

TRANSMITTAL LETTER

To:
Brandon Alger
Michigan Department of
Environmental Quality
Remediation and
Redevelopment Division

From:
Kris Hinskey

Arcadis U.S., Inc.
28550 Cabot Drive
Suite 500
Novi
Michigan 48377
Tel 248 994 2240
Fax 248 994 2241

Copies:

Date:
November 20, 2017

Subject:
Livonia Transmission Plant
Target Detection Limit Request
Response Activity Plan

Arcadis Project No.:
MI001322.0001

We are sending you hard copies:

Attached **Under Separate Cover Via _____ the Following Items:**

- Shop Drawings Plans Specifications Change Order
 Prints Samples Copy of Letter Reports
 Other:

| Copies | Date | Drawing No. | Rev. | Description | Action* |
|--------|------------|-------------|------|-------------------------------------------------------|---------|
| 1 | 11/17/2017 | | | Target Detection Limit Request Response Activity Plan | FA |
| | | | | | |
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| | | | | | |
| | | | | | |

Action*

- A Approved CR Correct and Resubmit Resubmit _____ Copies
 AN Approved As Noted F File Return _____ Copies
 AS As Requested FA For Approval Review and Comment
 Other: As Requested per the Consent Decree

Mailing Method

- U.S. Postal Service 1st Class Courier/Hand Delivery FedEx Priority Overnight FedEx 2-Day Delivery
 Certified/Registered Mail United Parcel Service (UPS) FedEx Standard Overnight FedEx Economy
 Other:



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 | <input type="checkbox"/> |
| Evaluation Plan | <input type="checkbox"/> | (modification of generic criteria) | |
| Feasibility Study | <input type="checkbox"/> | 20b(3) Site Specific Criteria or Surrogate | <input type="checkbox"/> |
| Remedial Action Plan | <input type="checkbox"/> | (no generic criteria available) | |
| Interim Response Plan | <input type="checkbox"/> | Section 20118(4) and (5) Request | <input type="checkbox"/> |
| Mixing Zone Request | <input type="checkbox"/> | Land or Resource Use Restrictions | <input type="checkbox"/> |
| 20e(14) De Minimus GSI Impact | <input type="checkbox"/> | Other, Specify: Request to Change current Target Detection Limit | <input checked="" 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.

This request for Review of Response Activity Plan is only for trichloroethene and vinyl chloride in groundwater identified in the Off-Site Area east of the Livonia Transmission plant, as defined in the Consent Decree No: 2:1712372-GAD-RSW.

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

| | |
|--------------------------------------------------------------------------------------------------|-------------------------------------|
| Facility regulated under Part 201 | <input checked="" type="checkbox"/> |
| Part 201 Facility ID (if known): | |
| Leaking Underground Storage Tank regulated pursuant to Part 213 | <input type="checkbox"/> |
| Part 211/213. Facility ID, if known: | |
| 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 checked="" type="checkbox"/> |

Section C: Facility and Locational Information:

| | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Facility Name: Ford Motor Company Livonia Transmission Plant | County: Wayne |
| Street Address of Property: 36200 Plymouth Road | City/Village/Township: Livonia |
| City: Livonia State: MI Zip: 48150 | Town: 01S Range: 09E Section: 29 |
| Property Tax ID (include all applicable IDs): 116 99 0001 000 | Quarter: Quarter-Quarter: |
| Status of submitter relative to the property (check all that apply): | Decimal Degrees Latitude: 42.37145 |
| | Decimal Degrees Longitude: -83.39520 |
| 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"/> |

Request for DEQ Review of Response Activity Plan

Section D: Submitter Information:

| | | |
|-----------------------------------------------------|--------------------------|------------|
| Entity/person requesting review: Ford Motor Company | | |
| Contact Person (name and title): Todd Walton | | |
| Submitter Address: 290 Town Center Drive, Suite 800 | | |
| City: Dearborn | State: Michigan | Zip: 48126 |
| Telephone: 313-845-1921 | E-Mail: twalton@ford.com | |
| Relationship of contact person to the submitter: | | |
| Owner Name, if different from submitter: | Company: | |
| Address: | | |
| City: | State Zip: | |
| Telephone: | 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 checked="" 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 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Soil Gas contamination above non-residential VI screening levels | <input checked="" 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"/> |
| 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.

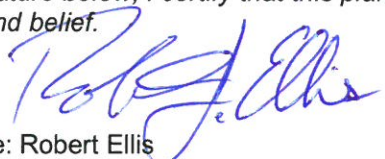
| | | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|-------------------------------------|
| Known or Suspected Contaminant(s) Type (Check all that apply): | | | |
| Petroleum | <input type="checkbox"/> | Volatile Organic Compounds | <input checked="" type="checkbox"/> |
| Metals | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Current Site Status (Check all that apply): | | | |
| Undergoing property transfer | <input type="checkbox"/> | Active operations | <input checked="" type="checkbox"/> |
| Inactive operation | <input type="checkbox"/> | | |
| Current Property Use: Request is only for the residential properties east of the facility. | | | |
| Residential | <input type="checkbox"/> | | |
| Non-residential | <input checked="" type="checkbox"/> | | |
| Anticipated Property Use: | | | |
| Residential | <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 checked="" type="checkbox"/> | <input 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 | <input checked="" type="checkbox"/> | Complete | <input type="checkbox"/> |

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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 checked="" type="checkbox"/> Private Well(s) <input type="checkbox"/> No Current Water Supply <input type="checkbox"/> Municipal Available <input 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: >.5 mile east 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: .3 miles east Ditch: Stream/River: 2,000 feet to Middle Rouge River Lake/Pond: |
| 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: 11/20/17

Printed Name: Robert Ellis

Company of Environmental Professional: Arcadis of Michigan, LLC

Address: 28550 Cabot Drive Suite 500

City: Livonia

State: Michigan

Zip: 48837

Telephone: 248.994.2240

E-mail address: rob.ellis@arcadis.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: 11/20/17

Printed name: Todd Walton

Title/Relationship of signatory to submitter: Environmental Manager

Address: 290 Town Center Drive, Suite 800

City: Dearborn

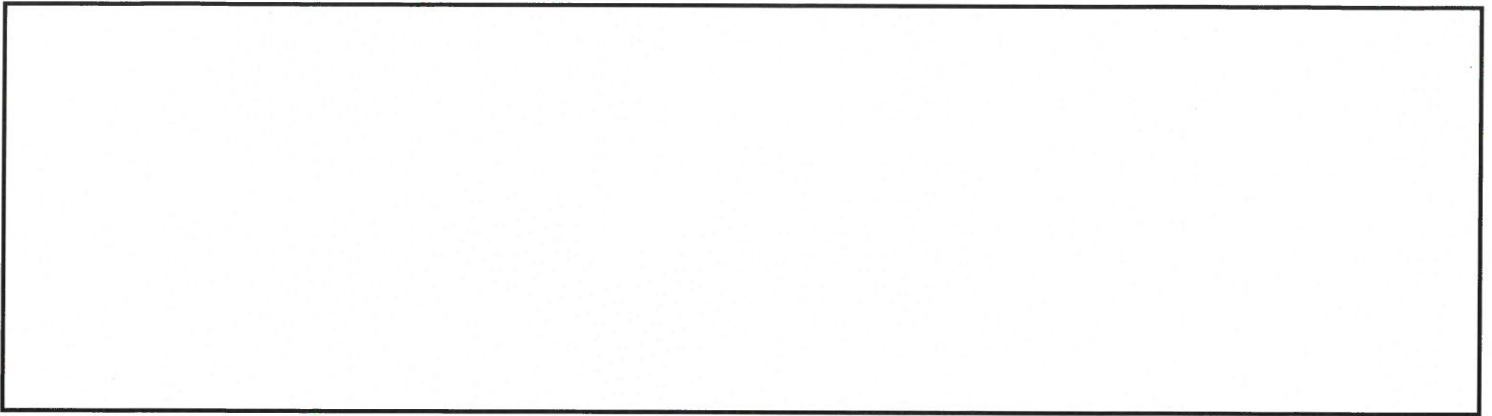
State: Michigan

Zip: 48126

Telephone: 313-845-1921

E-Mail address: twalton@ford.com

Request for DEQ Review of Response Activity Plan



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.

MEMO

To:
Brandon Alger – MDEQ
Remediation and Redevelopment
Division

Copies:
Gerald Tiernan – MDEG
Todd Walton – Ford
Chuck Pinter – Ford
Robert Ellis - Arcadis
Joe Quinnan – Arcadis
Mitch Wacksman - Arcadis

Arcadis of Michigan, LLC
28550 Cabot Drive
Suite 500
Novi
Michigan 48377
Tel 248 994 2240
Fax 248 994 2241

From:
Kris Hinskey – Arcadis

Date:
November 17, 2017

Arcadis Project No.:
MI001322.0001

Subject:
Ford Livonia Transmission Plant – Target Detection Limit Request
Response Activity Plan
Livonia, Michigan

Site-specific screening levels have been transmitted to Ford Motor Company (Ford) from Michigan Department of Environmental Quality (MDEQ) for both the Livonia Transmission Plant (LTP) property and neighboring areas. These screening values were included in both the Consent Decree dated, July 22, 2017 (No: 2:1712372-GAD-RSW) and an MDEQ interoffice communication for the site transmitted to Ford on August 9, 2017. Site-specific screening levels have been generated for a number of exposure scenarios covering both commercial and residential properties constructed using a variety of techniques including slab-on-grade, crawl space, and basement.

The residential groundwater screening levels provided for trichloroethene and vinyl chloride where groundwater may be in contact (GWIC) with a structure (applicable to slab-on-grade, crawl space, or basement) are below typical target detection limits (TDLs) for these compounds. The published 2016 MDEQ Remediation and Redevelopment Division (RRD) TDLs for trichloroethene and vinyl chloride in water are both 1 microgram per liter ($\mu\text{g/L}$) (https://www.michigan.gov/documents/deq/deq-rrd-mdeqpublishedlistoftdlsdesignatedanalyticalmethods_532772_7.pdf)

This document is a DRAFT document that has not received approval from the Michigan Department of Environmental Quality (MDEQ). This document was prepared pursuant to a court Consent Decree. The opinions, findings, and conclusions expressed are those of the authors and not those of the MDEQ.

MEMO

Ford requests the use of the MDEQ TDLs for trichloroethene and vinyl chloride of 1 µg/L as the groundwater screening level protective of vapor intrusion at residential structures where there is potential for GWIC for ongoing and future remedial investigation, response activity monitoring, and no further action determinations.

If you have any questions, please feel free to contact me at 269.579.5402 or kris.hinskey@arcadis.com. We look forward to continuing our partnership with you on this project.

Sincerely,

Arcadis of Michigan, LLC

A handwritten signature in black ink that reads "Kris Hinskey". The signature is written in a cursive, flowing style.

Kris Hinskey
Certified Project Manager

This document is a DRAFT document that has not received approval from the Michigan Department of Environmental Quality (MDEQ). This document was prepared pursuant to a court Consent Decree. The opinions, findings, and conclusions expressed are those of the authors and not those of the MDEQ.

arcadis.com

G:\COMMON\Ford\Livonia\04 Draft Reports\Response Activity Plans\Site-Specific Criteria Request\17_11_17_LTP_Target Detection Limit Request Response Activity Plan.docx

From: [Lannen, Sheila](#)
To: [Taylor, Gustan](#)
Cc: [Hinskey, Kristoffer](#)
Subject: FW: FedEx Shipment 770791473657 Delivered
Date: Tuesday, November 21, 2017 9:54:03 AM

Hi,
The memo was received by the DEQ. Not sure where you want to file this.

From: TrackingUpdates@fedex.com [mailto:TrackingUpdates@fedex.com]
Sent: Tuesday, November 21, 2017 9:37 AM
To: Lannen, Sheila <Sheila.Lannen@arcadis.com>
Subject: FedEx Shipment 770791473657 Delivered

FedEx®

Your package has been delivered

Tracking # [770791473657](#)

| | | |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Ship date: Mon, 11/20/2017 | Delivery date: Tue, 11/21/2017 9:33 am | |
| Kris Hinskey ARCADIS Novi, MI 48377 US |  Delivered | Brandon Alger MDEQ-SE MICHIGAN DISTRICT 27700 Donald Court WARREN, MI 48092 US |

Shipment Facts

Our records indicate that the following package has been delivered.

| | |
|-----------------------------------|------------------------------------------------------------|
| Tracking number: | 770791473657 |
| Status: | Delivered: 11/21/2017 09:33 AM Signed for By: A.EDWARDS |
| Reference: | MI001322.01.01 |
| Signed for by: | A.EDWARDS |
| Delivery location: | WARREN, MI |
| Delivered to: | Receptionist/Front Desk |
| Service type: | FedEx Priority Overnight |
| Packaging type: | FedEx Envelope |
| Number of pieces: | 1 |
| Weight: | 0.50 lb. |
| Special handling/Services: | Deliver Weekday |
| Standard transit: | 11/21/2017 by 10:30 am |

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All weights are estimated.

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