

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

version 2.30

(Submission #: HQB-GJSH-33GSG, version 2)

Digitally signed by:  
MiEnviro Portal  
Date: 2026.04.01 16:14:08 -04:00  
Reason: Submission Data  
Location: State of Michigan

## Details

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Submission ID HQB-GJSH-33GSG

NOTE (CREATED)

### Correction Request\_10-14-2025

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by October 28, 2025, 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 10/14/2025 2:13 PM by **Anne Wisner**

## Form Input

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### Applicant Information

Permit Number (Pre-populated)

MIG760035

??"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**

South State Street Ann Arbor Retail, LLC

Phone Type	Number	Extension
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Business	6144165058	
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**Email**

mpietrzykowski@firsthospitality.com

**Fax**

NONE PROVIDED

Enter address of legal entity:

4100 Regent Street

Suite G

Columbus, OH 43219

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 DESIGNATED NAME (pre-populated)**

Hyatt Place Pool - Ann Arbor

**Facility Name 1 - Company Name**

NONE

**Facility Name 2 - Division Name**

NONE

**Facility Name 3 - Plant Name**

NONE

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**

42.24090000000002,-83.73766000000001

3223 South State Street, Ann Arbor, MI

**Site/Facility Location Address**

3223 South State Street

Ann Arbor, MI 48108

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

721110

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

7011

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

No, this facility is not a primary industry.

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

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

Ann Arbor Township

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

cityclerk@a2gov.org

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

YES

**CORRECTION REQUEST (APPROVED)**

**Certified Operator Information Needed**

Please enter the information of the Certified Operator for this facility in the Contacts section below. Our records indicate that the Certified Operator for this facility may be Michael Fitzgerald. If this is correct, please enter their information as the Certified Operator contact in the section below.

Created on 10/14/2025 2:17 PM by **Anne Wisner**

**Contacts (1 of 2)**

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

[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

Facility Contact  
Application Contact  
Certified Operator  
DMR Contact

**CORRECTION REQUEST (APPROVED)**

#### Contact Types Needed

Please provide information for application contact, discharge monitoring reports (DMR) contact, annual billing contact, and certified operator including first and last name, title, business, address, city, state, ZIP code, telephone number, and e-mail address.

Created on 10/14/2025 2:15 PM by **Anne Wisner**

### Required Contact Types:

? At minimum the following contact types must be provided:

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

### Contact

**Prefix**

NONE PROVIDED

**First Name      Last Name**

Andre              Atie

**Title**

NONE PROVIDED

**Organization Name**

Hyatt Place

**Phone Type      Number      Extension**

Mobile              7344477866

**Email**

andre.atie@hyatt.com

**Fax**

NONE PROVIDED

**Address**

3223 South State Street

Ann Arbor, MI 48108

United States

**Certification Number(s)**

0000

**Certification Classification(s)**

0000

## Contacts (2 of 2)

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

DMR Contact  
Application Contact  
Annual Permit Billing Contact

#### Required Contact Types:

? At minimum the following contact types must be provided:

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

#### Contact

**Prefix**

NONE PROVIDED

**First Name      Last Name**

Daniel              Angel

**Title**

Hotel Manager

**Organization Name**

Hyatt Place

**Phone Type      Number      Extension**

Mobile              7346029400

**Email**

daniel.angel@hyatt.com

**Fax**

NONE PROVIDED

**Address**

[NO STREET ADDRESS SPECIFIED]

Ann Arbor, MI [NO ZIP CODE SPECIFIED]

United States

## 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](#)

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

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

## Additional Information

### Other Environmental Permits

Provide the information requested in the table for any other federal, state, or local environmental permits in effect or applied for at the time of submittal of this Application, including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits.

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

Issuing Agency:	Permit or COC Number:	Permit type:
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### WATER FLOW DIAGRAM

MDEQ Permit Attachment.pdf - 03/31/2025 05:04 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

MDEQ Permit Attachment.pdf - 03/31/2025 05:07 PM

#### Comment

The pool uses the Ann Arbor municipal supply for its water source. Business is a hotel for purpose of temporary lodging for those passing through Ann Arbor. Storm sewer discharges into Malletts Creek.

#### CORRECTION REQUEST (APPROVED)

##### Pool Narrative

Please revise a narrative that describes the water flow diagram. Include a brief description of the nature of the business and the manufacturing processes, as well as a description of the treatment system. Please provide an overview of the processes present in this pool facility, including all water treatment additives (WTAs) used (i.e. chlorine and dechlorinators), the type of filter used for backwash, the backwash frequency, and discharge of the water. Please also include the length that water is backwashed per day and ensure that this number matches the hours of discharge per day given below (0.0059 hours per day, or 20 seconds per day).

Please edit the narrative document to include the comment about water supply and flow provided within this section.  
Created on 10/14/2025 2:22 PM by **Anne Wisner**

### MAP OF FACILITY AND DISCHARGE LOCATION

Outfall Map.pdf - 03/31/2025 05:06 PM

#### Comment

NONE PROVIDED

## Laboratory Services (1 of 1)

Laboratory: none

?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

**Lab Type**

In-house Laboratory

**Laboratory Phone**

7342059420

**Laboratory Email**

mprovost@firsthospitality.com

**Analyses Performed**

standard pool water testing

**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	Ann Arbor	0.392	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	.0005	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

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Does your facility discharge filter backwash water?

YES

What type of filter produces this backwash?

sand filter

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.

backwash is sent to a holding tank

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: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**

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

001

**CORRECTION REQUEST (APPROVED)**

**Outfall Number**

Please revise this section to say "001" as this is the number that EGLE uses to identify the outfall location.

Created on 10/14/2025 2:25 PM by **Anne Wisner**

**Outfall Description**

storm sewer

**CORRECTION REQUEST (APPROVED)**

**Outfall Description**

Please revise this section to say "storm sewer" as the facility discharges water through a storm sewer before it reaches the outfall.

Created on 10/14/2025 2:26 PM by **Anne Wisner**

Enter the name of the receiving water:

Malletts Creek

**Outfall**

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**

?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".**

.001

**CORRECTION REQUEST (APPROVED)**

**Maximum Daily Flow Rate**

Please revise this section to say "0.001" as this is the lowest maximum daily flow rate used by EGLE.

Created on 10/14/2025 2:27 PM by **Anne Wisner**

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

Hours per day:	Days per year:
.0059	365

**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:
pool	7011	Filter Back wash

**CORRECTION REQUEST (APPROVED)**

**Process Streams Contributing to Outfall Discharge**

Please revise this section to say 'pool backwash discharge' for the name of the process contributing to the discharge, 7011 for the SIC code, and 'pool backwash discharge' for measures of production.

Created on 10/14/2025 2:30 PM by **Anne Wisner**

**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:	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:	not expected in the effluent for COD
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	not expected in the effluent for TOC
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	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:	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	DMR		
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

**CORRECTION REQUEST (APPROVED)**

**Conventional Pollutants**

This facility is not required to monitor for summer or winter temperatures. Please select "NONE" for these pollutants and provide a waiver rationale similar to "effluent not expected in discharge".

This facility is required to monitor for pH and TRC (Total Residual Chlorine). Please ensure that DMR is selected for TRC.

Created on 10/14/2025 2:34 PM by **Anne Wisner**

**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)**

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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?**

YES

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

Dechlorination agent and Dechlorination tablet MSDS

**NOTE (CREATED)**

**Water Treatment Additives**

This applicant lists dechlorinating agents and tablets as water treatment additives used that have not been previously approved by EGLE. There is additional information that needs to be provided to obtain approval for these WTAs. This application's pool narrative mentioned chlorinating the water as well, which is another WTA that has not been previously approved by EGLE.

Please follow the steps listed in this section to submit and obtain approval for water treatment additives. Approvals to discharge WTAs are authorized by EGLE under separate correspondence. Issuance of a COC does not authorize the discharge of water treatment additives. Therefore, please be sure to receive written approval prior to discharging any additives from the facility.

Created on 10/14/2025 2:37 PM by **Anne Wisner**

**Approval Upload**

NONE PROVIDED

**Comment**

NONE PROVIDED

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

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

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

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

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

[Appendix to the Permit Application](#)

**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 is 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.
- 

**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.**

YES

CORRECTION REQUEST (APPROVED)

### Surface Waters of the State

Please revise this section and select "Yes" as Mallet's Creek, the outfall for this facility, is considered a surface water of the state.

Created on 10/14/2025 2:38 PM by **Anne Wisner**

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 document named "Primary Activities & Standard Industrial Classification (SIC) Codes," available at the link below.

[CLICK HERE to review the document](#)

**Please confirm that you have reviewed the document referenced above:**

I Confirm

**Is this facility engaged in a regulated industrial activity according to the document referenced above?**

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?**

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

### Comments (As needed)

NONE PROVIDED

### Additional Documents (As needed)

NONE PROVIDED

#### Comment

NONE PROVIDED

## Application Fee

### COC Renewal Fee

75

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

### Fee Amount

75

## Revisions

Revision	Revision Date	Revision By
Revision 1	3/31/2025 4:55 PM	Mercedes Provost

<b>Revision</b>	<b>Revision Date</b>	<b>Revision By</b>
Revision 2	3/17/2026 11:40 AM	Andre Atie

# Agreements and Signature(s)

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## **SUBMISSION AGREEMENTS**

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

### *APPLICATION CERTIFICATION*

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

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

***B. For a partnership, by a general partner***

***C. For a sole proprietor, by the proprietor***

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

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

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

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

**Signed By**

Andre Atie on 04/01/2026 at 2:52 PM