

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

version 3.7

(Submission #: HQE-STZY-0H7PH, version 4)

Digitally signed by:
MiEnviro Portal
Date: 2026.04.06 15:56:18 -04:00
Reason: Submission Data
Location: State of Michigan

Details

Submission ID HQE-STZY-0H7PH

NOTE (CREATED)

Correction Request_03-31-2026

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by April 14, 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 3/31/2026 2:48 PM by **Anne Wisner**

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

Core Ann Arbor William, LLC.

Phone Type	Number	Extension
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Business	773-969-5740	
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Email

info@corespaces.com

Fax

NONE PROVIDED

Enter address of legal entity:

1400 N KINGSBURY ST

3 Floor

CHICAGO, IL 60642-2699

United States

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)

HUB Ann Arbor

Facility Name 1 - Company Name

Core Ann Arbor William, LLC

Facility Name 2 - Division Name

Hub William

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

42.2781104,-83.7449212

Site/Facility Location Address

333 E WILLIAM ST
ANN ARBOR, MI 48104-2316

NAICS (North American Industry Classification System) code:

531110

SIC (Standard Industrial Classification) code:

6513

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

CORRECTION REQUEST (APPROVED)

City Clerk Email Address

The LUG contact refers to someone who works for the municipality government, in this case, the City of Ann Arbor. The City Clerk's email address for the city of Ann Arbor is cityclerk@a2gov.org. Please revise this section to reflect that.

Created on 3/31/2026 2:51 PM by Anne Wisner

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

YES

Contacts (1 of 3)

CORRECTION REQUEST (APPROVED)

Additional Contact Type Needed

This application requires five unique contact types: application contact, facility contact, certified operator, annual permit billing contact, and discharge monitoring (DMR) contact. This application does not list an application contact. One person may hold multiple contact types.

Please provide information for an application contact. including first and last name, title, business, address, city, state, ZIP code, telephone number, and email address.

Created on 3/31/2026 2:53 PM by Anne Wisner

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

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 Last Name

Dale Callison

Title

Sr Director Maintenance Operations

Organization Name

Core Ann Arbor William, LLC

Phone Type Number Extension

Business 512-968-9986

Email

dcallison@corespaces.com

Fax

NONE PROVIDED

Address

1643 N Milwaukee Ave

5th Floor

Chicago, IL 60647

United States

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

Annual Permit Billing Contact
Application Contact

CORRECTION REQUEST (APPROVED)

Certified Operator Credentials Not Found

This application lists Curt Moore as the EGLE Certified Operator for this facility. This facility is required to have an EGLE Certified Operator through the Water Resource Division and will be the person responsible for the day-to-day operations of the waste treatment system. For more information, visit the following EGLE page:

<https://www.michigan.gov/egle/about/organization/water-resources/op-cert-wastewater/industrial-commercial-wastewater-treatment-plant>.

This facility must have an A-1a certification. Follow the instructions at this link to obtain certification:

<https://www.michigan.gov/egle/about/organization/water-resources/wastewater/operator-certification/industrial/a-1a-applications>
Created on 3/31/2026 2:59 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; Certified Operator

Contact Information

Prefix

NONE PROVIDED

First Name Last Name

Curt Moore

Title

NONE PROVIDED

Organization Name

Core Ann Arbor William

Phone Type Number Extension

Business 765-542-0432

Email

cmoore@corespaces.com

Fax

NONE PROVIDED

Address

333 E William
Ann Arbor, MI 48104
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 **Last Name**
Neil Rassas

Title

CPO

Organization Name

NONE PROVIDED

Phone Type	Number	Extension
Business	8479225138	

Email

bboesen@corespaces.com

Fax

NONE PROVIDED

Address

333 E Williams Street
Ann Arbor, MI 48104
United States

Certification Number(s)

C-179795

Certification Classification(s)

C-179795

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:
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WATER FLOW DIAGRAM

[Hub AA Water Flow Diagram.pdf - 03/09/2026 03:11 PM](#)

Comment

NONE PROVIDED

CORRECTION REQUEST (APPROVED)

Additional Flow Diagram Needed

The diagram uploaded with this application is good, but a diagram outlining the pool and spa and its procedures should be uploaded in addition to the file titled "Hub AA Water Flow Diagram".

Please see the example water flow diagram attached below to use as a guide. This flow diagram should also show the total pool capacity/ amount this facility expects to discharge when covered by this permit.

Created on 3/31/2026 3:04 PM by **Anne Wisner**

⚡ **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

[260406 HUB Ann Arbor NPDES Permit Flow Narrative.pdf - 04/06/2026 12:27 PM](#)

Comment

NONE PROVIDED

CORRECTION REQUEST (APPROVED)

Additional Information Needed in Narrative

The pool narrative provided for this application should include the total capacity of the pools/spa, as well as the total discharge amount expected during discharge periods for this facility.

Created on 3/31/2026 3:07 PM by **Anne Wisner**

MAP OF FACILITY AND DISCHARGE LOCATION

[Hub Ann Arbor Discharge Map.pdf - 03/09/2026 02:48 PM](#)

[HUB at Ann Arbor Water Flow Diagram.pdf - 04/01/2026 08:56 PM](#)

Comment

NONE PROVIDED

Laboratory Services (1 of 1)

Laboratory:Chris Umbrewicz

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

Chris Umbrewicz

Lab Type

In-house Laboratory

Laboratory Phone

812-949-7333

Laboratory Email

chrisu@chesterpools.com

Analyses Performed

Dechlorination Calcs

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 Municipal Supply	20	Other: GPM

CORRECTION REQUEST (APPROVED)
Change Units- Water Source Info

The units currently selected for this section, MGD, (Million Gallons Per Day) should be changed to more accurately reflect the water usage for this facility, or, the number of gallons should be changed.

For example, if this facility uses 200 gallons per day, this section should either show 200- other, GPD; or 0.0002 MGD.
 Created on 3/31/2026 3:10 PM by **Anne Wisner**

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	0.001	MGD

CORRECTION REQUEST (APPROVED)
Average Discharge Amount

Please revise this section to show a more applicable average discharge amount or clarify why this number is so high.

Currently, this facility indicates they will have an average discharge of 0.8736 MGY (million gallons per year). That amounts to approximately 2,394 gallons a day (0.8736 x 1,000,000 / 365). As this number is half of the gallon capacity of the hot tub, that seems high for the average discharge per day.

Created on 4/2/2026 11:27 AM by **Anne Wisner**

CORRECTION REQUEST (APPROVED)

Water Discharge Information- Change Units

The units currently selected for this section, MGY, (Million Gallons Per Year) should be changed to more accurately reflect the average water discharge for this facility, or, the number of gallons should be changed.

For example, if this facility discharges on average 200 gallons per day, this section should either show 200- other, GPD; or 0.073 MGY (73,000 Gallons per Year).

Created on 3/31/2026 3:12 PM by **Anne Wisner**

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

The amount of source water needed for this rooftop hot tub will heavily depend on how much use the amenity gets as well as the weather. The hot tub is expected to operate year-round, and would only discharge it's contents in the event of maintenance needs on the vessel or a bather incident that requires draining the spa. The spa uses a cartridge filtration system, so there are no regular operation processes that require backwash or discharge of treated water.

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

CORRECTION REQUEST (APPROVED)

Facility Does not Discharge Filter Backwash

Please revise the answer to this section to say "No", as this facility uses cartridge filters and does not discharge filter backwash water.

Created on 4/2/2026 12:48 PM by **Anne Wisner**

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.

NA

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?

YES

CORRECTION REQUEST (APPROVED)

Pool Drain Down

As this facility indicated it will not be discharging any filter backwash and is applying for this permit for pool/spa drain down, please revise this section to say "Yes".

Upon revising, there will be an additional question to answer on the total amount expected during drain down, this number should be the maximum holding capacity of all vessels at the facility: 6300 gallons (5420 + 420+420; rounded up).

Created on 4/6/2026 2:35 PM by **Anne Wisner**

CORRECTION REQUEST (APPROVED)

Pool Drain Down

As this facility indicated it will not be discharging any filter backwash and is applying for this permit for pool/spa drain down, please revise this section to say "Yes".

Upon revising, there will be an additional question to answer on the total amount expected during drain down.
Created on 3/31/2026 4:02 PM by **Anne Wisner**

What is the volume of the pool or the volume of the expected drawdown in gallons?

6300

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

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

001

CORRECTION REQUEST (APPROVED)

Outfall Number Typo

Currently, this section shows the outfall number as .001. Please revise this section to show 001, with no period before it.
Created on 3/31/2026 4:04 PM by **Anne Wisner**

Outfall Description

Storm Sewer

CORRECTION REQUEST (APPROVED)

Storm Sewer

Please revise this section to say "Storm sewer" as the Facility and Outfall Map provided in this application indicates that discharge from this facility travels through a storm sewer before reaching the outfall location.

Created on 3/31/2026 4:10 PM by **Anne Wisner**

Enter the name of the receiving water:

Huron River

Outfall

42.289916,-83.745952

2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

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

Public Swimming Pool Wastewater

CORRECTION REQUEST (APPROVED)

Incorrect Wastewater Type

Please revise this section to select "Public Swimming Pool Wastewater" as that is the kind of wastewater discharge covered under this permit.
Created on 3/31/2026 4:41 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

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".

0.0063

CORRECTION REQUEST (APPROVED)

Max Authorized Daily Flow

As this application indicates that the total capacity of the vessels at the facility is 6260 gallons (5420 +420+420). As this would be the maximum possible amount that the facility could drain down and discharge, this should be the maximum authorized daily flow value. Thus, please revise this section to say 0.0063 MGD (6300 gallons).

The maximum authorized daily flow value allows a facility to discharge at or below that amount at their own discretion.

Created on 4/6/2026 2:34 PM by **Anne Wisner**

CORRECTION REQUEST (APPROVED)

Maximum Authorized Daily Flow

Please revise this section to show the maximum amount of discharge expected from this facility. In the rest of the application, it is indicated that this facility will not be discharging filter backwash water and will only be discharging pool water as infrequent pool drain downs. The number currently indicated in this section, 0.001 MGD, is 1000 gallons per day.

If this facility expects to discharge more than 1000 gallons when it drains down the pool/spa, please enter a higher maximum daily discharge amount.

For example, if this facility expects to discharge 15,000 gallons when draining down the pool/spa, the correct maximum daily flow amount in MGD would be 0.015.

Created on 3/31/2026 4:45 PM by **Anne Wisner**

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

Hours per day:	Days per year:
1	365

CORRECTION REQUEST (APPROVED)

Expected Discharge Schedule

This facility indicates in this application that discharges of pool/spa water from this facility would occur infrequently. If this is the case, please revise this section to show a more infrequent discharge schedule than every day.

For example, if this facility expects to drain down the spa and discharge pool water once a month, the discharge schedule should show the amount of time it takes to drain from start to finish ex: 3 hours, 12 days a year (once a month).

Created on 3/31/2026 4:47 PM by **Anne Wisner**

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:
Spa Draining (Level 15)	713940	5,420 gallons
Spa Draining (Level 2)	713940	420 gallons
Cold Plunge Draining (Level 2)	713940	420 gallons
<p>CORRECTION REQUEST (APPROVED) Discharge Process Streams</p> <p>Please revise this section to show "Spa Draining" for the name of the process contributing to the discharge section and the describe the process and measures of production section. Created on 4/2/2026 11:33 AM by Anne Wisner</p>		
<p>CORRECTION REQUEST (APPROVED) Discharge Clarification</p> <p>This section indicates that the process stream for this facility includes spa filter backwash water. The rest of this application indicates that this facility will only be discharging pool/spa drain down water and will not be discharging filter backwash water. If this is correct, please revise this section to exclude the spa filter backwash and change it to reflect the rest of the application. Created on 3/31/2026 4:49 PM by Anne Wisner</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 "ESTIMATED DATA" if you submit estimated data for that parameter, select "LAB REPORT" if you've attached a lab report for that parameter, or select "NONE" if you do not submit estimated data and have not attached a lab report for that parameter.

[View the Appendix to the Permit Application](#)

Please confirm that you have read the statements above.

I CONFIRM

Effluent Characteristics - Conventional Pollutants

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Biochemical Oxygen Demand - five day (BOD5)	NONE	I request a waiver for this parameter based on the following rationale:	Not applicable.
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	Not applicable.
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	Not applicable.
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	Not applicable.

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

Please attach lab reports for conventional pollutants here.

[260406 Dechlorination Calculator - Sodium Hypochlorite - L2 Cold Plunge.pdf - 04/06/2026 12:15 PM](#)

[260406 Dechlorination Calculator - Sodium Hypochlorite - L2 Spa.pdf - 04/06/2026 12:15 PM](#)

[260406 Dechlorination Calculator - Sodium Hypochlorite - L15 Spa.pdf - 04/06/2026 12:15 PM](#)

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](#).

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 (Ronnal); 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

Chlorine, Muratic Acid

CORRECTION REQUEST (APPROVED)

Additional WTA Needed

The spa narrative included with this application indicates that muriatic acid is added to the spa to adjust the pH of the water. If this chemical is used at this facility, please add it to this section.

Created on 3/31/2026 4:52 PM by **Anne Wisner**

ALL WATER TREATMENT ADDITIVES (WTAs) MUST HAVE SPECIFIC APPROVAL FROM EGLE PRIOR TO THEIR USE.

WTA approval request forms must be submitted through the facility's MiEnviro Portal 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 MiEnviro Portal, 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 MiEnviro Portal.

[View WTA guidance/instructions](#)

[Appendix to the Permit Application](#)

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

Storm Water

Important Terms Used in the Storm Water Section:

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

"SURFACE WATER OF THE STATE" means the Great Lakes and their connecting waters, and all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state not including drainage ways

and ponds used solely for wastewater conveyance, treatment, or control.

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

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

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)

Facility Discharges to Surface Water of the State

Please revise this section to say "Yes", as this facility discharges to the Huron River, a surface water of the state.

Upon revising this section, there will be an additional two questions to answer.

Created on 3/31/2026 4:53 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 [Primary Activities & Standard Industrial Classification \(SIC\)](#) Codes 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

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:

04/10/2026

Comments (As needed)

The building would like to have an inspection by 4/14/26. I am unsure if they are on schedule for that with other related trades, but that is the date that has been shared.

Additional Documents (As needed)

[260406 HUB L 15 SPA SP-6.1-L15-2026-03-04.pdf - 04/06/2026 12:18 PM](#)

[260406 HUB COLD PLUNGE SP-6.4.-2026-02-20.pdf - 04/06/2026 12:18 PM](#)

[260402 HUB SPA SP-6.2.-2026-02-20.pdf - 04/06/2026 12:18 PM](#)

Comment

NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	8/12/2025 3:39 PM	Adrienne Wilson
Revision 2	4/1/2026 12:50 PM	Jena Reinhardt
Revision 3	4/6/2026 10:06 AM	Jena Reinhardt
Revision 4	4/6/2026 3:34 PM	Jena Reinhardt