

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

version 3.7

(Submission #: HQJ-ZDN3-95FVS, version 3)

Digitally signed by:
MiEnviro Portal
Date: 2026.03.03 10:54:16 -05:00
Reason: Submission Data
Location: State of Michigan

Details

Submission ID HQJ-ZDN3-95FVS

NOTE (CREATED)

Correction Request_02-19-2026

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by March 5, 2026, if possible. Further processing of your application will be placed on hold until we receive the information and your application is considered complete. Please let me know if you have questions concerning this Correction Request or about how to revise the submission in MiEnviro.

Created on 2/19/2026 11:33 AM by **Anne Wisner**

Form Input

Applicant Information

"APPLICANT" refers to the entity legally responsible for the information submitted with this application, and for the permit that will result from it. **DO NOT** provide the name of an individual. Contact information will be collected in another section.

Applicant Information

Enter name of legal entity:

Organization Name

Forestbrooke Athletic Club Inc

| Phone Type | Number | Extension |
|------------|--------|-----------|
|------------|--------|-----------|

| | | |
|--------|------------|--|
| Mobile | 3139380039 | |
|--------|------------|--|

Email

martinezjj@waymo.com

Fax

NONE PROVIDED

Enter address of legal entity:

2609 Yost Boulevard

Ann Arbor, MI 48104

United States

CORRECTION REQUEST (APPROVED)

Additional Applicant Info Needed

Please revise this section to ensure a viable way to contact the applicant entity (e.g., email, phone number, etc.).

Created on 2/19/2026 11:35 AM by **Anne Wisner**

Facility Information

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

Facility/Site Name (Read Only)

2609 Yost Blvd, Ann Arbor MI

CORRECTION REQUEST (APPROVED)

Facility/Site Name

The Facility/Site Name for this application is the name of the facility. For this permit, that should be "Forestbrooke Athletic Club Pool". Please revise this section accordingly or clarify if there is a different name that should be used for the facility.

Created on 2/19/2026 11:38 AM by **Anne Wisner**

1 COMMENT

Ted Hirsch (tph@midwesternconsulting.com) (2/19/2026 5:10 PM)

I am unable to edit the "Facility/Site Name" in this section. It displays as (Read Only). I approve the facility name being changed to "Forestbrooke Athletic Club Pool" if it can be changed on your end. Otherwise I might need additional instruction on how I can change it on my end.

Facility Name 1 - Company Name

NONE PROVIDED

Facility Name 2 - Division Name

NONE PROVIDED

Facility Name 3 - Plant Name

NONE PROVIDED

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

Which of the following best describes this facility?

Private

Facility Location

42.2502529333573,-83.68748615107891

Site/Facility Location Address

2609 Yost Blvd

Ann Arbor, MI 48104

NAICS (North American Industry Classification System) code:

713940

CORRECTION REQUEST (APPROVED)

NAICS Code Needed

Please revise this section to show an applicable NAICS Code for this facility. The NAICS Code 713940: "Fitness and Recreational Sports Centers" could be applicable for this facility.

Created on 2/19/2026 11:40 AM by **Anne Wisner**

SIC (Standard Industrial Classification) code:

7997

CORRECTION REQUEST (APPROVED)

SIC Code Needed

Please revise this section to show an applicable SIC Code for this facility. The SIC Code 7997- "Membership Sports and Recreation Clubs" could be applicable to this facility.

Created on 2/19/2026 11:42 AM by **Anne Wisner**

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

No, this facility is not a primary industry.

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

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

Ann Arbor

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

CityClerk@a2gov.org

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

NO

Please provide an explanation:

The pool has operated for decades under its current configuration with no one having known there is a discharge condition which technically requires EGLE oversight. Now that the existing pool and associated equipment are being upgraded, it has become apparent that EGLE coordination and permitting is required. The owner is going to be learning all of the compliance requirements by simply going through this permitting process, so at this time they are not clear on all requirements and certifications that the facility operator must have.

Contacts (1 of 4)

CORRECTION REQUEST (APPROVED)

Additional Contact Needed

Our records show that Ted Hirsch may also be an application contact for this facility. As he is the only authorized user for this site on MiEnviro, it would be best to add him to this section as an application contact.

Created on 2/19/2026 12:07 PM by **Anne Wisner**

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

[Appendix to the Permit Application](#)

CONTACTS

At a minimum the following contact types are required:

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

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

Contact

Annual Permit Billing Contact
Application Contact
DMR Contact

Required Contact Types:

At minimum the following contact types must be provided:

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

Contact Information

Prefix

NONE PROVIDED

First Name Last Name

Joseph Martinez

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type Number Extension

Other 3139380039

Email

martinezjj@waymo.com

Fax

NONE PROVIDED

Address

2609 Yost Boulevard

Ann Arbor, MI 48104

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

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

Sarah Kairis

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type Number Extension

Mobile 2488852166

Email

forestbrookepoolmanager@gmail.com

Fax

NONE PROVIDED

Address

3133 Village Circle
Ann Arbor, MI 48108
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 Last Name

Ron Conn

Title

NONE PROVIDED

Organization Name

NONE PROVIDED

Phone Type Number Extension

Other 7343205383

Email

forestbrookepoolmanager@gmail.com

Fax

NONE PROVIDED

Address

2402 Darrow Dr.
Ann Arbor, MI 48104
United States

Certification Number(s)

NA

Certification Classification(s)

NA

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:

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

Contact Information

Prefix

NONE PROVIDED

First Name Last Name

Ted Hirsch

Title

NONE PROVIDED

Organization Name

Midwestern Consulting LLC

Phone Type Number Extension

Mobile 2483426696

Email

tph@midwesternconsulting.com

Fax

NONE PROVIDED

Address

3815 Plaza Drive
Ann Arbor, MI 48108
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: |
|-----------------|-----------------------|---------------|
| NONE PROVIDED | NONE PROVIDED | NONE PROVIDED |

WATER FLOW DIAGRAM

[Forestbrooke Pool - Backwash Plan and Details.pdf - 02/13/2026 10:03 AM](#)

[Forestbrooke Water Flow Diagram.pdf - 02/23/2026 04:35 PM](#)

Comment

NONE PROVIDED

CORRECTION REQUEST (APPROVED)

Final Water Flow Diagram Edit Needed

On the diagram, it looks like the holding tank is labeled  High-Rate Sand Filter . It does not appear that there is another

section on the diagram where a holding tank would be. Thus, please ensure that section of the diagram is properly labeled to show the holding tank and sand filters.

Created on 2/27/2026 10:41 AM by **Anne Wisner**

1 COMMENT

Ted Hirsch (tph@midwesternconsulting.com) (3/2/2026 5:16 PM)

What you are referring to as the "holding tank" is what we have labeled as a 1500 gallon Sand/Grease Interceptor. On the water flow diagram this is depicted outside the mechanical room, between the sand filter and the discharge to the stream. We have not uploaded any additional documents for this.

CORRECTION REQUEST (APPROVED)

Additional Water Flow Diagram Needed

The document uploaded for this section is great! However, blueprint documents can be overly complex and hard to follow. For this reason, we are requesting that the applicant create a more simplified water flow diagram in a box diagram format.

Please use the document attached to this correction request as an example/model for how to create one which accurately reflects the current discharge and backwash operations of the facility as well as the narrative uploaded for this application.

Please include the amount of water being used and backwashed, as well as the water treatment additives (i.e. chlorine, sodium thiosulfate, etc.) are added to the water.

Please upload this as a word document or pdf IN ADDITION to the blueprint that is already uploaded to this section of the application.

Created on 2/19/2026 11:52 AM by **Anne Wisner**

❖ **Surface waters of the state** ❖ means all the following: **The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control. A storm sewer is not a surface water of the state.**

NARRATIVE

Forestbrooke Pool Backwash Narrative.docx - 03/02/2026 05:23 PM

Comment

NONE PROVIDED

CORRECTION REQUEST (APPROVED)

Narrative Addition/Revision Needed

The narrative uploaded to this application is an excellent start. Please revise this narrative to include additional clarification on the backwash procedure. This backwash procedure is slightly outline in the answer to the question about the first 30 seconds of backwash later in this application.

The application indicates that the previous week's backwash is held in the interceptor tank and kept there to settle for a week. After a week, the pool is backwashed again and the new backwash flow replaces the previous week's backwash, which is then discharged.

If the above paragraph is accurate, please include that information in the narrative for this section.

Created on 2/19/2026 11:52 AM by **Anne Wisner**

2 COMMENTS

Anne Wisner (WisnerA1@Michigan.gov) (2/27/2026 10:41 AM)

The backwash narrative is clear, but the correction request I made was referring specifically the amount of water being held in the holding tank. Facilities covered under the Public Swimming Pool General Permit are required to have the first 30 seconds of their filter backwash be held in a holding tank to settle before being discharged. Currently, the backwash narrative does not specify how much of the filter backwash water is sent to and kept in the holding tank? Is all the backwash water per backwash cycle kept in the holding tank for a week and then discharged immediately before/during the next filter backwashing the next week, or just the first 30 seconds?

Ted Hirsch (tph@midwesternconsulting.com) (2/19/2026 5:08 PM)

Item 6 in the narrative that was initially submitted already includes the information that is being requested to be "added" to the narrative. Please clarify if there is something else missing that needs to be added.

MAP OF FACILITY AND DISCHARGE LOCATION

Forestbrooke Pool Facility Map for NPDES Permit.pdf - 02/13/2026 12:54 PM

Comment

NONE PROVIDED

Laboratory Services (1 of 1)

Laboratory: N/A

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

N/A

Lab Type

In-house Laboratory

Laboratory Phone

313-938-0039

Laboratory Email

NONE PROVIDED

Analyses Performed

TRC and pH

CORRECTION REQUEST (APPROVED)

Analyses Performed

Please revise this section to show "TRC and pH", as these will be the analyses required.

Created on 2/19/2026 12:00 PM by **Anne Wisner**

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 |
|----------------------|-----------------------------|-----------------------------|------------|
| Other: Pool Backwash | Community Pool | 362 | Other: GPM |

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 | 362 | Other: GPM |

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

NONE PROVIDED

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

3. PRELIMINARY COOLING WATER QUESTIONS

Does the facility use water for cooling purposes?

NO

4. WHOLE EFFLUENT TOXICITY (WET) TESTS.

Have any acute or chronic WET tests been conducted on any discharge(s) or receiving water(s) in relation to this facility's discharge within the last three (3) years? This includes WET tests conducted for water treatment additive approval.

NO

PUBLIC SWIMMING POOL WASTEWATER QUESTIONS

Does your facility discharge filter backwash water?

YES

What type of filter produces this backwash?

Sand filter

Describe how the first 30 seconds of backwash from a sand filter is handled (e.g., sent to a holding tank, discharged to sanitary, etc.). If a sand filter is not used, enter NA.

1. Water strained before reaching filter.
2. Water flows through sand filter.
3. Backwash flow treated with sodium thiosulfate for chlorine removal before discharge to interceptor tank.
4. Sent to interceptor tank
5. The tank will be full upon backwash start with water backwashed a week previously and allowed to settle. New flow will be discharged into the tank as old water is displaced for the first ~4.5 minutes.
6. Backwash is uninterrupted for ten minutes at the same flow rate, 362 gpm.

CORRECTION REQUEST (APPROVED)

First 30 Seconds of Backwash

Please ensure that this section matches what is outlined in the narrative description and clarified how much of the backwash discharge will be kept in the holding tank during weekly backwashing (e.g., first 30 seconds, first 5 minutes, all of the backwash water, etc.).

Created on 2/27/2026 10:48 AM by **Anne Wisner**

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?

20,000

Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water: Swift Run Drain

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

Pipe discharge to county drain

Enter the name of the receiving water:

Swift Run Drain

Outfall

42.250325,-83.687553

2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

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

Public Swimming Pool Wastewater

3. FLOW

DEFINITIONS: A facility is considered to have a SEASONAL discharge if wastewater is treated AND STORED throughout a portion of the year and then discharged over a specified period or periods of days, weeks, or months. Batch process discharges are not seasonal discharges. Any facility that does not discharge seasonally is considered to have a CONTINUOUS discharge. Batch discharges are a type of continuous discharge.

Is the discharge continuous or seasonal?

Continuous

What maximum daily flow rate are you requesting authorization to discharge from this outfall during the next five years? Enter a numeric value only based on the units Million Gallons Per Day. If the requested flow rate is less than 1,000 gallons per day, please enter a minimum of "0.001".

0.02

CORRECTION REQUEST (APPROVED)
Maximum Authorized Flow Rate

As this application indicated that this facility will be partially draining down the pool each year, approximately 20,000 gallons, that should be the maximum authorized flow rate for the facility.

If this is accurate, please revise this section to show 0.02 MGD, or clarify why a lower flow rate would be needed.
 Created on 2/19/2026 12:03 PM by **Anne Wisner**

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

| Hours per day: | Days per year: |
|----------------|----------------|
| 1 | 20 |

Does this outfall have batch discharges?

NO

4. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

The information requested below is used to determine the applicable federal regulations for this facility. For each industrial process at the facility, provide the name, the SIC or the NAICS code, and a brief description of the process. As part of each description, identify a reasonable measure of the facility's actual long-term daily production and average number of production days per year. In many cases, this is the average daily or average annual production rate from the last five years. Some federal regulations require that certain industries report different information, depending on the type of process. The Summary of Information to Be Reported by Industry Type, pages 10-11 of the Appendix, includes an abbreviated list of industrial categories and their specific Application

requirements. If the industrial process does not have specific Application requirements and recent long-term production rates are not an appropriate measure of future production, report the expected annual production rate for the next five (5) years, or for the life of the permit.

[Appendix to the Permit Application](#)

PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

| Name of the process contributing to the discharge | SIC or NAICS code: | Describe the process and provide measures of production: |
|---|--------------------|--|
| Public Swimming Pool Backwash | 713940 | Fitness and Recreational Sports Centers |

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) | ESTIMATED DATA | | |
| Chemical Oxygen Demand (COD) | ESTIMATED DATA | | |
| Total Organic Carbon (TOC) | ESTIMATED DATA | | |
| Ammonia Nitrogen (as N) | ESTIMATED DATA | | |
| Total Suspended Solids | ESTIMATED DATA | | |
| Temperature, Summer | ESTIMATED DATA | | |
| Temperature, Winter | ESTIMATED DATA | | |
| pH | ESTIMATED DATA | | |
| Total Dissolved Solids | ESTIMATED DATA | | |
| Total Phosphorus (as P) | ESTIMATED DATA | | |
| Fecal Coliform Bacteria | ESTIMATED DATA | | |
| Escherichia coli | ESTIMATED DATA | | |
| Total Residual Chlorine | ESTIMATED DATA | | |
| Dissolved Oxygen | ESTIMATED DATA | | |
| Oil & Grease | ESTIMATED DATA | | |

Please attach lab reports for conventional pollutants here.

Forestbrooke Pool Estimated Effluent Characteristics.pdf - 02/13/2026 01:56 PM

Comment

NONE PROVIDED

6. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

Instructions: Carefully review each of the toxic pollutant groups below and respond as appropriate. For guidance concerning test procedures, see Part II.B.2. of your NPDES permit.

Tables 1 – 6, referenced below, are located in the [Appendix](#).

DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (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)

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

Chemical Purpose Quantity additions

Carbon dioxide pH control 15 lbs. per week

Sodium hypochlorite Disinfectant 20 gal. per day during season
13% sodium hypochlorite solution; 65% chlorine by weight. Est. 14 lbs per week

Sodium thiosulfate Dechlorination 2 lbs. dry per 40 gal. water solution. Est. 10 gal. per week

Cyanuric Acid Chlor stabliizer NTE 80 ppm residual in pool

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

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

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

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

[View WTA guidance/instructions](#)

[Appendix to the Permit Application](#)

PFAS

The purpose of this section is to determine whether the applicant must submit sample results for per- and polyfluoroalkyl substances (PFAS).

"Surface waters of the state" means all of the following: The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control.

1. Is this facility known to have PFOS and/or PFOA present in wastewater discharged to surface waters of the state?

NO

2. Is this facility a landfill for solid or hazardous waste with a discharge of leachate to a surface water of the state?

NO

3. Is this facility a metal finisher that discharges wastewater associated with this activity to a surface water of the state?

NO

4. Is the discharge from the remediation of a contaminated site to a surface water of the state?

NO

5. Does the facility manufacture paper, corrugated paper, cardboard, paperboard, or packaging paper (coated or uncoated), and discharge wastewater associated with this activity to a surface water of the state?

NO

6. Does the facility conduct car washing as all or part of its operations and discharge car wash wastewater to a surface water of the state?

NO

7. Is this facility a commercial industrial laundry that discharges wastewater associated with this activity to a surface water of the state?

NO

8. Is this facility a chemical manufacturer with a discharge of wastewater associated with this activity to a surface water of the state?

NO

9. Has Aqueous Film-Forming Foam (AFFF) ever been used at the facility for training or testing, or to respond to a fire emergency? Has AFFF ever been stored at this facility? If yes to either, please select "YES."

NO

10. Does this facility manufacture, formulate, or mix paints/pigments and discharge wastewater from these operations to a surface water of the state?

NO

11. Does this facility have a discharge from a leather or hide tanning/finishing operation to a surface water of the state?

NO

12. Does this facility perform carpet and/or upholstery cleaning and discharge wastewater from these operations to a surface water of the state?

NO

13. Is the facility a carpet, rug, or textile manufacturer that discharges wastewater associated with this activity to a surface water of the state?

NO

14. Is this facility a centralized waste treater? Centralized Waste Treaters treat or recover metal-bearing, oily, and organic wastes, wastewater, or used material received from off site, and are regulated under 40 CFR Part 437.

NO

15. Does this facility apply a stain-, dirt-, water-, or fire-resistant coating and/or protectant, and discharge wastewater associated with this activity to a surface water of the state?

NO

Storm Water

Important Terms Used in the Storm Water Section:

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

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

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

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

Please confirm that you have read all terms and their definitions above:

I Confirm

Is the storm water from this facility discharged to a surface water of the state, either directly or through another conveyance such as a municipal separate storm sewer system? IMPORTANT: You may select "NO" here ONLY IF the storm water is discharged to a municipal combined storm sewer system, a municipal wastewater treatment system, or a privately-owned activated sludge treatment system.

YES

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:

05/01/2026

Comments (As needed)

NONE PROVIDED

Additional Documents (As needed)

[Forestbrooke signed authorization letter.pdf - 02/18/2026 04:03 PM](#)

Comment

NONE PROVIDED

Revisions

| Revision | Revision Date | Revision By |
|------------|--------------------|-------------|
| Revision 1 | 1/29/2026 2:33 PM | Ted Hirsch |
| Revision 2 | 2/19/2026 12:19 PM | Ted Hirsch |
| Revision 3 | 3/2/2026 5:13 PM | Ted Hirsch |