



**REQUEST FOR EGLE REVIEW –  
 DOCUMENTATION OF DUE CARE COMPLIANCE**

FOR EGLE USE ONLY SUBMITTAL REVIEW DUE DATE: _____
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This form is required for submittal of a request for the Michigan Department of Environment, Great Lakes, and Energy (EGLE) to review a Documentation of Due Care Compliance (DDCC), pursuant to Part 201, Environmental Remediation and/or Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, Section 20114g(1) and/or Section 21323n(1) for property that is a facility as defined by Section 20101(1)(s) or Property as defined by Section 21303(d). A current owner or operator of a facility or a property has due care obligations under Section 20107a and Section 21304c with respect to any existing contamination to prevent unacceptable exposure; prevent exacerbation; take reasonable precautions; provide reasonable cooperation, assistance, and access to authorized persons taking response activities at the property; comply with land use restrictions associated with response activities; and not impede the effectiveness of response activities implemented at the property. Pursuant to Section 20114g(2) and Section 21323n(2) a current owner or operator of a facility or property may request EGLE review their documentation that demonstrates they are in compliance with their due care obligations. Within 45 business days after receipt of a DDCC, EGLE shall approve or deny the DDCC report, if the report contains sufficient information for EGLE to make a decision.

**Section A: Submitter Information**

Legal entity that owns or operates the property:			Relationship of contact person to the submitter (complete if contact for questions if different from legal entity:		
Street Address:			Contact Name:		
City:	State:	Zip:	Contact Title:		
Contact Name:			Street Address:		
Contact Title:			City:	State:	Zip:
Phone:			Phone:		
Email:			Email:		

**Section B: Property Information**

Street Address of Property (include all applicable):			Town:	Range:	Section:
City:	State:	Zip:	Quarter:	Quarter-Quarter:	
County:			Decimal Degrees Latitude:		
			Decimal Degrees Longitude:		
Property Tax ID (include all applicable ID's):			Reference point for latitude and longitude:		
			Center of Site <input type="checkbox"/> Main/Front Door <input type="checkbox"/>		
			Front gate/Main Entrance <input type="checkbox"/> Other <input type="checkbox"/>		
City/Village/Township:			Collection Method:		
			Survey <input type="checkbox"/> GPS <input type="checkbox"/> Interpolation <input type="checkbox"/>		

**Section C: Status of Submitter Relative to the Property (Check all that apply)**

Current Owner <input type="checkbox"/>	Current Operator <input type="checkbox"/>
Date Submitter became the owner or operator:	

**Section D: Source of Contamination at the Property (check all that are known to apply)**

Facility regulated under Part 201, other source, or source unknown Part 201 Site ID if known:	<input type="checkbox"/>
Leaking Underground Storage Tank regulated pursuant to Part 213 Part 211/Part 213 Facility ID if know:	<input type="checkbox"/>
Oil or gas production and development regulated pursuant to Part 615 or Part 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"/>

**Section E: Complete Pathways (Check all that apply) \*\***

Pathway	Residential	Nonresidential
Drinking Water / Drinking Water Protection	<input type="checkbox"/>	<input type="checkbox"/>
Direct Contact	<input type="checkbox"/>	<input type="checkbox"/>
Soil Volatilization to Indoor Air Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Ambient Air	<input type="checkbox"/>	<input type="checkbox"/>
Particulate Inhalation	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

\*\*The DDCC must document compliance for all complete pathways with unacceptable exposures for the entire property.

**Section F: Response actions taken to prevent or mitigate an unacceptable exposure (Check all that apply)**

Type of Response Activity	Implemented
Excavation	<input type="checkbox"/>
Physical or Engineered Exposure Barrier	<input type="checkbox"/>
Containment: Physical or Hydraulic	<input type="checkbox"/>
Active Soil Remediation System	<input type="checkbox"/>
Active Groundwater Remediation System	<input type="checkbox"/>
Passive Vapor Mitigation System	<input type="checkbox"/>
Active Vapor Mitigation System	<input type="checkbox"/>
Rule 1013(6) Notice(s)	<input type="checkbox"/>
Rule 1015 Notice	<input type="checkbox"/>
Rule 1017 Notice(s)	<input type="checkbox"/>
Rule 1019 Notice	<input type="checkbox"/>
MIOSHA demonstration Section 20120a(18)	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

**Section G: Check all that apply**

The property is a facility as defined by Section 20101(1)(s) or and the property is a Property as defined by Section 21303(d).	<input type="checkbox"/>
An All Appropriate Inquiry (AAI) or a Phase I Environmental Assessment or all appropriate inquiry under R 299.51001 is included with the submittal.	<input type="checkbox"/>
Phase II Environmental Site Assessment and/or site investigation information is included with the submittal and is sufficient to have evaluated all pathways at the property.	<input type="checkbox"/>
The DDCC provides sufficient rationale to demonstrate that the data are reliable and relevant to define conditions at the property and to have adequately assessed the owner or operators due care obligations.	<input type="checkbox"/>

<b>Section G (continued): Check all that apply</b>	
The DDCC contains the environmental analytical results and drawn, scaled maps (not aerial photographs) showing the property boundaries, sample locations, relevant site features, etc.	<input type="checkbox"/>

<b>Section H: Environmental Professional Signature</b>		
With my signature below, I certify that this DDCC 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:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

<b>Section I: Submitter Signature</b>		
With my signature below, I certify that this DDCC and all related materials are true, accurate, and complete to the best of my knowledge and belief.		
Signature:	Date:	
(Person legally authorized to bind the legal entity)		
Printed Name:		
Title and relationship of signatory to submitter:		
Street Address:		
City:	State:	Zip:
Phone:	Email:	

Submit the DDCC report and this form to the EGLE District Office for the County in which the property is located. EGLE District Office contact information by County can be accessed at: [https://www.michigan.gov/egle/0,9429,7-135-3311\\_4109\\_9846-321402--,00.html](https://www.michigan.gov/egle/0,9429,7-135-3311_4109_9846-321402--,00.html).

For information or assistance on this publication, please contact the (program), through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

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