

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

version 3.7

(Submission #: HQK-YQRY-SZSXB, version 4)

Digitally signed by:  
MiEnviro Portal  
Date: 2026.04.13 13:34:04 -04:00  
Reason: Submission Data  
Location: State of Michigan

## Details

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**Submission ID** HQK-YQRY-SZSXB

**NOTE (CREATED)**

**Correction Request\_03-24-2026**

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by April 7, 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 3/24/2026 3:59 PM by **Anne Wisner**

## Form Input

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### 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**

Briarwood Multifamily Owner LLC

**Phone Type      Number      Extension**

Mobile              2622124955

**Email**

paul.gloudemans@hines.com

**Fax**

NONE PROVIDED

**Enter address of legal entity:**

920 Briarwood Circle

Ann Arbor, MI 48108

United States

### Facility Information

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

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[Appendix to the Permit Application](#)

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

The Harlan

**Facility Name 1 - Company Name**

The Harlan

**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**

42.240859293893,-83.7419536320462

**CORRECTION REQUEST (APPROVED)**

**Facility Coordinates**

This section should show the Latitude and Longitude coordinates for the address where the pool will be located. Currently, these coordinates do not show up at any building. This application indicates that this pool will be for an apartment complex, and none exist where these coordinates point to. Please revise this section to have the coordinates where the pool will be located and update the Site/Facility Location Address section below to match any changes made.

Created on 3/24/2026 4:05 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:36 PM)**

New building. Explained in the comments section

**Site/Facility Location Address**

920 Briarwood Circle

227 Cypress Pt

Ann Arbor, MI 48108

**CORRECTION REQUEST (APPROVED)**

**Facility Address**

The address indicated by this application does not show a building or an apartment complex of any kind. This address is also the same address as the permittee address (Briarwood Multifamily Owner, LLC). This section refers to the address of where the pool will be located. Please either clarify why this address is indeed correct or revise this section accordingly. Please also update the latitude and longitude coordinates in the section above as needed.

Created on 3/24/2026 4:04 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:39 PM)**

Similar to the coordinates issue, this is a new building so no existing building will show up when this address is entered. Not yet registered with USPS

**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

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

NO

**Please provide an explanation:**

facility is not yet in operation and is in the process of obtaining a certified operator

**CORRECTION REQUEST (APPROVED)**

**Delete Explanation**

This section is for an explanation of why a facility doesn't yet have a certified operator. This site will be required to have one when it's operational, but more information will be sent to the applicant on this later.

For now, please delete what is in this section and revise it with something more appropriate for why this facility doesn't yet have a certified operator such as "facility is not yet in operation and is in the process of obtaining a certified operator".

Created on 4/7/2026 9:30 AM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/7/2026 4:39 PM)**

Updated

**NOTE (CREATED)**

**Certified Operator Required Before Discharge**

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>.

Created on 3/24/2026 4:06 PM by **Anne Wisner**

## Contacts (1 of 4)

**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 only listed an annual permit billing contact, facility contact, and an application contact. Thus, 2 additional contact types are required. Please update this section to include a DMR contact and a certified operator contact.

The DMR (discharge monitoring report) contact should be someone who will be inputting monthly discharge monitoring values into MiEnviro once the facility starts discharging.

The facility might not yet know who the certified operator will be for the facility. If that is the case, the certified operator contact can be left out of this section.

One person may hold multiple contact types (ex: facility contact and annual permit billing contact and application contact, etc).

Created on 3/24/2026 4:14 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:38 PM)**

As discussed on 3/25 phone call, DMR and certified operator are TBD as we have not hired our full operations staff for the new building yet.

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

[Appendix to the Permit Application](#)

## CONTACTS

At a minimum the following contact types are required:

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

- If a single person has multiple roles, please enter that person's information once and assign them multiple roles.
- To add additional contacts, use the "Add New" button at the bottom of this page, or select "Duplicate" to copy the contact information and edit a portion of the contact fields.

**Contact**

Annual Permit Billing Contact  
Facility Contact

**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**

Nichole              Oswald

**Title**

NONE PROVIDED

**Organization Name**

NONE PROVIDED

**Phone Type      Number      Extension**

Business              3124194711

**Email**

nichole.oswald@hines.com

**Fax**

NONE PROVIDED

**Address**

444 W Lake Street  
Suite 2400  
Chicago, IL 60606  
United States

**Contacts (2 of 4)**

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

[Appendix to the Permit Application](#)

**CONTACTS**

At a minimum the following contact types are required:

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

- If a single person has multiple roles, please enter that person's information once and assign them multiple roles.
- To add additional contacts, use the "Add New" button at the bottom of this page, or select "Duplicate" to copy the contact information and edit a portion of the contact fields.

**Contact**

Application Contact

**Required Contact Types:**

At minimum the following contact types must be provided:

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

**Contact Information**

**Prefix**

NONE PROVIDED

**First Name**

Paul

**Last Name**

Gludemans

**Title**

NONE PROVIDED

**Organization Name**

Hines

**Phone Type**

Mobile

**Number**

2622124955

**Extension**

**Email**

paul.gludemans@hines.com

**Fax**

NONE PROVIDED

**Address**

444 W Lake St, Suite 2400

Chicago, IL 60606

United States

**Contacts (3 of 4)**

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**

Paul

**Last Name**

Gludemans

**Title**

NONE PROVIDED

**Organization Name**

Hines Interests Limited Partnership

**Phone Type**

Mobile

**Number**

2622124955

**Extension**

**Email**

paul.gludemans@hines.com

**Fax**

NONE PROVIDED

**Address**

444 W Lake St, Suite 2400

Chicago, IL 60606

United States

**Certification Number(s)**

00000

**Certification Classification(s)**

0000

**Contacts (4 of 4)**

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

[Appendix to the Permit Application](#)

**CONTACTS**

At a minimum the following contact types are required:

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

- If a single person has multiple roles, please enter that person's information once and assign them multiple roles.
- To add additional contacts, use the "Add New" button at the bottom of this page, or select "Duplicate" to copy the contact information and edit a portion of the contact fields.

**Contact**

Application Contact

**Required Contact Types:**

At minimum the following contact types must be provided:

**Contact Information**

**Prefix**

NONE PROVIDED

**First Name**

Paul

**Last Name**

Gloudemans

**Title**

NONE PROVIDED

**Organization Name**

Hines

**Phone Type**

Mobile

**Number**

2622124955

**Extension**

**Email**

paul.gloudemans@hines.com

**Fax**

NONE PROVIDED

**Address**

444 W Lake St, Suite 2400

Chicago, IL 60606

United States

**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:
Washtenaw County	24-0044	Soil Erosion Control

**WATER FLOW DIAGRAM**

[Briarwood Pool flow schematic.pdf - 04/06/2026 04:43 PM](#)

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (APPROVED)**

**Water Flow Diagram Updates**

Please revise the water flow diagram to show all wastewater flow and treatment processes through the pool facility from source

to discharge. Please see the example diagram below for reference.

The information provided by this facility in the "Process Streams Contributing to Outfall Discharge" section of this application (below) is more in line with what this diagram should show.

Please ensure that the detention pond and Mallets Creek are included in any revisions, as that part of the diagram is correct.

Finally, this water flow diagram indicates a source water value of 0.0004 MGD, but later in the application that number is 0.004 MGD. Please correct and revise either section as necessary, ensuring these numbers match.

Created on 3/24/2026 4:19 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:44 PM)**

New files attached. We tried to follow the "pristine" examples

◆ **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**

[Narrative for Swimming Pool Discharge 4.8.26.pdf - 04/09/2026 11:57 AM](#)

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (APPROVED)**

**Narrative Updates Needed**

Please revise this narrative to reflect and describe the water flow diagram and include a brief description of the purpose of the facility, as well as the timeline to when the facility will be operational. Please use the example narrative attached below as a reference.

Created on 3/24/2026 4:25 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:45 PM)**

new files uploaded. We tried to follow the "pristine" example

**MAP OF FACILITY AND DISCHARGE LOCATION**

[EXH-001 FACILITY AND DISCHARGE LOCATION MAP.pdf - 03/19/2026 08:42 AM](#)

**Comment**

NONE PROVIDED

**Laboratory Services (1 of 1)**

**Laboratory:**In House

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**

In House

**Lab Type**

In-house Laboratory

**Laboratory Phone**

262 212 4955

**Laboratory Email**

paul.gloudemans@hines.com

**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 city water	.0004	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	.1	MGY

Briefly explain why the combined water from all sources does not equal the total approximate water usage, if applicable. The total will vary depending upon the weather and how long the pool season lasts. We estimate that we will average .0004MGD during pool season and this is based upon backwashing twice per week at 2800 gallons per week total.

**CORRECTION REQUEST (APPROVED)**  
**Average Flow Rates (Above) Don't Match**

Please either clarify why the average source intake and average discharge flow amounts do not match, or revise those sections so that the amount of water this facility intakes is the same as the amount of water discharged.  
 Created on 3/24/2026 4:27 PM by **Anne Wisner**

**1 COMMENT**  
**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:45 PM)**  
 Updated

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?**

YES

**What type of filter produces this backwash?**

sand

**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.**

Backwashing for 30 seconds into a 150-gallon sediment 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?**

YES

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

11000

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

**Outfall:001 Receiving water:Mallets Creek**

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

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

### 1. **OUTFALL INFORMATION**

---

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

001

**Outfall Description**

NONE PROVIDED

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

Mallets Creek

**CORRECTION REQUEST (APPROVED)**

**Receiving Water Incorrect**

Please revise this section to show "Malletts Creek", as that is the correct receiving water for this facility.

Created on 3/24/2026 4:29 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:46 PM)**

Updated

**Outfall**

42.237469,-83.743216

**CORRECTION REQUEST (APPROVED)**

**Incorrect Outfall Coordinates**

While these coordinates do indicate where the discharge will ultimately meet the Huron River, Malletts Creek is considered to be the receiving water for this facility. Thus, the outfall coordinates should be where the storm sewer meets Malletts Creek.

These coordinates: 42.237469, -83.743216. Please revise this section accordingly.

Created on 4/7/2026 9:47 AM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/7/2026 4:41 PM)**

updated

**CORRECTION REQUEST (APPROVED)**

**Incorrect Outfall Coordinates**

Please revise this section to show the outfall coordinates which match the location of the outfall indicated by the Facility and Outfall Map submitted by this facility in this application (above, "EXH-001 FACILITY AND DISCHARGE LOCATION MAP.pdf").

Upon a brief review, the coordinates for this facility's outfall could be: Latitude: 42.237469, Longitude: -83.743216. Please ensure these coordinates are correct and revise this section accordingly.

Created on 3/24/2026 4:33 PM by **Anne Wisner**

**2 COMMENTS**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/7/2026 4:40 PM)**

Updated coordinates

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:46 PM)**

Updated

**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

**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.

A subsequent question will ask what the maximum daily flow rate requested by this facility will be. Since this facility indicated earlier in the application that it plans to drain down the pool by 11000 gallons in the next five years, the maximum authorized daily flow rate should be 0.011. If this is accurate, this figure can be used for the subsequent question.

Created on 3/24/2026 4:37 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:47 PM)**

Updated to "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".**

.011

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

Hours per day:	Days per year:
1	180

**Does this outfall have batch discharges?**

NO

**CORRECTION REQUEST (APPROVED)**

**Batch Discharges**

Please revise this question to say "No", as this facility does not have batch discharges.

EGL E defines a facility that has batch discharges as characterized as having industrial discharges with limited (2 or 3) discharges per month that last a few hours. Batch discharges would not apply to public swimming pools.

Created on 4/7/2026 9:14 AM by **Anne Wisner**

**1 COMMENT**

**Paul Glou demans (paul.glou demans@hines.com) (4/7/2026 4:42 PM)**

Changed batch discharges to "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 Backwash	6513	<ol style="list-style-type: none"> <li>1. Backwashing for 30 seconds into a 150-gallon sediment tank.</li> <li>2. The sediment tank will sit for 30 - 60 min, to allow the sediment to settle.</li> <li>3. Once sediment has settled per line 2. The drain valve will be opened for the settled water to empty the Storm System.</li> <li>4. The remaining backwash cycle will pass thru the chlorine Neutralization system and discharged directly to the Storm system.</li> </ol>

**5. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS**

FOR ALL APPLICANTS, SAMPLE RESULTS ARE REQUIRED FOR: Biochemical Oxygen Demand – five day (BOD5), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia Nitrogen (as N), Total Suspended Solids, Temperature-Summer, and Temperature-Winter, UNLESS you request a waiver and provide sufficient rationale to support that request.

Please fill out the table below, indicating how you have, or will be, providing the required analytical results. In the "How are results provided?" column, select "ESTIMATED DATA" if you submit estimated data for that parameter, select "LAB REPORT" if you've attached a lab report for that parameter, or select "NONE" if you do not submit estimated data and have not attached a lab report for that parameter.

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

**Please confirm that you have read the statements above.**

I CONFIRM

**Effluent Characteristics - Conventional Pollutants**

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Biochemical Oxygen Demand - five day (BOD5)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in affluent
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in affluent
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in affluent
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in affluent
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	Not expected in affluent
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	Elevated temperature not expected in affluent
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	Elevated temperature not expected in affluent
pH	ESTIMATED DATA		
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	ESTIMATED DATA		
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

**CORRECTION REQUEST (APPROVED)**

**Effluent Characteristics- Conventional Pollutants**

Please provide a more appropriate rationale for the waivers requested for BOD5, COD, TOC, Ammonia Nitrogen, Total Suspended Solids]. If these pollutants are not expected to be in the discharge, then indicate ♦Not expected in effluent♦. For Temperature ♦ Summer and Winter, if the discharge temperature is not expected to be elevated, then indicate, ♦Elevated temperatures not expected in effluent.♦

Created on 3/24/2026 4:39 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/6/2026 4:48 PM)**

Updated per recommendations

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

Briarwood Multi Family Pool Estimated Data.docx - 04/10/2026 11:29 AM

**Comment**

NONE PROVIDED

**CORRECTION REQUEST (APPROVED)**

**Estimated Data Adjustment**

To comply with permit limits for facilities who will be discharging for more than 160 minutes a day, the TRC concentration in the estimated data provided should be less than or equal to 38 ug/L.

Created on 4/9/2026 3:15 PM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/10/2026 11:30 AM)**

Revised data document

**CORRECTION REQUEST (APPROVED)**

**Estimated Data Upload Needed**

New use applications typically put Estimated Data for the constituents that they will be testing for when the facility opens and

starts discharging. That part is correct. This application requires that, for facilities with estimated data, estimated data is uploaded with the application. Please see the example that is attached to this request as a guide, making changes where necessary for this particular facility.

Created on 3/24/2026 4:43 PM by **Anne Wisner**

#### 2 COMMENTS

**Anne Wisner (WisnerA1@Michigan.gov) (4/7/2026 10:39 AM)**

This document needs to be revised as it currently shows the Chlorine row as 3 ppm. This may be the estimated chlorine concentration for the pool itself, but for the purposes of this application the estimated data should be for the discharge as it leaves the facility.

That measurement would be for total residual chlorine (TRC), which EGLE measures in ug/L (micrograms per liter). 3 ppm is equivalent to 3000 ug/L. When facilities discharge less than 160 minutes per day, the maximum daily residual TRC concentration is 200 ug/L or .2ppm.

Please revise this document to show the chlorine row as TRC and show the estimated concentration in ug/L, ensuring it does not go over the allowable concentrations for these facilities.

**Paul Gloudeans (paul.gloudeans@hines.com) (4/6/2026 4:48 PM)**

Added estimated data document

## 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 (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**

Chlorine and muriatic acid

**CORRECTION REQUEST (APPROVED)**

**Additional WTA's Indicated**

The updated narrative for this facility indicated that Muriatic acid will also be used at this facility. This should be indicated in this section as well.

Additionally, this facility will be dechlorinating the discharge, which will most likely take place with the addition of a dechlorinating chemical, like sodium thiosulfate. This chemical should be added to this section as well.

Created on 4/7/2026 10:45 AM by **Anne Wisner**

**1 COMMENT**

**Paul Gloudemans (paul.gloudemans@hines.com) (4/9/2026 11:54 AM)**

updated to include the muriatic acid

**NOTE (CREATED)**

**Additional WTAs May be Needed**

This section indicates that this facility will be using chlorine to chlorinate the pool water. Public swimming pool facilities who chlorinate their pool must also dechlorinate the filter backwash and pool drainage discharge. More information will be provided later on this.

Created on 3/24/2026 4:49 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).**

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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

## Storm Water

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

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

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

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

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

**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 [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:

NONE PROVIDED

**Comments (As needed)**

NONE PROVIDED

**Additional Documents (As needed)**

NONE PROVIDED

**Comment**

NONE PROVIDED

## Revisions

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<b>Revision</b>	<b>Revision Date</b>	<b>Revision By</b>
Revision 1	3/10/2026 12:01 PM	Paul Gludemans
Revision 2	3/25/2026 9:42 AM	Paul Gludemans
Revision 3	4/7/2026 4:38 PM	Paul Gludemans
Revision 4	4/10/2026 11:27 AM	Paul Gludemans