

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

version 2.21

(Submission #: HNT-VWH5-40KR5, version 4)

Digitally signed by:  
nForm\_nCore\_MiWaters\_Cert  
HCV764WATRPWA01.dmz-ad.state.mi.us  
Date: 2020.09.10 12:32:19 -04:00  
Reason: Copy Of Record  
Location: State of Michigan

## Details

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**Submission ID** HNT-VWH5-40KR5  
**Submission Reason** Renewal  
**Status** Submitted

## Fees

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**Fee** \$75.00  
**Payments/Adjustments** (\$75.00)  
**Balance Due** \$0.00 (Paid)

### NOTE (CREATED)

#### Correction Requests

Let me know if you have questions concerning the requests above or about how to revise the submission in MiWaters. Please provide this information by June 9, 2020. Further processing of your application will be placed on hold until we receive the information and your application is considered complete. Sincerely, Kathryn Gallagher  
Created on 5/19/2020 4:36 PM by **Kathryn Gallagher**

## Form Input

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### Permit or COC Number

**Permit Number (Pre-populated)**  
MIG760035

### Applicant Information

**Organization Name**

Hyatt Place

**Phone Type**

**Number**

**Extension**

Business

8479395219

**Email**

marta@fhginc.com

**Fax**

NONE PROVIDED

3223 S STATE ST

ANN ARBOR, MI 48108

United States

### Facility Information

Instructions for completing this section are on Page 2 of the Appendix.  
[Appendix to the Permit Application](#)

**FACILITY DESIGNATED NAME (pre-populated)**

Hyatt Place

**Facility Name 1 - Company Name**

NONE PROVIDED

**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"

**Which of the following best describes your facility?**

Private

**Facility Location**

42.9478,-83.73766

**CORRECTION REQUEST (CORRECTED)**

**Facility Coordinates**

Since the facility address was changed in the last revision of the application, the facility coordinates need to be changed as well. The coordinates that correspond to the address 3223 S. State Street Ann Arbor, MI 48108 are 42.24090, -83.73766.

Created on 8/12/2020 2:57 PM by **Kathryn Gallagher**

**Site/Facility Location Address**

3223 S. STATE ST.

ANN ARBOR, MI 48108

**CORRECTION REQUEST (APPROVED)**

**Site/Facility Location Address**

Please provide an appropriate address for the location of the facility (i.e., the actual physical location and not a P.O. Box). The site address on the previously issued COC is 3223 S. State Street Ann Arbor, MI 48108.

Created on 5/19/2020 4:40 PM by **Kathryn Gallagher**

**Tax Parcel Number:**

NONE PROVIDED

**NAICS (North American Industry Classification System) code:**

721110

**SIC (Standard Industrial Classification) code:**

7011

**Indicate if this facility is a primary industry (refer to Table 1 of the Appendix to determine if this facility is a primary industry).**

No, this facility is not a primary industry.

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

**Local Unit of Government (LUG)**

Ann Arbor Township

CORRECTION REQUEST (APPROVED)

**LUG**

Please confirm the LUG for this facility. Your previous application listed City of Ann Arbor as the LUG.  
Created on 6/15/2020 3:05 PM by **Kathryn Gallagher**

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

CityClerk@a2gov.org

CORRECTION REQUEST (APPROVED)

**LUG E-Mail Address**

Please confirm the LUG e-mail address, which is typically the clerk for the municipality in which the facility resides.  
Created on 5/19/2020 4:43 PM by **Kathryn Gallagher**

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

YES

CORRECTION REQUEST (APPROVED)

**Certified Operator**

The facility would need a certified operator through the Water Resources Division.  
Created on 5/19/2020 4:50 PM by **Kathryn Gallagher**

**Contacts (1 of 4)**

CORRECTION REQUEST (CORRECTED)

**Contacts**

Please provide an Application contact, a contact for Discharge Monitoring Reports, and a Certified Operator including first and last name, title, business, address, city, state, ZIP code, telephone number, and e-mail address.

Created on 5/19/2020 4:48 PM by **Kathryn Gallagher**

1 COMMENT

**Kathryn Gallagher (GallagherK1@michigan.gov) (8/12/2020 2:55 PM)**

Please make sure that you assign each of the five required roles to a contact person. The required roles are Annual Permit Billing Contact, Facility Contact, DMR Contact, Certified Operator, and Application Contact. There should only be one person assigned to Annual Permit Billing Contact and Facility Contact. The other roles can be assigned to multiple people if desired.

**CONTACTS**

Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, 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.

?If a single person has multiple contact types, please enter the person's information once and assign multiple roles.

**Contact**

Annual Permit Billing Contact

Facility 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

**Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.**

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[Appendix to the Permit Application](#)

**Contact**

**Prefix**

NONE PROVIDED

**First Name**

Marta

**Last Name**

Pietrzykowski

**Title**

Director

**Organization Name**

First Hospitality

**Phone Type**

Business

**Number**

8479395219

**Extension**

**Email**

marta@fhginc.com

**Fax**

NONE PROVIDED

10275 W HIGGINS RD

STE 300

ROSEMONT, IL 60018

US

**Contacts (2 of 4)**

**CONTACTS**

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Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, 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.

?If a single person has multiple contact types, please enter the person's information once and assign multiple roles.

**Contact**

Annual Permit Billing 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

**Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.**

---

[Appendix to the Permit Application](#)

**Contact**

**Prefix**

NONE PROVIDED

**First Name**

Marta

**Last Name**

Pietrzykowski

**Title**

Director

**Organization Name**

First Hospitality

**Phone Type**

Business

**Number**

8479395219

**Extension**

**Email**

marta@fhginc.com

**Fax**

NONE PROVIDED

10275 W HIGGINS RD

STE 300

ROSEMONT, IL 60018

US

**Contacts (3 of 4)**

**CONTACTS**

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Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, 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.

?If a single person has multiple contact types, please enter the person's information once and assign multiple roles.

**Contact**

Facility 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

**Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.**

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[Appendix to the Permit Application](#)

**Contact**

**Prefix**

NONE PROVIDED

**First Name**

Sheena

**Last Name**

Rausch

**Title**

General Manager

**Organization Name**

Hyatt Place

**Phone Type**

Business

**Number**

1 734 995-1234

**Extension**

**Email**

srausch@fhginc.com

**Fax**

NONE PROVIDED

3223 S STATE ST

ANN ARBOR, MI 48108

United States

**Contacts (4 of 4)**

**CONTACTS**

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Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, 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.

?If a single person has multiple contact types, please enter the person's information once and assign multiple roles.

**Contact**

Facility Contact

DMR 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

**Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.**

---

[Appendix to the Permit Application](#)

## Contact

**Prefix**

NONE PROVIDED

**First Name**

Sheena

**Last Name**

Rausch

**Title**

General Manager

**Organization Name**

Hyatt Place

**Phone Type**

Business

**Number**

7349951234

**Extension****Email**

srausch@fhginc.com

**Fax**

NONE PROVIDED

3223 S STATE ST

ANN ARBOR, MI 48108

United States

## Antidegradation

**CORRECTION REQUEST (CORRECTED)****Antidegradation**

Since compliance staff requested an increase in the maximum flow of wastewater to 0.0005 MGD to accurately represent flow volume, this discharge will be an increased loading of pollutants to the surface waters of the state. Upon changing the answer to "yes," additional questions will populate. Please enter "yes" to the question "Is the increased loading of pollutants exempt from Antidegradation Demonstration?" To answer the question "Reasons for exemption from Antidegradation Demonstration (Select all that apply):" you can select "H) Discharges authorized by Certificates of Coverage (COC) and Notices of Coverage."

Created on 8/19/2020 9:30 AM by **Kathryn Gallagher**

## RULE 98 ANTIDEGRADATION REQUIREMENTS

In accordance with Rule 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 on Pages 8-9 of the Appendix. For assistance in completing this item, contact the Permits Section.

[Appendix to the Permit Application](#)

You must select  Yes  below if you are requesting authorization for one or more of the following:

- a) A discharge flow rate greater than that already authorized under your current NPDES permit
- b) Discharge to a different receiving water
- c) Discharge to a new location on the same receiving water
- d) The discharge of one or more new wastewater types not already authorized under your current NPDES permit

**Will this discharge be an increased loading of pollutants to the surface waters of the state?**

YES

**Is the increased loading of pollutants exempt from Antidegradation Demonstration?**

YES -- Select the exemption(s) that applies from the Exemptions List below

**Reasons for exemption from antidegradation demonstration (Select all that apply):**

H) Discharges authorized by Certificates of Coverage (COC) and Notices of Coverage

## 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

[Industrial\\_Commercial NPDES Reissuance App.pdf - 11/18/2019 02:45 PM](#)

[MDEQ Permit Attachment.pdf - 09/10/2020 12:20 PM](#)

#### Comment

the attached was the application that was submitted initially

#### CORRECTION REQUEST (CORRECTED)

##### Water Flow Diagram

Please submit a water flow diagram that shows wastewater flow through the facility from intake to discharge, including all processes and treatment units used for wastewater treatment or storage. The diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. Please reference the attached water flow diagram as an example.

Created on 5/19/2020 4:52 PM by **Kathryn Gallagher**

#### 4 COMMENTS

**Kathryn Gallagher (GallagherK1@michigan.gov) (8/12/2020 2:51 PM)**

The document currently attached in this section is a blank application with no information. Please see my email from 8/12/20 and attach the document "MDEQ Permit Attachment.pdf" here which has the water flow diagram and narrative information.

**Marta Pietrzykowski (marta@fhginc.com) (8/11/2020 4:07 PM)**

just to confirm what is currently attached is acceptable?

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:10 PM)**

"MDEQ Permit Attachment.pdf" was previously submitted for the facility. You can attach this document here.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:31 PM)**

the attached was the application that was submitted initially

◆ **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

[Industrial\\_Commercial NPDES Reissuance App.pdf - 11/18/2019 02:42 PM](#)

[MDEQ Permit Attachment.pdf - 09/10/2020 12:20 PM](#)

#### Comment

The pool uses the Ann Arbor municipal supply for its water source b. WTA names c. The storm sewer discharges into Malletts Creek



**CORRECTION REQUEST (CORRECTED)**

**Narrative**

Please provide a narrative that describes the water flow diagram explaining the wastewater flow through the facility (from intake through discharge), including all processes and treatment units used for wastewater treatment or storage. Include a brief description of the nature of the business and the manufacturing processes, as well as a description of the treatment system.

Created on 5/19/2020 4:53 PM by **Kathryn Gallagher**

**3 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (8/12/2020 2:51 PM)**

The document currently attached in this section is a blank application with no information. Please see my email from 8/12/20 and attach the document "MDEQ Permit Attachment.pdf" here which has the water flow diagram and narrative information.

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:10 PM)**

◆MDEQ Permit Attachment.pdf◆ was submitted for your current permit. This document will work if you can add the following details to the narrative: a. The pool uses the Ann Arbor municipal supply for its water source b. WTA names c. The storm sewer discharges into Malletts Creek

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:31 PM)**

the attached was the application that was submitted initially

**MAP OF FACILITY AND DISCHARGE LOCATION**

[Industrial Commercial NPDES Reissuance App.pdf - 11/18/2019 02:42 PM](#)

[Outfall Map.pdf - 09/10/2020 12:21 PM](#)

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (CORRECTED)**

**Map of Facility and Discharge Location**

Please submit a map that shows 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 5/19/2020 4:54 PM by **Kathryn Gallagher**

**4 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (8/12/2020 2:50 PM)**

The document currently attached in this section is a blank application with no information. Please see my email from 8/12/20 and attach the document "Outfall Map.pdf" here which shows the facility's location and discharge path to the receiving water.

**Marta Pietrzykowski (marta@fhginc.com) (8/11/2020 4:09 PM)**

this is the only application that I received from Claire. Is there another application that I should use instead?

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:11 PM)**

◆Outfall Map.pdf,◆ ◆Storm Utility Plan.pdf,◆ and ◆Vicinity Map.pdf◆ were all submitted under the previous application and can be attached here.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:32 PM)**

the attached was the application that was submitted initially

**LIST ADJACENT PROPERTY OWNERS**

Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
WATERWORKS PLAZA	3135 S. STATE STREET, #104	ANN ARBOR	MI	48108	USA
MOBIL GAS	3267 S. STATE STREET	ANN ARBOR	MI	48108	USA
PE-BS, LLC	725 VICTORS WAY	ANN ARBOR	MI	48108	USA
ASHFORD ANN ARBOR LP	3200 BOARDWALK	ANN ARBOR	MI	48108	USA

**CORRECTION REQUEST (CORRECTED)**

**Adjacent Property Owners**

Please list adjacent property owners. These were listed on the facility's previous application if you would like to reference it.

Created on 6/15/2020 3:28 PM by **Kathryn Gallagher**

**1 COMMENT**

**Kathryn Gallagher (GallagherK1@michigan.gov) (8/12/2020 2:47 PM)**

Please see my email sent 8/12/20 for the list of adjacent property owners submitted on the facility's previous permit application.

## Laboratory Services (1 of 1)

**Laboratory:** none known

?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**

none known

**Lab Type**

In-house Laboratory

**Laboratory Phone**

8479395219

**Laboratory Email**

NONE PROVIDED

**Analyses Performed**

none known

## 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 (i.e., Grand River, Lake Michigan, City of, Millpond).

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	Ann Arbor	0.392	MGD

**CORRECTION REQUEST (APPROVED)**

**Average Volume of Supply**

Please complete this section.

Created on 5/26/2020 7:52 AM by **Kathryn Gallagher**

**2 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:12 PM)**

Please add the average flow rate for water supply. 0.392 CFS was previously listed.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:32 PM)**

the attached was the application that was submitted initially

**2. WATER DISCHARGE INFORMATION**

Indicate the types of wastewater that are discharged from this facility. Multiple may be selected.

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	0.0005	MGD

**CORRECTION REQUEST (CORRECTED)**

**Discharge Average Flow Rate**

The COC currently authorizes 0.0001 MGD, 100 gallons per day, of swimming pool wastewater. During the site inspection, it was determined that actual flows are approximately 500 gallons per day, 0.0005 MGD. Please change the average flow rate of the wastewater discharge to 0.0005 MGD.

Created on 8/19/2020 9:07 AM by **Kathryn Gallagher**

**CORRECTION REQUEST (CORRECTED)**

**Average Discharge**

The COC currently authorizes 0.0001 MGD, 100 gallons per day, of swimming pool wastewater. During the site inspection, it was determined that actual flows are approximately 500 gallons per day, 0.0005 MGD. Please revise the average discharge to 0.0005 MGD.

Created on 8/19/2020 8:35 AM by **Kathryn Gallagher**

**CORRECTION REQUEST (APPROVED)**

**Average Flow Rate of Discharge**

Please complete this section.

Created on 5/26/2020 7:51 AM by **Kathryn Gallagher**

**2 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:12 PM)**

Average daily flow rate was previously listed at 0.0001 MGD.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:32 PM)**

the attached was the application that was submitted initially

Provide an explanation for why the amount of water from the sources would not equal the approximate water usage if applicable.

NONE PROVIDED

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

### 3. Preliminary Storm Water Questions

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"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 (e.g., 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

### Preliminary Cooling Water Questions

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Does the facility use water for cooling purposes?

NO

### Public Swimming Pool Wastewater Specific Questions

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Does your facility discharge filter backwash water?

YES

What type of filter is used for the backwash water?

sand filter

CORRECTION REQUEST (APPROVED)

#### Filter Discription

Please specify the type of filter used.

Created on 5/26/2020 7:53 AM by Kathryn Gallagher

2 COMMENTS

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:13 PM)**

The previous application indicated that a sand filter was used.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:33 PM)**

the attached was the application that was submitted initially

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

backwash sent to holding tank

**CORRECTION REQUEST (APPROVED)**

**Sand Filter**

If a sand filter is used at the facility, please describe how the first 30 seconds of backwash is handled.

Created on 5/26/2020 7:54 AM by **Kathryn Gallagher**

**2 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:13 PM)**

The previous application indicated that a sand filter was used and that the first 30 seconds of backwash were sent to a holding tank.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:33 PM)**

the attached was the application that was submitted initially

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

not specified

## **Outfall Information and Effluent Characteristics (1 of 1)**

**Outfall:00000 Receiving water:Malletts Creek**

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):**

00000

**Outfall Description**

not specified

**Enter the name of the receiving water:**

Malletts Creek

**CORRECTION REQUEST (APPROVED)**

**Receiving Water**

Please name the receiving water.

Created on 5/26/2020 8:01 AM by **Kathryn Gallagher**

**2 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:14 PM)**

The previously issued COC listed Malletts Creek as the receiving water.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:42 PM)**

I am not sure of this. How can we find out?

**Outfall**

42.241518986024836,-83.73685513430246

**CORRECTION REQUEST (APPROVED)**

**Outfall**

Please provide the coordinates for the discharge location where it meets the receiving water. The application appendix instructs the following: Identify the location of the outfall using latitude and longitude, accurate to within 15 seconds (e.g., Latitude = 42°27'15", Longitude = - 83°02'30"), or accurate to within 0.000001 decimal degrees (e.g., Latitude = 42.454167, Longitude = -83.041667).

Created on 5/26/2020 8:02 AM by **Kathryn Gallagher**

**1 COMMENT**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:17 PM)**

The outfall coordinates on your previous application were listed as 42.241518986024836,-83.73685513430246.

**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**

**Is the discharge continuous or seasonal?**

Continuous

?NOTE: Continuous discharges include batch discharges

[For the definition of seasonal vs. continuous discharge, CLICK HERE to view the application Appendix](#)

**What maximum daily flow rate are you requesting authorization to discharge from this outfall for the next five years?**

**Enter a numeric value only based on the units Million Gallons Per Day.**

0.0005

**CORRECTION REQUEST (CORRECTED)**

**Maximum Daily Flow Rate**

The COC currently authorizes 0.0001 MGD, 100 gallons per day, of swimming pool wastewater. During the site inspection, it was determined that actual flows are approximately 500 gallons per day, 0.0005 MGD. Please change the maximum daily flow rate of the wastewater discharge to 0.0005 MGD.

Created on 8/19/2020 9:09 AM by **Kathryn Gallagher**

**CORRECTION REQUEST (APPROVED)**

**Maximum Daily Flow Rate**

Please provide the maximum daily discharge flow in million gallons per day (MGD) that the facility is expecting to discharge in the next five years.

Created on 5/26/2020 8:05 AM by **Kathryn Gallagher**

**2 COMMENTS**

**Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:15 PM)**

The previously issued COC indicated a maximum daily flow rate of 0.0001 MGD.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:39 PM)**

it wasn't specified on the application that was submitted initially

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

Hours per day:	Days per year:
0.0059	365

**CORRECTION REQUEST (APPROVED)****Average Discharge**

Please complete this section.

Created on 5/26/2020 8:05 AM by **Kathryn Gallagher****2 COMMENTS****Kathryn Gallagher (GallagherK1@michigan.gov) (6/15/2020 3:15 PM)**

The previous application indicated an average discharge of 0.0059 hours per day 365 days/year.

**Marta Pietrzykowski (marta@fhginc.com) (6/10/2020 4:33 PM)**

the attached was the application that was submitted initially

**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:
none specified	0000	0000

**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)	NONE	I request a waiver for this parameter based on the following rationale:	request waiver - not expected in the effluent" for BOD5/CBOD5.
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	request waiver - not expected in the effluent" for COD.

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	request waiver - not expected in the effluent" for TOC.
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	request waiver - not expected in the effluent" for ammonia (as N).
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	request waiver - not expected in the effluent" for TSS.
Temperature, Summer	DMR		
Temperature, Winter	DMR		
pH	DMR		
Total Dissolved Solids	NONE	Waiver request not required.	
Total Phosphorus (as P)	NONE	Waiver request not required.	
Fecal Coliform Bacteria	NONE	Waiver request not required.	
Escherichia coli	NONE	Waiver request not required.	
Total Residual Chlorine	NONE	Waiver request not required.	
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

**CORRECTION REQUEST (APPROVED)**

**Conventional Pollutants**

Please provide adequate rationale for requesting a waiver. If the facility does not expect these pollutants to be in the effluent, then indicate "request waiver - not expected in the effluent" for BOD5/CBOD5, COD, TOC, ammonia (as N), and TSS. Then please list values for temperature (summer and winter), pH, and chlorine or write **DMR** to indicate that they are listed in the Discharge Monitoring Report.

Created on 6/15/2020 3:30 PM by **Kathryn Gallagher**

**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](#)

**7. 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? (including for water treatment additive approvals)**

NO

\*\*\*Please note: this form has a glitch when you click Add New, it will 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 Outfall Information and Effluent Characteristics and click into the Outfall you were adding/editing and the table will work as intended. \*\*\*

**Water Treatment Additives**

**Water Treatment Additives (WTAs)**

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

**CORRECTION REQUEST (APPROVED)**

**Water Treatment Additives**

Please change your answer to **yes**. Please list all WTAs used and upload the correct document which shows that the facility has received written approval for discharging any additives from the facility. In the previous application, two documents titled **Dechlorination agent.pdf** and **Dechlorination tablet MSDS.pdf** were uploaded. Additionally, a WTA approval request form is now required for chlorine, so the facility will need to submit a Non-Select WTA Form for it. Created on 6/15/2020 3:31 PM by **Kathryn Gallagher**

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

Dechlorination agent and **Dechlorination tablet MSDS**

**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 "Service Request ♦ 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](#)

## 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

## Status History

	User	Processing Status
9/10/2020 12:14:23 PM	Marta Pietrzykowski	Draft
9/10/2020 12:31:58 PM	Marta Pietrzykowski	Submitted

## Audit

Event	Event Description	Event By	Event Date
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## Revisions

Revision	Revision Date	Revision By
Revision 1	10/28/2019 4:20 PM	Marta Pietrzykowski
Revision 2	6/10/2020 4:25 PM	Marta Pietrzykowski
Revision 3	8/11/2020 3:51 PM	Marta Pietrzykowski
Revision 4	9/10/2020 12:14 PM	Marta Pietrzykowski

## Submission Agreements

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.**

<input checked="" type="checkbox"/>	I am the owner of the account used to perform the electronic submission and signature.
<input checked="" type="checkbox"/>	I have the authority to submit the data on behalf of the facility I am representing.
<input checked="" type="checkbox"/>	I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
<input checked="" type="checkbox"/>	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.