



Water Board Building
735 Randolph Street
Detroit, MI 48226

Customer Care: 313-267-8000
Emergencies: 313-267-7401
detroitmi.gov/dwsd

February 7, 2019

Beth Vens
Assistant District Supervisor
Southeast Michigan District Office
Remediation and Redevelopment Division

RE: C-0179-18

Dear Ms. Beth Vens,

Below please find the response to the letter from MDEQ, dated December 19, 2018. These findings are in response to the reporting requirements that occurred at 13401 W. Outer Driver, Detroit MI 48239.

1. Hire a qualified underground storage tank consultant to perform the work that is necessary to meet the reporting and corrective action requirements of Part 213. A qualified underground storage tank consultant must meet all of the requirements of Section 21325 of Part 213.

DWSD Response: ABF Environmental, (ABF) was contracted as a qualified storage tank consultant to perform the work that is necessary to meet reporting and corrective action requirements of Part 213A.

2. After a release has been reported to the MDEQ, initial corrective actions must be performed immediately and expeditiously, pursuant to Section 21307 of Part 213.

DWSD Response: The report was submitted by ABF Environmental on August 22, 2018. (See attachment A). R. W. Mercer contracted on August 22 to begin the investigation of leak and to conduct the necessary repairs to the tank.

3. Section 21308a of Part 213 requires that a liable O/O complete and submit an Initial Assessment Report (IAR) within 180 days after a release has been discovered. The deadline for submittal of the IAR to the DEQ for Confirmed Release No. C-0179-18 is February 18, 2019.

DWSD Response: ABF on behalf of DWSD conducted the necessary soil samples, on Jan 29, 2019 for the Initial Assessment Report (IAR) and will be submitted by February 18, 2019.

4. Section 21311a of Part 213 requires that a liable O/O complete and submit a Final Assessment Report (FAR) and Corrective Action Plan within 365 days after the release has been discovered. The deadline for submittal of the FAR to the DEQ for Confirmed Release No. C-0179-18 is August 22, 2019.

DWSD Response: Contingent upon findings for the IAR report.



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5. Upon completion of the corrective actions, Section 21312a of Part 213 requires that the liable O/O complete and submit a Closure Report (CR) to the DEQ.

DWSD Response: Contingent upon 3.

At DWSD we are committed to employee safety and health and will continue to keep our workplace free of recognized hazards. Please contact me should you have any questions regarding the above responses at (313) 316-6281 or ridgewayd@detroitmi.gov.

Sincerely,



David Ridgeway
Safety Manager

cc: Michael Eisenhower, DWSD
Palencia Mobley, DWSD
Samuel Smalley, DWSD
Patricia Thornhill, DWSD
Danise Allen, DWSD
Darryl Robinson, DWSD
Ericka Williams, DWSD
AFSCME Local 2920
Teamsters Union

ATTACHMENT A

 *** TX REPORT ***

TRANSMISSION OK

TX/RX NO 1494
 RECIPIENT ADDRESS 15173321428
 DESTINATION ID
 ST. TIME 08/22 10:13
 TIME USE 00'21
 PAGES SENT 1
 RESULT OK

517 332 1428

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division
 P.O. Box 30033, Lansing, MI 48909
 Phone 517-241-8847, Fax 517-332-1428

RELEASE REPORT: ☐ SUSPECTED ☒ CONFIRMED

THIS INFORMATION IS REQUIRED UNDER 1984 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 Bureau of Fire Services (BFS) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. FAX this form to 517-332-1428 or call 517-335-7210. All information on this form must be provided regardless of whether the release is reported by telephone or FAX. For further information see page 2.

BFS USE ONLY	
FACILITY ID NUMBER	ENTRY DATE
UPGRADE/CANCEL DATE	INCIDENT NUMBER
DATE REPORTED	TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature	

PERSON REPORTING RELEASE ROBERT NOWAKOWSKI			COMPANY (IF NOT OWNER/OPERATOR) ABF ENVIRONMENTAL			AREA CODE & TELEPHONE NUMBER (248) 217 9228							
TANK REMOVAL CONTRACTOR RW MERLER			CONTRACTOR CONTACT			CONTRACTOR AREA CODE & TELEPHONE NUMBER ()							
I. OWNERSHIP OF TANKS						II. LOCATION OF TANKS							
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) CITY OF DETROIT WATER & SEWERAGE DEPT WEST YARD						FACILITY NAME OR COMPANY SITE IDENTIFIER							
STREET ADDRESS 6425 HUBER, Room #514						STREET ADDRESS (P.O. Box Not Acceptable) 13401 W OUTER DRIVE							
CITY DETROIT		STATE MI		ZIP CODE 48211		CITY Detroit		COUNTY WAYNE		STATE MI		ZIP CODE 48239	
AREA CODE & TELEPHONE NUMBER (313) 267 1221						AREA CODE & TELEPHONE NUMBER (313) 267 1221							
DATE RELEASE DISCOVERED: 8/22/18						CONTACT PERSON FOR LOCATION ERICKA MEAH-WILLIAMS							
TIME RELEASE DISCOVERED: 8AM <input type="checkbox"/> PM 9:00													
TANK NUMBER ¹ (if known)		4		5									
SIZE OF TANK (gallons)		10,000		10,000									
SUBSTANCE RELEASED		NA		Diesel									
CONSTRUCTION OF TANK				FIBERGLAS									
REASON FOR RELEASE				UNKNOWN									
CAUSE OF RELEASE (Check all that apply)		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown		<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown	

517 332 1428

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DATE REPORTED	TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature	

PERSON REPORTING RELEASE ROBERT NOWAKOWSKI		COMPANY (IF NOT OWNER/OPERATOR) ABF ENVIRONMENTAL		AREA CODE & TELEPHONE NUMBER (248) 219 9228	
TANK REMOVAL CONTRACTOR RW MERLER		CONTRACTOR CONTACT		CONTRACTOR AREA CODE & TELEPHONE NUMBER ()	
I. OWNERSHIP OF TANKS			II. LOCATION OF TANKS		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) CITY OF DETROIT WATER & SEWERAGE DEPT WEST YARD			FACILITY NAME OR COMPANY SITE IDENTIFIER		
STREET ADDRESS 6425 HUBER, Room #514			STREET ADDRESS (P.O. Box Not Acceptable) 13401 W OUTER DRIVE		
CITY DETROIT	STATE MI	ZIP CODE 48211	CITY DETROIT	COUNTY WAYNE	STATE MI
AREA CODE & TELEPHONE NUMBER (313) 267 1221			AREA CODE & TELEPHONE NUMBER (313) 267 1221		
DATE RELEASE DISCOVERED: 8/22/18			CONTACT PERSON FOR LOCATION ERICKA MEAH-WILLIAMS		
TIME RELEASE DISCOVERED: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM 9:00					
TANK NUMBER ¹ (if known)	4	5			
SIZE OF TANK (gallons)	10,000	10,000			
SUBSTANCE RELEASED	NA	Diesel			
CONSTRUCTION OF TANK		FIBERGLASS			
REASON FOR RELEASE		UNKNOWN			
CAUSE OF RELEASE (Check all that apply)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)
HOW WAS LEAK DETECTED (Check all that apply)	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater
COMMENTS (attach additional sheets if necessary): PRODUCT OBSERVED DURING DISPENSER REPLACEMENT IN SUMP AND UNDER ISLAND					

¹ Copy this page for additional tanks if needed.



LEAKING UNDERGROUND STORAGE TANK INITIAL ASSESSMENT REPORT COVER SHEET

☒ NEW or ☐ AMENDMENT TO INITIAL ASSESSMENT REPORT

INSTRUCTIONS: COMPLETION OF THIS REPORT WITH ALL APPLICABLE INFORMATION IS MANDATORY pursuant to Part 213, Section 324.21308a and 324.21308a(2)(b) of the Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. **Check one of the boxes above to indicate whether this is a new or amended submittal.** Please provide the completed Initial Assessment Report and the associated Table of Contents, Form EQP4006, to the appropriate RRD District Office within 180 days after a release has been discovered.

SITE NAME: West Yard		FACILITY ID NUMBER: 033144	
STREET ADDRESS: 13401 W Outer Drive			
CITY: Detroit	ZIP: MI	COUNTY: Wayne	
DATE(S) RELEASE(S) DISCOVERED: 08/22/18		CONFIRMED RELEASE NUMBER(S): C-0179-18	
O/O NAME: Detroit Water & Sewerage Department		O/O EMAIL ADDRESS: williamsEr@detroitmi.gov	
O/O STREET ADDRESS: 735 Randolph St.	CITY: Detroit	STATE: MI	ZIP: 48226
CONTACT PERSON: Mamata Burgi	PHONE: 313-319-3958	FAX:	

Permission is given for the Department of Environmental Quality to contact the Qualified Consultant: ☒ YES ☐ NO

INITIAL ASSESSMENT REPORT INFORMATION: Answer All Questions (DO NOT LEAVE BLANKS)

1. Site classification (1-4): 4 Previous site classification (1-4): Type of RBCA evaluation: ☒ Tier I ☐ Tier II ☐ Tier III

2. Substance(s) released: ☒ Gasoline ☒ Diesel ☐ Ethanol: E-10 ☐ or E-85 ☐ Other:

3. Has contamination migrated off-site above Tier 1 Residential RBSLs? ☐ YES ☒ NO

If YES, have off-site impacted parties been notified per Section 324.21309a(3) of Part 213? ☐ YES ☐ NO

4. Predominant groundwater flow direction: NA Depth to groundwater: NA

5. Is mobile NAPL present: Currently? ☐ YES ☒ NO Previously? ☐ YES ☒ NO

If present, was it recovered? ☐ YES ☐ NO If recoverable, total gallons recovered since last reported: to date:

6. Is migrating NAPL present: ☐ YES ☒ NO If yes, are actions being taken to stop NAPL migration? ☐ YES ☐ NO

7. Since last report: cubic yards of soil remediated: 0 gallons of groundwater remediated: 82,269

Totals to date: cubic yards of soil remediated: 0 gallons of groundwater remediated: 82,269

8. Have toxic or explosive vapors been identified in any confined spaces (basement, sewer, etc.)? ☐ YES ☒ NO

9. Drinking water supply affected? Currently: ☐ YES ☒ NO Previously: ☐ YES ☒ NO

Indicate type and # of wells affected: ☐ Private # ☐ Public Type II/III # ☐ Municipal #

10. Has the release affected surface water or wetlands? ☐ YES ☒ NO

11. Estimated distance and direction from point of release to nearest: Private well: + 1 mile Municipal well: + 1 mile

Surface water/wetland: 500 feet east (Rouge River) Is site within a wellhead protection zone? ☐ YES ☒ NO

12. Has the UST(s) been emptied? ☐ YES ☒ NO Has the UST System(s) been properly closed? ☐ YES ☒ NO

If NO, explain why? Repairs were made to diesel and gasoline product lines, then system was brought back on-line



**LEAKING UNDERGROUND STORAGE TANK
INITIAL ASSESSMENT REPORT COVER SHEET**

(Continued)

This Initial Assessment Report (IAR), which was completed in accordance with Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA451, as amended, is submitted by:

SIGNATURE OF OWNER/OPERATOR (O/O)

	Mamata Burgi	2/18/19
O/O or AUTHORIZED REPRESENTATIVE SIGNATURE	PRINT NAME	DATE

SIGNATURE OF QUALIFIED UST CONSULTANT (QC)

	Robert Nowakowski	2/18/19
QC SIGNATURE*	PRINT NAME	DATE

* By signing this form I certify that I meet the qualified underground storage tank consultant requirements identified in section 324.21325 of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

ABF Environmental	28200 Orchard Lake Road, Suite 101, Farmington Hills, MI 48334	
QC COMPANY NAME	QC ADDRESS, CITY, STATE, ZIP	
248-219-9228		geologyrjn@gmail.com
QC PHONE	QC FAX NUMBER	QC EMAIL ADDRESS