

# Short Form for National Pollutant Discharge Elimination System (NPDES) Certificate of Coverage (COC) (Reissuance)

version 2.3

(Submission #: HPS-J23E-BXT57, version 3)

## Details

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Submission ID HPS-J23E-BXT57

**NOTE (CREATED)**

**Correction Requests: 7-27-2023**

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by August 10, 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 7/27/2023 1:42 PM by **Hannah Schroeder-Larkins**

## Form Input

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### Applicant Information

Certificate of Coverage (COC) Number (Read-Only)

MIG250498

??"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

**Organization Name**

*Bell Tower Hotel*

Phone Type	Number	Extension
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Business	7347693010	
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**Email**

maintenance@belltowerhotel.com

**Fax**

NONE PROVIDED

**Enter address of legal entity:**

300 S THAYER 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 Designated Name (Read Only)**

Bell Tower Hotel

**Facility Name 1 - Company Name**

Bell Tower Hotel

**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**

42.27922800034792,-83.73988448958396

300 South Thayer, Ann Arbor, MI

**Site/Facility Location Address**

300 South Thayer St.

Ann Arbor, MI 48104

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

721110

**CORRECTION REQUEST (APPROVED)**

**NAICS Code**

Please change the NAICS code to 721110, as this is the corresponding NAICS code to the SIC code you provided of 7011.

Created on 7/27/2023 1:44 PM by **Hannah Schroeder-Larkins**

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

7011

**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

**CORRECTION REQUEST (APPROVED)**

**Lug Contact**

The clerk for Ann Arbor is Jacqueline Beaudry. Please update the email address for the clerk to cityclerk@a2gov.org.

Created on 7/27/2023 1:47 PM by **Hannah Schroeder-Larkins**

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

YES

**Contacts (1 of 2)**

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

## CONTACTS

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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 Type

Facility Contact  
DMR Contact

**CORRECTION REQUEST (APPROVED)**

#### Contacts

Please provide information for application contact, discharge monitoring reports (DMR) contact, annual billing contact, and certified operator including first and last name, title, business, address, city, state, ZIP code, telephone number, and e-mail address.

Created on 7/27/2023 1:49 PM by **Hannah Schroeder-Larkins**

### Contact

**Prefix**

NONE PROVIDED

**First Name**

Layne

**Last Name**

Horgrow

**Title**

Maintenance

**Organization Name**

Bell Tower Hotel

**Phone Type**

Business

**Number**

7347693010

**Extension****Email**

maintenance@belltowerhotel.com

**Fax**

NONE PROVIDED

**Address**

300 S THAYER ST

ANN ARBOR, MI 48104

United States

## Contacts (2 of 2)

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

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## CONTACTS

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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 Type

Facility Contact  
Application Contact  
Annual Permit Billing Contact

### Contact

**Prefix**

NONE PROVIDED

**First Name**

Andy

**Last Name**

Paniwozik

**Title**

Director of Maintenance

**Organization Name**

NONE PROVIDED

**Phone Type**

Business

**Number**

7347693010

**Extension****Email**

maintenance@belltowerhotel.com

**Fax**

NONE PROVIDED

**Address**

300 S THAYER ST

ANN ARBOR, MI 48104

United States

### Additional Information

**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.

### WATER FLOW DIAGRAM

[Bell Tower Hotel Maps and Flow.pdf - 04/12/2023 10:01 AM](#)

**Comment**

NONE PROVIDED

### NARRATIVE

[Storm Water Discharge Source Identification.docx - 04/12/2023 10:04 AM](#)

**Comment**

NONE PROVIDED

### MAP OF FACILITY AND DISCHARGE LOCATION

[Bell Tower Hotel Maps and Flow.pdf - 04/12/2023 10:05 AM](#)

[Additional Information-Outfall Location Map\\_Bell Tower Hotel.pdf - 08/30/2023 09:01 AM](#)

**Comment**

NONE PROVIDED

CORRECTION REQUEST (APPROVED)

### Map of Facility and Discharge Location

Please replace the current document with the document that is attached. This document was provided during the last reissuance and contains an aerial map showing the flow of wastewater from the facility to the outfall and receiving water. Please also keep a copy of this document for future applications.  
Created on 7/27/2023 1:53 PM by **Hannah Schroeder-Larkins**

**Has any additional sampling been conducted that was not required by the General Permit?**

NO

**Has the facility received any approval for reduced monitoring frequencies sent by the Department for the regulated discharge(s) identified herein?**

NO

## 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 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.

[Appendix to the Permit Application](#)

**Are any WTAs added to water used at the facility or to wastewater generated by the facility?**

NO

## Outfall Information (1 of 1)

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

**◆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.

'Receiving Water' means the surface water of the state on which this outfall is located.

'Outfall Location' means the latitude/longitude at which this discharge first enters a surface water of the state.

### **Outfall Number**

001

### **Outfall Description**

Storm sewer

**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".**

.08

CORRECTION REQUEST (APPROVED)

### Maximum Flow Rate

Please change the maximum requested flow rate to 0.08 MGD, as this was the authorized flow rate used in your previous

## Receiving Water

Huron River

## Outfall Location

Use the tool below to indicate the location where this discharge first enters the receiving water. If the location of the outfall has not changed since the last permit reissuance, refer to the coordinates listed in the facility's current Certificate of Coverage (COC).

### Outfall Location

42.2792474,-83.7398767

#### **CORRECTION REQUEST (APPROVED)**

#### **Outfall Location**

Please change outfall coordinates to 42.287319, -83.7397, as these were the outfall coordinates used in your last permit issuance.

Created on 7/27/2023 1:54 PM by **Hannah Schroeder-Larkins**

### Is noncontact cooling water discharged from this facility?

YES

### Is cooling tower blowdown discharged from this facility?

NO

### Does or will the facility use a surface water intake structure as a cooling water source at the facility?

NO

## Noncontact Cooling Water Analytical Testing Requirements

Permittees discharging noncontact cooling water are required to submit data for the following minimum analytical testing requirements (see pages 13 and 14 of the Appendix) unless results have been previously provided to the Department or submitted via Discharge Monitoring Reports (DMRs) within the last five (5) years:

?Average and maximum summer and winter temperatures;

?Maximum and minimum pH, if pH control is required; and

?Total Residual Chlorine if a city water source or a water treatment additive containing chlorine is used.

[Appendix to the Permit Application](#)

### Does the facility have effluent results for any parameter above not previously provided to the Department or submitted via DMRs within the last five (5) years?

NO

## Cooling Water Intake Structures

### COOLING WATER INTAKE STRUCTURES

The withdrawal of cooling water removes and kills hundreds of billions of aquatic organisms from waters of the United States each year, including fish, shellfish, fish eggs, and larvae. Aquatic organisms drawn through cooling water intake structures (CWIS) are either impinged (I) against components of the intake structure or get drawn into or entrained (E) in the cooling water system itself. Most impacts are to the early life stages of aquatic organisms. Due to the adverse environmental impact of I and E on aquatic organisms, USEPA has promulgated rules under section 316(b) of the Clean Water Act to set national performance standards to minimize the mortality of aquatic organisms from I and E for new and existing industrial facilities.

Section 316(b) requires that the location, design, construction, and capacity of CWISs reflect the best technology available (BTA) for minimizing adverse environmental impacts (I and E). All new or existing facilities utilizing a surface water intake structure to provide cooling water shall submit information for review as specified below.

The applicability of this permit shall be limited to discharges of noncontact cooling water that are not subject to the final regulations to establish requirements for CWIS at new or existing facilities pursuant to Section 316 of the Clean Water Act. Permittees applying for reissuance of a certificate of coverage (COC) under the Noncontact Cooling Water General Permit were previously determined to not be subject to the rules for new or existing facilities. However, in accordance with 40 CFR 125.90(b), CWIS that are not subject to the rules are still required to be evaluated on a case-by-case, best professional judgment (BPJ) basis.

Please compile the requested information and submit the information as an attachment to this Application.

[The rules and requirements can be accessed here.](#)

**Please submit the following information in an attachment below.**

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?The information specified in 40 CFR 122.21(r)(2), (3), and (5);

?identification of the design intake flow (DIF) rate;

?identification of the actual intake flow (AIF) rate, which is the annual average intake flow rate over the three previous years;

?identification of any significant changes to operations expected for the facility or CWIS over the next five years; and

?a summary of any available data for impingement and entrainment for the CWIS (including data, estimates, or descriptions on the volume or number of fish removed by trash removal systems).

**Attach all information required above for your facility.**

Storm Water Discharge Source Identification.docx - 04/29/2023 09:53 AM

**Comment**

NONE PROVIDED

**Other Information**

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**Comments (As needed)**

NONE PROVIDED

**Additional Documents (as needed)**

NONE PROVIDED

**Comment**

NONE PROVIDED

**Revisions**

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Revision	Revision Date	Revision By
Revision 1	3/31/2023 1:53 PM	Andy Paniwozik
Revision 2	8/30/2023 8:56 AM	Andy Paniwozik
Revision 3	8/30/2023 9:08 AM	Andy Paniwozik

# Agreements and Signature(s)

## **SUBMISSION AGREEMENTS**

- I am the owner of the account used to perform the electronic submission and signature.
- I have the authority to submit the data on behalf of the facility I am representing.
- I agree that providing the account credentials to sign the submission document constitutes an electronic signature equivalent to my written signature.
- 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.

*Rule 323.2114(1-4), promulgated under the Michigan Act, requires that **this Application must be signed as follows:***

***A. For an organization, company, corporation, or authority, by a principal executive office, vice president, or higher***

***B. For a partnership, by a general partner***

***C. For a sole proprietor, by the proprietor***

***D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (e.g., mayor, village president, city or village manager, or clerk)***

***Note: If the signatory is not listed above, but is authorized to sign this 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 signature constitutes a legal agreement to comply with the requirements of the general permit specified in Section 1. I certify under penalty of law that I possess full authority on behalf of the applicant/permittee to sign and submit this application.***

**Signed By**

Andy Paniwozik on 08/30/2023 at 9:13 AM