Digitally signed by:
MiEnviro Portal
Date: 2026.07.09 12:10:05 -04:00
Reason: Submission Data
Location: State of Michigan

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

version 3.7

(Submission #: HQN-CE3S-ZQMN6, version 4)

Details

Submission ID HQN-CE3S-ZQMN6

NOTE (CREATED)

Correction Request_6-2-2026

Thank you for your application. Please provide clarification and/or corrections to the noted items. Please provide this information by June 16, 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 6/2/2026 11:29 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
707 Church Street Owner, LLC

Phone Type	Number	Extension
Business	5124100342	

Email
bsinclair@lvcollective.com

Fax
NONE PROVIDED

Enter address of legal entity:

801 Congress Ave
#200
Austin, TX 78701
United States

Facility Information

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

Appendix to the Permit Application

Facility/Site Name (Read Only)
Rambler Ann Arbor

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
42.2736615,-83.734286

Site/Facility Location Address

701 Church St
Ann Arbor, MI 48104

CORRECTION REQUEST *(APPROVED)*
Facility Address

It seems like the correct address for this facility is (or will be) 707 Church Street. Please revise this section to include the correct address for this facility.
Created on 6/2/2026 11:30 AM by **Anne Wisner**

1 COMMENT
Ben Sinclair (bsinclair@lvcollective.com) (6/3/2026 11:32 AM)
Our owner entity is 707 Church Street Owner, LLC but the address plan combined all lots to 701 Church St which has been approved by the City.

NAICS (North American Industry Classification System) code:
531110

CORRECTION REQUEST *(APPROVED)*
NAICS Code Needed

Please revise this section to include an applicable NAICS Code for this facility. The NAICS Code used in the Process Streams section of this application is 531110- Lessors of Residential Buildings and Dwellings.
Created on 6/2/2026 11:32 AM by **Anne Wisner**

SIC (Standard Industrial Classification) code:
6513

CORRECTION REQUEST *(APPROVED)*
SIC Code Needed

Please revise this section to show an applicable SIC code for this facility. The SIC Code 6513- Operators of Apartment Buildings may be applicable.
Created on 6/2/2026 11:34 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?
YES

Contacts (1 of 4)

CORRECTION REQUEST *(APPROVED)*
Multiple Contact Types Needed

This application requires five unique contact types: application contact, facility contact, certified operator, annual permit billing contact, and discharge monitoring (DMR) contact. This application only listed an Application Contact and Annual Permit Billing Contact thus, additional contact types are required. One person may hold multiple contact types (ex: facility contact and annual permit billing contact and application contact, etc).

Please provide information for facility contact, discharge monitoring reports (DMR) contact, and certified operator including first and last name, title, business, address, city, state, ZIP code, telephone number, and e-mail address.
Created on 6/2/2026 11:36 AM by **Anne Wisner**

1 COMMENT
Ben Sinclair (bsinclair@lvcollective.com) (6/3/2026 11:40 AM)
Do I need a certified operator with this pool not opening until summer 2027?

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 informa and edit a portion of the contact fields.

Contact
Annual Permit Billing 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
Ben	Sinclair

Title
Project Manager

Organization Name
707 Church Street Owner, LLC

Phone Type	Number	Extension
Mobile	6169168144	

Email
bsinclair@lvcollective.com

Fax
NONE PROVIDED

Address
801 Congress Ave
Austin, TX 78701
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 informa and edit a portion of the contact fields.

Contact
Off-Season 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
Kyia	Smith

Title
Community Manager

Organization Name
Rambler Leasing Office

Phone Type	Number	Extension
Business	512-410-0342	

Email
kyia.smith@ramblerannarbor.com

Fax
NONE PROVIDED

Address
701 Church St
Ann Arbor, MI 48104
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 informa 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
Kyia	Smith

Title
Community Manager

Organization Name
Rambler Leasing Office

Phone Type	Number	Extension
Business	5124100342	

Email
kyia.smith@ramblerannarbor.com

Fax
NONE PROVIDED

Address
701 Church St
Ann Arbor, MI 48104
United States

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 informa and edit a portion of the contact fields.

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
Kyia	Smith

Title
Community Manager

Organization Name
Rambler Leasing Office

Phone Type	Number	Extension
Business	5124100342	

Email
kyia.smith@ramblerannarbor.com

Fax
NONE PROVIDED

Address
701 Church St
Ann Arbor, MI 48104
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

CORRECTION REQUEST *(APPROVED)*
Antidegradation Exemption

As the discharge can be authorized under a Certificate of Coverage, please revise this section to indicate Item H – Discharges authorized by a Certificate of Coverage or Notice of Coverage as an exemption instead of Item A.
Created on 6/2/2026 11:37 AM by **Anne Wisner**

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

Rambler Ann Arbor Pool_Flow_Diagram R2.docx - 06/03/2026 05:06 PM

Comment

NONE PROVIDED

CORRECTION REQUEST *(APPROVED)*

Water Flow Diagram Revision

Please revise this water flow diagram to show the receiving water at the end of the Drain/ Discharge Flow section, as the receiving water refers to the water that the discharge will flow into, not the water source.

Additionally, as the facility outfall map was updated, the receiving water for this facility should be listed as Mallets Creek, not the Huron River.
Created on 6/3/2026 3:46 PM by **Anne Wisner**

CORRECTION REQUEST *(APPROVED)*

Water Flow Diagram Revision

Please revise this water flow diagram to include the receiving water (water of the state) for this facility (Huron River).
Created on 6/2/2026 11:47 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

Rambler Ann Arbor Pool Narrative.docx - 05/22/2026 03:57 PM
Rambler Ann Arbor Pool Narrative R1.docx - 06/03/2026 11:45 AM

Comment

NONE PROVIDED

CORRECTION REQUEST *(APPROVED)*

Narrative Revision

Please revise this narrative to include information about the cartridge filters used at spa and pool for this facility and clarify whether this facility will be discharging filter backwash water.
Created on 6/2/2026 12:00 PM by **Anne Wisner**

MAP OF FACILITY AND DISCHARGE LOCATION

Stormwater Discharge Route-701 Church.pdf - 06/03/2026 02:57 PM

Comment

NONE PROVIDED

CORRECTION REQUEST *(APPROVED)*

Map of Facility and Discharge Location

Please revise this map to show the full discharge flow from the facility to the Huron River. Please contact the city of Ann Arbor Public Works Dept to get information on the city storm sewer paths. There is an example map attached to this correction to be used as a guide for when this facility knows how the flow travels through the storm sewers in Ann Arbor.
Created on 6/2/2026 12:04 PM by **Anne Wisner**

1 COMMENT

Ben Sinclair (bsinclair@lvcollective.com) (6/3/2026 2:57 PM)
Uploaded new map

Laboratory Services (1 of 1)

Laboratory:TBD

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

Laboratory Name
TBD

Lab Type
In-house Laboratory

Laboratory Phone
512-410-0342

Laboratory Email
bsinclair@lvcollective.com

Analyses Performed
TRC and pH

CORRECTION REQUEST *(APPROVED)*
Analyses Performed

This facility will be subject to Total Residual Chlorine and pH limitations. Please revise this section to say TRC and pH.
Created on 6/2/2026 12:05 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
Municipal Supply	Huron River	.00005	MGD

CORRECTION REQUEST *(APPROVED)*
Source Water Volume

This section asks for the source water volume in MGD (million gallons per day). Please either revise this section to show a smaller number (e.g., .008 MGD is 8000 gallons per day) or clarify why the facility uses 80 MGD (is this for the entire facility as a whole?).
Created on 6/2/2026 12:08 PM by **Anne Wisner**

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	.000023	MGD

CORRECTION REQUEST *(APPROVED)*
Water Volume Units

Please revise this section to show the water volume in MGD (million gallons per day) instead of gallons per day.
Created on 6/2/2026 12:10 PM by **Anne Wisner**

Briefly explain why the combined water from all sources does not equal the total approximate water usage, if applicable.
Water usage and discharge are not equal on a continuous basis because the pool operates as a recirculating system. Water is only discharged periodically (approximately once per year) during draining events. The reported average flow rates represent the total annual discharge volume distributed over the reporting period.

CORRECTION REQUEST *(APPROVED)*
Water Volumes are Different

Please clarify why there are different water volumes listed in the two sections above or revise those sections so that the water that is discharged matches the water that is used.
Created on 6/2/2026 12:09 PM by **Anne Wisner**

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?
NO

CORRECTION REQUEST *(APPROVED)*
Facility Does Not Discharge Filter Backwash Water

Please revise this section to show "No", as this facility uses cartridge filters and will not be discharging filter backwash water.
Created on 6/3/2026 3:51 PM by **Anne Wisner**

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.
NA

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

CORRECTION REQUEST *(APPROVED)*
Clarify Pool Drain Down

As this facility indicated that there will be no filter backwash discharge (using cartridge filters), the only other discharge that would be applicable under this permit would be partial or full draining of the pool for winter or maintenance purposes.

Please revise this section to show the maximum pool drain down amount expected within the next five years.
Created on 6/2/2026 12:11 PM by **Anne Wisner**

What is the volume of the pool or the volume of the expected drawdown in gallons?
8370

Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water:Mallets 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 co the contact information and edit a portion of the contact fields.

1. OUTFALL INFORMATION

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

CORRECTION REQUEST *(APPROVED)*
Outfall Number

EGLE uses the Outfall Number 001 for this permit. Please revise the section to say 001.
Created on 6/2/2026 12:12 PM by **Anne Wisner**

Outfall Description
The project discharges to the municipal storm sewer system. Outfall number is city owned

Enter the name of the receiving water:
Mallets Creek

CORRECTION REQUEST *(APPROVED)*
Receiving Water

Please revise this section to say "Mallets Creek", as the new documentation provided indicates that the discharge from this facility flows through the open channel of Mallets Creek before reaching the Huron River.
Created on 6/3/2026 3:52 PM by **Anne Wisner**

Outfall
42.241182,-83.715834

CORRECTION REQUEST *(APPROVED)*
Updated Outfall Coordinates

The latitude and longitude coordinates listed in this section should be for the point where the discharge reaches the water of the State, in this case, Mallets Creek.

Please revise this section to show the coordinate point for where the discharge from this facility meets Mallets Creek after traveling through the Ann Arbor storm sewers: 42.241182, -83.715834.
Created on 6/3/2026 3:57 PM by **Anne Wisner**

CORRECTION REQUEST *(APPROVED)*
Incorrect Latitude and Longitude Coordinates

The latitude and longitude coordinates listed in this section should be for the point where the discharge reached the water of the State, in this case, the Huron River.

Please revise this section to show the coordinate point for where the discharge from this facility meets the Huron River after traveling through the Ann Arbor storm sewers.
Created on 6/2/2026 12:13 PM by **Anne Wisner**

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

CORRECTION REQUEST *(APPROVED)*
Discharge is Continuous

Please select continuous discharge as it is the most appropriate selection for this facility. Seasonal flows are most appropriate for facilities where the discharge is treated and stored throughout a portion of the year and then discharged over a specified time (similar to wastewater stabilization s). Upon revising to ﷺcontinuous,ﷺ there will be a few subsequent questions to answer on the application.
Created on 6/2/2026 12:15 PM by **Anne Wisner**

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".
.009

CORRECTION REQUEST *(APPROVED)*
Maximum Daily Flow Rate Clarification

Please either revise this section to match a flow rate more applicable to the full capacity of the pool (.009 or 9000 gallons) or clarify why a flow rate of .115 MGD (115,000 gallons) is needed for this facility.
Created on 6/3/2026 3:58 PM by **Anne Wisner**

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

Hours per day:	Days per year:
24	1

Does this outfall have batch discharges?
NO

CORRECTION REQUEST *(APPROVED)*
No Batch Discharging

Please revise this section to say "No", as this facility does not have batch discharges.
Created on 6/3/2026 4:00 PM by **Anne Wisner**

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	531110	Pool discharge for cleaning operations to be done quarterly.

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)	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	effluent not expected in discharge
pH	ESTIMATED DATA		
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	ESTIMATED DATA		
Dissolved Oxygen	NONE	Waiver request not required.	
Oil & Grease	NONE	Waiver request not required.	

CORRECTION REQUEST *(APPROVED)*

Effluent Characteristics- Conventional Pollutants

Please revise this section so that ONLY the rows for Total Residual Chlorine and pH show "ESTIMATED DATA".

Every other row should say "NONE".

Every row above pH will require a waiver request and waiver request rationale. For the waiver rationale, please put "effluent not

expected in discharge".
Created on 6/2/2026 12:16 PM by **Anne Wisner**

Please attach lab reports for conventional pollutants here.

Rambler Ann Arbor Estimated Data.docx - 05/22/2026 03:56 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

CORRECTION REQUEST *(APPROVED)*
WTAs Needed

EGLE requires all Water Treatment Additives used at a facility to be approved through the WTA process. Common pool additives, like chlorine, muriatic acid (pH adjuster) and sodium thiosulfate (dechlorinator), etc., are considered WTAs and should be approved by EGLE and listed in this section.

Please list any and all WTAs expected to be used on the pool in this section. You will be given information on how to get those approved by EGLE later in this process.
Created on 6/2/2026 12:18 PM by **Anne Wisner**

Please list any WTAs currently in use, or will be used during the next permit cycle
Chlorine
Muriatic acid
Sodium thiosulfate

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 si 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

CORRECTION REQUEST *(APPROVED)*
Discharge to Surface Water of the State

As this facility discharges to the Huron River, a surface water of the State, please revise this section to say "Yes". Upon revising this section, there will be two more questions populated below which will need to be answered.
Created on 6/2/2026 12:19 PM by **Anne Wisner**

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:
NONE PROVIDED

Comments (As needed)
NONE PROVIDED

Additional Documents (As needed)
NONE PROVIDED
Comment
NONE PROVIDED

Revisions

Revision	Revision Date	Revision By
Revision 1	5/7/2026 3:43 PM	Ben Sinclair
Revision 2	6/3/2026 11:16 AM	Ben Sinclair
Revision 3	6/3/2026 4:37 PM	Ben Sinclair
Revision 4	7/9/2026 12:06 PM	Ben Sinclair

Certification Statement

APPLICATION CERTIFICATION

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

A. For an organization, company, corporation, or authority: By a principal executive officer, 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 you will be certifying this Application, but you yourself do not fill one of the roles specified above under the category (A - D) applicable to the legal owner/permittee you represent, you must provide documentation of your authorization to act as certifier. Such documentation should be provided as an attachment to this Application. (You may return to Section 9 of the Application to provide the necessary attachment).

For example: If you will be certifying this Application on behalf of a *corporation,* but you yourself are not the *principal executive officer, vice president, or higher*, you must provide documentation (such as a signed letter of delegation on company letterhead) from the corporation's principal executive officer, vice president, or higher, authorizing you to certify this Application.

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

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