

National Pollutant Discharge Elimination System (NPDES) Industrial/Commercial Application Form (Reissuance)

version 2.25

(Submission #: HNT-15C8-2KG2C, version 4)

Details

Submission ID HNT-15C8-2KG2C

NOTE (CREATED)

Correction Request 6/18

Please provide clarification and/or corrections to the noted items. In addition, the application was updated recently causing some sections to be replaced, meaning you may have to re-fill out parts of your application and re-upload supporting documents within those sections on the updated form. We recognize the inconvenience this causes and would like to thank you for your time and for allowing us to improve our forms.

Created on 5/27/2020 1:27 PM by **Thomas Miller**

Form Input

Applicant Information

Permit Number (Pre-populated)

MIG760020

??"APPLICANT" refers to the entity legally responsible for the information submitted with this application, and for the permit that will result from it. DO NOT provide the name of an individual. Contact information will be collected in another section.

Applicant Information

Enter name of legal entity:

Organization Name

Ann Arbor MI Owner 1401 LLC, c/o Arbor Lodging Management

Phone Type

Number

Extension

Business

7343276400

Email

LPerez@arborlodging.com

Fax

7343276404

Enter address of legal entity:

566 W LAKE ST

STE 320

CHICAGO, IL 60661

United States

Facility Information

Additional Instructions for completing this portion of the application are provided in the Appendix.

[Appendix to the Permit Application](#)

FACILITY DESIGNATED NAME (pre-populated)

Hilton Garden Inn

Facility Name 1 - Company Name

Hilton Garden Inn Ann Arbor

Facility Name 2 - Division Name

NONE PROVIDED

Facility Name 3 - Plant Name

NONE PROVIDED

Public primary school systems and governing entities that cross local government boundaries should select "Local Government/District" below.

Which of the following best describes this facility?

Private

Facility Location

42.238280844932554,-83.75005532392936

Site/Facility Location Address

1401 BRIARWOOD CIR
ANN ARBOR, MI 48108

NAICS (North American Industry Classification System) code:

0

SIC (Standard Industrial Classification) code:

7389

Is this facility a primary industry? Refer to Table 1 of the Appendix to make this determination.

No, this facility is not a primary industry.

[CLICK HERE to view the Appendix to the permit application](#)

Enter the name of the Local Unit of Government (LUG) in which the facility is located:

Ann Arbor Township

Provide an e-mail address for an appropriate LUG contact, such as a clerk, who can be notified about the public notice period:

CarverB@michigan.gov

CORRECTION REQUEST (APPROVED)

Local Unit of Government Contact

Please confirm the LUG e-mail address, which is typically the clerk for the municipality in which the facility resides.

Created on 5/27/2020 1:45 PM by **Thomas Miller**

Does the facility have an EGLE-certified operator at the appropriate level?

YES

Contacts (1 of 2)

CORRECTION REQUEST (APPROVED)

Missing Contact Types

Please provide contacts for the Facility, Annual Billing, and if possible any Certified Operators including first and last name, title, business, address, city, state, ZIP code, telephone number, and e-mail address.

Created on 5/27/2020 1:50 PM by **Thomas Miller**

Additional Instructions for completing this portion of the application are provided in the Appendix.

[Appendix to the Permit Application](#)

CONTACTS

At a minimum the following contact types are required:

Annual Permit Billing Contact
Application Contact
Facility Contact
DMR Contact
Certified Operator

?If a single person has multiple roles, please enter that person's information once and assign them multiple roles.

?To add additional contacts, use the **Add New** button at the bottom of this page, or select **Duplicate** to copy the contact information and edit a portion of the contact fields.

Contact

Certified Operator

Required Contact Types:

? At minimum the following contact types must be provided:

Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; and Certified Operator

Contact

Prefix

NONE PROVIDED

First Name

luis

Last Name

perez

Title

NONE PROVIDED

Organization Name

Ann Arbor MI Owner 1401 LLC, c/o Arbor Lodging Management

Phone Type

Business

Number

7343276400

Extension**Email**

LPerez@arborlodging.com

Fax

NONE PROVIDED

Address

1401 BRIARWOOD CIR

ANN ARBOR, MI 48108

United States

Certification Number(s)

CPO-580312

Certification Classification(s)

Certified Pool/Spa Operator

Contacts (2 of 2)

Additional Instructions for completing this portion of the application are provided in the Appendix.

[Appendix to the Permit Application](#)

CONTACTS

At a minimum the following contact types are required:

Annual Permit Billing Contact
Application Contact
Facility Contact
DMR Contact
Certified Operator

?If a single person has multiple roles, please enter that person's information once and assign them multiple roles.

?To add additional contacts, use the Add New button at the bottom of this page, or select Duplicate to copy the contact information and edit a portion of the contact fields.

Contact

Application Contact

Required Contact Types:

? At minimum the following contact types must be provided:

Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; and Certified Operator

Contact

Prefix

NONE PROVIDED

First Name

Jason

Last Name

Schneehagen

Title

General Manager

Organization Name

Ann Arbor MI Owner 1401 LLC, c/o Arbor Lodging Management

Phone Type

Business

Number

7343276400

Extension

Email

jschneehagen@arborlodging.com

Fax

7343276404

Address

1401 BRIARWOOD CIR

ANN ARBOR, MI 48108

United States

Antidegradation

RULE 98 ANTIDEGRADATION REQUIREMENTS

In accordance with R 323.1098 of the Michigan Water Quality Standards, the applicant is required to submit an Antidegradation Demonstration for any new or increased loading of pollutants to the surface waters of the state, unless one or more exemptions apply. An Antidegradation Demonstration must contain the information specified in Rule 1098, outlined in the Appendix.

[Appendix to the Permit Application](#)

This part of the application enables the Department to determine whether you are seeking authorization for a change to your current NPDES permit that represents a new or increased loading of pollutants to the surface waters of the state. Select any/all that apply or select "None."

E) None: I am not seeking any such changes to my current permit

Additional Information

Other Environmental Permits

Provide the information requested in the table for any other federal, state, or local environmental permits in effect or applied for

at the time of submittal of this Application, including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits.

Other Environmental Permits (Hit 'Add Row' for each environmental permit)

Issuing Agency:	Permit or COC Number:	Permit type:
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

WATER FLOW DIAGRAM

[Hilton Garden Inn-Maps and Flow1.pdf - 11/14/2019 11:05 AM](#)
Comment
 NONE PROVIDED

⚡Surface waters of the state⚡ means all the following: The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control. A storm sewer is not a surface water of the state.

NARRATIVE

[Hilton Garden Inn-Maps and Flow1.pdf - 11/14/2019 11:16 AM](#)
Comment
 NONE PROVIDED

MAP OF FACILITY AND DISCHARGE LOCATION

[Hilton Garden Inn Maps and Flow.pdf - 11/14/2019 11:06 AM](#)
[MIWATERS discharge pdf map.pdf - 06/19/2020 02:31 PM](#)
Comment
 NONE PROVIDED

CORRECTION REQUEST (APPROVED)
Facility Map and Discharge Location

The map provided does not show the flow of water from the discharge point to the receiving water (i.e., waters of the state) which could be off the property of the facility. The map needs to show all areas through which the discharge flows (e.g., wetlands, open drains, storm sewers) between the discharge point and the receiving water. Helpful information for a facility map is an aerial or topographical map of the facility that shows the location and flow path from the facility to the point where the wastewater discharge reaches the receiving water. If the discharge is to the storm sewer, label the storm sewer and show its flow path to the receiving water
 Created on 5/27/2020 1:59 PM by **Thomas Miller**

Laboratory Services (1 of 1)

Laboratory: environmental support services ltd

?To add additional laboratories, please use the ⚡Add New⚡ button at the bottom of this page, or select ⚡Duplicate Section⚡ to copy the laboratory information and edit a portion of the fields.

Laboratory Name

environmental support services ltd

Lab Type

Contract Laboratory

Laboratory Street Address

P.O. BOX 37
 South Lyon, MI 48178

Laboratory Phone

248 437-3133

Laboratory Email
NONE PROVIDED

Analyses Performed
CL and PH

Water Source and Discharge Type

◆ 1. WATER SUPPLY INFORMATION

Identify all water sources entering the facility and treatment systems, and provide average flows. The volume may be estimated from water supply meter readings, pump capacities, etc. Provide the name of the source where appropriate (e.g., Grand River, Lake Michigan, City of Millpond, etc.).

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	City of Ann Arbor-Huron River	2.016	MGD

◆ 2. WATER DISCHARGE INFORMATION

Select all wastewater types discharged from this facility.

Public Swimming Pool Wastewater

Identify water discharged by the facility and treatment systems, and provide average flows. If water is first used for one purpose and then is subsequently used for another purpose, indicate the type and amount of the last use. For example, if the water is initially used for noncontact cooling water and then for process water, indicate the amount of process water. The amount of water from sources should approximate the amount of water usage. If the amounts are different, provide an explanation.

Discharge Type	Average Flow Rate	Units
Public Swimming Pool Wastewater	.0007	MGD

Briefly explain why the combined water from all sources does not equal the total approximate water usage, if applicable.

Most of the water supply is used for other total operations

Note: For the above tables indicate units as MGD (million gallons per day), MGY (million gallons per year), or other appropriate units.

◆ 3. PRELIMINARY COOLING WATER QUESTIONS

Does the facility use water for cooling purposes?

NO

◆ 4. WHOLE EFFLUENT TOXICITY (WET) TESTS.

Have any acute or chronic WET tests been conducted on any discharge(s) or receiving water(s) in relation to this facility's discharge within the last three (3) years? This includes WET tests conducted for water treatment additive approval.

NO

PUBLIC SWIMMING POOL WASTEWATER QUESTIONS

Does your facility discharge filter backwash water?

YES

What type of filter produces this backwash?

Sand

Describe how the first 30 seconds of backwash from a sand filter is handled (e.g., sent to a holding tank, discharged to sanitary, etc.). If a sand filter is not used, enter NA.

discharged to sanitary

Describe how the backwash from a diatomaceous earth filter is handled. If a diatomaceous earth filter is not used, enter NA.

NA

Within the next 5 years, does the facility plan to drain this pool fully and/or draw it down significantly?

NO

Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water:Huron River

Existing outfalls can be selected in the top-right corner of the page.

To add additional outfalls (new or existing), please use the **Add New** button at the bottom of this page, or select **Duplicate** to copy the contact information and edit a portion of the contact fields.

1. OUTFALL INFORMATION

Enter the outfall number (e.g., 001):

001

Outfall Description

Hilton Garden Inn

Enter the name of the receiving water:

Huron River

Outfall

42.23827230481142,-83.75058174133301

2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

Type(s) of Wastewater Discharged (check all that apply to this outfall):

Public Swimming Pool Wastewater

3. FLOW

DEFINITIONS: A facility is considered to have a SEASONAL discharge if wastewater is treated AND STORED throughout a portion of the year and then discharged over a specified period or periods of days, weeks, or months. Batch process discharges are not seasonal discharges. Any facility that does not discharge seasonally is considered to have a CONTINUOUS discharge. Batch discharges are a type of continuous discharge.

Is the discharge continuous or seasonal?

Continuous

What maximum daily flow rate are you requesting authorization to discharge from this outfall during the next five years? Enter a numeric value only based on the units Million Gallons Per Day. If the requested flow rate is less than 1,000 gallons per day, please enter a minimum of "0.001".

.000035

How often is there a discharge from this outfall (on average)?

Hours per day:	Days per year:
.01	52

Does this outfall have batch discharges?

NO

4. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

The information requested below is used to determine the applicable federal regulations for this facility. For each industrial process at the facility, provide the name, the SIC or the NAICS code, and a brief description of the process. As part of each description, identify a reasonable measure of the facility's actual long-term daily production and average number of production days per year. In many cases, this is the average daily or average annual production rate from the last five years. Some federal regulations require that certain industries report different information, depending on the type of process. The Summary of Information to Be Reported by Industry Type, pages 10-11 of the Appendix, includes an abbreviated list of industrial categories and their specific Application requirements. If the industrial process does not have specific Application requirements and recent long-term production rates are not an appropriate measure of future production, report the expected annual production rate for the next five (5) years, or for the life of the permit.

[Appendix to the Permit Application](#)

PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Name of the process contributing to the discharge	SIC or NAICS code:	Describe the process and provide measures of production:
Back flow rinse of sand trap	3949	discharge to clean sand filter of pool

5. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

FOR ALL APPLICANTS, SAMPLE RESULTS ARE REQUIRED FOR: Biochemical Oxygen Demand five day (BOD5), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia Nitrogen (as N), Total Suspended Solids, Temperature-Summer, and Temperature-Winter, UNLESS you request a waiver and provide sufficient rationale to support that request.

Please fill out the table below, indicating how you have, or will be, providing the required analytical results. In the "How are results provided?" column, select "DMR" if you submit Discharge Monitoring Reports (DMRs) for that parameter, select "LAB REPORT" if you've attached a lab report for that parameter, or select "NONE" if you do not submit DMRs and have not attached a lab report for that parameter.

[CLICK HERE to open the Appendix to the Permit Application](#)

Please confirm that you have read the statements above.

I CONFIRM

Effluent Characteristics - Conventional Pollutants

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Biochemical Oxygen Demand - five day (BOD5)	DMR		
Chemical Oxygen Demand (COD)	DMR		
Total Organic Carbon (TOC)	DMR		
Ammonia Nitrogen (as N)	DMR		
Total Suspended Solids	DMR		
Temperature, Summer	DMR		
Temperature, Winter	DMR		
pH	DMR		
Total Dissolved Solids	DMR		
Total Phosphorus (as P)	DMR		
Fecal Coliform Bacteria	DMR		
Escherichia coli	DMR		
Total Residual Chlorine	DMR		
Dissolved Oxygen	DMR		
Oil & Grease	DMR		

Please attach lab reports for conventional pollutants here.

NONE PROVIDED

Comment

NONE PROVIDED

◆ 6. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

Instructions: Carefully review each of the toxic pollutant groups below and respond as appropriate. For guidance concerning test procedures, see Part II.B.2. of your NPDES permit.

Tables 1 ◆ 6, referenced below, are located in the Appendix.

[CLICK HERE to open the Appendix to the Permit Application](#)

DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using USEPA Method 1613. In addition, submit the results of all other effluent analyses performed within the last three (3) years for any dioxin and furan congener listed in Table 6.

Do you have analytical results of this type to report?

NO

OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries or existing primary industries that discharge nonprocess wastewater are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3.

Do you have analytical results of this type to report?

NO

INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

Existing industries are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in the facility's effluent that has not been previously identified in this Application. Quantitative effluent data for these chemicals that are less than five years old shall be reported.

Do you have analytical results of this type to report?

NO

ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in the facility's effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in the facility's effluent. In addition, submit the results of any effluent analysis performed within the last three years for any chemical listed in Tables 4 and 5.

Do you have analytical results of this type to report?

NO

[Appendix to the Permit Application](#)

***Please note: This form may have a glitch. When you click ◆Add New,◆ it may cause the Conventional Pollutant table to not be changeable. To fix it, click into another Section, such as Additional Information, and then click back into this Section (Outfall Information and Effluent Characteristics), click into the Outfall you were adding/editing, and the table will work as intended. ***

Water Treatment Additives

Water Treatment Additives (WTAs)

Approvals to use WTAs are authorized by the Michigan Department of Environment, Great Lakes, and Energy under separate correspondence. Issuance of a permit/COC does not authorize the use of water treatment additives. Written approval from the Department must be obtained prior to using water treatment additives at the facility.

Water treatment additives (WTAs) include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water. Examples of WTAs include biocides, flocculants, water conditioners, pH adjusting agents, etc.

Are any WTAs added to water used at the facility or to wastewater generated by the facility?

YES

Please list any WTAs currently in use, or will be used during the next permit cycle

Calcium hypochlorite tablet

Chlorine and Norweco bio-neutralizer tablet

Approval Upload

NONE PROVIDED

Comment

NONE PROVIDED

ALL WTAs MUST HAVE SPECIFIC APPROVAL FROM EGLE PRIOR TO THEIR USE.

WTA approval request forms must be submitted through the facility's MiWaters page. Requests submitted through an unaffiliated page or via email will not be processed.

To submit a WTA approval request, go to your site in MiWaters, click on Apps, Requests and Reports, Start New Form, and in the search box under the form name filter, type "additive," and click on Begin Submission for either "Non-Select Water Treatment Additive Request Form" OR "Select Water Treatment Additive Request Form."

The link below will take you to instructions concerning WTAs, including guidance on selecting the correct form in MiWaters.

[CLICK HERE to link to WTA guidance/instructions](#)

[Appendix to the Permit Application](#)

PFAS

??The purpose of this section is to determine whether the applicant must submit sample results for per- and polyfluoroalkyl substances (PFAS).

"Surface waters of the state" means all of the following: The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control.

1. Is this facility known to have PFOS and/or PFOA present in wastewater discharged to surface waters of the state?

NO

2. Is this facility a landfill for solid or hazardous waste with a discharge of leachate to a surface water of the state?

NO

3. Is this facility a metal finisher that discharges wastewater associated with this activity to a surface water of the state?

NO

4. Is the discharge from the remediation of a contaminated site to a surface water of the state?

NO

5. Does the facility manufacture paper, corrugated paper, cardboard, paperboard, or packaging paper (coated or uncoated), and discharge wastewater associated with this activity to a surface water of the state?

NO

6. Does the facility conduct car washing as all or part of its operations and discharge car wash wastewater to a surface water of the state?

NO

7. Is this facility a commercial industrial laundry that discharges wastewater associated with this activity to a surface water of the state?

NO

8. Is this facility a chemical manufacturer with a discharge of wastewater associated with this activity to a surface water of the state?

NO

9. Has Aqueous Film-Forming Foam (AFFF) ever been used at the facility for training or testing, or to respond to a fire emergency? Has AFFF ever been stored at this facility? If yes to either, please select "YES."

NO

10. Does this facility manufacture, formulate, or mix paints/pigments and discharge wastewater from these operations to a surface water of the state?

NO

11. Does this facility have a discharge from a leather or hide tanning/finishing operation to a surface water of the state?

NO

12. Does this facility perform carpet and/or upholstery cleaning and discharge wastewater from these operations to a surface water of the state?

NO

13. Is the facility a carpet, rug, or textile manufacturer that discharges wastewater associated with this activity to a surface water of the state?

NO

14. Is this facility a centralized waste treater? Centralized Waste Treaters treat or recover metal-bearing, oily, and organic wastes, wastewater, or used material received from off site, and are regulated under 40 CFR Part 437.

NO

15. Does this facility apply a stain-, dirt-, water-, or fire-resistant coating and/or protectant, and discharge wastewater associated with this activity to a surface water of the state?

NO

Storm Water

"Surface waters of the state" means all of the following: The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control.

Please confirm that you have read the definition of "Surface Waters of the State" above

I Confirm

Is the storm water from this facility discharged to a surface water of the state, either directly or through another conveyance such as a municipal separate storm sewer system? NOTE: If storm water is discharged to a municipal combined storm sewer system, a municipal wastewater treatment system, or a privately-owned activated sludge treatment system, select "NO."

NO

Other Information

Comments (As needed)

NONE PROVIDED

Additional Documents (As needed)

NONE PROVIDED

Comment

NONE PROVIDED

Application Fee

COC Renewal Fee

75

Please note, if you mistakenly select the incorrect fee, underpayments result in the application being administratively incomplete and if you over pay, refunds for the overpayment take additional time to process. Also, only pay the NPDES application fee one time: If you are prompted to pay when REVISING a previously submitted application, do not pay the application fee a second time.

Fee Amount

75

Revisions

Revision	Revision Date	Revision By
Revision 1	9/24/2019 4:09 PM	luis perez
Revision 2	6/18/2020 3:05 PM	Jason Schneehagen
Revision 3	7/16/2020 10:18 AM	luis perez
Revision 4	6/22/2022 10:13 AM	luis perez

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- I have reviewed the electronic form being submitted in its entirety, and agree to the validity and accuracy of the information contained within it to the best of my knowledge.

APPLICATION CERTIFICATION

*Rule 323.2114(1-4), promulgated under the Michigan Act, requires that this form must **must be electronically-signed, backed by a certifier agreement form with a wet-ink signature from one of the following:***

A. For an organization, company, corporation, or authority, by a principal executive office, vice president, or higher

B. For a partnership, by a general partner

C. For a sole proprietor, by the proprietor

D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (e.g., mayor, village president, city or village manager, or clerk)

Note: If the signatory is not listed above, but is authorized to sign the Application, please provide documentation of that authorization.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

I understand that my e-signature constitutes a legal agreement to comply with the requirements of the NPDES Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Application.

Signed By

luis perez on 06/22/2022 at 1:01 PM