

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

version 2.30

(Submission #: HQ7-1CMP-KQVVP, version 3)

## Details

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Submission ID HQ7-1CMP-KQVVP

**NOTE (CREATED)**

**Correction Request\_02-09-2026**

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by February 23, 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 2/9/2026 1:42 PM by **Anne Wisner**

## Form Input

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### Applicant Information

Permit Number (Pre-populated)

MIG081276

??"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**

The Roxbury Group

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
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Mobile	3134181206	
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**Email**

ddirita@roxburygroup.com

**Fax**

NONE PROVIDED

**Enter address of legal entity:**

1117 Griswold Street

Unit 1416

Detroit, MI 48226

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)**

Broadway Park West

**Facility Name 1 - Company Name**

NONE PROVIDED

**Facility Name 2 - Division Name**

NONE PROVIDED

**Facility Name 3 - Plant Name**

NONE PROVIDED

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

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

Private

**Facility Location**

42.28920000000000,-83.74339999999999

841 Broadway Street, Ann Arbor, MI

**Site/Facility Location Address**

841 Broadway Street

Ann Arbor, MI 48105

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

712190

**CORRECTION REQUEST (APPROVED)**

**NAICS Code Needed**

Please revise this section to include an applicable NAICS Code for this facility. The NAICS Code 712190- Nature Parks and Other Similar Institutions- could work for this facility.

Created on 2/9/2026 1:42 PM by **Anne Wisner**

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

7999

**CORRECTION REQUEST (APPROVED)**

**SIC Code Needed**

Please revise this section to include an SIC code for this facility. The SIC code 7999- Amusement and Recreation Services, Not Elsewhere Classified- could be applicable to this facility.

Created on 2/9/2026 1:44 PM by **Anne Wisner**

**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  
Facility Contact

#### Required Contact Types:

? At minimum the following contact types must be provided:

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

#### Contact

**Prefix**

Mr.

**First Name**

James

**Last Name**

Van Dyke

**Title**

NONE PROVIDED

**Organization Name**

The Roxbury Group

**Phone Type**

Mobile

**Number**

3135307880

**Extension****Email**

jvandyke@roxburygroup.com

**Fax**

NONE PROVIDED

**Address**

1117 Griswold Street

Unit 1416

Detroit, MI 48226

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

DMR Contact  
Application Contact

### Required Contact Types:

? At minimum the following contact types must be provided:

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

### Contact

**Prefix**

Mr.

**First Name**

Paul

**Last Name**

Glasser

**Title**

Project Geologist

**Organization Name**

SME

**Phone Type**

Mobile

**Number**

5175757679

**Extension****Email**

paul.glasser@sme-usa.com

**Fax**

NONE PROVIDED

**Address**

43980 Plymouth Oaks Blvd

Plymouth, MI 48170

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

Certified Operator

### Required Contact Types:

? At minimum the following contact types must be provided:

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

## Contact

### Prefix

NONE PROVIDED

### First Name      Last Name

Alex                  Fancy

### Title

Operations/Project Management

### Organization Name

Global Treatment Solutions

### Phone Type      Number      Extension

Mobile              8102389190

### Email

afancy@global-treatmentsolutions.com

### Fax

NONE PROVIDED

### Address

2018 W. South Airport Rd

Traverse City, MI 49684

United States

### Certification Number(s)

W 7037

### Certification Classification(s)

B-2a, B-3b

## 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:
EGLE	WRP031219	WRD Individual Permit
<p><b>CORRECTION REQUEST (APPROVED)</b>  <b>Other Environmental Permit Info Needed</b></p> <p>As this facility currently holds a permit with EGLE's Water Resource Department, please revise this section to include the information for that permit.</p> <p>EGLE, WRP031219, WRD Individual Permit.            Created on 2/9/2026 1:50 PM by <b>Anne Wisner</b></p>		

**WATER FLOW DIAGRAM**

[Water Flow Diagram.pdf - 03/04/2025 12:07 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**

[Permit Activity Description.pdf - 02/28/2025 12:50 PM](#)  
**Comment**  
 NONE PROVIDED

**MAP OF FACILITY AND DISCHARGE LOCATION**

[Map of Facility.pdf - 02/28/2025 02:04 PM](#)  
**Comment**  
 NONE PROVIDED

**Laboratory Services (1 of 1)**

**Laboratory:** Metiri Group

?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**

Metiri Group

**Lab Type**

Contract Laboratory

**Laboratory Street Address**

1914 Holloway Drive  
 Holt, MI 48842

**Laboratory Phone**

517-699-0345

**Laboratory Email**  
lab.holt@metirigroup.com

**Analyses Performed**  
BTEX (EPA 5030C), Lead (EPA 3005A/EPA 6020B), Phosphorous (EPA 0365.3)

## Water Source and Discharge Type

### ◆ 1. WATER SUPPLY INFORMATION

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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: Dewatering Pumps	Soil Remediation and Utility Installation	1.1	MGD

### ◆ 2. WATER DISCHARGE INFORMATION

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Select all wastewater types discharged from this facility.

Groundwater Cleanup

**CORRECTION REQUEST (APPROVED)**

**Incorrect Wastewater Type Selected**

Please revise this section to select the wastewater type "Groundwater Cleanup", as this is the most appropriate wastewater type for this permit. Upon making this selection there will be a few additional questions to answer at the bottom of this section.

Created on 2/9/2026 1:54 PM by **Anne Wisner**

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
Other: Discharge from Groundwater/Excavation Water	1.1	MGD

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

There are two dewatering projects. The excavation project will use one pump at 150 gpm. The utility pit will use 4 wells at up to 200 gpm each. The projects will not occur at the same time, however, for permit calcs we included both. The effluent rate can be controlled by treatment and holding tanks.

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

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**Does the facility use water for cooling purposes?**

NO

### ◆ 4. WHOLE EFFLUENT TOXICITY (WET) TESTS.

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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

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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 any data not already submitted with your DMRs. 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

[2023 TRC Report.pdf - 02/23/2026 03:10 PM](#)

#### Comment

NONE PROVIDED

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

Outfall:001 Receiving water:Huron River

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

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

### 1. OUTFALL INFORMATION

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

001

#### Outfall Description

Discharge

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

Huron River

**Outfall**

42.28981899955186,-83.74269598332826

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

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

Groundwater Cleanup

**CORRECTION REQUEST (APPROVED)**  
**Incorrect Wastewater Type Selected**

Please revise this section to select the wastewater type "Groundwater Cleanup", as this is the most appropriate wastewater type for this permit.  
 Created on 2/9/2026 1:56 PM by **Anne Wisner**

**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

**CORRECTION REQUEST (APPROVED)**  
**Discharge is Continuous**

Please select continuous discharge as it is the most appropriate selection for this facility. Seasonal flows are most appropriate for facilities where the discharge is treated and stored throughout a portion of the year and then discharged over a specified time (similar to wastewater stabilization s). Upon revising to continuous, there will be a few subsequent questions to answer on the application.  
 Created on 2/9/2026 1:57 PM by **Anne Wisner**

**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".**

1.08

**CORRECTION REQUEST (APPROVED)**  
**Maximum Authorized Flow Requested**

The application indicates a continuous discharge of 0.5 MGD; however, the in-effect permit is authorized for 1.08 MGD. Is the facility looking for a decrease in their authorized flow? Please provide clarification or correct the requested authorized flow rate.  
 Created on 2/23/2026 4:20 PM by **Anne Wisner**

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

Hours per day:	Days per year:
8	50

**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:
Excavation Water Management	712190	Carbon and organic clay treatment of excavation water
<p><b>CORRECTION REQUEST (APPROVED)</b>  <b>SIC/NAICS Code Needed</b></p> <p>Please revise this section to include the SIC or NAICS Code used above in the application.            Created on 2/9/2026 1:58 PM by <b>Anne Wisner</b></p>		

#### 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:	Parameter not applicable for excavation dewatering process.
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
pH	NONE	I request a waiver for this parameter based on the following rationale:	Parameter not applicable for excavation dewatering process.
Total Dissolved Solids	NONE	Waiver request not required.	
Total Phosphorus (as P)	DMR		
Fecal Coliform Bacteria	NONE	Waiver request not required.	
Escherichia coli	NONE	Waiver request not required.	
Total Residual Chlorine	DMR		
Dissolved Oxygen	DMR		
Oil & Grease	NONE	Waiver request not required.	

**CORRECTION REQUEST (APPROVED)**

**Effluent Characteristics- Conventional Pollutants**

Please revise this section to ensure that the appropriate constituents have 'DMR' selected for the "How are results provided?" column. Total Residual Chlorine (TRC), Dissolved Oxygen (DO), pH, and Total Phosphorus (TP) should all have DMR selected.

Created on 2/9/2026 2:01 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?**

YES

**CORRECTION REQUEST (APPROVED)**

## Other Industry Priority Pollutant Information

Please revise this section to say "Yes" as the narrative submitted by this facility indicates that this site has groundwater data showing detections for several metals and volatiles, base/neutrals and acids.

Created on 2/9/2026 2:03 PM by **Anne Wisner**

## 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?**

YES

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

[2005 EarthTech Technical Memorandum Subsurface Investigation.pdf - 02/26/2025 12:10 PM](#)

[Groundwater Data 2005-2016.pdf - 02/26/2025 12:10 PM](#)

[Groundwater Contour Diagram 2020.pdf - 02/26/2025 12:10 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

## 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.

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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.**

YES

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?**

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?**

YES

**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

**??One or more responses within this section require the submittal of PFAS sample results, and a space to attach these is provided below.**

Consult the General PFAS Sampling Guidance and Wastewater PFAS Sampling Guidance available at the links below to ensure that appropriate sample collection, handling, and analytical methods are used. Consult the PFAS Minimum Laboratory Analyte List at the link below to identify the 28 analytes you are required to sample.

[CLICK HERE for the General PFAS Sampling Guidance](#)

[CLICK HERE for the Wastewater PFAS Sampling Guidance](#)

[CLICK HERE for the PFAS Minimum Laboratory Analyte List](#)

## PFAS ANALYTICAL RESULTS

NONE PROVIDED

### Comment

The contamination is from historical MGP operations. As such, no PFAS sampling has been performed.

## Other Information

### Comments (As needed)

Attached is an authorization letter from Roxbury to submit this permit application.

### Additional Documents (As needed)

[Xerox Scan\\_05052021125228.pdf - 02/26/2025 12:16 PM](#)

### 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

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Revision	Revision Date	Revision By
Revision 1	9/30/2024 11:33 AM	Paul Glasser
Revision 2	2/19/2026 11:12 AM	JoBeth Peterson
Revision 3	2/25/2026 12:40 PM	JoBeth Peterson

# Agreements and Signature(s)

## **SUBMISSION AGREEMENTS**

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

### APPLICATION CERTIFICATION

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

**A. For an organization, company, corporation, or authority, by a principal executive 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**

Paul Glasser on 03/02/2026 at 12:34 PM