

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

version 2.21

(Submission #: HNT-3D1A-8N8CS, version 2)

Digitally signed by:  
nForm\_nCore\_MiWaters\_Cert  
HCV764WATRPWA01.dmz-ad.state.mi.us  
Date: 2020.06.22 16:05:47 -04:00  
Reason: Copy Of Record  
Location: State of Michigan

## Details

<b>Form Alias</b>	National Pollutant Discharge Elimination System (NPDES) Industrial/Commercial Application Form (Reissuance)
<b>Submission #</b>	HNT-3D1A-8N8CS
<b>Submission Reason</b>	Renewal
<b>Status</b>	Submitted
<b>Fee</b>	\$75.00 (Paid)

### **CORRECTION REQUEST (CORRECTED)**

#### **Application Form Updated: Some Information Lost**

Please open the attached note that explains the changes made to the application form that require updates.  
Created on 6/11/2020 2:31 PM by **Anthony Serra**

### **1 COMMENT**

#### **David Bunnell (bobunnell@yahoo.com) (6/22/2020 3:33 PM)**

Thanks so much for giving us the opportunity to revise our submission and for the phone consultation.

## Form Input

### Permit or COC Number

#### **Permit Number (Pre-populated)**

MIG760033

### **Applicant Information**

#### **Organization Name**

Orchard Hills Athletic Club

<b>Phone Type</b>	<b>Number</b>	<b>Extension</b>
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Mobile	7342777125	
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#### **Email**

president@ohacpool.org

#### **Fax**

NONE PROVIDED

PO Box 131277

Ann Arbor, MI 48113

United States

### Facility Information

Instructions for completing this section are on Page 2 of the Appendix.

[Appendix to the Permit Application](#)

**FACILITY DESIGNATED NAME (pre-populated)**

Orchard Hills AC-Yorktown Pool

**Facility Name 1 - Company Name**

Orchard Hills Athletic Club

**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**

42.3083,-83.6993

**Site/Facility Location Address**

2300 Yorktown Drive

Ann Arbor, MI 48105

**Tax Parcel Number:**

NONE PROVIDED

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

713940

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

7999

**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 2)**

**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**

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

**Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.**

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[Appendix to the Permit Application](#)

**Contact**

**Prefix**

NONE PROVIDED

**First Name**

Darren

**Last Name**

McKinnon

**Title**

NONE PROVIDED

**Organization Name**

First Martin Corporation

**Phone Type**

Business

**Number**

7349945050

**Extension**

**Email**

dmckinnon@firstmartin.com

**Fax**

NONE PROVIDED

115 Depot Street

Ann Arbor, MI 48104

United States

**Certification Number(s)**

W 7093

**Certification Classification(s)**





A-1a


**Contacts (2 of 2)**

**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

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.**

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[Appendix to the Permit Application](#)

## Contact

**Prefix**

NONE PROVIDED

**First Name**

David

**Last Name**

Bunnell

**Title**

President

**Organization Name**

Orchard Hills Athletic Club

**Phone Type**

Mobile

**Number**

7342777125

**Extension****Email**

president@ohacpool.org

**Fax**

NONE PROVIDED

2300 Yorktown Dr

Ann Arbor, MI 48105

US



## Antidegradation

### RULE 98 ANTIDEGRADATION REQUIREMENTS

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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?**

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**

[2300 Yorktown - water flow diagrams.pdf - 09/29/2019 10:00 AM](#)  
**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**

[2300 Yorktown - water flow diagrams.pdf - 09/29/2019 10:01 AM](#)  
**Comment**  
 Narrative included with the diagram

**MAP OF FACILITY AND DISCHARGE LOCATION**

[201222-012-POOL SKETCH-YORKTOWN DR.pdf - 09/29/2019 10:02 AM](#)  
**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
	Michael and Jennifer Marenghi	2277 Georgetown Blvd	Ann Arbor	MI	48105	USA

**Laboratory Services (1 of 1)**

Laboratory: N/A

?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**

N/A

**Lab Type**

In-house Laboratory

**Laboratory Phone**

7346652699

**Laboratory Email**

manager@ohacpool.org

**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	City of Ann Arbor	.146	MGY

## 2. WATER DISCHARGE INFORMATION

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

Other: Dechlorinated 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
Other: Dechlorinated swimming pool wastewater	0.092	MGY

Provide an explanation for why the amount of water from the sources would not equal the approximate water usage if applicable.

Supply is the average pool usage the last 3 years from our water bill. Water supply is greater than discharge because we lose some water through evaporation and splashing on the pool deck. The discharge equals 0.089 (when we completely empty the pool (0 chlorine) for maintenance) plus 0.0034 for discharge from backwashing the pool filter.

### CORRECTION REQUEST (CORRECTED)

#### Supply/Discharge Disparity

The application indicated that water is supplied to the facility at a flow rate of 45,000,000 Gallons per Day, and is discharged at a rate of 200 Gallons per Day. Please explain this disparity or correct the information.

Created on 6/2/2020 1:04 PM by **Anthony Serra**

#### 1 COMMENT

#### David Bunnell (bobunnell@yahoo.com) (6/22/2020 3:44 PM)

Thanks for pointing this discrepancy out. After talking on the phone, I better understand how to estimate supply, and how to account for all possible discharges and not just our weekly or so filter backwash. Discharge can be 1) emptying the whole pool with 0 chlorine (89,000 gallons) in some years for maintenance and 2) discharge dechlorinated water from backwashing filters- about 200 gallons about 17 times a year.

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](https://www.michigan.gov/documents/deq/wrd-isw-fed-sic_398366_7.pdf) 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

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Does the facility use water for cooling purposes?

NO

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

Outfall:001 Receiving water:Miller 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

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

001

Outfall Description

NONE PROVIDED

Enter the name of the receiving water:

Miller Creek

Outfall

42.30256319064527,-83.69989800470648

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

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

Others (see Table 8 Other Common Types of Wastewater on Page 18 in the Appendix)

If you identified "Others" under Type of Wastewater Discharged, above, specify the wastewater type(s):

Dechlorinated swimming pool wastewater

### 3. FLOW

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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.

0.089

**CORRECTION REQUEST (CORRECTED)**

**Increase in Flow**

The application indicates a continuous discharge of 0.0002 MGD (200 gallons per day); however, the in effect permit is authorized for 0.000035 MGD (35 gallons per day). Is the facility looking for an increase in their authorized flow? Please provide clarification or correct the requested authorized flow rate.

Created on 6/2/2020 1:07 PM by **Anthony Serra**

**1 COMMENT**

**David Bunnell (bobunnell@yahoo.com) (6/22/2020 3:50 PM)**

Thank you for this opportunity to ask for an authorized flow rate of 0.089 MGD. In some years, we may need to empty the entire pool (water would have chlorine=0) for maintenance or repair. This water would be pumped out over the course of 2 days. This emptying would happen no more than once per year. In every year, we also will lower the water level by about 25% to winterize the pool before covering. But to account for the maximum daily discharge, it is best to estimate the 89,000 gallons.

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

<b>Hours per day:</b>	<b>Days per year:</b>
0.13	19

**CORRECTION REQUEST (CORRECTED)**

**Average Discharge Duration**

The application indicates that discharge events last an average of 0.0059 hours (~21 seconds) and occur on 26 days a year, which seems low based on the narrative provided. Please clarify or correct this information.

Created on 6/2/2020 1:08 PM by **Anthony Serra**

**1 COMMENT**

**David Bunnell (bobunnell@yahoo.com) (6/22/2020 3:53 PM)**

We have averaged across 365 days, where we have 19 days of discharge. For 2 days, we discharge for 24 hours to empty the pool (in some years); for 17 days, we discharge for 0.001 hours for backwash of pool filters. For most of the days of the year we do not discharge.

**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**

<b>Name of the process contributing to the discharge</b>	<b>SIC or NAICS code:</b>	<b>Describe the process and provide measures of production:</b>
n/a	0	n/a



**CORRECTION REQUEST (CORRECTED)**

**Process Streams**

Process streams refer to discharges as the result of industrial processes. For this facility the most appropriate answer is that there is no process stream contributing to outfall discharge.

Created on 6/2/2020 1:09 PM by **Anthony Serra**

**1 COMMENT**

**David Bunnell (bobunnell@yahoo.com) (6/22/2020 3:54 PM)**

Thanks so much for that clarification

**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**

<b>Conventional Pollutants</b>	<b>HOW ARE RESULTS PROVIDED?</b>	<b>Waiver Information</b>	<b>Provide Rationale Here to Support Waiver Request</b>
Biochemical Oxygen Demand - five day (BOD5)	NONE	I request a waiver for this parameter based on the following rationale:	It is expected that due to the characteristics and minimal volume of discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool wastewater that is dechlorinated before discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall.
Chemical Oxygen Demand (COD)	NONE	I request a waiver for this parameter based on the following rationale:	It is expected that due to the characteristics and minimal volume of discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool wastewater that is dechlorinated before discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall.
Total Organic Carbon (TOC)	NONE	I request a waiver for this parameter based on the following rationale:	It is expected that due to the characteristics and minimal volume of discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool wastewater that is dechlorinated before discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall.
Ammonia Nitrogen (as N)	NONE	I request a waiver for this parameter based on the following rationale:	It is expected that due to the characteristics and minimal volume of discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool wastewater that is dechlorinated before discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall.

Conventional Pollutants	HOW ARE RESULTS PROVIDED?	Waiver Information	Provide Rationale Here to Support Waiver Request
Total Suspended Solids	NONE	I request a waiver for this parameter based on the following rationale:	It is expected that due to the characteristics and minimal volume of discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool wastewater that is dechlorinated before discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall.
Temperature, Summer	NONE	I request a waiver for this parameter based on the following rationale:	The water is at ambient temperature before discharge. It is expected that due to these characteristics and minimal volume of discharge, water temperature would not act as a pollutant in any measurable quantity that would adversely affect the receiving waters.
Temperature, Winter	NONE	I request a waiver for this parameter based on the following rationale:	We do not discharge in winter.
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 (Ronnal); 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.**

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**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)**

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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 bio-neutralizer dechlorination tablets. Active ingredient: Sodium sulfite.

## Approval Upload

HNT-XJZW-C16N0-v1-SubmissionDownload.pdf - 06/22/2020 04:03 PM

### Comment

NONE PROVIDED

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)

SECTION 6.5. Effluent Characteristics A waiver to report is requested for the following pollutants: BOD5; COD; TOC; TSS; Ammonia as N; Temperature (winter and summer). Justification for this waiver is as follows: It is expected that due to the characteristics and minimal volume of this discharge, these pollutants will not be present in any measureable quantities that would adversely affect the receiving waters. The discharge is swimming pool filter backwash water that is treated for chlorine before it is discharged. Additionally, the discharge will enter the underground stormwater management system before it is conveyed to the outfall. The total swimming pool wastewater discharge is approximately 200 gallons per week.

### 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
6/22/2020 3:30:26 PM	David Bunnell	Draft
6/22/2020 4:05:22 PM	David Bunnell	Submitted

## Audit

Event	Event Description	Event By	Event Date
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## Revisions

6/22/2020 4:05:46 PM

## REVISIONS

Revision	Revision Date	Revision By
Revision 1	9/27/2019 12:32 PM	David Bunnell
Revision 2	6/22/2020 3:30 PM	David Bunnell

## 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. |



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.