity/person requesting the Certificate of Completion:

Contact Person (name and title):

Submitter Address:

City: State: Zip:

Telephone: E-Mail:

Relationship of contact person to the submitter:

Owner Name, if different from Submitter: Company:

Address: City: State: Zip:

Telephone: E-Mail:

Request for Certificate of Completion

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

	Current	Previous	Unknown
Free product/Non aqueous phase liquids (NAPL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above any residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil contamination above any non-residential criteria	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above any non-residential criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater contamination above the Acute Inhalation Screening Level	<input 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 type="checkbox"/>
Soil Gas contamination above non-residential screening levels	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
Impact to surface water sediments above screening levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G - The following questions assist MDEQ in evaluating the request for a Certificate of Completion: (Please note this information is not required if the Certificate of Completion is being requested for a response activity previously approved by the MDEQ (see Section B) and the responses below have not changed since the prior submittal.

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/Institutional (including schools, nursing homes, hospitals, etc.)
 Non-residential

Anticipated Property Use:
 Residential/Institutional (including schools, nursing homes, hospitals, etc.)
 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 type="checkbox"/>	<input type="checkbox"/>
Has the Notice of Migration been submitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Investigation Status:
 Ongoing Complete

Facility Response Activity Status (Check all that apply):
 None IR Implemented Response Activity Ongoing Response Activity Completed

Drinking Water Supply for Facility (Check all that apply):
 Municipal Private Well(s) No Current Water Supply Municipal Available

On-site Well(s) (Check all that apply):
 Drinking Water Industrial/Commercial Production Agricultural/Irrigation No well on-site
 Approximate Depth of Well(s):

Request for Certificate of Completion

Local Drinking Water Supply:			
Is facility in a designated Wellhead Protection Area?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Distance to nearest off-site drinking water well:	Private	<input 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:	Ditch:	Stream/River:	Lake/Pond:

Section H - Environmental Professional Signature:

With my signature below, I certify that the documentation of the completed response activity and all related materials are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____
Printed Name: _____
Company of Environmental Professional: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-mail address: _____

Section I - Submitter Signature:

With my signature below, I certify that the documentation of the completed response activity and all related materials are true, accurate, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____
Printed name: _____
Title/Relationship of signatory to submitter: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ E-Mail address: _____

This form and the documentation for the completed response activity should be submitted to the MDEQ Remediation & Redevelopment Division District Office for the county in which the property is located, unless the response activity was 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 documentation.