

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

version 2.20

(Submission #: HNY-MSVY-VP9JQ, version 1)

Digitally signed by:
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Date: 2020.03.31 14:29:01 -04:00
Reason: Copy Of Record
Location: State of Michigan

Details

Form Alias National Pollutant Discharge Elimination System (NPDES) Industrial/Commercial Application Form (Reissuance)
Submission # HNY-MSVY-VP9JQ
Status Submitted
Fee \$75.00 (Due)

Form Input

Permit or COC Number

Permit Number (Pre-populated)
MIG760043

Applicant Information

Organization Name

Campus Apartment

Phone Type **Number** **Extension**

Mobile 7343201123

Email

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S MAIN ST

ANN ARBOR, MI 48104

US

Facility Information

Instructions for completing this section are on Page 2 of the Appendix.
[Appendix to the Permit Application](#)

FACILITY DESIGNATED NAME (pre-populated)

615 S. Main - Ann Arbor

Facility Name 1 - Company Name

The Yard

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"

Which of the following best describes your facility?

Private

Facility Location

42.2734,-83.7486

Site/Facility Location Address

615 South Main Street

Ann Arbor, MI 48104

Tax Parcel Number:

09-09-29-431-013

NAICS (North American Industry Classification System) code:

531110

SIC (Standard Industrial Classification) code:

6513

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

No, this facility is not a primary industry.

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

Local Unit of Government (LUG)

Ann Arbor

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

cityclerk@a2gov.org

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

YES

Contacts (1 of 5)

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  button at the bottom of this page, or select  Duplicate  to copy the contact information and edit a portion of the contact fields.

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

Contact

Annual Permit Billing Contact

Facility Contact

Application Contact

Certified Operator

DMR 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.

[Appendix to the Permit Application](#)

Contact

Prefix

NONE PROVIDED

First Name

Nicholas

Last Name

Fil

Title

Area Maintenance Manager

Organization Name

Campus Apartment

Phone Type

Mobile

Number

7343201123

Extension

Email

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S. Main

Ann Arbor, MI, MI 48104

US

Certification Number(s)

tbd

Certification Classification(s)

tbd

Contacts (2 of 5)

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** button at the bottom of this page, or select **Duplicate** to copy the contact information and edit a portion of the contact fields.

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Contact

Facility Contact

Annual Permit Billing Contact

Application Contact

Certified Operator

Required Contact Types:

? At minimum the following contact types must be provided:

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

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Contact

Prefix

NONE PROVIDED

First Name

Nicholas

Last Name

Fil

Title

Area Maintenance Manager

Organization Name

Campus Apartment

Phone Type

Mobile

Number

7343201123

Extension

Email

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S. Main

Ann Arbor, MI, MI 48104

US

Certification Number(s)

tbd

Certification Classification(s)

tbd

Contacts (3 of 5)

CONTACTS

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

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Contact

Facility Contact

Annual Permit Billing Contact

Application Contact

Certified Operator

Required Contact Types:

? At minimum the following contact types must be provided:

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

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[Appendix to the Permit Application](#)

Contact**Prefix**

NONE PROVIDED

First Name

Nicholas

Last Name

Fil

Title

Area Maintenance Manager

Organization Name

Campus Apartment

Phone Type

Mobile

Number

7343201123

Extension**Email**

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S. Main

Ann Arbor, MI, MI 48104

US

Certification Number(s)

tbd

Certification Classification(s)

tbd

Contacts (4 of 5)**CONTACTS**

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

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Annual Permit Billing Contact

Facility Contact

Application Contact

Certified Operator

DMR Contact

Required Contact Types:

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

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[Appendix to the Permit Application](#)

Contact**Prefix**

NONE PROVIDED

First Name

Nicholas

Last Name

Fil

Title

Area Maintenance Manager

Organization Name

Campus Apartment

Phone Type

Mobile

Number

7343201123

Extension**Email**

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S. Main

Ann Arbor, MI, MI 48104

US

Certification Number(s)

tbd

Certification Classification(s)

tbd

Contacts (5 of 5)**CONTACTS**

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

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

Contact

Annual Permit Billing Contact

Facility Contact

Application Contact

Certified Operator

DMR Contact

Required Contact Types:

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[Appendix to the Permit Application](#)

Contact

Prefix

NONE PROVIDED

First Name

Nicholas

Last Name

Fil

Title

Area Maintenance Manager

Organization Name

Campus Apartment

Phone Type

Mobile

Number

7343201123

Extension**Email**

nfiljr@campusapts.com

Fax

NONE PROVIDED

615 S. Main

Ann Arbor, MI, MI 48104

US

Certification Number(s)

tbd

Certification Classification(s)

tbd

Antidegradation

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](#)

You must select  Yes  below if you are requesting authorization for one or more of the following:

- a) A discharge flow rate greater than that already authorized under your current NPDES permit
- b) Discharge to a different receiving water
- c) Discharge to a new location on the same receiving water
- d) The discharge of one or more new wastewater types not already authorized under your current NPDES permit

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

NO

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:
City of Ann Arbor	SOIL 16-0185	Soil Erosion and Sedimentary control

WATER FLOW DIAGRAM

- [2 Lower Level Plan.pdf - 03/31/2020 02:06 PM](#)
- [1 First Floor Plan.pdf - 03/31/2020 02:06 PM](#)
- [3 Basement Plumbing Plan.pdf - 03/31/2020 02:06 PM](#)
- [4 Pool Drawings.pdf - 03/31/2020 02:06 PM](#)
- [5 Site Layout.pdf - 03/31/2020 02:06 PM](#)

Comment

NONE PROVIDED

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

NARRATIVE

- [3 Basement Plumbing Plan.pdf - 03/31/2020 02:24 PM](#)

Comment

NONE PROVIDED

MAP OF FACILITY AND DISCHARGE LOCATION

- [5 Site Layout.pdf - 03/31/2020 02:25 PM](#)
- [3 Basement Plumbing Plan.pdf - 03/31/2020 02:25 PM](#)

Comment

NONE PROVIDED

LIST ADJACENT PROPERTY OWNERS

Business or Lake Board / Lake Association (if applicable)	Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
601 S. Main St.	Robert & Alma Braun Trust	443 Sutton Place	Auburn	CA	95603	USA
Ann Arbor Railroad	Ann Arbor Acquisition Corp.	PO Box 380	Howell	MI	48844	USA
108-214 E. Madison	UofM		Ann Arbor	MI	48104	USA
701-703 S. Main St.	Johnston & Johnston	2934 Brandwine Dr.	Ann Arbor	MI	48104	USA
111-119 Adams St.	LMS Enterprises	794 Melville Ave.	Palo Alto	CA	94301	USA
121 Adams St.	Susan Ann Bareis Trust	121 Adams St.	Ann Arbor	MI	48104	USA
123-125 Adams St.	Lana Hawkins & Michael Soltis	1917 Washtenaw Ave	Ann Arbor	MI	48104	USA
127 Adams St.	Omicron Asset Management	127 Adams St.	Ann Arbor	MI	48104	USA
563 S. Main St.	Sandra Nuber Trust	4922 Dexter Townhall Rd.	Dexter	MI	48130	USA
704 S. Main St.	Main/Ann Arbor Corners	7499 Middlebelt	West Bloomfield	MI	48322	USA
552 S. Main St.	Main and Madison, LLC	230 Huronview Blvd.	Ann Arbor	MI	48103	USA

Laboratory Services (1 of 1)

Laboratory: Campus Apartments

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

Laboratory Name

Campus Apartments

Lab Type

In-house Laboratory

Laboratory Phone

734-320-1123

Laboratory Email

nfiljr@campusapts.com

Analyses Performed

Chlorine/ PH

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 (i.e., Grand River, Lake Michigan, City of, Millpond).

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	Ann Arbor	.03	MGD

◆ 2. WATER DISCHARGE INFORMATION

Indicate the types of wastewater that are discharged from this facility. Multiple may be selected.

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	.03	MGD

Provide an explanation for why the amount of water from the sources would not equal the 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 Storm Water Questions

"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.

Please confirm that you have read the definition of "Surface Waters of the State" above

I confirm

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, select "NO."

YES

To determine if this facility is engaged in a regulated industrial activity as defined in 40 CFR 122.26(b)(14) carefully review the document available at:

[CLICK HERE or go to https://www.michigan.gov/documents/deq/wrd-isw-fed-sic_398366_7.pdf](https://www.michigan.gov/documents/deq/wrd-isw-fed-sic_398366_7.pdf)

Have you reviewed the "Primary Activities & Standard Industrial Classification (SIC) Codes" document referenced above.

I confirm

Is this facility engaged in a regulated industrial activity as defined in 40 CFR 122.26(b)(14)? To make this determination, click the link found above.

NO

Preliminary Cooling Water Questions

Does the facility use water for cooling purposes?

NO

Public Swimming Pool Wastewater Specific Questions

Does your facility discharge filter backwash water?

YES

What type of filter is used for the backwash water?

Sand filter

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

Sent to holding tank

Describe how the backwash from a diatomaceous earth filter is handled. If a diatomaceous earth filter is not used, type in NA.

NA

Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water:Huron River

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

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

1. OUTFALL INFORMATION

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

001

Outfall Description

Ann Arbor City storm sewer, then Allen Creek (WCWRC County drain), then Huron River.

Enter the name of the receiving water:

Huron River

Outfall

42.27100170135165,-83.68770315246392

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**Is the discharge continuous or seasonal?**

Continuous

?NOTE: Continuous discharges include batch discharges

[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? Enter a numeric value only based on the units Million Gallons Per Day.**

.03

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

Hours per day:	Days per year:
.2	184

Does this outfall have batch discharges?

YES

Is there effluent flow equalization?

NO

What is the batch peak flow rate?

106 gpm

How many batches are discharged per day?

1

Batch Discharge Volumes and Duration

Description:	Minimum:	Average:	Maximum:
Batch Volume (gallons)	500	1504	25590
Batch Duration (minutes)	5	15	242

4. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

The information requested below is used to determine the applicable federal regulations for this facility. For each industrial process at the facility, provide the name, the SIC or the NAICS code, and a brief description of the process. As part of each description, identify a reasonable measure of the facility's actual long-term daily production and average number of production days per year. In many cases, this is the average daily or average annual production rate from the last five years. Some federal regulations require that certain industries report different information, depending on the type of process. The Summary of Information to Be Reported by Industry Type, pages 10-11 of the Appendix, includes an abbreviated list of industrial categories and their specific Application requirements. If the industrial process does not have specific Application requirements and recent long-term production rates are not an appropriate measure of future production, report the expected annual production rate for the next five (5) years, or for the life of the permit.

[Appendix to the Permit Application](#)**PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE**

Name of the process contributing to the discharge	SIC or NAICS code:	Describe the process and provide measures of production:
Pool Discharge	7991	pool backflush and discharge

5. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

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

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

[CLICK HERE to open the Appendix to the Permit Application](#)

Please confirm that you have read the statements above.

I CONFIRM

Effluent Characteristics - Conventional Pollutants

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

Please attach lab reports for conventional pollutants here.

NONE PROVIDED
Comment
 NONE PROVIDED

6. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

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

Tables 1 6, referenced below, are located in the Appendix.

[CLICK HERE to open the Appendix to the Permit Application](#)

DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that

2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using USEPA Method 1613. In addition, submit the results of all other effluent analyses performed within the last three (3) years for any dioxin and furan congener listed in Table 6.

Do you have analytical results of this type to report?

NO

OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries or existing primary industries that discharge nonprocess wastewater are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3.

Do you have analytical results of this type to report?

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](#)

7. 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? (including for water treatment additive approvals)

NO

***Please note: this form has a glitch when you click Add New, it will 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 Outfall Information and Effluent Characteristics and click into the Outfall you were adding/editing and the table will work as intended. ***

Water Treatment Additives

Water Treatment Additives (WTAs)

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

Sodium Sulfite

Approval Upload

LC24930.pdf - 03/31/2020 01:58 PM

Comment

Sodium Sulfite is a reducing agent it is used in the textile industry as a bleaching, desulfurizing, and dechlorinating agent (e.g. in swimming pools). Its reducing properties are exploited in its use as a preservative to prevent dried fruit from discoloring, and for preserving meats.

ALL WTAs MUST HAVE SPECIFIC APPROVAL FROM EGLE PRIOR TO THEIR USE.

WTA approval request forms must be submitted through the facility's MiWaters 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 MiWaters, 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 "Service Request 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 MiWaters.
[CLICK HERE to link to WTA guidance/instructions](#)

[Appendix to the Permit Application](#)

Other Information

Comments (As needed)

NONE PROVIDED

Additional Documents (As needed)

NONE PROVIDED

Comment

NONE PROVIDED

Application Fee

COC Renewal Fee

75

Please note, if you mistakenly select the incorrect fee, underpayments result in the application being administratively incomplete and if you over pay, refunds for the overpayment take additional time to process. Also, only pay the NPDES application fee one time, if you are prompted to pay when REVISING a previously submitted application do not pay the application fee a second time.

Fee Amount

75

Status History

	User	Processing Status
3/30/2020 1:23:01 PM	Nicholas Fil	Draft
3/31/2020 2:28:38 PM	Nicholas Fil	Submitted

Submission Agreements

APPLICATION CERTIFICATION

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

A. For an organization, company, corporation, or authority, by a principal executive 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 law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

I understand that my e-signature constitutes a legal agreement to comply with the requirements of the NPDES Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Application.

<input checked="" type="checkbox"/>	I am the owner of the account used to perform the electronic submission and signature.
<input checked="" type="checkbox"/>	I have the authority to submit the data on behalf of the facility I am representing.
<input checked="" type="checkbox"/>	I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
<input checked="" type="checkbox"/>	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.