



# State of Michigan

## National Pollutant Discharge Elimination System Permit Application for Discharges to Surface Waters

<b>General Instructions</b>	<b>Pages i - ii</b>
<b>Section I - General Facility Information</b>	<b>Pages 1 - 5</b>
<b>Section II - Sanitary Wastewater Facilities</b>	<b>Pages 6 - 17</b>
<b>Section III - Industrial and Commercial Wastewater Facilities</b>	<b>Pages 18 - 24</b>
<b>Section IV - Storm Water</b>	<b>Page 25</b>
<b>Section V - Concentrated Animal Feeding Operations (CAFOs)</b>	<b>Page 26</b>

DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU  
PERMITS SECTION  
P.O. BOX 30273  
LANSING, MICHIGAN 48909-7773  
TELEPHONE: 517-241-1346  
FAX: 517-241-8133



## Do Not Return This Page With the Completed Application

### PURPOSE AND AUTHORITY

The National Pollutant Discharge Elimination System (NPDES) Program protects the surface waters of the state by assuring that discharges of domestic and industrial wastewater comply with state and federal regulations. Public or private facilities that discharge, or propose to discharge, wastewater to the surface waters of the state or to land apply biosolids generated in the wastewater treatment process are required to make application for and obtain a valid NPDES permit prior to wastewater discharge or land application of biosolids.

NPDES permits are required under Section 402 of the Federal Clean Water Act (the "Federal Act"), as amended (33 U.S.C. 1251 et seq., P.L. 92-500, 95-217), and under Part 31 of Michigan's "Natural Resources and Environmental Protection Act," 1994 PA 451, as amended (the "Michigan Act"). Part 31 of the Michigan Act also provides authority for the State to issue NPDES permits. The Michigan Department of Environmental Quality (MDEQ) administers the NPDES permit program for the State of Michigan.

This Application should be used to apply for any municipal, commercial, or industrial wastewater discharge to the surface waters of the state. Depending on the nature of the discharge, the MDEQ may issue either an Individual Permit or Certificate of Coverage (COC) under a valid General Permit.

This Application **should not** be used to apply for authorization to discharge under the Wastewater Discharge General Permits for "Storm Water from Industrial Activity" or "Storm Water Discharges with Required Monitoring," or the "Permit by Rule for Storm Water from Construction Activities."

**Note:** In accordance with Section 3120 of the Michigan Act (revised April 2004), Application Fees are now required with NPDES Permit Applications. The applicant is obligated to submit the appropriate fee with the Application. Application Fees are non-refundable. For information on Application Fees for NPDES Permits, see the Frequently-Asked Questions Section of the NPDES Permit Application Appendix (Appendix). Information on annual permit fees can be viewed via the Internet (<http://www.michigan.gov/deq>, and on the left side of the screen click on **Water**, click on **Surface Water**, click on **NPDES Permits**; then click on "**NPDES Permit Fees**" which is under the Information banner, then click on NPDES Fees: Frequently-Asked Questions and Answers). **Applications submitted without the Application Fee are administratively incomplete and will not be processed until the fee is received.**

### PENALTIES

The information in this Application is required by the Part 21 Rules of the Michigan Act. A municipality, business, or industry which violates the Part 21 Rules may be enjoined by action commenced by the Attorney General in a court of competent jurisdiction.

Federal and State laws provide penalties for submitting false application information. The laws imposing those penalties are cited below.

The Federal Act, Section 309(c)(4): "Any person who knowingly makes false material statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained under this act or who knowingly falsifies, tampers with, or renders inaccurate any monitoring device or method required to be maintained under this act, shall upon conviction, be punished by a fine not more than \$10,000, or by imprisonment for not more than 2 years, or by both. If a conviction of a person is for a violation committed after a first conviction of such person under this paragraph, punishment shall be a fine of not more than \$20,000 per day of violation, or by imprisonment of not more than 4 years, or by both."

The Michigan Act, Section 3115(2): "A person who at the time of the violation knew or should have known that he or she discharged a substance contrary to this part, or contrary to a permit, order, rule, or stipulation of the department, or who intentionally makes a false statement, representation, or certification in an application form pertaining to a permit or in a notice or report required by the terms and conditions of an issued permit, or who intentionally renders inaccurate a monitoring device or record required to be maintained by the department, is guilty of a felony and shall be fined not less than \$2,500.00 or more than \$25,000.00 for each violation. The court may impose an additional fine of not more than \$25,000.00 for each day during which the unlawful discharge occurred. If the conviction is for a violation committed after a first conviction of the person under this subsection, the court shall impose a fine of not less than \$25,000.00 per day and not more than \$50,000.00 per day of violation. Upon conviction, in addition to a fine, the court, in its discretion, may sentence the defendant to imprisonment for not more than 2 years or impose probation upon a person for a violation of this part. With the exception of the issuance of criminal complaints, issuance of warrants, and the holding of an arraignment, the circuit court for the county in which the violation occurred has exclusive jurisdiction. However, the person shall not be subject to the penalties of this subsection if the discharge of the effluent is in conformance with and obedient to a rule, order, or permit of the department. In addition to a fine, the Attorney General may file a civil suit in a court of competent jurisdiction to recover the full value of the injuries done to the natural resources of the state and the costs of surveillance and enforcement by the state resulting from the violation."

The Michigan Department of Environmental Quality will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. Questions or concerns should be directed to the Office of Personnel Services, P.O. Box 30473, Lansing MI 48909.

## Do Not Return This Page With the Completed Application

### GENERAL PROVISIONS

#### COMPLETION OF FORMS

If assistance is needed to complete this Application, contact the Water Bureau, Permits Section (Permits Section), at 517-241-1346.

1. There are five sections in this Application: All applicants are required to complete Section I and **either** Section II, Section III, **or** Section V. Applicants that discharge regulated storm water are required to complete section IV.
  - **Section I** (Pages 1-5) – General information and Application certification signature that is required to be provided by all applicants.
  - **Section II** (Pages 6-17) – Information to be provided by applicants that discharge treated domestic sanitary wastewater. These facilities include both publicly-owned treatment works (POTWs) and privately-owned treatment facilities, such as mobile home parks, campgrounds, condominiums, etc. These facilities are collectively known as Treatment Works Treating Domestic Sewage (TWTDS).
  - **Section III** (Pages 18-24) – Information to be provided by applicants that discharge from industrial and commercial facilities, including process, cooling, and sanitary wastewaters.
  - **Section IV** (Page 25) – Information to be provided by applicants that discharge storm water.
  - **Section V** (Page 26) – Information to be provided by applicants that discharge from Concentrated Animal Feeding Operations (CAFOs).
2. The NPDES Permit Application Appendix (Appendix) contains supplemental information that will assist the applicant in completing the Application. **Please do not return the Appendix with the Application.**
3. The applicant is required to provide all requested information, unless otherwise specified. If a particular item or choice of answers in the Application does not fit the circumstances or characteristics at the facility, enter “**NA**” for “**Not Applicable**” to indicate that the particular item was considered and not inadvertently omitted.

It is the applicant's responsibility to adequately characterize the existing or proposed discharge. The applicant is required to provide additional information if the completed Application fails to provide that adequate characterization. Additional information can include, but is not limited to: narratives describing unique situations, additional monitoring performed by the applicant, whole effluent toxicity tests, water treatment additive descriptions, material data sheets, etc., and should be submitted as an attachment to the Application.

Attachments can be additional copies of Application pages, information submitted on 8½ x 11 paper, or electronic documentation submitted on a CD-R.

4. When there are both existing facilities and proposed expansions of wastewater treatment facilities, or increases or changes in production, provide information for both. Make an extra copy of each Application page where there are differences between the existing and the proposed facility. (Include the “proposed facility” information only if the proposed facility is expected to be constructed and discharging within the next five years.)
5. Pollutant analysis shall be conducted in accordance with the requirements in Title 40 of the Code of Federal Regulations (40 CFR), Part 136, “Guidelines Establishing Test Procedures for the Analysis of Pollutants.” Permitted dischargers that have United States Environmental Protection Agency (USEPA) approval for the use of an alternate test procedure (in accordance with 40 CFR 136.5) are required to include a copy of the approval letter with their Application.

Data submitted with the Application shall comply with the Quality Assurance/Quality Control (QA/QC) requirements of 40 CFR 136 and other appropriate QA/QC requirements for analytes not addressed by 40 CFR 136. Analytical results shall be no more than five years old.

For purposes of this Application only, when analytical results are below the parameter's quantification level, report the result as less than the value of the quantification level. Do not record the results as zero. Quantification levels for select parameters can be found in the Appendix in Table 7. **Analysis for those select parameters must be able to achieve the specified quantification level.**

6. After completing Section I and **any other appropriate Section(s)** of the Application, return it along with any attachments and the **Application Fee** to one of the addresses below:

#### Mail Delivery

Michigan Department of Environmental Quality  
Cashier's Office  
WB-NP2  
P.O. Box 30657  
Lansing, Michigan 48909-8157

#### Office Delivery (e.g., UPS, Fed Ex, by hand)

Michigan Department of Environmental Quality  
Cashier's Office  
WB-NP2  
5<sup>th</sup> Floor South, Constitution Hall  
525 West Allegan  
Lansing, Michigan 48933

**Do Not Return This Page With the Completed Application**

**Please Note: An Application that is submitted without the appropriate Application Fee is administratively incomplete and will not be processed until the fee has been received.**

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION I - General Information

Section I shall be completed by all permit applicants. Instructions for completing Section I, Pages 1 and 2, are on Page 2 of the Appendix. To submit additional information, see Page ii, Item 3.

<p style="text-align: center;"><b>Water Bureau Use Only</b></p> <p>Receipt #: _____</p> <p>Permit ID #: _____</p>	<p style="text-align: center;"><b>Cashier Use Only: 37000-40535-9412-481000-00</b></p>
---	--

PLEASE TYPE OR PRINT

<b>1</b>	NPDES PERMIT NUMBER						
<b>2. APPLICANT</b>	Applicant Name						
	Address		Address 2 or P.O. Box				
	City	State	ZIP Code				
	Telephone (with area code)	FAX (with area code)	Applicant Web Address				
<b>3. FACILITY</b>	Facility Name 1						
	Facility Name 2						
	Facility Name 3						
	Street Address (do not use a P.O. Box Number)						
	City	State	ZIP Code				
	Telephone (with area code)	FAX (with area code)	Facility Web Address				
<b>4. CONTACTS</b>	<input type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing	First Name		Last Name			
		Title		Business			
		Address 1		Address 2			
		City		State	ZIP Code		
		Telephone (with area code)		FAX (with area code)		e-mail address	
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing	First Name		Last Name			
		Title		Business			
		Address 1		Address 2			
		City		State	ZIP Code		
		Telephone (with area code)		FAX (with area code)		e-mail address	
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Facility Contact <input type="checkbox"/> Discharge Monitoring Reports <input type="checkbox"/> Storm Water Billing <input type="checkbox"/> Biosolids Billing <input type="checkbox"/> NPDES Annual Billing	First Name		Last Name			
		Title		Business			
		Address 1		Address 2			
		City		State	ZIP Code		
		Telephone (with area code)		FAX (with area code)		e-mail address	

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION I - General Information**

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

5. PERMIT ACTION REQUESTED (Check one box only) - Instructions for this item are on Page 2 of the Appendix.

**NEW USE:** A proposed discharge.

**EXISTING DISCHARGE** that is currently unpermitted.

**REISSUANCE** of current permit.

**MODIFICATION** of current permit. Attach a description of the proposed modification.

**Note:** Applications for **New Use** discharges, **Existing Discharges** that are currently unpermitted, and for either **Reissuance** or **Modification** that include an increased loading of pollutants to the receiving water are required to submit a Rule 98 Demonstration with the Application. See Item 6.

6. RULE 98 - ANTIDegradation REQUIREMENTS - Instructions for this item are on Page 2 of the Appendix.

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. An Antidegradation Demonstration must contain the information specified in Rule 1098, outlined in the Antidegradation section of the Appendix. For assistance in completing this item, contact the Permits Section.

Will this discharge be an increased loading of pollutants to the surface waters of the state?  Yes, continue below.  No.

Antidegradation Demonstration provided.  Increased loading of pollutants is exempt from Antidegradation Demonstration as indicated below:

- A short-term (weeks to months) or temporary lowering of water quality.
- Bypasses that are not prohibited by regulations set forth in 40 CFR §122.41(m).
- Response actions undertaken to alleviate a release of pollutants into the environment that may pose an imminent and substantial danger to the public health or welfare.
- Discharges of pollutant quantities from the intake water at a facility if the intake and discharge are to the same body of water.
- Increases in flow, if the increase is within the design flow of the facility, it is not specifically authorized in the current permit, and there is no significant change expected in the characteristics of the wastewater collected.
- Intermittent increased loading related to wet-weather conditions.
- New or increased loading due to MDEQ-approved controls related to wet-weather conditions.
- Discharges authorized by Certificates of Coverage and Notices of Coverage.
- Increased loadings within the authorized levels of a limit in an existing control document, except those loadings that result from actions by the permittee that would otherwise require submittal of an increased use request.
- Increased loadings of a pollutant which do not involve Bioaccumulative Chemicals of Concern (BCC) and which use less than 10 percent of the unused loading capacity that exists at the time of the request.

7. ADDITIONAL FACILITY LOCATION INFORMATION - Instructions for this item are on Page 2 of the Appendix.

A	Local Unit of Government (LUG)	LUG e-mail address
B	County	Township
C.	Town	Range
	Section	¼
		¼, ¼
		Private (French) Land Claim
D.	Latitude	Longitude

8. CERTIFIED OPERATOR

Does the facility have an MDEQ-certified operator?  Yes  No Instructions for this item are on Page 2 of the Appendix.

First Name	Last Name
Certification Number	Certification Classification(s)
Address 1	Address 2
City	State
	Zip Code
Telephone Number	Fax Number
	e-mail address

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION I - General Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

9. OTHER ENVIRONMENTAL PERMITS

Provide the information requested below for any other federal, state, or local environmental permits in effect or applied for at the time of submittal of this Application Form, 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. To submit additional information, see Page ii, Item 3.

Issuing Agency	Permit or COC Number	Permit Type

10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide a flow diagram (**using 8½" x 11" paper if possible**) showing the wastewater flow through the facility (from intake through discharge), including all processes, treatment units including any lagoons or ponds used for wastewater treatment or storage (identify treatment units that operate intermittently), and bypass piping, and include a narrative description that explains the diagram. Show all operations contributing wastewater and the locations of flow meters, chemical feeds, and monitoring and discharge points. The water balance shall show the daily average flow rates at the intake and discharge points, and approximate daily flow rates between treatment units, including influent and treatment rates. Use actual measurements whenever available, otherwise use the best estimate. Show all significant losses of water to products, atmosphere, and discharge. In addition, provide a flow diagram for any storm water discharges from secondary structures that are required by state or federal law, and for storm water runoff from any Site of Environmental Contamination, pursuant to Part 201 of the Michigan Act. **Do not send blueprints.**

**Municipal Facilities** - Include a narrative that briefly describes the history of the wastewater treatment facility and collection system, including the initial construction, the facility improvements that have been made, future plans for upgrade, the location of all constructed emergency overflows, and other pertinent information.

**Industrial and Commercial Facilities** - The line diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. **Also include a narrative** that provides a brief description of the nature of the business and the manufacturing processes.

**ATTACH THIS INFORMATION TO THIS APPLICATION. PLEASE DO NOT BIND THIS INFORMATION.**

11. MAP OF FACILITY AND DISCHARGE LOCATION

Provide a detailed map on 8½" x 11" paper showing the location of the existing or proposed facility, wastewater and biosolid treatment system(s), and wastewater monitoring and discharge points into receiving waters (including bypasses). Include the exact location of the wastewater monitoring and discharge point(s) and all areas through which the discharge flows (e.g., wetlands, open drains, storm sewers), if applicable, between the discharge point and the receiving water. If the discharge is to a storm sewer, label the storm sewer and show its flow path to the receiving water. Also include the location of any water supply intakes or wells, and groundwater monitoring wells. This map shall be a United States Geological Survey quadrangle (7.5 minute series) or other map of comparable detail, scale, and quality (which shows surface water bodies, roads, bathing beaches, and other pertinent landmarks). **It is preferred that the minimum area this map shall encompass is approximately one mile beyond the property boundaries.**

**ATTACH THIS INFORMATION TO THIS APPLICATION.**



Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION I - General Information**

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
<p>14. APPLICATION CERTIFICATION</p> <p>Rule 323.2114(1-4), promulgated under the Michigan Act, requires that <b>this Application must be signed as follows:</b></p> <p><b>A. For an organization, company, corporation, or authority, by a principal executive office, vice president, or higher.</b></p> <p><b>B. For a partnership, by a general partner.</b></p> <p><b>C. For a sole proprietor, by the proprietor.</b></p> <p><b>D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (such as the mayor, village president, city or village manager, or clerk).</b></p> <p><b>Note:</b> If the signatory is not listed above, but is authorized to sign the Application, please provide documentation of that authorization.</p> <p><i>"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></p> <p>The last application for this facility was submitted on: _____</p> <p><b>I understand that my 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.</b></p> <p>Print Name: _____ Title: _____</p> <p>Signature: _____ Date: _____</p>	

**This completes Section I. Publicly-Owned Treatment Works (POTWs) discharging sanitary and industrial wastewater to the surface waters, and privately-owned treatment works discharging sanitary wastewater to the surface waters should complete Section II. Privately-owned treatment works include, but are not limited to, Mobile Home Parks, Campgrounds, Condominiums, Hotels and Motels, Nursing Homes, etc. All other applicants should complete Section III. If assistance is needed to complete this Application, contact the Permits Section.**

**Permit Application Submittal Checklist**

Please confirm the following before submitting the Application Form:

- 1. Section I has been completed, including all diagrams, maps, and the treatment process narrative.
- 2. The Application has been signed as required above in Section I.14. (A.-D.) or a copy of the letter authorizing the signatory to sign the letter has been included, as appropriate.
- 3. Section II or Section III has been completed, including any additional information or submissions.
- 4. Section IV has been completed by any facility that discharges storm water.
- 5. Section V has been completed by any facility that is a Concentrated Animal Feeding Operation (CAFO).
- 6. A check or Money Order for the appropriate Application Fee has been made out to the "State of Michigan" and has been included with the Application submittal.

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION II – Sanitary Wastewater**

Section II is to be completed by Publicly-Owned Treatment Works discharging treated or untreated sanitary and industrial wastewater to the surface waters. Section II is also to be completed by all privately-owned treatment works discharging treated sanitary wastewater to the surface waters. The privately-owned treatment works include, but are not limited to, Mobile Home Parks, Campgrounds, Condominiums, Hotels and Motels, and Nursing Homes.

**A. Facility Information**

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER																								
<p>1. WATER SUPPLY INFORMATION <span style="float: right;"><input type="checkbox"/> <b>No Change From Last Application</b></span></p> <p>List the source(s) of the water supply in the area served by sewers. Identify groundwater wells and surface water intakes, as well as the name(s) of any surface water(s) from which intake water is drawn.</p>																									
<p>2. SERVICE AREA INFORMATION <span style="float: right;"><input type="checkbox"/> <b>No Change From Last Application</b></span></p> <p><b>Publicly-Owned Treatment Works are required to provide the following information:</b> List the governmental jurisdictions (cities, townships, villages, etc.) that this facility serves (applicants should include themselves). What is the population in each jurisdiction? Is the jurisdiction's collection system separate, combined, or both? If the collection system is both separate and combined, what percentage is combined? To submit additional information, see Page ii, Item 3.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Municipality and E-Mail Address</th> <th style="text-align: left; border-bottom: 1px solid black;">Type of Collection System</th> <th style="text-align: left; border-bottom: 1px solid black;">Percent Combined</th> <th style="text-align: left; border-bottom: 1px solid black;">Population Served</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><input type="checkbox"/> Separate    <input type="checkbox"/> Combined</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><input type="checkbox"/> Separate    <input type="checkbox"/> Combined</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><input type="checkbox"/> Separate    <input type="checkbox"/> Combined</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><input type="checkbox"/> Separate    <input type="checkbox"/> Combined</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td><input type="checkbox"/> Separate    <input type="checkbox"/> Combined</td> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">Total population served by this facility: _____</p> <p><b>Privately-Owned Treatment Works are required to provide the following information:</b></p> <p>Describe the area served by this facility (mobile home park, condominium, nursing home, etc.).</p> <p style="margin-top: 20px;">Provide the number of residential units served by this facility: _____</p>		Municipality and E-Mail Address	Type of Collection System	Percent Combined	Population Served	_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____	_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____	_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____	_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____	_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____
Municipality and E-Mail Address	Type of Collection System	Percent Combined	Population Served																						
_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____																						
_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____																						
_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____																						
_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____																						
_____	<input type="checkbox"/> Separate <input type="checkbox"/> Combined	_____	_____																						
<p>3. BIOMONITORING FOR ACUTE AND CHRONIC TOXICITY</p> <p>POTWs meeting one or more of the following criteria are required to submit with this Application the <b>results of four</b> Whole Effluent Toxicity (WET) tests for each of the facility's discharge points, excluding combined sewer overflows: 1) POTWs with a design flow rate greater than or equal to one (1) million gallons per day; 2) POTWs with an approved Federal Industrial Pretreatment Program (FIPP); and/or 3) POTWs required to develop a FIPP.</p> <p>The results of the tests shall be reported using the Acute Toxicity Test Report, <i>Ceriodaphnia dubia</i> Chronic Toxicity Test Report and the Fathead Minnow Chronic Toxicity Test Report available in the Appendix. Please do not submit additional forms or paperwork pertaining to WET tests with this Application.</p> <p>At a minimum, the applicant shall submit the results of quarterly WET testing for a 12-month period prior to this Application, or the results of annual WET tests conducted during the five years prior to this Application. In addition, the applicant shall submit the results of any other WET tests from the past five years. If a WET test in the past 4½ years revealed toxicity, provide all the information on the cause of toxicity or the results of all toxicity reduction evaluations, if any were conducted. The applicant does not need to submit results for previously-submitted WET Tests. <b>For assistance, see the "Whole Effluent Toxicity Test Guidance and Requirements" section in the Appendix.</b></p>																									

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

**B. Outfall Information**

Complete a separate Section II. B. Outfall Information (Pages 7 - 12) for each outfall at the facility. Make copies of Section II. B. for each additional outfall that discharges treated wastewater.

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

1. OUTFALL INFORMATION - Instructions for this item are on Page 3 of the Appendix  No Change From Last Application, Items A-D

A.	Receiving Water	Hydrologic Unit Code
B.	County	Township
C.	Town      Range      Section      ¼	¼, ¼      Private (French) Land Claim
D.	Latitude	Longitude

E. Facility Annual Average Design Flow:  No Change From Last Application, Item E.

Seasonal Discharge: \_\_\_\_\_ MGY (*Continue with Item F*)    Continuous Discharge: \_\_\_\_\_ MGD (*Continue with Item G*).

F. Seasonal Discharge:

List the discharge periods (by month) in the space provided below.

From	Through	Actual Discharge Volume (MGD)	Annual Total

G. Continuous Discharge:

How often is there a discharge from this outfall (on average)? \_\_\_\_\_ Hours/Day      \_\_\_\_\_ Days/Year

Provide the actual facility flows for the past three years.      Three Years Ago      Two Years Ago      Last Year

Annual Average Daily Flow (MGD)			
Maximum Daily Flow in a Single Day (MGD)			

**Batch dischargers are required to provide the following additional information:**

Is there effluent flow equalization?     Yes       No

Batch Peak Flow Rate: \_\_\_\_\_      Number of batches discharged per day: \_\_\_\_\_

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

H. Inflow and Infiltration

What is the current average daily volume of inflow and infiltration at this outfall? \_\_\_\_\_ Gallons/Day

What corrective actions are being taken to minimize this inflow and infiltration?

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

2. EFFLUENT CHARACTERISTICS – CONVENTIONAL POLLUTANTS

Existing **Treatment Works Treating Domestic Sewage (TWTDS)** are required to report **data** from effluent sampled and analyzed by the permittee for the parameters listed below. (See the Definition Section in the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration.") Retention Treatment Basins (RTBs) are required to provide a summary of influent and effluent data for the last three years. **For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5.** If the data was previously submitted via DMR's, check the box and proceed to Item 3.

**New TWTDS** are required to provide **estimated** effluent concentrations for the parameters listed below.

Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

**Please Note:** Rule 323.1062 allows the use of either *Escherichia coli* or Fecal Coliform Bacteria as the indicator that effluent has been disinfected. The MDEQ will use the indicator selected below in the permit issued based on this Application.

Use *Escherichia coli* as an indicator of disinfection.

Use Fecal Coliform Bacteria as an indicator of disinfection.

Submitted via DMR's	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
<input type="checkbox"/>	Biochemical Oxygen Demand - 5 day (BOD <sub>5</sub> )			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	BOD <sub>5</sub> , Lowest % Removed		<b>Do Not Use</b>	%		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Carbonaceous BOD <sub>5</sub> (CBOD <sub>5</sub> )			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Carbonaceous BOD <sub>5</sub> , Lowest % Removed		<b>Do Not Use</b>	%		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Total Suspended Solids, Lowest % Removed		<b>Do Not Use</b>	%		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	Fecal Coliform Bacteria (report geometric means)		maximum 7-day	counts/100 ml		Grab
<input type="checkbox"/>	<i>Escherichia coli</i> (report geometric means)		maximum 7-day	counts/100 ml		Grab
<input type="checkbox"/>	Total Residual Chlorine			<input type="checkbox"/> µg/l <input type="checkbox"/> mg/l		Grab
<input type="checkbox"/>	Dissolved Oxygen	<b>Do Not Use</b>	Minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>	pH	minimum	maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>	Temperature			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>						<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

3. EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

**Existing POTWs** with (1) a design flow greater than or equal to 1.0 MGD; or (2) an approved Federal Industrial Pretreatment Program (FIPP); or (3) required to develop a FIPP or otherwise required by the permitting authority, shall provide the results of a minimum of three effluent analyses for each parameter listed below for each outfall through which effluent is discharged. Any effluent testing data for pollutants not specifically listed shall be submitted on separate pages. Do not include information on combined sewer overflows in this section.

**All existing POTWs** (unless already included above) are required to provide (1) the results of at least one effluent analysis (taken in the last three years) for any chemical that is known or believed to be present in facility effluent that is listed in Tables 2, 3, and 4 of the Appendix; (2) a measured or estimated effluent concentration for any chemical that is known or believed to be present that is listed in Table 5 of the Appendix; (3) a measured or estimated concentration for any toxic or otherwise injurious chemical known or believed to be present in facility effluent that is not previously identified in this Application; and (4) results of all other effluent analyses that have been performed within the past five years for any chemical listed in Tables 2, 3, 4, and 5 of the Appendix.

**New POTWs** are required to provide an estimated effluent concentration for any chemical expected to be present in facility effluent that is listed in Tables 2, 3, 4, and 5 of the Appendix, and an estimated effluent concentration for any toxic or otherwise injurious chemical known or believed to be present in facility effluent that has not been previously identified in this Application.

**Note:** If the effluent concentrations are estimated, place an E in the "Analytical Method" column. In accordance with Rule 323.1211(7), facilities whose supply water contains toxic pollutants that are withdrawn from and discharged to the same body of water may qualify for intake credits for those toxic pollutants. See Rule 1211(7) for qualification and demonstration requirements. Effluent data submitted in response to this part may be recorded on Pages 10 –13, or by submission of sampling analytical reports. To submit additional information, see Page ii, Item 3. Report all sampling results in µg/l.

**For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Page ii, Item 5, and Table 7 in the Appendix.**

Submitted via DMR's	SAMPLE DATE →						Sample Type	Analytical Method
	PARAMETER	CAS No.	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS</b>								
<input type="checkbox"/>	Antimony	7440360						
<input type="checkbox"/>	Arsenic	7440382						
<input type="checkbox"/>	Barium	7440393						
<input type="checkbox"/>	Beryllium	7440417						
<input type="checkbox"/>	Boron	7440428						
<input type="checkbox"/>	Cadmium	7440439						
<input type="checkbox"/>	Chromium	7440473						
<input type="checkbox"/>	Copper	7440508						
<input type="checkbox"/>	Lead	7439921						
<input type="checkbox"/>	Mercury (USEPA Method 1631)	7439976						
<input type="checkbox"/>	Nickel	7440020						
<input type="checkbox"/>	Selenium	7782492						
<input type="checkbox"/>	Silver	7440224						
<input type="checkbox"/>	Thallium	7440280						
<input type="checkbox"/>	Zinc	7440666						
<input type="checkbox"/>	Available Cyanide (Method OIA 1677)	57125						
<input type="checkbox"/>	Total Phenolic Compounds	None						
<input type="checkbox"/>	Hardness (as CaCO <sub>3</sub> )	None						

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME			NPDES PERMIT NUMBER				OUTFALL NUMBER	
Submitted via DMR's	SAMPLE DATE →		Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Sample Type	Analytical Method
	PARAMETER	CAS No.						
<b>VOLATILE ORGANIC COMPOUNDS</b>								
<input type="checkbox"/>	Acrolein	107028						
<input type="checkbox"/>	Acrylonitrile	107131						
<input type="checkbox"/>	Benzene	71432						
<input type="checkbox"/>	Bromoform	75252						
<input type="checkbox"/>	Carbon Tetrachloride	56235						
<input type="checkbox"/>	Chlorobenzene	108907						
<input type="checkbox"/>	Chlorodibromomethane	124481						
<input type="checkbox"/>	Chloroethane	75003						
<input type="checkbox"/>	2-chloro-ethylvinyl ether	110758						
<input type="checkbox"/>	Chloroform	67663						
<input type="checkbox"/>	Dichlorobromomethane	75274						
<input type="checkbox"/>	1,1-dichloroethane	75343						
<input type="checkbox"/>	1,2-dichloroethane	107062						
<input type="checkbox"/>	Trans-1,2-dichloroethylene	156605						
<input type="checkbox"/>	1,1-dichloroethylene	75354						
<input type="checkbox"/>	1,2-dichloropropane	78875						
<input type="checkbox"/>	1,3-dichloropropylene	542756						
<input type="checkbox"/>	Ethylbenzene	100414						
<input type="checkbox"/>	Methyl Bromide	74839						
<input type="checkbox"/>	Methyl Chloride	74873						
<input type="checkbox"/>	Methylene Chloride	75092						
<input type="checkbox"/>	1,1,1,2-tetrachloroethane	79345						
<input type="checkbox"/>	Tetrachloroethylene	127184						
<input type="checkbox"/>	Toluene	108883						
<input type="checkbox"/>	1,1,1-trichloroethane	71556						
<input type="checkbox"/>	1,1,2-trichloroethane	79005						
<input type="checkbox"/>	Trichloroethylene	79016						
<input type="checkbox"/>	Vinyl Chloride	75014						

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME			NPDES PERMIT NUMBER				OUTFALL NUMBER	
Submitted via DMR's	SAMPLE DATE →		Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Sample Type	Analytical Method
	PARAMETER	CAS No.						
<input type="checkbox"/>	P-chloro-m-creso	None						
<input type="checkbox"/>	2-chlorophenol	95578						
<input type="checkbox"/>	2,4-dichlorophenol	120832						
<input type="checkbox"/>	2,4-dimethylphenol	105679						
<input type="checkbox"/>	4,6-dinitro-o-cresol	534521						
<input type="checkbox"/>	2,4-dinitrophenol	51285						
<input type="checkbox"/>	2-nitrophenol	88755						
<input type="checkbox"/>	4-nitrophenol	100027						
<input type="checkbox"/>	Pentachlorophenol	87865						
<input type="checkbox"/>	Phenol	108952						
<input type="checkbox"/>	2,4,6-trichlorophenol	88062						
<b>BASE-NEUTRAL COMPOUNDS</b>								
<input type="checkbox"/>	Acenaphthene	83329						
<input type="checkbox"/>	Acenaphthylene	208968						
<input type="checkbox"/>	Anthracene	120127						
<input type="checkbox"/>	Benzidine	92875						
<input type="checkbox"/>	Benzo(a)anthracene	56553						
<input type="checkbox"/>	Benzo(a)pyrene	50328						
<input type="checkbox"/>	3,4 benzofluoranthene	205992						
<input type="checkbox"/>	Benzo(ghi) perylene	191242						
<input type="checkbox"/>	Benzo(k)fluoranthene	207089						
<input type="checkbox"/>	Bis (2-chloroethoxy) methane	111911						
<input type="checkbox"/>	Bis (2-chloroethyl) ether	111444						
<input type="checkbox"/>	Bis (2-chloroiso-propyl) ether	108601						
<input type="checkbox"/>	Bis (2-ethylhexyl) phthalate	117817						
<input type="checkbox"/>	4-bromophenyl phenyl ether	101553						
<input type="checkbox"/>	Butyl benzyl phthalate	85687						
<input type="checkbox"/>	2-chloronaphthalene	91587						
<input type="checkbox"/>	4-chlorophenylphenyl ether	7005723						

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II – Sanitary Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME			NPDES PERMIT NUMBER				OUTFALL NUMBER	
Submitted via DMR's	SAMPLE DATE →		Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Sample Type	Analytical Method
	PARAMETER	CAS No.						
<input type="checkbox"/>	Chrysene	218019						
<input type="checkbox"/>	Di-n-butyl phthalate	84742						
<input type="checkbox"/>	Di-n-octyl phthalate	117840						
<input type="checkbox"/>	Dibenzo(a,h) anthracene	53703						
<input type="checkbox"/>	1,2-dichlorobenzene	95501						
<input type="checkbox"/>	1,3-dichlorobenzene	541731						
<input type="checkbox"/>	1,4-dichlorobenzene	106467						
<input type="checkbox"/>	3,3-dichlorobenzidine	91941						
<input type="checkbox"/>	Diethyl Phthalate	84662						
<input type="checkbox"/>	Dimethyl Phthalate	131113						
<input type="checkbox"/>	2,4-dinitrotoluene	121142						
<input type="checkbox"/>	2,6-dinitrotoluene	606201						
<input type="checkbox"/>	1,2-diphenylhydrazine	122667						
<input type="checkbox"/>	Fluoranthene	206440						
<input type="checkbox"/>	Fluorene	86737						
<input type="checkbox"/>	Hexachlorobenzene	118741						
<input type="checkbox"/>	Hexachlorobutadiene	87683						
<input type="checkbox"/>	Hexachlorocyclopentadiene	77474						
<input type="checkbox"/>	Hexachloroethane	67721						
<input type="checkbox"/>	Indeno(1,2,3-cd) pyrene	193395						
<input type="checkbox"/>	Isophorone	78591						
<input type="checkbox"/>	Naphthalene	91203						
<input type="checkbox"/>	Nitrobenzene	98953						
<input type="checkbox"/>	N-nitrosodi-n-propylamine	None						
<input type="checkbox"/>	N-nitrosodimethylamine	62759						
<input type="checkbox"/>	N-nitrosodiphenylamine	86306						
<input type="checkbox"/>	Phenanthrene	85018						
<input type="checkbox"/>	Pyrene	129000						
<input type="checkbox"/>	1,2,4-trichlorobenzene	120821						



Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION II - Sanitary Wastewater**

D. Nondomestic Wastewater Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

1. SEPTAGE - Does this facility accept septage?
- Yes. On a separate sheet, describe the allocation of the Maximum Allowable Headworks Loading (MAHL) capacity to domestic wastewater, nondomestic wastewater, and septage. The MAHL should include the treatment plant's design and current loading, and at a minimum, the number of gallons and concentrations of the pollutants BOD, TSS, PO4, and NH3 that are attributable to each wastewater.
- No. Continue with Item 2.

2. RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) WASTEWATER
- Does this facility receive, or has it in the last three years received, RCRA hazardous waste by truck, rail, or dedicated pipe?
- Yes. Provide the following information on a separate sheet: The method by which the waste is received (truck, rail, or dedicated pipe); the waste's "EPA Hazardous Waste Number;" and the amount of waste received in either mass or volume.
- No. Continue with Item 3.

3. REMEDIATION WASTEWATER
- Does this facility receive (or has it been notified that it will receive in the next five years) wastes from remedial activities?
- Yes. Provide a list on a separate sheet that contains the following information for each current and future remediation site:
- 1) Describe the site and type of facility at which the CERCLA/RCRA or other remedial waste originates or will originate.
  - 2) List the hazardous constituents that are, or are expected to be, received at the POTW. Include data on volume and concentration, if known.
  - 3) Describe in detail any treatment the waste receives before being discharged to the POTW.
  - 4) Provide the schedule for when the remediation wastewater is discharged to the POTW.
- No. Continue with Item 4.

4. INDUSTRIAL AND COMMERCIAL SOURCES
- A. Does this facility receive any nondomestic wastewater from any industrial or commercial facilities? (Nondomestic wastewater refers to water that carries wastes other than human and household wastes.)
- Yes. Continue with Item B.
- No. Go to Part E. Biosolids Information.

- B. Provide the following information:
- 1) Estimate the average volume of nondomestic wastewater received by this facility: \_\_\_\_\_ MGD
- 2) Describe the type of nondomestic wastewater(s) received by this facility in the space provided below.

Wastewater Type	Volume (MGD)	Wastewater Type	Volume (MGD)
Industrial Process Wastewater	_____	Landfill Leachate	_____
Contact Cooling Water	_____	Trucked Industrial Wastewater	_____
Noncontact Cooling Water	_____	Other _____	_____

- C. Is an Industrial Pretreatment Program (IPP) currently required by the MDEQ? **Note:** Applicants with an IPP are required to also complete Item 5 on Page 15.
- Yes. Provide the most recent approval date for the following elements of your program:
- |                             |                                      |                    |
|-----------------------------|--------------------------------------|--------------------|
| Sewer Use Ordinance _____   | Interjurisdictional Agreements _____ | Procedures _____   |
| Other Legal Authority _____ | Enforcement Response Plan _____      | Local Limits _____ |
- No.



Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION II - Sanitary Wastewater

E. Biosolids Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

1. BIOSOLIDS HANDLING - All facilities that generate or propose to generate biosolids must complete Items 1 and 2.

**Provide total English dry tons per 365-day period of residuals handled under the following practices:**

Amount generated at the facility: _____	Amount sent to municipal solid waste landfill: _____
Amount received from off-site: _____	Amount sold or given away in a bag or other container for application to the land: _____
Amount treated on-site (including blending): _____	Amount transported to another POTW: _____
Amount used or disposed of by another practice: _____	Transport Company: _____
Amount applied to land in bulk form: _____	Receiving POTW: _____
Amount fired in incinerator: _____	

**BIOSOLIDS STORAGE**

Enter the volume of residual storage capacity at this facility: \_\_\_\_\_  million gallons **or**  cubic feet

2. LAND APPLICATION - Facilities that land apply must complete Items A-D, or have submitted a Biosolids Annual Report as required in the facility's current Residual Monitoring Program. Latest Biosolids Annual Report submitted on \_\_\_\_\_.

**A. BIOSOLIDS CHARACTERISTICS – New Land Appliers Only**

Report one year residuals monitoring data, and in no case less than three sampling events for the following parameters. Provide the actual analytical data sheets as an attachment. Analytical methods shall be in accordance with R 323.2406 (2) "Methods for Biosolids."

Parameter	Average Monthly Concentration	Maximum Concentration	Units	Number of Analyses	Sample Type	Analytical Method	Quantification Level
Total Solids			%		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Arsenic			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Cadmium			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Copper			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Lead			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Mercury			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Molybdenum			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Nickel			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Selenium			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Zinc			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Kjeldahl Nitrogen			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Ammonium Nitrogen			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Phosphorus			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
Total Potassium			mg/kg		<input type="checkbox"/> Grab <input type="checkbox"/> Composite		

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION II - Sanitary Wastewater**

E. Biosolids Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

**B. POLLUTANTS OF CONCERN**

Are there currently, or is there potential for, pollutants (other than the parameters listed on the previous page) to be present in the residuals at concentrations that would make them unsuitable for land application?

- Yes. On a separate sheet provide representative analytical data for those pollutants.
- No. Continue with Item C.

**C. ADDITIONAL BIOSOLIDS MONITORING DATA**

Report any biosolids monitoring data from the last permit cycle for parameters not specifically listed on the previous page. Include the actual analytical data sheets as an attachment. Upon submittal review, additional monitoring may be required if the Water Bureau has reason(s) to suspect that the information provided (or not provided) does not adequately characterize the residuals proposed to be land applied. For assistance with completing this item, contact the Permits Section. To submit additional information, see Page ii, Item 3.

Parameter	Average Monthly Concentration	Maximum Concentration	Units	Number of Analyses	Sample Type	Analytical Method	Quantification Level
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		
					<input type="checkbox"/> Grab <input type="checkbox"/> Composite		

**D. LAND APPLICATION SITE LIST**

Provide the following information for every new or existing site that may be used in the next five years (biosolids permit cycle). Each listed site should have been submitted to the MDEQ on a Site Identification Form (with attachments) since January 1, 1998, or the required information should be included with this form. Additional sites may be added to the Land Application Site List during the biosolids permit cycle by submitting a completed Site Identification Form with the appropriate attachments and waiting the required ten-day notification period. To submit additional information, see Page ii, Item 3.

Site Identification Number	Latitude	Longitude	Acres	Owner's Last Name	New Site	CPLR Site
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**This completes Section II. Return the completed Application (Sections I, II, IV, V, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.**

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**SECTION III - Industrial and Commercial Wastewater**

Section III is to be completed by all facilities classified as Industrial or Commercial facilities. Industrial and Commercial facilities include, but are not limited to, facilities that discharge or propose to discharge a wastewater generated by a production process, a service provided, or through a remediation project. Municipal and public facilities are not required to complete Section III (unless requesting authorization for discharges other than sanitary wastewater).

**A. Facility Information**

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

1. BUSINESS INFORMATION  No Change From Last Application

A. Provide up to four Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes, in order of economic importance, which best describe the major products or services provided by this facility.

1.	2.	3.	4.
----	----	----	----

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

- Yes. This facility is a primary industry. Indicate the primary industry as identified in Table 1 of the Appendix: \_\_\_\_\_
- No. This facility is not a primary industry.

C. Is this facility a Concentrated Animal Feeding Operation (CAFO)?

- Yes. Continue with Section III.B.11.
- No.

2. WATER SUPPLY AND DISCHARGE TYPE  No Change From Last Application

A. 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). To submit additional information, see Page ii, Item 3.

	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply			
Surface Water Intake			
Private Well			
Other (specify)			

B. 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 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 they are different, provide an explanation.

	Average Flow Rate	Units		Average Flow Rate	Units
Process Wastewater			Sanitary Wastewater		
Contact Cooling Water			Regulated Storm Water		
Noncontact Cooling Water			High Pressure Test Water		
Groundwater Cleanup			Other (specify)		

**Note:** For A and B above, indicate units as MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day), or other appropriate unit.

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (Pages 19-24) - for each outfall at the facility. Make copies of this blank section of the Application as necessary for additional outfalls.

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

1. OUTFALL INFORMATION - Instructions for this item are on Page 3 of the Appendix.  **No Change From Last Application, Items A. – D.**

A.	Receiving Water	Hydrologic Unit Code (HUC)				
B.	County	Township				
C.	Town	Range	Section	1/4	1/4, 1/4	Private (French) Land Claim
D.	Latitude				Longitude	

E. Type of Wastewater Discharged (check all that apply to this outfall):  **No Change From Last Application, Item E.**

Contact Cooling     
  Groundwater Cleanup     
  Hydrostatic Pressure Test     
  Noncontact Cooling Water  
 Process Wastewater     
  Sanitary Wastewater     
  Storm Water - not regulated     
  Storm Water - regulated  
 Storm water subject to effluent guidelines (indicate under which category): \_\_\_\_\_  
 Other – specify (see "Table 8 - Other Common Types of Wastewater" - in the Appendix) \_\_\_\_\_  
 \_\_\_\_\_

F. What is the Maximum Design Flow Rate for this outfall: \_\_\_\_\_ MGD  **No Change From Last Application, Items F. – G.**

G. What is the Maximum Authorized Discharge Flow for this outfall for the next five years?  
 Seasonal Dischargers \_\_\_\_\_ MGY (Continue with Item H).  
 Continuous Dischargers \_\_\_\_\_ MGD (Continue with Item I).

H. Seasonal Discharge:  
 List the discharge periods (by month) and the volume discharged in the space provided below.

From	Through	Actual Discharge Volume (MGD)	Annual Total

I. Continuous Discharge:  
 How often is there a discharge from this outfall (on average)? \_\_\_\_\_ Hours/Day \_\_\_\_\_ Days/Year

**Batch dischargers are required to provide the following additional information:**

Is there effluent flow equalization?  Yes  No

Batch Peak Flow Rate: \_\_\_\_\_ Number of batches discharged per day: \_\_\_\_\_

	Minimum	Average	Maximum
Batch Volume (gallons)			
Batch Duration (minutes)			

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
<p>2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE <span style="float: right;"><input type="checkbox"/> <b>No Change From Last Application</b></span></p> <p>Federal regulations require that different industries report different information, depending on the type of facility. The information below is used to determine the applicable federal regulations for this facility. An abbreviated list is in the Summary of Information to be reported by Industry Type section of the Appendix. Applicants are required to provide the name and the SIC or the NAICS code for each process at the facility. Facilities with production-based limits must report an estimated annual production rate for the next five years, or the life of the permit. If the wastestream is not regulated under federal categorical standards, the applicant is required to report all pollutants which have the reasonable potential to be present in the discharge. To submit additional information, see Page ii, Item 3.</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		
<p>PROCESS INFORMATION</p> <p>A. Name of the process contributing to the discharge: _____</p> <p>B. SIC or NAICS code: _____</p> <p>C. Describe the process and provide measures of production:</p>		

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS - Instructions for this item are on Page 4 of the Appendix.

Check this box if additional information is included as an attachment. To submit additional information, see Page ii, Item 3.

**Please Note:** Rule 323.1062 allows the use of either *Escherichia Coli* or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The MDEQ will use the indicator selected below in the permit issued based on this Application.  Use *Escherichia Coli* as an indicator of disinfection.  Use Fecal Coliform Bacteria as an indicator of disinfection.

Submitted via DMR's	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
<input type="checkbox"/>		Biochemical Oxygen Demand – five day (BOD <sub>5</sub> )			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>		Chemical Oxygen Demand (COD)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>		Total Organic Carbon (TOC)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>		Ammonia Nitrogen (as N)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>		Total Suspended Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	<b>NA</b>	Total Dissolved Solids			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	<b>NA</b>	Total Phosphorus (as P)			mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> 24 Hr Comp
<input type="checkbox"/>	<b>NA</b>	Fecal Coliform Bacteria (report geometric means)		Maximum-7day	counts/100ml		Grab
<input type="checkbox"/>	<b>NA</b>	<i>Escherichia Coli</i> (report geometric means)		Maximum-7day	counts/100 ml		Grab
<input type="checkbox"/>	<b>NA</b>	Total Residual Chlorine			<input type="checkbox"/> mg/l <input type="checkbox"/> µg/l		Grab
<input type="checkbox"/>	<b>NA</b>	Dissolved Oxygen	<b>Do Not Use</b>	Minimum daily	mg/l		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>		pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>		Temperature, Summer			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>		Temperature, Winter			<input type="checkbox"/> °F <input type="checkbox"/> °C		<input type="checkbox"/> Grab <input type="checkbox"/> Continuous
<input type="checkbox"/>	<b>NA</b>	Oil & Grease			mg/l		Grab

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
---------------	---------------------	----------------

**Note: For questions on this page, Tables 1-5 are found in the Appendix.**

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

**Existing primary industries** that discharge process wastewater are required to submit the results of at least one permittee-collected effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one permittee-collected effluent analysis for any other chemical listed in Table 2 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.

**New primary industries** that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

5. 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 (Ronnell); 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 years for any dioxin and furan congener listed in Table 6.

**New industries** that expect to 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 (Ronnell); 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, shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. 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.

**New secondary industries, or new primary industries** that propose to discharge nonprocess wastewater, are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

7. 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.

**New industries**, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in the facility's effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

**New or existing industries**, regardless of discharge type, 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 have not been previously identified in this Application. Quantitative effluent data for these chemicals that is less than five years old shall be reported.

**NOTE:** All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded on Page 23. To submit additional information, see Page ii, Item 3. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, and Analytical Method. For analytical test requirements, see Page ii, Item 5.

If Alternate Test Procedures have been approved for any parameter listed above (Items 4 through 8), see Page ii, Item 5 for additional instructions.



Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER	OUTFALL NUMBER
<p>9. WATER TREATMENT ADDITIVES</p> <p>Water treatment additives 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.</p> <p>Approvals of water treatment additives are authorized by the MDEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval of the water treatment additives that are included in this Application.</p> <p>A. Are there water treatment additives in the discharge from this facility?</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> No. Proceed to Item 10.</p> <p>B. Have these water treatment additives been previously approved?</p> <p><input type="checkbox"/> Yes. Submit a list of the previously-approved water treatment additives and the date on which they were approved. The information listed in Item C., Items 1-8 shall be updated if it has changed since the previous approval.</p> <p><input type="checkbox"/> No. Continue with Item C.</p> <p>C. Submit a list of water treatment additives that are or may be discharged from the facility. Applicants are required to submit the information listed below for each additive.</p> <ol style="list-style-type: none"> <li>1. The water treatment additive Material Safety Data Sheet</li> <li>2. The proposed water treatment additive discharge concentration</li> <li>3. The discharge frequency (i.e., number of hours per day, week, etc.)</li> <li>4. The outfall from which the water treatment additive is to be discharged</li> <li>5. The type of removal treatment, if any, that the water treatment additive receives prior to discharge</li> <li>6. The water treatment additive function (i.e., microbicide, flocculant, etc.)</li> <li>7. A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either <i>Ceriodaphnia</i> sp., <i>Daphnia</i> sp., or <i>Simocephalus</i> sp.)</li> <li>8. The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow.</li> </ol> <p>The required toxicity information (described in Items 7 and 8 above) is currently available in the Water Bureau files for the water treatment additives listed on the MDEQ's Internet page. To access that information, go to <a href="http://www.michigan.gov/deq">http://www.michigan.gov/deq</a>, click on "Site Map," at the bottom of the right column under <b>Water Quality Monitoring</b>, click on "Assessment of Michigan Waters." Under the <b>Information</b> heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the Water Bureau.</p> <p><b>Note:</b> The availability of toxicity information for a water treatment additive does not constitute approval to discharge the water treatment additive.</p>		
<p>10. WHOLE EFFLUENT TOXICITY (WET) TESTS</p> <p>Have any acute or chronic WET tests been conducted on any discharges or receiving water(s) in relation to facility discharges within the last three years? If yes, identify the tests and summarize the results on a separate sheet, unless the test has been submitted to the MDEQ in the last three years. For assistance with WET testing, see "Whole Effluent Toxicity Test Guidance and Requirements" in the Appendix.</p>		
<p>11. CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) INFORMATION. (See Section V – Concentrated Animal Feeding Operations.) To be completed by CAFOs only. For additional information, see "CAFO Guidance and Requirements" in the Appendix.</p>		

**This completes Section III. Return the completed Application (Sections I, III, IV, and V, and any attachments) to one of the addresses on Page ii of this Application. If assistance is needed to complete this Application, contact the Permits Section.**

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION IV – Storm Water

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

**1. STORM WATER DISCHARGES**

Facilities that discharge storm water must provide the following information. (Please Note: The following discharges are also covered by storm water authorization, provided they are addressed in the facility's Storm Water Pollution Prevention Plan [SWPPP]): Discharges from fire hydrant flushing; potable water sources, including water line flushing; fire system test water; irrigation drainage; lawn watering; routine building wash down which does not use detergents or other compounds; pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled material has been removed) and where detergents are not used; air conditioning condensate; springs; uncontaminated ground water; and foundation or footing drains where flows are not contaminated with process materials such as solvents. **Unless otherwise specified, answer the following questions.**

A. Is the storm water from this facility discharged to the waters of the state either directly or through another conveyance? Note: If storm water is discharged to a municipal wastewater treatment system or a privately-owned activated sludge treatment system, check the "No" box.

- Yes.
- No.

B. Is the facility identified in this application primarily engaged in an "industrial activity" as defined in 40 CFR 122.26(b)(14)?

- Yes.
- No.

C. Are there any industrial activities or materials exposed to storm water at this facility? Storm water discharge requirements may be excluded from an NPDES permit when there are no industrial activities or materials exposed to storm water. To qualify, the applicant shall certify that the facility has met all the eligibility requirements to claim a condition of "no exposure". These requirements are found in the No-Exposure Certification form in the Appendix. This form is also available on the MDEQ's Internet Page. To access the form, go to <http://www.michigan.gov/deg>. In the left column click on WATER, click on Surface Water, click on Storm Water, in the middle column click on Industrial Program, then click on No-Exposure Certification.

- Yes.
- No. Complete the No-Exposure Certification form in the Appendix and submit it with this Application.

D. Does this facility have a current and up-to-date SWPPP?

- Yes.
- No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

E. Has the facility implemented the nonstructural controls described in the SWPPP?

- Yes.
- No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

F. Have all the structural controls described in the SWPPP been constructed and put into operation?

- Yes.
- No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

G. Does this facility have a certified industrial storm water operator who supervises the facility's storm water treatment and control measures included in the Storm Water Pollution Prevention Plan?

- Yes.
 

Storm Water Operator Name	Certification Number
---------------------------	----------------------

No. **Note: The applicant must complete this program element to receive storm water discharge authorization.**

H. Is any of the storm water discharged from (check all that apply):

- Secondary containment structures that are required by state or federal law. On a separate page, provide a list of the materials that are stored in this area.
- Areas identified on Michigan's list of Sites of Environmental Contamination, pursuant to the Natural Resources and Environmental Protection Act, PA 451 of 1994, Part 201 (formerly 307).

I. The storm water from this facility discharges to the following receiving water(s): \_\_\_\_\_

**Please note that applicants should provide any sample data taken of the storm water discharge as an attachment. To submit additional information, see Page ii, Item 3.**

Michigan Department of Environmental Quality- Water Bureau  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 SECTION V – Concentrated Animal Feeding Operations (CAFOs)

FACILITY NAME	NPDES PERMIT NUMBER
---------------	---------------------

**A. CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFOs only**

"CAFO waste" includes, but is not limited to, process wastewater, manure, production area waste, silage leachate and runoff, contaminated runoff, etc.

**Applicants are required to submit all of the information requested below:**

1. The number of animals expected on-site during the five-year permit period: Average: \_\_\_\_\_ Maximum: \_\_\_\_\_
  
2. The type of animals: \_\_\_\_\_  
**NOTE:** Animals include, but are not limited to, beef cattle, dairy cows or heifers, veal calves, swine less than or greater than 55 lbs, broilers, layers, and turkeys.
  
3. The type of housing (i.e., open confinement, under roof, etc.): \_\_\_\_\_
  
4. The type of CAFO waste storage: \_\_\_\_\_  
**NOTE:** CAFO waste storage includes, but is not limited to, roofed storage shed, storage ponds, under-floor pits, above- or below-ground storage tanks, and concrete pads.
  
5. The total capacity of all waste storage structures in both **Volume:** \_\_\_\_\_ **gallons or cu ft,** and **Time:** \_\_\_\_\_ **months**
  
6. The CAFO waste storage structure design.  
**NOTE:** All new CAFO waste storage structures shall, at a minimum, be constructed in accordance with Natural Resource Conservation Service (NRCS) Standard No. 313, Waste Storage Facility, dated June 2003. Applicants with existing storage structures at existing CAFOs must submit an evaluation conducted by a licensed engineer that states that (1) each storage structure is constructed in accordance with NRCS standards, or (2) that each structure provides environmental protection equivalent to NRCS standards. Applicants with waste storage structures that cannot satisfy the requirement of (1) or (2) above, may request that the permit or COC specify a date (no longer than three years after permit issuance) when the waste storage structures will comply with the NRCS standards. The permit or COC issued to the applicant will establish the proposed date when compliance with NRCS standards will be required. Guidance for the Evaluation of Existing Storage Structures can be found on our Web site or is available in print.
  
7. Estimated amounts of CAFO waste generated **per year** (annual average over the life of the permit): \_\_\_\_\_ **tons, gallons, or cu ft.**
  
8. The total number of acres owned, leased, or otherwise available for land application of CAFO wastes: \_\_\_\_\_ **acres.**  
**NOTE:** Do **not** include the land application sites of CAFO waste that have been sold or transferred to another party. Please include an estimate of any proposed land acquisitions that are in process at the time of this Application.
  
9. Estimate the amount of CAFO waste sold or transferred to other parties annually: \_\_\_\_\_ **tons, gallons, or cu ft**  
**NOTE:** Land application of this waste is **not** under the applicant's control.
  
10. A list and map(s) showing the location of all applicant-controlled land application sites.  
**NOTE:** Each land application site should be identified by a unique name and/or number, and include the field size in acres. Maps could be plat maps, aerial maps, or soil maps with each land application site highlighted or colored in, and labeled with the appropriate name or number that corresponds to the list or FSA Form # 578 and associated maps. Crop type, soil type, and soil analysis information does not need to be provided until after the permit or COC is issued.
  
11. A list of all potential receiving waters for both the production and land application areas.  
**NOTE:** This list should include rivers, creeks, and major drains where runoff would flow overland or through tiles. Consider slope and tile outlet locations to determine flow pathways. Include maps, if possible, with the waterways highlighted. Provide the name of the receiving water when possible. The map required in Item 10 (above) may be used for highlighting the receiving streams.

To access the MDEQ CAFO Web site, go to <http://www.michigan.gov/deq>. In the left column click on Water, click on Surface Water, click on NPDES Permits, and in the middle column under the Information banner, click on Concentrated Animal Feeding Operation (CAFO).