

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

version 3.7

(Submission #: HQH-RRHP-BYHVN, version 3)

Digitally signed by:  
MiEnviro Portal  
Date: 2026.05.12 12:00:03 -04:00  
Reason: Submission Data  
Location: State of Michigan

## Details

**Submission ID** HQH-RRHP-BYHVN

### **CORRECTION REQUEST (APPROVED)**

#### **Application Fee Payment**

Our records indicate payment of \$400 was made towards the application fee, however, the application fee for a certificate of coverage is \$75. Please revise the application under Application Fee and choose  Minor . A refund for the initial overpayment will be processed once the revised application has been submitted.

Created on 1/13/2026 2:40 PM by **Hannah Schroeder-Larkins**

### **NOTE (CREATED)**

#### **Correction Requests: 1-13-2026**

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by January 27, 2026, if possible. Further processing of your application will be placed on hold until we receive the information and your application is considered complete. Please let me know if you have questions concerning this Correction Request or about how to revise the submission in MiEnviro.

Created on 1/13/2026 12:09 PM by **Hannah Schroeder-Larkins**

## Form Input

### Applicant Information

"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**

City of Ann Arbor

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
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Business	7347946410	43639
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##### **Email**

tanderson@a2gov.org

##### **Fax**

NONE PROVIDED

##### **Enter address of legal entity:**

301 E HURON ST

4th Floor

ANN ARBOR, MI 48104-1908

United States

### Facility Information

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

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[Appendix to the Permit Application](#)

**Facility/Site Name (Read Only)**

81-High-Level Trunkline

**Facility Name 1 - Company Name**

City of Ann Arbor

**Facility Name 2 - Division Name**

Public Services

**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?**

Local Government/District

**Facility Location**

42.28055765213776,-83.75103959570922

**Site/Facility Location Address**

W. Washington Street and First Street  
Ann Arbor, MI 48104

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

237110

**CORRECTION REQUEST (APPROVED)**

**NAICS Code**

Please provide a valid NAICS code. Based on the information provided in the application, a NAICS code of 237110-water and sewer line related construction would be appropriate for this project.

Created on 1/13/2026 12:11 PM by **Hannah Schroeder-Larkins**

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

1623

**CORRECTION REQUEST (APPROVED)**

**SIC Code**

Please provide a valid SIC code. Based on the information provided in the application, a SIC code of 1623-water and sewer line related construction would be appropriate for this project.

Created on 1/13/2026 12:11 PM by **Hannah Schroeder-Larkins**

**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

**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

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

YES

## Contacts (1 of 3)

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

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[Appendix to the Permit Application](#)

### CONTACTS

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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

Annual Permit Billing Contact  
Application 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; Certified Operator

#### Contact Information

**Prefix**

NONE PROVIDED

**First Name**      **Last Name**  
Tracy                Anderson

**Title**

Project Manager

**Organization Name**

City of Ann Arbor

Phone Type	Number	Extension
Business	7347946410	43639

**Email**

tanderson@a2gov.org

**Fax**

NONE PROVIDED

**Address**

301 E Huron  
4th Floor  
Ann Arbor, MI 48104  
United States

## Contacts (2 of 3)

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

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**CONTACTS**

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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**

Other: Agent

**Required Contact Types:**

At minimum the following contact types must be provided:

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

**Contact Information**

**Prefix**

Ms.

**First Name      Last Name**

Patti              McCall

**Title**

Principal Hydrogeologist

**Organization Name**

Tetra Tech

**Phone Type      Number      Extension**

Business      734-213-4069

**Email**

patti.mccall@tetrattech.com

**Fax**

NONE PROVIDED

**Address**

1136 Oak Valley Dr

Suite 100

Ann Ar, MI 48108

United States

**Contacts (3 of 3)**

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

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**CONTACTS**

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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

DMR 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; Certified Operator

### Contact Information

**Prefix**

NONE PROVIDED

**First Name      Last Name**

Gino                      D'Agostini

**Title**

NONE PROVIDED

**Organization Name**

Ric-Man Construction, Inc.

**Phone Type      Number      Extension**

Business              8104590505

**Email**

GDAgostini@ric-man.com

**Fax**

NONE PROVIDED

**Address**

41500 Mound Rd  
Sterling Heights, MI 48314  
United States

**Certification Number(s)**

C-21888

**Certification Classification(s)**

Storm Water Management - Construction Site A-1j

## Antidegradation

### **RULE 98 ANTIDEGRADATION REQUIREMENTS**

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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](#)

**Will this discharge represent 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):**

C) Response actions are undertaken to alleviate a release of pollutants into the environment that may pose an imminent and substantial danger to the public health or welfare

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

**CORRECTION REQUEST (APPROVED)**

**Antidegradation**

As the discharge can be authorized under a Certificate of Coverage, please also indicate Item H Discharges authorized by a Certificate of Coverage or Notice of Coverage as an exemption.

Created on 1/13/2026 12:12 PM by **Hannah Schroeder-Larkins**

**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:
City of Ann Arbor	NA	Soil Erosion and Sedimentation Control
City of Ann Arbor Systems Planning	NA	Permit
Washtenaw County Water Resources Commissioner	NA	Drain Use Permit

**WATER FLOW DIAGRAM**

Trunkline\_Water Flow Diagram\_rev.docx - 02/01/2026 04:27 PM

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (CORRECTED)**

**Water Flow Diagram**

Please ensure that all information in the water flow diagram accurately reflects changes made to the dewatering project.

Created on 5/6/2026 12:29 PM by **Hannah Schroeder-Larkins**

**1 COMMENT**

**Patti McCall (patti.mccall@tetrattech.com) (5/12/2026 11:56 AM)**

This was discussed with EGLE and there are no changes to the project; revision to the application is not necessary.

**CORRECTION REQUEST (APPROVED)**

**Water Flow Diagram**

Please update the flow diagram to include all processes and treatment units used for wastewater treatment or storage. Based on previous information provided by the facility, this would include bag filters, holding tanks, etc.

Created on 1/13/2026 12:13 PM by **Hannah Schroeder-Larkins**

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**

Trunkline\_Narrative\_rev.docx - 02/01/2026 04:28 PM

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (CORRECTED)**

**Narrative**

Please ensure that all information in the narrative accurately reflects changes made to the dewatering project.  
Created on 5/6/2026 12:29 PM by **Hannah Schroeder-Larkins**

**1 COMMENT**

**Patti McCall (patti.mccall@tetrattech.com) (5/12/2026 11:56 AM)**

This was discussed with EGLE and there are no changes to the project; revision to the application is not necessary.

**CORRECTION REQUEST (APPROVED)**

**Narrative**

Please provide additional information regarding the treatment that will be used during the dewatering project. Please ensure that all information included in the water flow diagram is explained in the narrative.

Created on 1/13/2026 12:14 PM by **Hannah Schroeder-Larkins**

**MAP OF FACILITY AND DISCHARGE LOCATION**

[Dewatering Plan CoC.pdf - 12/31/2025 02:36 PM](#)

[Trunkline Dewatering Data and Calculations\\_rev.xlsx - 02/01/2026 04:33 PM](#)

[Figure 1.pdf - 02/01/2026 04:34 PM](#)

[Figure 2.pdf - 02/01/2026 04:37 PM](#)

**Comment**

There are two streets during sanitary installation that will require dewatering. Calcs are included.

**CORRECTION REQUEST (APPROVED)**

**Map of Facility**

Please provide a map showing the flow from the manhole discharge points, through the storm sewers and to the Huron River. The outfall location is located where the storm sewers intersect the Huron River.

Created on 1/13/2026 12:16 PM by **Hannah Schroeder-Larkins**

**Laboratory Services (1 of 1)**

**Laboratory:**Brighton Analytical

To add additional laboratories, please use the **◆Add New Section◆** 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**

Brighton Analytical

**Lab Type**

Contract Laboratory

**Laboratory Street Address**

2105 Pless Road

Brighton, MI 48114

**Laboratory Phone**

8102297575

**Laboratory Email**

NONE PROVIDED

**Analyses Performed**

1,4-dioxane, Arsenic, Barium, Cadmium, Chromium, Copper, Lead, Mercury, Selenium, Silver, Zinc, Polynuclear Aromatic Hydrocarbons, Volatile Organic Compounds,

**Water Source and Discharge Type**

**CORRECTION REQUEST (CORRECTED)**

### Water Supply Information

Please ensure that this is the correct flow rate, as there have been changes made to pumping rates in the dewatering project.  
Created on 5/6/2026 12:32 PM by **Hannah Schroeder-Larkins**

1 COMMENT

**Patti McCall (patti.mccall@tetrattech.com) (5/12/2026 11:57 AM)**

This was discussed with EGLE and there are no changes to the project; revision to the application is not necessary.

## 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
Other: groundwater	Groundwater from Washington and S. First Streets	1.44	MGD

## 2. WATER DISCHARGE INFORMATION

Select all wastewater types discharged from this facility.

Groundwater Cleanup

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
Groundwater Cleanup	1.44	MGD

**CORRECTION REQUEST (CORRECTED)**

### Discharge Flow Rate

Please ensure that this is the correct flow rate, as there have been changes made to pumping rates in the dewatering project.  
Created on 5/6/2026 12:33 PM by **Hannah Schroeder-Larkins**

1 COMMENT

**Patti McCall (patti.mccall@tetrattech.com) (5/12/2026 11:57 AM)**

This was discussed with EGLE and there are no changes to the project; revision to the application is not necessary.

Briefly explain why the combined water from all sources does not equal the total 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 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

## GROUNDWATER CLEANUP QUESTIONS

Is the groundwater contaminated with petroleum compounds characterized by benzene, ethylbenzene, toluene, and xylenes (BTEX)?

YES

◆ Is the groundwater contaminated with kerosene and/or diesel fuel?

NO

What type of groundwater treatment method is this facility using? If more than one treatment method is being used, identify the FINAL treatment method in the sequence:

Multi-Stage Activated Carbon

Is in-situ bioremediation with nutrient addition being used in conjunction with the selected treatment method?

NO

Is chlorine used in the operation and maintenance of the treatment system and subsequently discharged?

NO

## Analytical Data Required for Certain Wastewater Types

### BECAUSE YOU PREVIOUSLY INDICATED A CLEANUP DISCHARGE OF GROUNDWATER CHARACTERIZED BY BTEX -

You are required to submit analytical results for BETX (Benzene, Ethylbenzene, Toluene, and Xylenes), MTBE (Methyl tert Butyl Ether), Total Phosphorus, and Total Lead.

Use the Attachment control below to submit data. Analytical results not meeting the requirements of Table 7 of the Appendix may not count towards completion of the application.

### Attach Required Analytical Results or Estimates for Groundwater Cleanup Discharges

[Appendix A\\_241691 Ann Arbor High Level Trunkline Sewer Data Supplement.pdf - 12/20/2025 06:16 PM](#)

[Appendix B\\_108307 - MTC - am.pdf - 12/20/2025 06:16 PM](#)

#### Comment

TCE and BTEX are located on adjacent properties in the project area but were not detected in soil borings completed in the project area.

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

Outfall:001 Receiving water:Huron River

### CORRECTION REQUEST (APPROVED)

#### Multiple Outfall Locations

Based on a conversation with the City of Ann Arbor, the facility plans to discharge through multiple sewer manholes during the course of the project. However, all of these manholes discharge to the same storm sewer, through Allen Creek Drain and to the Huron River. The outfall location will be where the discharge meets the receiving water (Huron River). Therefore, only 1 outfall location is needed for the project and the other 5 outfalls can be removed from this application.

Created on 1/13/2026 12:20 PM by **Hannah Schroeder-Larkins**

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

**CORRECTION REQUEST (APPROVED)**

**Outfall Number**

Please update the outfall number to 001.

Created on 1/13/2026 12:20 PM by **Hannah Schroeder-Larkins**

**Outfall Description**

Discharge is through Allen Creek Drain to the Huron River

**CORRECTION REQUEST (APPROVED)**

**Outfall Description**

Please update the outfall description to reflect that all dewatering water will be discharged through this outfall. For example, "Discharge is through Allen Creek Drain to the Huron River".

Created on 1/13/2026 12:55 PM by **Hannah Schroeder-Larkins**

Enter the name of the receiving water:

Huron River

**Outfall**

42.28998427648455,-83.7459001739113

**CORRECTION REQUEST (APPROVED)**

**Outfall Coordinates**

Please update the outfall coordinates so that they intersect the Huron River.

Created on 1/13/2026 12:21 PM by **Hannah Schroeder-Larkins**

**2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL**

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

Groundwater Cleanup

**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".

2.88

**CORRECTION REQUEST (CORRECTED)**

**Maximum Authorized Flow Rate**

Please ensure that this is the correct maximum authorized flow rate, as there have been changes made to pumping rates in the dewatering project.

Created on 5/6/2026 12:30 PM by **Hannah Schroeder-Larkins**

**1 COMMENT**

**Patti McCall (patti.mccall@tetrattech.com) (5/12/2026 11:57 AM)**

This was discussed with EGLE and there are no changes to the project; revision to the application is not necessary.

**CORRECTION REQUEST (APPROVED)**

**Maximum Daily Requested Flow Rate**

Based on the flow rates provided earlier in the application (0.432 MGD) the requested flow rate of 720,000 MGD is much higher than necessary for the project. Based on the average flow rate provided, please revise this requested flow rate to better align with flow rates expected during the project.

Created on 1/13/2026 12:21 PM by **Hannah Schroeder-Larkins**

**1 COMMENT**

**Patti McCall (patti.mccall@tetrattech.com) (1/15/2026 9:39 AM)**

These have been adjusted. The maximum flow rate assumes all pumps are operating on Washington Street at the same time. The average is half of that capacity and has been edited.

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

<b>Hours per day:</b>	<b>Days per year:</b>
24	188

**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**

<b>Name of the process contributing to the discharge</b>	<b>SIC or NAICS code:</b>	<b>Describe the process and provide measures of production:</b>
treatment of contaminated groundwater	237110	dewatering groundwater for sanitary sewer installation through a known contaminated area

**CORRECTION REQUEST (APPROVED)**

**Process Streams Contributing to Outfall Discharge**

The NAICS Code of 921190 does not seem to be applicable to this project. Please revise this code to 237110 or provide a code that is more appropriate for the project.

Created on 1/13/2026 12:26 PM by **Hannah Schroeder-Larkins**

**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 "ESTIMATED DATA" if you submit estimated data for that parameter, select "LAB REPORT" if you've attached a lab report for that parameter, or select "NONE" if you do not submit estimated data and have not attached a lab report for that parameter.

[View 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:	Not expected in the effluent
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
pH	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in the effluent
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)**

**Effluent Characteristics-Conventional Pollutants**

Please submit data for BOD5, COD, TOC, Ammonia, and TSS as these parameters were not included in the lab reports submitted with the application. The facility can also request a waiver for these parameters with an adequate rationale such as **Not Expected in the Effluent**.

Similarly, estimated data was not provided for temperature or pH. Please upload data for these parameters, or request a waiver with an adequate rationale such as **Not Expected in the Effluent**.

Created on 1/13/2026 12:25 PM by **Hannah Schroeder-Larkins**

**Please attach lab reports for conventional pollutants here.**

*NONE PROVIDED*

**Comment**

Existing groundwater data is attached in the previous section.

**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](#).

**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 (Ronnell); 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?**

YES

#### **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?**

YES

#### **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?**

YES

**Please attach analytical laboratory reports for toxic pollutants here.**

[Appendix A\\_241691 Ann Arbor High Level Trunkline Sewer Data Supplement.pdf - 12/20/2025 06:28 PM](#)

**Comment**

NONE PROVIDED

[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)**

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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?**

NO

### **PFAS**

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

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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.

**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?**

YES

**4a.——Is the remediation site an active or closed solid waste landfill?**

NO

**4b.——Were any of the following performed at the facility being remediated: Hexavalent chrome plating; chromate conversion coating; leather tanning; paper/cardboard/paperboard manufacturing; paint formulation/manufacturing; AFFF use, training, and/or storage; or chemical manufacturing?**

NO

**4c.——Is the source of contamination currently unknown?**

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

### Important Terms Used in the Storm Water Section:

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"**STORM WATER**" means storm water runoff, snow melt runoff, and/or surface runoff and drainage.

"**SURFACE WATER OF THE STATE**" means the Great Lakes and their connecting waters, and all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state not including drainage ways and ponds used solely for wastewater conveyance, treatment, or control.

"**SPECIAL-USE AREA**" is defined as any of the following:

1. Secondary containment structure required by state or federal law
2. Area identified as a site of environmental contamination pursuant to [Part 201, Environmental Remediation](#), or [Part 213, Leaking Underground Storage Tanks](#), of the NREPA. If a Baseline Environmental Assessment (BEA) has been submitted to EGLE, the site regulated under Part 201 or Part 213.
3. A facility that EGLE has determined is a significant contributor of pollutants to surface waters of the state.

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Please confirm that you have read all terms and their definitions 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? **IMPORTANT: You may select "NO" here ONLY IF the storm water is discharged to a municipal combined storm sewer system, a municipal wastewater treatment system, or a privately-owned activated sludge treatment system.**

NO

The applicant must determine whether this facility is engaged in a regulated "industrial activity" as defined in 40 CFR 122.26(b)(14).

TO MAKE THIS DETERMINATION, carefully review the [Primary Activities & Standard Industrial Classification \(SIC\) Codes](#) document.

## Other Information

Under Michigan law, EGLE has 180 days from receipt of a complete application in which to completely process the application. That said, if you need your permit expedited, please indicate the desired permit effective date below and we will make every effort to accommodate your request. Keep in mind that the more quickly and accurately you respond to requests from EGLE for information needed to complete your application, including requests to correct or clarify your application, the more likely it is that EGLE will be able to accommodate your request to expedite your permit. My desired permit effective date is:

01/19/2026

### Comments (As needed)

NONE PROVIDED

### Additional Documents (As needed)

[Basis of Design.pdf - 12/31/2025 06:48 PM](#)

#### Comment

The basis of design is included out of courtesy for additional design details.

## Revisions

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<b>Revision</b>	<b>Revision Date</b>	<b>Revision By</b>
Revision 1	12/11/2025 9:49 AM	Patti McCall
Revision 2	1/14/2026 8:54 AM	Patti McCall
Revision 3	5/10/2026 9:37 PM	Patti McCall