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

version 1.37

(Submission #: HNC-52BC-WR90N, version 4)

Details

Submission ID	HNC-52BC-WR90N
Submission Reason	Renewal

Form Input

Permit ID

Permit ID (Pre-populated)
8225478427642009753

Permit Number (Pre-populated)
MI0059203

Section 1. Applicant Information

??Please provide the name of the entity that will be legally responsible for the permit in the "Company" field. Do not include the first/ last name of an individual. Contact information will be collected in another section.

Applicant Information

Applicant/Legal Entity Name and Address

Prefix
NONE PROVIDED

First Name	Last Name
N/A	*N/A*

Title
DTE Electric Company - Distribution Operations

Organization Name
DTE Energy

Phone Type	Number	Extension
Business	248.207.7768	N/A

Email
marcela.orlandea@dteenergy.com

Fax
NONE PROVIDED

Applicant/Legal Entity Address

One Energy Plaza
N/A
Detroit, Michigan 48226
United States

Section 2. Facility Information

SITE ID/DEQ Reference Number (pre-populated)
-5174050961472779729

FACILITY DESIGNATED NAME (pre-populated)
DTE-Electric Manholes & Vaults

Facility Name 1 - Company Name
DTE Electric Company

Facility Name 2 - Division Name
Distribution Operations

Facility Name 3 - Plant Name
Electric Manholes and Vaults

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

Appendix to the Permit Application

Facility Location
42.33363229599534,-83.05755849792763

Site/Facility Location Address

> One Energy Plaza
> Detroit, MI 48226

Facility Website Address (If applicable)
http://www.dteenergy.com

Provide up to four Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes, in order of economic importance, which best describe the major products or services provided by this facility
NAICS: 22112 SIC: 4911

Indicate if this facility is a primary industry (refer to Table 1 of the Appendix to determine if this facility is a primary industry).
Yes, this facility is a primary industry.

If you are a primary industry, indicate the primary industry category below (see Table 1 of the Appendix):
Electric Power Transmission, Control and Distribution

CLICK HERE to view the Appendix to the permit application

Does the facility have a DEQ-certified operator at the appropriate level?
YES

Section 3. Contacts (1 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, please use the ⁄Add New Section⁄ button at the bottom of this page, or select ⁄Duplicate Section⁄ to copy the contact information and edit a portion of the contact fields.

?If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact
Facility Contact
Other

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

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

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Contact

Prefix
Mr.

First Name	Last Name
George	*Mandorf*

Title
Director - Regional Customer Ops SE

Organization Name
DTE Energy Electric Company

Phone Type	Number	Extension
Business	734.649.2446	N/A

Email
brian.calka@dteenergy.com

Fax
NONE PROVIDED

Address
Redford Service Center
12000 Dixie
Redford, MI 48239
US

Section 3. Contacts (2 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, please use the ﷺAdd New Sectionﷺ button at the bottom of this page, or select ﷺDuplicate Sectionﷺ to copy the contact information and edit a portion of the contact fields.

?If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact
DMR Contact
Application Contact
Annual Permit Billing Contact
Storm Water Billing Contact

Required Contact Types:
? At minimum the following contact types must be provided:
Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; and Certified Operator

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

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Contact

Prefix
Ms.

First Name	Last Name
Marcela	*Orlandea*

Title
Principal Environmental Engineer

Organization Name
DTE Electric

Phone Type	Number	Extension
Business	248-207-7768	N/A

Email
marcela.orlandea@dteenergy.com

Fax
NONE PROVIDED

Address
One Energy Plaza
655 GO
Detroit, Michigan 48226
United States

Section 3. Contacts (3 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category.

?To add additional contacts, please use the ﷺAdd New Sectionﷺ button at the bottom of this page, or select ﷺDuplicate Sectionﷺ to copy the contact information and edit a portion of the contact fields.

?If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact
SW Operator
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

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

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Contact

Prefix
Mr.

First Name	Last Name
John	*Leonard*

Title
Environmental Specialist

Organization Name
DTE Energy Corporate Services LLC

Phone Type	Number	Extension
Business	248-508-4273	N/A

Email
john.leonard@dteenergy.com

Fax
NONE PROVIDED

Address
Warren Service Center
7940 Livernois
Detroit, MI 48226
US

Certification Number(s)
13544

Certification Classification(s)
A-1i

Section 4. Additional Information

1. RULE 98 ANTIDEGRADATION REQUIREMENTS

In accordance with Rule 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 on Pages 8-9 of the Appendix. For assistance in completing this item, contact the Permits Section.
Appendix to the Permit Application

Will this discharge be an increased loading of pollutants to the surface waters of the state?
YES

If you responded "YES" above, is the increased loading of pollutants exempt from Antidegradation Demonstration?
NO -- Prepare and attach an Antidegredation Demonstration in the space provided below

Exemptions List:
A) A short-term (weeks to months) or temporary lowering of water quality

B) Bypasses that are not prohibited by regulations set forth in 40 CFR 122.41(m)

C) Response actions undertaken to alleviate a release of pollutants into the environment that may pose an imminent and substantial danger to the public health or welfare

D) Discharges of pollutant quantities from the intake water at a facility if the intake and discharge are to the same body of water

E) Increases in flow at a POTW if the increase is within the design flow of the facility, there is no increased loading of BCCs that are not specifically limited in the current permit, and there is no significant change expected in the characteristics of the wastewater collected

F) Intermittent increased loading related to wet-weather conditions

G) New or increased loading due to DEQ-approved controls related to wet-weather conditions

H) Discharges authorized by Certificates of Coverage (COC) and Notices of Coverage

I) Increased loadings within the authorized levels of a limit in an existing control document, except those loadings that result from actions by the permittee that would otherwise require submittal of an increased use request

J) Increased loadings of a pollutant which do not involve Bioaccumulative Chemicals of Concern and which use less than 10 percent of the unused loading capacity that exists at the time of the request

ANTIDEGRADATION REQUIREMENTS Attachment

Att 1 - Antidegradation Demonstration - Addendum MH #16755.pdf - 05/24/2022 12:48 AM

Comment

NONE PROVIDED

2. INFORMATION CONCERNING LOCAL UNIT OF GOVERNMENT (LUG)

Local Unit of Government (LUG)

See Attachment 2 for details

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

xxxxxx@xxxxxx.com

3. 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:
City of Detroit	DWSD-GD-01	Water - General Discharge
City of Detroit	004-27360-IU	Wastewater Discharge

4. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

In the space below, please upload a flow diagram (using 8½ x 11 paper if possible) and a narrative description that explains the diagram. The diagram should show the wastewater flow through the facility (from intake through discharge), including all processes, treatment units, including any lagoons or ponds (lagoon / pond construction and liner information should be included) used for wastewater treatment or storage (identify treatment units that operate intermittently), and bypass piping. Show all operations contributing wastewater and the locations of flow meters, chemical feeds, and monitoring and discharge points. The water balance shall show the daily average flow rates at the intake and discharge points, and approximate daily flow rates between treatment units, including influent and treatment rates. Use actual measurements whenever available, otherwise use the best estimate. Show all significant losses of water to products, atmosphere, and discharge. In addition, provide a flow diagram for any storm water discharges from secondary structures that are required by state or federal law and for storm water runoff from any Site of Environmental Contamination, pursuant to Part 201 of the NREPA. Do not send blueprints. Provide black-and-white reproducible diagrams.

Treatment Works Treating Domestic Sewage The narrative description shall briefly describe the history of the wastewater treatment facility and collection system, including the initial construction, facility improvements, future plans for upgrade, location of all constructed emergency overflows, and other pertinent information.

Industrial / Commercial Facilities The diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. Include a narrative that provides a brief description of the nature of the business and the manufacturing processes.

Concentrated Animal Feeding Operations Refer to the requirements set forth in Section V.

WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Water Use_Narrative - Attachment 3_Final.pdf - 03/26/2018 09:58 AM
Water Use Diagram - Attachment 4_Final.pdf - 03/26/2018 09:59 AM
Job Unit 405 - Attachment 5_Final.pdf - 03/26/2018 09:59 AM
Att 3 - Narrative Description - Addendum MH #16755.pdf - 05/24/2022 11:16 AM
Comment
See Attachments 3, 4 and 5
Att 3 - Narrative Description - Addendum MH #16755
Att 4 - Water Use Diagram - Addendum MH #16755

5. MAP OF FACILITY AND DISCHARGE LOCATION

Vault Dewatering Locations Description - Attachment 6_Final.pdf - 03/26/2018 10:01 AM
Att 6 - Map of the Facility - Addendum MH #16755.pdf - 05/24/2022 11:19 AM
Comment
See Attachment 6
Att 6 - Map of Facility - Addendum MH #16755

6. LIST ADJACENT PROPERTY OWNERS

Individual Property Owner or Business Contact
See Attachment 7

Section 4.1. Laboratory Services (1 of 2)

Laboratory: Pace Analytical Services, LLC

?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
Pace Analytical Services, LLC

Lab Type
Contract Laboratory

Laboratory Street Address (Not required if In-house)
5560 Corporate Exchange Ct. SE
Grand Rapids, Mi 49512

Laboratory Phone
616-975-4500

Laboratory Email
jennifer.rice@pacelabs.com

Analyses Performed
See Attachment 8

Section 4.1. Laboratory Services (2 of 2)

Laboratory: Merit Laboratories, Inc

?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
Merit Laboratories, Inc

Lab Type
Contract Laboratory

Laboratory Street Address (Not required if In-house)

2680 East Lansing Drive
East Lansing, MI 48823

Laboratory Phone
517.332.0167

Laboratory Email
johnlaverty@meritlabs.com

Analyses Performed
See Attachment 8 - Addendum MH #16755

Section 5. Water Source and Discharge Type

5.3- Discharge Types

Type	Average Flow Rate	Units
Process Wastewater	N/A	N/A
Contact Cooling Water	N/A	N/A
Noncontact Cooling Water	N/A	N/A
Groundwater Cleanup	N/A	N/A
Sanitary Wastewater	N/A	N/A
Regulated Storm Water	N/A	N/A
High Pressure Test Water	N/A	N/A
Other:		
Structure Dewatering Water	250	GPM

5.2- Water Sources

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	N/A		
Surface Water Intake	N/A		
Private Well	N/A		
Other:			
Precipitation and Groundwater Infiltration	Varies - See Attachment 6	Varies	GPM

Note: For the above tables indicate units as MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day), or other appropriate unit.

Section 6. Outfall Information and Effluent Characteristics (1 of 2)

Outfall: N/A Receiving water: See Attachment 6

Instructions for this item are on Page 3 of the Appendix.

?To add additional outfalls, please use the ?Add New Section? button at the bottom of this page, or select ?Duplicate Section? to copy the outfall information and edit a portion of the fields on the page.
Appendix to the Permit Application

? 1. OUTFALL INFORMATION

Feature Type
Outfall

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

Outfall Description
N/A

Enter the name of the receiving water:
See Attachment 6

Outfall Location
42.334460,-83.057106

? 2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

Type of Wastewater Discharged (check all that apply to this outfall):
Storm Water - not regulated
Others (see Table 8 ? Other Common Types of Wastewater on Page 17 in the Appendix)

If you identified "Storm water subject to effluent guidelines" under Type of Wastewater Discharged, above, identify the effluent guideline category:
N/A

If you identified "Others" under Type of Wastewater Discharged, above, specify the wastewater type(s):
Groundwater Infiltration

? 3. FLOW

What is the Maximum Design Flow Rate for this outfall, in MGD?
250

For the definition of seasonal vs. continuous discharge, CLICK HERE to view the application Appendix

What maximum daily flow rate are you requesting authorization to discharge from this outfall for the next five years? For a seasonal discharge, enter flow using MGY and continue to subsection titled Seasonal Discharge; for a continuous discharge, enter flow using MGD and continue to subsection titled Continuous Discharge.
N/A

? Seasonal Discharge

From	Through	Actual Discharge Volume (MGD)
N/A	N/A	N/A

What is the actual annual total of seasonal discharge at this outfall?
N/A

? Continuous Discharge -- Includes Batch Discharges

How often is there a discharge from this outfall (on average)? Hours/Day
Varies

How often is there a discharge from this outfall (on average)? Days/Year
Varies

Batch dischargers are required to provide the following additional information. Is there effluent flow equalization?
No

What is the batch peak flow rate?
250 GPM

How many batches are discharged per day?
N/A

Batch Discharge Volumes and Duration

Description	Minimum	Average	Maximum
Batch Volume (gallons)	N/A	N/A	N/A
Batch Duration (minutes)	N/A	N/A	N/A

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
Non Regulated Storm Water	SIC: 4911, NAICS: 22112	Storm water enters eletric manholes and vaults at various rates. This water is removed periodically to facilitate access and maintenance.
Groundwater Infiltration	SIC: 4911, NAICS: 22112	Storm water enters eletric manholes and vaults at various rates. This water is removed periodically to facilitate access and maintenance.

Appendix to the Permit Application

5. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
	See Attachment 9A	Biochemical Oxygen Demand [five day (BOD5)			mg/l		Grab / 24-Hr Comp
	Request waiver [not expected in effluent	Chemical Oxygen Demand (COD)			mg/l		Grab / 24-Hr Comp
	Request waiver [not expected in effluent	Total Organic Carbon (TOC)			mg/l		Grab / 24-Hr Comp
	Request waiver [not expected in effluent	Ammonia Nitrogen (as N)			mg/l		Grab / 24-Hr Comp
	Request waiver [not expected in effluent	Total Suspended Solids			mg/l		Grab / 24-Hr Comp
	Waiver Request Not Required	Total Dissolved Solids			mg/l		Grab / 24-Hr Comp
	Waiver Request Not Required	Total Phosphorus (as P)			mg/l		Grab / 24-Hr Comp
	Waiver Request Not Required	Fecal Coliform Bacteria (report geometric means)		Maximum 7-day	counts/100ml		Grab
	Waiver Request Not Required	Escherichia coli (report geometric means)		Maximum 7-day	counts/100 ml		Grab
	Waiver Request Not Required	Total Residual Chlorine			mg/l or mg/l		Grab
	Waiver Request Not Required	Dissolved Oxygen	Do Not Use	Minimum Daily	mg/l		Grab
		pH (report maximum and minimum of individual samples)	Minimum (6.9)	Maximum (12.4)	standard units	61	Grab
	Request waiver [not expected to be different from the temperature of the groundwater and stormwater entering the manhole.	Temperature, Summer			[F [C		Grab

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
	Request waiver – not expected to be different from the temperature of the groundwater and stormwater entering the manhole.	Temperature, Winter			°F °C		Grab
	Waiver Request Not Required	Oil & Grease			mg/l		Grab
							Grab

Please Note: Rule 323.1062 allows the use of either Escherichia coli or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The DEQ will use the indicator selected below in the permit issued based on this Application.
NONE PROVIDED

– 6. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

Instructions: Do not submit a blank excel table. Review the five toxic pollutant groups below, and indicate on the excel table any toxic pollutant/s that is/are believed or known to be present in the effluent. If the effluent is not believed or known to contain any toxic pollutant from any of the five toxic pollutant groups below, enter "NA" for "Not Applicable," on the excel table, to indicate that you have considered and ruled out all toxic pollutant groups.

Tables 1 – 6, referenced below, are located in the Appendix.
CLICK HERE to open the Appendix to the Permit Application

PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one permittee-collected effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one permittee-collected effluent analysis for any other chemical listed in Table 2 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.
New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

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.
New industries that expect to 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, shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

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.
New secondary industries or new primary industries that propose to discharge nonprocess wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

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.
New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in the facility's effluent.

INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, 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 have not been previously identified in this Application. Quantitative effluent data for these chemicals that is less than five years old shall be reported.

Effluent Characteristics - Toxic Pollutants

Outfall Number / ID:			Sample Date	Sample Date	Sample Date	Sample Date		
Submitted via e-DMRs?								
(Yes/No)	PARAMETER	CAS No.	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Sample Type	Analytical Method
For effluent characteristics, please see Attachment 9 for summary of effluent sampling results (and contract lab reports) as required by Part 1, Section A, Item (i) - Filter Sock Effectiveness Test.								

NOTE: If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, and Analytical Method. For analytical test requirements, see 40 CFR, Part 136. If Alternate Test Procedures were approved for any parameter listed above, an approval letter must be included with the application.
Appendix to the Permit Application

7. WATER TREATMENT ADDITIVES

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.
WTA approvals are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval to use and discharge the WTAs for which approval is requested as part of this Application.

A) Are any WTAs added to water used at the facility or to wastewater generated by the facility?
No. Proceed to 6.12.

B) Have these WTAs been previously approved by the DEQ?
NONE PROVIDED

If you answered yes to the previous question:

NONE PROVIDED
Comment
N/A

C) Submit a list of WTAs that are or may be discharged from the facility. A request to discharge WTAs shall include all of the following usage and discharge information for each WTA proposed to be discharged:

1. Safety Data Sheet (formerly known as Material Safety Data Sheet), AND product label if the product is a pesticide;
2. the proposed WTA discharge concentration with supporting calculations;
3. the discharge frequency (i.e., number of hours per day and number of days per year);
4. the outfall and monitoring point from which the product is to be discharged;
5. the type of removal treatment, if any, that the WTA receives prior to discharge;
6. the product's function (e.g., microbiocide, flocculant, etc.);
7. a 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.); and
8. the results of a toxicity test for one (1) other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of R 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

List the WTAs in the following space
N/A

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8. 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? If yes, identify the tests and report the results on the forms provided in the Appendix for WET test reporting, unless the test results have been previously submitted to the DEQ within the last three (3) years. Comments:
N/A

Section 6. Outfall Information and Effluent Characteristics (2 of 2)

Outfall:Outfall 001 Receiving water:River Rouge

Instructions for this item are on Page 3 of the Appendix.

?To add additional outfalls, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the outfall information and edit a portion of the fields on the page.
Appendix to the Permit Application

1. OUTFALL INFORMATION

Feature Type
Outfall

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

Outfall Description
Storm Water Catch Basin receiving water from MH 16755

Enter the name of the receiving water:
River Rouge

Outfall Location
42.456725,-83.317538

2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

Type of Wastewater Discharged (check all that apply to this outfall):
Storm Water - not regulated
Others (see Table 8 – Other Common Types of Wastewater on Page 17 in the Appendix)

If you identified "Storm water subject to effluent guidelines" under Type of Wastewater Discharged, above, identify the effluent guideline category:
N/A

If you identified "Others" under Type of Wastewater Discharged, above, specify the wastewater type(s):
Groundwater Infiltration

– 3. FLOW

What is the Maximum Design Flow Rate for this outfall, in MGD?
0.0288

For the definition of seasonal vs. continuous discharge, CLICK HERE to view the application Appendix

What maximum daily flow rate are you requesting authorization to discharge from this outfall for the next five years? For a seasonal discharge, enter flow using MGY and continue to subsection titled Seasonal Discharge; for a continuous discharge, enter flow using MGD and continue to subsection titled Continuous Discharge.
0.0288

– Seasonal Discharge

From	Through	Actual Discharge Volume (MGD)
N/A	N/A	N/A

What is the actual annual total of seasonal discharge at this outfall?
N/A

– Continuous Discharge -- Includes Batch Discharges

How often is there a discharge from this outfall (on average)? Hours/Day
Varies

How often is there a discharge from this outfall (on average)? Days/Year
Varies

Batch dischargers are required to provide the following additional information. Is there effluent flow equalization?
No

What is the batch peak flow rate?
20 GPM

How many batches are discharged per day?
N/A

Batch Discharge Volumes and Duration

Description	Minimum	Average	Maximum
Batch Volume (gallons)	N/A	N/A	N/A
Batch Duration (minutes)	N/A	N/A	N/A

– 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
Non Regulated Storm Water	SIC: 4911, NAICS: 22112	Storm water enters eletric manholes and vaults at various rates. This water is removed periodically to facilitate access and maintenance.
Groundwater Infiltration	SIC: 4911, NAICS: 22112	Storm water enters eletric manholes and vaults at various rates. This water is removed periodically to facilitate access and maintenance.

Appendix to the Permit Application

◆ 5. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
		Biochemical Oxygen Demand ◆ five day (BOD5)			mg/l		Grab / 24-Hr Comp
see Attachment 8 - Laboratory Analyses - Addendum MH #16755		Chemical Oxygen Demand (COD)			mg/l		Grab / 24-Hr Comp
		Total Organic Carbon (TOC)			mg/l		Grab / 24-Hr Comp
		Ammonia Nitrogen (as N)			mg/l		Grab / 24-Hr Comp
		Total Suspended Solids			mg/l		Grab / 24-Hr Comp
	Waiver Request Not Required	Total Dissolved Solids			mg/l		Grab / 24-Hr Comp
	Waiver Request Not Required	Total Phosphorus (as P)			mg/l		Grab / 24-Hr Comp

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
	Waiver Request Not Required	Fecal Coliform Bacteria (report geometric means)		Maximum 7-day	counts/100ml		Grab
	Waiver Request Not Required	Escherichia coli (report geometric means)		Maximum 7-day	counts/100 ml		Grab
	Waiver Request Not Required	Total Residual Chlorine			mg/l or mg/l		Grab
	Waiver Request Not Required	Dissolved Oxygen	Do Not Use	Minimum Daily	mg/l		Grab
		pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units		Grab
		Temperature, Summer			◆F ◆C		Grab
		Temperature, Winter			◆F ◆C		Grab
	Waiver Request Not Required	Oil & Grease			mg/l		Grab
							Grab

Please Note: Rule 323.1062 allows the use of either Escherichia coli or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The DEQ will use the indicator selected below in the permit issued based on this Application.
N/A

◆ 6. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

Instructions: Do not submit a blank excel table. Review the five toxic pollutant groups below, and indicate on the excel table any toxic pollutant/s that is/are believed or known to be present in the effluent. If the effluent is not believed or known to contain any toxic pollutant from any of the five toxic pollutant groups below, enter "NA" for "Not Applicable," on the excel table, to indicate that you have considered and ruled out all toxic pollutant groups.

Tables 1 ◆ 6, referenced below, are located in the Appendix.
CLICK HERE to open the Appendix to the Permit Application

PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one permittee-collected effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one permittee-collected effluent analysis for any other chemical listed in Table 2 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.
New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility◆s effluent.

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.
New industries that expect to 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, shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

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.
New secondary industries or new primary industries that propose to discharge nonprocess wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

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.
New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in the facility's effluent.

INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, 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 have not been previously identified in this Application. Quantitative effluent data for these chemicals that is less than five years old shall be reported.

Effluent Characteristics - Toxic Pollutants

Outfall Number / ID:			Sample Date:	Sample Date:	Sample Date:	Sample Date:		
Submitted via DMRs?								
(Yes/No)	PARAMETER	CAS No.	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Conc. (ug/l)	Sample Type	Analytical Method
see Attachment 8 - Laboratory Analyses - Addendum MH #16755								

NOTE: If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, and Analytical Method. For analytical test requirements, see 40 CFR, Part 136. If Alternate Test Procedures were approved for any parameter listed above, an approval letter must be included with the application.
Appendix to the Permit Application

7. WATER TREATMENT ADDITIVES

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.
WTA approvals are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval to use and discharge the WTAs for which approval is requested as part of this Application.

A) Are any WTAs added to water used at the facility or to wastewater generated by the facility?
No. Proceed to 6.12.

B) Have these WTAs been previously approved by the DEQ?
NONE PROVIDED

If you answered yes to the previous question:
NONE PROVIDED
Comment
N/A

C) Submit a list of WTAs that are or may be discharged from the facility. A request to discharge WTAs shall include all of the following usage and discharge information for each WTA proposed to be discharged:

1. Safety Data Sheet (formerly known as Material Safety Data Sheet), AND product label if the product is a pesticide;
2. the proposed WTA discharge concentration with supporting calculations;
3. the discharge frequency (i.e., number of hours per day and number of days per year);
4. the outfall and monitoring point from which the product is to be discharged;
5. the type of removal treatment, if any, that the WTA receives prior to discharge;
6. the product's function (e.g., microbiocide, flocculant, etc.);
7. a 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.); and
8. the results of a toxicity test for one (1) other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of R 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.

List the WTAs in the following space
N/A

Appendix to the Permit Application

8. 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? If yes, identify the tests and report the results on the forms provided in the Appendix for WET test reporting, unless the test results have been previously submitted to the DEQ within the last three (3) years. Comments:
N/A

Section 7. Storm Water

1. Is this facility engaged in a regulated "industrial activity" as defined in 40 CFR 122.26(b)(14)? To make this determination, see the DEQ Storm Water website (http://www.michigan.gov/deqstormwater, then click on Industrial Program, then click on Primary Activities & Standard Industrial Classification (SIC) Codes.
Yes. Continue to question 7.2

2. Is the storm water from this facility discharged to a surface water of the state either directly or through another conveyance (e.g., municipal separate storm sewer system)? Note: If storm water is discharged to a municipal combined storm sewer system, a municipal wastewater treatment system, or a privately-owned activated sludge treatment system, check the "No" box.
Yes. Provide the name(s) of the surface water(s) of the state: Continue to question 7.3.

Names
River Rouge

3. Are any industrial activities or materials exposed to storm water at this facility?
No. Applicant must complete the No Exposure Certification (NEC) Form in the Appendix and submit it with this Application, then STOP: Do not complete the rest of Section 7.

Use the link to make a determination

Click here to see the No Exposure Certification Guidance page

4. Does this facility have an Industrial Storm Water Certified Operator who has supervision over the facility's industrial storm water treatment and control measures?
Yes. Provide that person's name and number on the lines provided, then continue to question 7.5:

For information go to the link below then click on Industrial Program, then look under Storm Water Program Certified Operator Training.
For more information click here

Name and Number
John Leonard - 13544

5. Has a Storm Water Pollution Prevention Plan (SWPPP) been developed and implemented for this facility?
NONE PROVIDED

For information go to the link below, then click on Industrial Program, then look under Storm Water Pollution Prevention Plans.
For more information click here

6. READ ALL PARTS OF THE FOLLOWING QUESTION BEFORE RESPONDING: Does this facility discharge storm water to a surface water of the state or a municipal separate storm sewer system from a Special-Use Area?
No. Continue to 7.7.

Check all Special-Use Area(s) that apply (See explanation below). Continue to question F.2):
NONE PROVIDED

A) Secondary containment structure(s) required by state or federal law. Attach a list of the materials stored in this area.

B) Areas identified on Michigan's list of Sites of Environmental Contamination, pursuant to the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, Part 201 (formerly 307)

C) A facility that the DEQ has determined discharges storm water that is a significant contributor of pollutants to surface waters of the state

2) Has a Short-Term Storm Water Characterization Study (STSWCS) Plan been approved by the DEQ for this facility?
NONE PROVIDED

Have any changes occurred at the facility which could result in the discharge of pollutants that differ from those identified in the previously approved STSWCS Plan?
NONE PROVIDED

7. Additional Information
NEC for Vault Dewatering.pdf - 06/08/2018 05:50 PM
Comment
NONE PROVIDED

Section 8. Cooling Water Intake Structures

COOLING WATER INTAKE STRUCTURES

The withdrawal of cooling water removes and kills hundreds of billions of aquatic organisms from waters of the United States each year, including fish, shellfish, fish eggs, and larvae. Aquatic organisms drawn through cooling water intake structures (CWIS) are either impinged (I) against components of the intake structure or get drawn into or entrained (E) in the cooling water system itself. Most impacts are to the early life stages of aquatic organisms. Due to the adverse environmental impact of I and E on aquatic organisms, USEPA has promulgated rules under section 316(b) of the Clean Water Act to set national performance standards to minimize the mortality of aquatic organisms from I and E for new and existing industrial facilities.
Section 316(b) requires that the location, design, construction, and capacity of CWISs reflect the best technology available (BTA) for minimizing adverse environmental impacts (I and E). All new or existing facilities utilizing a surface water intake structure to provide cooling water shall submit information for review as specified below. Please complete the following questions, compile the requested information, and submit the information as an attachment to this Application. The rules and requirements referenced below can be accessed at http://www.michigan.gov/deqnpdes. Under the Information banner, click on 316(b) Cooling Water Intake Structure Guidance.

8.1- Does or will the facility use a surface water intake structure as a cooling water source for the facility? Use of an intake structure includes obtaining water by any sort of contract or arrangement with an independent supplier if the supplier is itself not a facility covered by the requirements of 40 CFR 125 Subparts I or J, except as provided in §125.91(c) and (d).
No. Attach a brief description of the facility's cooling water source. Stop: Do not complete the rest of Section 8.

8.2- Does or will the intake structure have a design intake flow (DIF) rate (instantaneous maximum) greater than 2 MGD and does or will the facility use at least twenty-five percent of water withdrawn exclusively for cooling purposes?
NONE PROVIDED

If you selected no for the previous question. In accordance with 40 CFR 125.90(b), CWISs that do not meet these threshold requirements are required to be evaluated on a case-by-case, best professional judgment (BPJ) basis. Please submit the information specified in 40 CFR 122.21(r)(2), (3), and (5). In addition, please identify the DIF rate and actual intake flow (AIF) rate, which is the annual average intake flow rate over the three previous years, and any significant changes to operations expected for the facility or CWIS over the next five years. Also include a summary of any available data for I and E for the CWIS (including data, estimates, or descriptions on the volume or number of fish removed by trash removal systems).
Stop: Do not complete the rest of Section VI.

8.3- Check the appropriate box(es) below to identify whether the facility is new or existing, and provide the additional information as specified within each classification selected:
NONE PROVIDED

If it is a new facility. In accordance with the Final Rules promulgated by USEPA under 316(b) and effective January 17, 2002, new facilities shall submit the information specified in 40 CFR 122.21(r) and 40 CFR 125.86.

If it is an existing facility. In accordance with the Final Rules promulgated by USEPA under 316(b) and effective October 14, 2014, existing facilities (including those utilizing a closed-cycle recirculating cooling system) shall submit the information specified in 40 CFR 122.21(r)(2), (3), (4), (5), (6), (7), and (8), AND one or both of the following if applicable (check one or both as applicable):

A) Existing Facilities Greater than 125 MGD AIF. In addition to submitting the information listed above for existing facilities, these facilities shall also submit the information specified in §122.21(r)(9), (10), (11), (12), and (13).

B) New Units at Existing Facilities. In addition to submitting or updating the information listed above for existing facilities, these facilities shall also submit the information specified in §122.21(r)(14).

Existing Facility
NONE PROVIDED

Attach the compiled information described in the previous questions.
NONE PROVIDED
Comment
Section 8. Cooling Water Intake Structures is not applicable to this permit.

Note: In accordance with 40 CFR 125.95, permittees whose current permit expires PRIOR to July 14, 2018, may request an alternate schedule for the submittal of these Application requirements if they can demonstrate that they could not develop all of the required information by the date of Application submission. For Applications due April 2015 through April 2017, the Application shall include the information requested in §122.21(r)(2), (3), (5), (7), and (8); the permittee may submit a demonstration and request an alternate schedule for the Application requirements specified in §122.21(r)(4), (6), (9), (10), (11), (12), or (13). Any demonstration should include a proposed alternate schedule for submission of these Application requirements; the proposed schedule should be as soon as practicable. The Department will consider the proposed schedule in setting the alternate submittal dates. Permittees whose Applications are due in April 2018, MUST submit the required Application materials with the Application for permit reissuance. If the Final Rules promulgated under 316(b) are stayed or otherwise modified, the Department may revise these Application and permitting requirements.

Comments:
There is no cooling water involved in the operations covered by this application.

Section 9. Other Information

Comments (As needed)
- Antidegradation Exemption Statement is provided as Attachment 1.

- A list of Local Units of Government (LUG) is provided as Attachment 2.

- A statement regarding adjacent property owners is provided as Attachment 7.

- A summary of lab analyses performed by contract lab (Pace Analytical) is provided as Attachment 8. Lab reports can also be referenced in Attachment 9.

- Attachment 9A discusses the waiver request for pH measurements and the rationale behind it.

- The Filter Sock Effectiveness Test Results and related lab reports as required by Permit No. MI00059203 are provided as Attachment 9.

- A list of DTE manholes and vaults known to contain or suspected of containing PCBs is provided as Attachment 10. Although not referenced in permit application, this document is referenced in current permit.

- The No Exposure Certification (NEC) and additional information is provided as supplemental information as required in Section 7 of this application.

- 2014-2017 Retained Self Monitoring Reports are provided as supplemental information as required in Part I, Section A, Item (h) of the permit.

- Electric Manhole Dewatering NPDES Permit Application Addendum_MH 16755 - Cover Letter & Attachments

- Att 8 - Laboratory Analyses - Addendum MH #16755

Additional Documents (As needed)

Vault Dewatering Antidegradation Exemption Statement - Attachment 1_Final.pdf - 03/27/2018 01:43 PM
Local Units of Government - Attachment 2_Final.pdf - 03/27/2018 01:45 PM
Adjacent Property Owners - Attachment 7_Final.pdf - 03/27/2018 01:45 PM
Lab Analyses - Attachment 8_Final.pdf - 03/27/2018 01:47 PM
2018 Sock Filter Test Results - Attachment 9_Final.pdf - 03/27/2018 01:49 PM
DTE Manholes and Vaults Known to Contain or Suspected of Containing PCBs-Att 10_Fin.pdf - 03/27/2018 03:00 PM
NEC for Vault Dewatering_Final.pdf - 03/28/2018 08:13 AM
2014-2017 Annual Reports Combined_Final.pdf - 03/29/2018 10:38 AM
Vault Dewatering NPDES Permit Application Cover Letter - 2018.pdf - 04/02/2018 11:55 AM
pH Waiver Request - Attachment 9A.pdf - 04/03/2018 03:13 PM
Electric Manhole Dewatering NPDES Permit Application Addendum_MH 16755 - Cover Letter & Attachments.pdf - 05/24/2022 11:34 AM
Att 8 - Laboratory Analyses - Addendum MH #16755.pdf - 05/24/2022 11:35 AM

Comment
NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	3/8/2018 11:37 AM	Matthew Goddard
Revision 2	4/3/2018 3:04 PM	Marcela Orlandea
Revision 3	6/8/2018 1:57 PM	Marcela Orlandea
Revision 4	4/18/2022 9:54 AM	Marcela Orlandea

Agreements and Signature(s)

SUBMISSION AGREEMENTS

- [x] I am the owner of the account used to perform the electronic submission and signature.
- [x] I have the authority to submit the data on behalf of the facility I am representing.
- [x] I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- [x] 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 Application must be signed as follows****:*

A. For an organization, company, corporation, or authority, by a principal executive office, 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 lawthat 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 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 George Mundorf on 05/24/2022 at 11:35 AM