

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

version 3.3

(Submission #: HPT-C7Q0-M3FM1, version 3)

Digitally signed by:  
MiEnviro Portal  
Date: 2023.06.15 14:25:02 -04:00  
Reason: Submission Data  
Location: State of Michigan

## Details

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**Submission ID** HPT-C7Q0-M3FM1

**Submission Reason** New

**NOTE (CREATED)**

### Correction Request\_05-26-2023

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by June 12, 2023, 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 5/26/2023 4:31 PM by **Caroline Wolf**

## Form Input

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### Applicant Information

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

#### Applicant Information

**Enter name of legal entity:**

**Organization Name**

Mill Creek One LLC & Mill Creek II Associates Limited Partnership

**Phone Type**

**Number**

**Extension**

Business

734-994-5050

**Email**

NONE PROVIDED

**Fax**

NONE PROVIDED

**Enter address of legal entity:**

115 DEPOT ST

ANN ARBOR, MI 48104

United States

### Facility Information

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

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[Appendix to the Permit Application](#)

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

Mill Creek Community Center

**Facility Name 1 - Company Name**

Mill Creek Community Center

**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**

42.2405036,-83.714473

**Site/Facility Location Address**

3180 CHELSEA CIR  
ANN ARBOR, MI 48108

**NAICS (North American Industry Classification System) code:**

531110

**CORRECTION REQUEST (APPROVED)**  
**NAICS Code**

This code best describes the major products/services provided by the facility based on economic importance. Based on the previously used names of the facility a more appropriate SIC code would be 6513 - Operators of Apartment Buildings and a more appropriate NAICS code would be 531110 - Lessors of Residential Buildings and Dwellings. Please review and update accordingly.  
 Created on 5/26/2023 4:27 PM by **Caroline Wolf**

**SIC (Standard Industrial Classification) code:**

6513

**CORRECTION REQUEST (APPROVED)**  
**SIC Code**

This code best describes the major products/services provided by the facility based on economic importance. Based on the previously used names of the facility a more appropriate SIC code would be 6513 - Operators of Apartment Buildings and a more appropriate NAICS code would be 531110 - Lessors of Residential Buildings and Dwellings. Please review and update accordingly.  
 Created on 5/26/2023 4:27 PM by **Caroline Wolf**

**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:

Certified Operator has not been established yet

## Contacts (1 of 1)

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

[Appendix to the Permit Application](#)

### CONTACTS

At a minimum the following contact types are required:

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

?If a single person has multiple roles, please enter that person's information once and assign them multiple roles.

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

#### Contact

Annual Permit Billing Contact  
Facility Contact  
Application Contact  
DMR 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**

Mike

**Last Name**

Martin

**Title**

NONE PROVIDED

**Organization Name**

Mill Creek One LLC

**Phone Type**

Business

**Number**

734-994-5050

**Extension****Email**

mcmartin@firstmartin.com

**Fax**

NONE PROVIDED

**Address**

115 Depot Street

Ann Arbor, MI 48104

United States

#### Certification Number(s)

00000

Certification Classification(s)  
00000

## 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)**

<b>Issuing Agency:</b>	<b>Permit or COC Number:</b>	<b>Permit type:</b>
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

### **WATER FLOW DIAGRAM**

[Mill Creek Dechlorination Diagram.pdf - 05/03/2023 11:02 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**

[Mill Creek Dechlorination Diagram.pdf - 05/03/2023 11:02 PM](#)  
**Comment**  
NONE PROVIDED

### **MAP OF FACILITY AND DISCHARGE LOCATION**

[Mill Creek outfall Map.pdf - 05/03/2023 11:05 PM](#)  
[Drainage narrative.docx - 05/03/2023 11:05 PM](#)  
**Comment**  
NONE PROVIDED

## Laboratory Services (1 of 1)

Laboratory: NA

?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**

NA

**Lab Type**

In-house Laboratory

**Laboratory Phone**

000-000-0000

**Laboratory Email**

NONE PROVIDED

**Analyses Performed**

Testing for PH and Total Residual Chlorine

**Water Source and Discharge Type**

↔ 1. WATER SUPPLY INFORMATION

Identify all water sources entering the facility and treatment systems, and provide average flows. The volume may be estimated from water supply meter readings, pump capacities, etc. Provide the name of the source where appropriate (e.g., Grand River, Lake Michigan, City of Millpond, etc.).

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	City of Ann Arbor	.02	MGD

↔ 2. WATER DISCHARGE INFORMATION

Select all wastewater types discharged from this facility.

Public Swimming Pool Wastewater

Identify water discharged by the facility and treatment systems, and provide average flows. If water is first used for one purpose and then is subsequently used for another purpose, indicate the type and amount of the last use. For example, if the water is initially used for noncontact cooling water and then for process water, indicate the amount of process water. The amount of water from sources should approximate the amount of water usage. If the amounts are different, provide an explanation.

Discharge Type	Average Flow Rate	Units
Public Swimming Pool Wastewater	.02	MGD

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

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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.

There is a catch basin to capture the first flush - refer to diagram.

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?

NO

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

**Outfall:001 Receiving water:Malletts Creek**

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

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

#### 1. OUTFALL INFORMATION

---

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

001

**Outfall Description**

Discharge to Malletts Creek

**CORRECTION REQUEST (APPROVED)**

**Outfall Description**

Please update the outfall description to indicate, "Discharge to Malletts Creek."

Created on 5/26/2023 4:33 PM by **Caroline Wolf**

Enter the name of the receiving water:

Malletts Creek

**Outfall**

42.241461802142425,-83.71304338886014

#### 2. TYPE OF WASTEWATER DISCHARGED THROUGH THIS OUTFALL

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

Public Swimming Pool Wastewater

#### 3. FLOW

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?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

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

Hours per day:	Days per year:
.5	26

**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:
Swimming Pool Operations	6513	Swimming Pool Filter Backwash & Overflow

**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.

[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 the Effluent
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	Not Expected in the Effluent

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	Not Expected in the Effluent
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	Not Expected in the Effluent
Total Suspended Solids	ESTIMATED DATA		
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	Treated water goes to underground holding tank prior to discharge to storm sewer. Temperature of the water will be ground temperature at time of discharge.
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	NA pool is not open during winter
pH	NONE	I request a waiver for this parameter based on the following rationale:	Pool PH is tested regularly to maintain the acceptable range for pool water ph 7.2-7.8 and the ideal pool ph is between 7.4 and 7.6.
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	NONE	Waiver request not required.	
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

**CORRECTION REQUEST (CORRECTED)**

**Effluent Characteristics - Conventional Pollutants**

Please provided estimated data for TSS, Temperature, pH, and TRC.  
Created on 5/26/2023 4:35 PM by **Caroline Wolf**

**1 COMMENT**

**Caroline Wolf (wolfc5@michigan.gov) (6/9/2023 2:59 PM)**

You have indicated 'estimated data' for TSS, Summer Temperature, pH and TRC. Please attach a document with estimated data for these parameters to the application.

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

[Mill Creek - Estimated data.pdf - 06/15/2023 02:21 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.  
[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](#)

\*\*\*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**

Norweco Enviro C

Chlorine

CORRECTION REQUEST (APPROVED)

### Water Treatment Additives

It is indicated on the flow diagram and narrative that additional chlorination will occur at this facility. However, chlorine, or

whatever compound(s) utilized to re-chlorinate the water, was not listed as a WTA that is currently used or will be used during the next permit cycle. Please update this list to include chlorine or whatever compound(s) are utilized to re-chlorinate the water.

Created on 5/26/2023 4:37 PM by **Caroline Wolf**

**NOTE (CREATED)**

**Water Treatment Additives**

The application lists Norweco Enviro C and should list the compound used for chlorination as water treatment additives that have not been previously approved by EGLE. There is additional information that needs to be provided to obtain approval for these WTAs. Please follow the steps listed in this section to submit and obtain approval for water treatment additives. Approvals to discharge WTAs are authorized by EGLE under separate correspondence. Issuance of a COC does not authorize the discharge of water treatment additives. Therefore, please be sure to receive written approval prior to discharging any additives from the facility.

Created on 5/26/2023 4:38 PM by **Caroline Wolf**

**Approval Upload**

NONE PROVIDED

**Comment**

In Process

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 "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](#)

**Storm Water**

"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 such as a 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."**

NO

**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

## **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:

05/27/2023

**Comments (As needed)**

NONE PROVIDED

**Additional Documents (As needed)**

[Mill Creek Community Center 2022.08.26 HVAC Drawings for Pool Permit.pdf - 05/03/2023 11:26 PM](#)

[19285 Mill Creek Detailed Engineering #5.pdf - 05/03/2023 11:26 PM](#)

[Mill Creek Plans Revised\\_12122022-Approved.pdf - 05/03/2023 11:28 PM](#)

[SP-5591\\_Construction Permit\\_ACT-161393 REV.pdf - 05/03/2023 11:28 PM](#)

[Storm to Equipment Room Plan.pdf - 05/03/2023 11:28 PM](#)

[SP-5591\\_Construction Permit\\_ACT-161392 REV.pdf - 05/03/2023 11:28 PM](#)

**Comment**

NONE PROVIDED

## Revisions

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Revision	Revision Date	Revision By
Revision 1	5/3/2023 9:20 PM	Kelly House-Seaman
Revision 2	6/8/2023 8:10 AM	Kelly House-Seaman
Revision 3	6/15/2023 1:39 PM	Kelly House-Seaman