

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

version 3.1

(Submission #: HP0-X0TK-M4DT7, version 2)

Digitally signed by:
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HCV761WATRPWA01.dnz-ad.state.mi.us
Date: 2021.08.31 17:45:03 -04:00
Reason: Submission Data
Location: State of Michigan

Details

Submission ID HP0-X0TK-M4DT7

Submission Reason New

CORRECTION REQUEST (CORRECTED)

Updated Application Form: Revision Required

Please see the attached form that explains changes made to the application and includes correction requests for the application to be considered complete.

Created on 2/17/2021 5:13 PM by **Kathryn Gallagher**

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

Hoover Greene Owner LLC

Phone Type	Number	Extension
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Business	248-200-2408	
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Email

NONE PROVIDED

Fax

NONE PROVIDED

Enter address of legal entity:

One Town Square

Suite 1600

Southfield, Mi 48076

USA

Facility Information

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

[Appendix to the Permit Application](#)

Facility/Site Name (Read Only)

950 Greene Street

Facility Name 1 - Company Name

950 Greene Street

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

42.2695539,-83.74760859999999

Site/Facility Location Address

950 Greene Street

Ann Arbor, Mi 48104

NAICS (North American Industry Classification System) code:

531110

SIC (Standard Industrial Classification) code:

651300

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?

NO

Please provide an explanation:

In Process

Contacts (1 of 3)

CORRECTION REQUEST (CORRECTED)

Contacts

Please provide the contact information for the required roles of DMR Contact and Certified Operator.

Created on 2/17/2021 10:29 AM by **Kathryn Gallagher**

1 COMMENT

Kelly House-Seaman (kelly@house-seaman-architects.com) (8/31/2021 3:40 PM)

Certified operator has not been established yet.

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

Annual Permit Billing 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; Certified Operator

Contact Information

Prefix

NONE PROVIDED

First Name

Jennifer

Last Name

Roth

Title

NONE PROVIDED

Organization Name

Redico

Phone Type

Business

Number

2482002408

Extension**Email**

jroth@redico.com

Fax

NONE PROVIDED

Address

One Town Square

Suite 1600

Southfield, Mi 48076

[NO COUNTRY SPECIFIED]

Contacts (2 of 3)

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; Certified Operator

Contact Information

Prefix

NONE PROVIDED

First Name

Kelly

Last Name

House-Seaman

Title

Architect

Organization Name

House-Seaman Architects PLLC

Phone Type

Business

Number

18105311902

Extension**Email**

kelly@house-seaman-architects.com

Fax

NONE PROVIDED

Address

5797 Felske

Brighton, Mi 48116

United States

Contacts (3 of 3)

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; Certified Operator

Contact Information

Prefix

NONE PROVIDED

First Name

Chris

Last Name

Zimmeria

Title

NONE PROVIDED

Organization Name

Hoover Greene Owner LLC

Phone Type

Business

Number

2482002408

Extension

Email

jroth@redico.com

Fax

NONE PROVIDED

Address

One Town Square

Suite 1600

Southfield, MI 48076

United States

Certification Number(s)

W8160

Certification Classification(s)

A1A

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](#)

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):

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

[950 Green_Dechlorinatin Diagram.pdf - 08/31/2021 02:06 PM](#)

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

[950 Green_Dechlorinatin Diagram.pdf - 08/31/2021 04:12 PM](#)

Comment

NONE PROVIDED

MAP OF FACILITY AND DISCHARGE LOCATION

[950 Greene Drainage map.pdf - 08/31/2021 04:12 PM](#)

Comment

NONE PROVIDED

Laboratory Services (1 of 1)

Laboratory: NA

?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

NA

Lab Type

In-house Laboratory

Laboratory Phone

000-000-0000

Laboratory Email

NONE PROVIDED

Analyses Performed

Testing for PH and Total Residual Chlorine

CORRECTION REQUEST (CORRECTED)

Laboratory Analyses Performed

Please list analyses expected to be performed by the in-house laboratory. The facility will be required to submit analytical data for pH and Total Residual Chlorine.

Created on 2/17/2021 10:40 AM by Kathryn Gallagher

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	0.02	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	0.02	MGD

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

PUBLIC SWIMMING POOL WASTEWATER QUESTIONS

Does your facility discharge filter backwash water?

NO

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.

There is a catch basin to catch the first flush.

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:Allen 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):

001

Outfall Description

Storm sewer

Enter the name of the receiving water:

Allen Creek

Outfall

42.27168157413327,-83.74706142936095

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".

0.02

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

Hours per day:	Days per year:
.5	26

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:
Swimming Pool Operations	6513	Swimming pool filter backwash & overflow

◆ 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.

[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:	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	LAB REPORT		
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	LAB REPORT		
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

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

Norweco Enviro-C

Approval Upload

NONE PROVIDED

Comment

In process

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](#)

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

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

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:

NONE PROVIDED

Comments (As needed)

NONE PROVIDED

Additional Documents (As needed)

[2020-02-03 8388 Hoover & Greene Construction Plans.pdf - 02/04/2021 01:03 AM](#)

[950 Pool Drawing.pdf - 02/04/2021 01:03 AM](#)

[950 Green_Dechlorinatin Diagram.pdf - 02/04/2021 01:03 AM](#)

[950 Greene Waiver Request.pdf - 02/04/2021 01:06 AM](#)

Comment

NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	6/30/2020 11:02 AM	Kelly House-Seaman
Revision 2	3/10/2021 8:16 PM	Kelly House-Seaman