



State of Michigan

National Pollutant Discharge Elimination System Appendix to the Permit Application

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Please Do Not Return this Appendix with the Completed Application

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Additional Application Instructions

The Application consists of six (6) sections: All applicants are required to complete Section I **and** Section IV, **and either** Section II **or** Section III **or** Section V. The applicant should review Section VI, and complete if applicable. Note that if a particular item or choice of answers 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 overlooked. Additional instructions for completing Sections I – III are provided below.

Instructions for Completing Section I, Items 1 through 8

- 1) NPDES PERMIT NUMBER: Applicants for permit reissuance and modifications should provide the NPDES permit number of their existing permit. Applicants for new discharges should enter **NA** (not applicable).
- 2) APPLICANT NAME AND MAILING ADDRESS:
 - For industrial facilities – Provide the parent company name, division name, and mailing address.
 - For federal and state facilities – Provide the department name, division or bureau name, and mailing address.
 - For commercial facilities – Provide both the owner’s and the entity’s names, name of the business, and mailing address.
 - For publicly-owned facilities – Provide the legal owner of the facility and mailing address.
- 3) FACILITY NAME AND LOCATION: Provide the name of the facility or plant. Provide the street address or approximate location of the facility or plant. **DO NOT USE** P.O. Box numbers.
- 4) CONTACTS: Provide the name, mailing address, telephone number, fax number, and e-mail address for the following contacts:
 - Application: The person who should be contacted with questions concerning the Application.
 - Facility: Each facility is required to have a facility contact. The facility contact for a publicly-owned treatment works should be the superintendent or a properly certified operator who is in charge of the day-to-day operation and maintenance of the treatment facility. The facility contact for a corporation should be a principal executive officer of at least the level of vice president, or their designated representative if the representative is responsible for the overall operation of the facility from which the discharge described in the Application occurs. The facility contact for a partnership should be a general partner. The facility contact for a sole proprietorship should be the proprietor. The facility contact for a municipal, state, or other public facility should be a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee.
 - Electronic Discharge Monitoring Reports (e-DMRs): The person responsible for completing and submitting the facility’s e-DMRs.
 - Biosolids Billing: The person responsible for payment of the land application fee required by Section 324.3132 of the NREPA.
 - Storm Water Billing: The person responsible for payment of the facility’s storm water permit fee required by Section 324.3118 of the NREPA.
 - NPDES Annual Billing: The person responsible for payment of the facility’s NPDES Permit annual fee required by Section 324.3120 of the NREPA.
- 5) PERMIT ACTION REQUESTED: Indicate the permit action that is being requested.
- 6) RULE 1098 – ANTIDegradation REQUIREMENTS: A facility that has never discharged wastewater to the surface waters (new use), or a facility that is discharging but has never been issued an NPDES Permit (existing unpermitted), or a facility that is requesting reissuance or modification of a previously-issued NPDES permit and is increasing the loading of pollutants to the receiving water, must check “yes” in this section and provide an Antidegradation Demonstration, or indicate both that the increased loading is exempt from Rule 1098 and the basis for the exemption. Additional information concerning Antidegradation requirements can be found on Page 8 of this Appendix.
- 7) ADDITIONAL FACILITY LOCATION INFORMATION: Provide the following information.
 - A. Identify the local unit of government (LUG) where the treatment facility is located. **Provide an e-mail address** for an appropriate LUG contact, such as a clerk, who can be notified about the public notice period. **Do not** provide a website address.
 - B. Identify the county and, where appropriate, the township where the facility is located.
 - C. Identify the location of the facility using State Planar Coordinates (e.g., Town 1 N, Range 12 E, Section 34, SE¼, NE¼) or, where applicable, the Private (French) Land Claim designation.
 - D. Identify the location of the facility using latitude and longitude, precise to within 6 decimal places in the case of Decimal Degrees (e.g., Latitude = 42.454167, Longitude = - 83.041667), or precise to within 15 seconds in the case of Degrees Minutes Seconds (e.g., Latitude = 42°27’15”, Longitude = - 83°02’30”).

- 8) **CERTIFIED OPERATOR:** Provide the operator's name, certification number, certification classification(s), address, telephone number(s), and e-mail address. The NREPA requires that all dischargers to the surface waters of the State of Michigan employ a properly certified operator. Questions about operator certification should be directed to the Operator Training and Certification Program, at 517-284-5486.

Instructions for Completing Section II.B., Items 1. A. – H. (Treatment Works Treating Domestic Sewage)

Please note: GPD = gallons per day, MGD = millions of gallons per day, MGY = millions of gallons per year.

1. OUTFALL INFORMATION

Outfall refers to the point where treated wastewater is discharged to the surface waters of the state. "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. Enter the Outfall Number in the Outfall Number Box on each page, identifying the outfall by number, e.g., 001, 002, etc. Applicants with existing NPDES permits should refer to the facility's current NPDES permit for outfall number identification.

- A. Identify the receiving water (surface waters of the State) to which the facility's outfall(s) discharge. Identify the Hydrologic Unit Code (HUC). See the Upper and Lower Peninsula Hydrologic Maps on Pages 19 and 20 of this Appendix for the appropriate HUC.
- B. Identify the county and township where the outfall is located.
- C. Identify the location of the outfall using State Planar Coordinates. (e.g., Town 1N, Range 12E, Section 34. SE ¼, NE ¼) or, where applicable, the Private (French) Land Claim designation.
- D. Identify the location of the outfall using latitude and longitude, precise to within 6 decimal places in the case of Decimal Degrees (e.g., Latitude = 42.454167, Longitude = - 83.041667), or precise to within 15 seconds in the case of Degrees Minutes Seconds (e.g., Latitude = 42°27'15", Longitude = - 83°02'30").
- E. Enter the Annual Average Design Flow Rate that the facility is designed to treat. **Continuous Dischargers** are required to enter the Total Volume (MGD) of wastewater the facility is designed to treat and discharge per day. **Seasonal Dischargers** are required to enter the Total Volume (MGY) of wastewater the facility is designed to treat and discharge per year. The design flow is used in determining the appropriate effluent limitations for the discharge.
- F. Seasonal Discharge: A facility is considered to have a seasonal discharge if wastewater is treated **and stored** throughout a portion of the year and then discharged over a specified period or periods of days, weeks, or months. **Note: Batch process discharges are not seasonal discharges.** Provide the dates the facility discharges the treated wastewater (e.g., October 15 through November 10) and the actual average discharge flow rate (e.g., 5 MGD).
- G. Continuous Discharge: Any facility that does not discharge seasonally is considered to have a continuous discharge. Provide the approximate hours per day and the number of days per year that the discharge occurs from this outfall. Also provide the actual annual average facility flow and the maximum daily facility flow for the past three years. **Batch Dischargers** are required to provide the peak batch flow rate; the number of batches per day; the per-batch minimum, average, and maximum volumes in gallons; and the per-batch minimum, average, and maximum batch discharges in minutes.
- H. Inflow and Infiltration is clear water entering a sanitary collection system from either precipitation or non-sanitary sources. The volume of inflow and infiltration should be reported in gallons per day.

Instructions for Completing Section III.B., Items 1. A – I (Industrial / Commercial Facilities)

1. OUTFALL INFORMATION

Outfall refers to the point where treated wastewater is discharged to the surface waters of the state. "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. Enter the Outfall Number in the Outfall Number Box on each page, identifying the outfall by number, e.g., 001, 002, etc. Applicants with existing NPDES permits should refer to the facility's current NPDES permit for outfall number identification.

- A. Identify the receiving water (surface waters of the State) to which the facility's outfall(s) discharge. Identify the Hydrologic Unit Code (HUC). See the Upper and Lower Peninsula Hydrologic Maps on pages 19 and 20 of this Appendix for the appropriate HUC.
- B. Identify the county and township where the outfall is located.
- C. Identify the location of the outfall using State Planar Coordinates. (e.g., Town 1N, Range 12E, Section 34. SE ¼, NE ¼) or, where applicable, the Private (French) Land Claim designation.
- D. Identify the location of the outfall using latitude and longitude, precise to within 6 decimal places in the case of Decimal Degrees (e.g., Latitude = 42.454167, Longitude = - 83.041667), or precise to within 15 seconds in the case of Degrees Minutes Seconds (e.g., Latitude = 42°27'15", Longitude = - 83°02'30").

- E. Identify the type(s) of wastewater the facility will discharge from this outfall. Check as many types of wastewater as are appropriate. If the water is used in multiple areas, such as water that is first used for noncontact cooling and then for another use, such as process water, indicate the final use only. For other common wastewater types, see “Table 8 – Other Common Types of Wastewater” in this Appendix.
- F. When reporting the Maximum Design Flow Rate, identify the design flow for this specific outfall (e.g., capacity of pipes, package treatment system flow, or some other finite treatment system flow). Please provide an explanation if “Pollution Prevention Measures” are expected to provide flow reductions.
- G. Identify the Maximum Daily Discharge Flow Rate that the facility is expecting to discharge in the next five years. This flow will be used to determine the facility’s effluent limitations and will be the flow authorized in an issued permit. If this flow rate differs from that authorized in the current permit, the applicant shall attach to their Application a description of the basis for the change. Any increase in the authorized flow rate represents a permit modification and must be requested in Section I.5. of the Application; such an increase also requires that Section I.6. of the Application be completed and complied with. NOTE: Discharges of flows greater than the Discharge Flow Rate authorized in the permit will constitute a violation of the NREPA and would be subject to the penalties specified therein.
- H. Seasonal Discharge: A facility is considered to have a seasonal discharge if wastewater is treated **and stored** throughout a portion of the year and then discharged over a specified period or periods of days, weeks, or months. **Note: Batch process discharges are not seasonal discharges.** Provide the dates the facility discharges the treated wastewater (e.g., October 15 through November 10) and the actual average discharge flow rate (e.g., 5 MGD).
- I. Continuous Discharge: Any facility that does not discharge seasonally is considered to have a continuous discharge. Provide the approximate hours per day and the number of days per year that the discharge occurs from this outfall. Also provide the actual annual average facility flow and the maximum daily facility flow for the past three years. Batch Dischargers are required to provide the peak batch flow rate; the number of batches per day; the per-batch minimum, average, and maximum volumes in gallons; and the per-batch minimum, average, and maximum batch discharges in minutes.

Instructions for Completing Section III.B., Item 3.

3. EFFLUENT CHARACTERISTICS – CONVENTIONAL POLLUTANTS

Please note that effluent data already submitted through the e-DMR reporting system need not be submitted with the Application. Prior submittal of the data should be noted on Pages 21 and 23 of the Application.

In accordance with Title 40 of the Code of Federal Regulations (40 CFR), Subpart 122.21, all applicants are required to report Biochemical Oxygen Demand – 5 day (BOD₅), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Total Suspended Solids (TSS), Ammonia as N, Temperature (both summer and winter), and pH. The applicant may, however, request that data reporting for one or more of these required parameters be waived; however, such requests shall be supported by adequate rationale. The request and rationale for the waiver should be noted on Pages 21 and 23 of the Application.

Report available discharge data for the parameters listed in Section III.B.3 of this Application. Actual data shall be provided for existing discharges, and expected or estimated data provided for proposed discharges. Please include an explanation if “Pollution Prevention Measures” are expected to reduce pollutants. Certain types of discharges require that the applicant provide a minimum of analytical test data for specific parameters. See “Minimum Analytical Testing Requirements for Various Discharge Requests” in this Appendix for a list of specific discharge types and their specific parameters (e.g., noncontact cooling waters, petroleum groundwater cleanups, etc.). For assistance in determining the appropriate parameters to report, contact the Permits Section. To submit additional information, see Page ii, Item 3 of the Application.

Report all data in the units provided and for the sample types specified in the table. If more than one option is available, check the appropriate box. The units are as follows: µg/l = micrograms per liter, mg/l = milligrams per liter, °F = degrees Fahrenheit, °C = degrees Celsius. **For analytical test requirements, see Page ii, Item 5 of the Application.**

To analyze for pH, temperature, total residual chlorine, oil and grease, and fecal coliform, use **Grab Samples** unless otherwise directed by a current NPDES Permit. To analyze for BOD₅, total phosphorus, COD, TOC, TSS, and ammonia nitrogen, use **24-hour composite samples** unless other frequency or sample type analyses are available.

For two or more substantially identical outfalls, permission may be requested from the appropriate DEQ District Office to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If the request is granted by the district office, on a separate sheet attached to the Application, identify which outfall was sampled and describe why the outfalls which were not sampled are substantially identical to the outfall which was sampled. See the Appendix “Definitions” Section for sampling definitions, including “maximum daily concentration” and “maximum monthly concentration.”

Note: Applicants for groundwater remediation discharges should also report the intake characteristics of the contaminated groundwater.

Frequently Asked Questions about the NPDES Permit Application

Q. Why do I have to apply for an NPDES permit?

A. The National Pollutant Discharge Elimination System (NPDES) Program protects the surface waters of the state by ensuring that discharges of domestic and industrial wastewater comply with state and federal regulations. 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 (NREPA). Part 31 of the NREPA also provides authority for the State to issue NPDES permits. The Michigan Department of Environmental Quality (DEQ) administers the NPDES permit program for the State of Michigan.

Q. I have never applied for an NPDES Permit. What will happen after I submit my Application?

A. The Application will be reviewed by the Permits Section staff for administrative and technical completeness. Applicants with incomplete Applications will be contacted and required to supply any missing information. Only complete Applications will move on to the next step. The Permits staff will determine if the proposed discharge qualifies for coverage under a general permit. A Certificate of Coverage (COC) will be issued to qualifying dischargers. If the discharge does not qualify for coverage under a general permit, the staff will begin processing the Application for an individual permit.

Processing for an individual permit can include: development of treatment technology and/or water quality-based effluent limitations; drafting the permit, public notice, fact sheet, and other pertinent documents; a pre-public notice review period that allows the applicant to review the draft permit and other documents; and a public notice period.

There can be additional steps that occur during processing for an individual permit. Applicants may provide additional information and request review or clarification of permit conditions. During the public notice period, the general public may request that meetings or hearings be held to provide further input on the proposed discharge. The applicant or general public may request a meeting with the person issuing the permit. Each of these actions could impact the requirements of the draft permit.

If no objections are received to the proposed permit action during the public notice period, the DEQ will make a final determination to either issue or deny a permit.

Q. Which Publicly-Owned Treatment Works (POTWs) are required to submit Whole Effluent Toxicity (WET) tests as part of their NPDES Permit Application?

A. POTWs meeting one or more of the following criteria are required to submit WET tests with their Application: 1) POTWs with a design flow rate greater than or equal to 1 MGD, 2) POTWs with an approved Federal Industrial Pretreatment Program (FIPP), and/or 3) POTWs required to develop a FIPP, OR, if otherwise required by the DEQ to submit WET test results with the Application.

Q. How many WET tests are required of POTWs for the NPDES Permit Application?

A. Unless stated otherwise in your current NPDES Permit, POTWs required to submit WET tests shall, at a minimum, submit four test sets that have been run quarterly in the previous year, or four test sets that have been run once a year over the last five years. To account for seasonal variation of facility effluent, one wet test set shall be conducted in each of the four seasons, (spring, summer, fall, and winter). Additional guidance is provided on page 17 of this Appendix.

Q. Am I required to submit WET test results using special forms?

A. Yes. The forms required for all WET test reporting are provided in this Appendix.

Q. I have not completed the WET tests required for my NPDES Permit Application and the Application is due. What should I do?

A. Submit your Application and provide a schedule for submission of the WET tests. Please note that the Application will be considered incomplete until the WET tests have been submitted. Submission of an incomplete Application may put applicants out of compliance with an existing NPDES permit, as Applications for reissuance must be submitted 180 days prior to permit expiration.

Q. There is not enough space on the Application to submit all the information that the Application requires. What should I do?

A. Many of the pages on the Application have been created so that they can be easily duplicated and used to submit outfall or effluent data. Additional information can be submitted in spreadsheets or other appropriate media.

Q. How do I determine my Hydrologic Unit Code (HUC)?

A. See the watershed maps on pages 19 and 20 of this Appendix. Determine your HUC using these maps, or you may visit the United States Environmental Protection Agency (USEPA) Surf Your Watershed website located at <http://www.epa.gov/surf>.

Q. How do I determine the latitude and longitude of my discharge?

A. This information can be obtained using a Global Positioning System (GPS) unit, by the use of United States Geological Survey (USGS) Topographical maps, or at various internet map sites.

Q. How do I determine the quarter-quarter section, township, and range of my discharge?

A. This information can be obtained using USGS Topographical maps, plat maps, or at various internet map sites.

Q. Do I really need to list all of the adjacent property owners?

A. Yes, this information is required for the Application to be considered administratively complete. The information can be obtained from the local unit of government via tax rolls. Please provide each property owner's mailing address. Property addresses are not necessarily acceptable.

Q. What if I do not have all of the information required by the Application?

A. Applications for new discharges will not be processed unless all of the requested information is provided. Processing of Applications for existing discharges may be started without all of the required information, provided that the missing information is not needed to draft the reissued permit, and provided that the applicant has agreed to provide the missing information prior to the public notice period for the draft permit.

Q. I do not know the average flow rate for regulated storm water that flows from my facility. What should I do?

A. You may enter "UNKNOWN" in the column for Average Flow Rate.

Q. How much effluent data is sufficient for the Application to be considered complete?

A. The effluent data must be sufficient to accurately characterize the facility's discharge. Effluent limitations will be based in part on the information submitted. If the data is insufficient, the effluent limitations will not reflect the facility discharge and may be unnecessarily restrictive.

Q. Is there an NPDES Permit Application Fee?

A. Yes, this non-refundable fee must be submitted along with the Permit Application. Application fees are as follows:

EPA major facility individual permit.....	\$750.00
EPA minor facility individual permit, CSO permit, or wastewater stabilization lagoon individual permit.....	\$400.00
EPA minor facility general permit.....	\$75.00

Q. Is there an Annual Permit Fee?

A. Yes, permittees with authorization to discharge wastewater are subject to Annual Permit Fees. Further information on Annual Permit Fees can be viewed via the Internet (<http://www.michigan.gov/deqnpdes>). Under the Information banner, click on NPDES Fees, then click on NPDES Fees: Frequently Asked Questions and Answers).

Some Acronyms Used in the NPDES Permit Application and this Appendix

CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act (Superfund)	MAHL	Maximum Allowable Headworks Loading
CD-R	Compact Disk Recordable	MGD	Millions of Gallons per Day
COC	Certificate of Coverage	MGY	Millions of Gallons per Year
CNMP	Comprehensive Nutrient Management Plan	NAICS	North American Industry Classification System
CPLR	Cumulative Pollutant Loading Rate	POTW	Publicly-Owned Treatment Works
DL	Detection Level	QA/QC	Quality Assurance / Quality Control
e-DMR	Electronic Discharge Monitoring Rep	QL	Quantification Level
FIPP	Federal Industrial Pretreatment Program	SIC	Standard Industrial Classification
GPD	Gallons per Day	SIU	Significant Industrial User
IPP	Industrial Pretreatment Program	TWTDS	Treatment Works Treating Domestic Sewage
HUC	Hydrologic Unit Code	WET	Whole Effluent Toxicity
LUG	Local Unit of Government (village, city, township)		

Definitions for Selected Terms Used in the Application and this Appendix

24-hour composite sample is a flow-proportioned composite sample consisting of hourly or more frequent portions that are taken over a 24-hour period. A time-proportioned composite sample may be used upon approval from the Department if the permittee demonstrates that such a sample is representative of the discharge.

Average monthly concentration is the sum of all monthly concentrations determined divided by the number of monthly concentrations determined.

Biosolids are the solid, semisolid, or liquid residues generated during the treatment of sanitary sewage or domestic sewage in a treatment works. This includes, but is not limited to, scum or solids removed in primary, secondary, or advanced wastewater treatment processes and a derivative of the removed scum or solids. Following treatment, these solids may be suitable for land application.

Certificate of Coverage (COC) is a document, issued by the Department, which authorizes a discharge under a general permit.

Cumulative Pollutant Loading Rate (CPLR) is the maximum amount of an inorganic pollutant that can be applied to an area of land.

Detection Level (DL) is the lowest concentration or amount of the target analyte that can be determined to be different from zero by a single measurement at a stated level of probability.

Discharge location is defined as the point where a discharge enters the surface waters of the state.

Flow-proportioned sample is a composite sample, with the sample volume proportional to the effluent flow.

Geometric mean is the average of the logarithmic values of a base 10 data set, converted back to a base 10 number.

Grab sample is a single sample taken at neither a set time nor flow.

Maximum Allowable Headworks Loading (MAHL) is the maximum loading of a pollutant that will not cause a POTW to violate a treatment plant or environmental criterion developed to prevent process inhibition or interference, or to violate effluent or biosolids standards.

Maximum daily concentration is the maximum daily concentration recorded since the last permit issuance. The Daily Concentration is the sum of the concentrations of the individual samples of a parameter taken during any calendar day divided by the number of samples taken during that same calendar day. If the parameter concentration in any sample is less than the method quantification level, regard that value as the quantification level when calculating the daily concentration, and indicate that the calculated result is "less than" the value reported.

Maximum 7-day concentration is the maximum seven-day concentration recorded since the last permit issuance.

FOR WWSLs THAT COLLECT AND STORE WASTEWATER AND ARE AUTHORIZED TO DISCHARGE ONLY IN THE SPRING AND/OR FALL ON AN INTERMITTENT BASIS – The 7-day concentration is the sum of the daily concentrations determined during any 7 consecutive days of discharge during a WWSL discharge event divided by the number of daily concentrations determined. If the number of daily concentrations determined during the WWSL discharge event is less than 7 days, the number of actual daily concentrations determined shall be used for the calculation.

FOR ALL OTHER DISCHARGES – The 7-day concentration is the sum of the daily concentrations determined during any 7 consecutive days in a reporting month divided by the number of daily concentrations determined. If the number of daily concentrations determined is less than 7, the actual number of daily concentrations determined shall be used for the calculation.

If any daily concentration is less than the method quantification level, regard that value as the quantification level when calculating the 7-day concentration, and indicate that the calculated result is "less than" the value reported.

Maximum monthly concentration is the maximum monthly concentration recorded since the last permit issuance. The Monthly Concentration is the sum of the daily concentrations determined during a reporting period divided by the number of daily concentrations determined. Days with no discharge shall not be used to determine the value. If any daily concentration is less than the method quantification level, regard that value as the quantification level when calculating the monthly concentration, and indicate that the calculated result is "less than" the value reported.

Michigan Water Quality Standards means the Part 4 Water Quality Standards promulgated pursuant to Part 31 of the NREPA, being R 323.1041 through R 323.1117 of the Michigan Administrative Code.

Noncontact cooling water is water used for cooling which does not come into direct contact with any raw material, intermediate product, by-product, waste product, or finished product.

Primary industries are listed in Table 1 of this Appendix.

Quantification Level (QL) means the measurement of the concentration of a contaminant obtained by using a specified laboratory procedure calculated at a specified concentration above the detection level. It is considered the lowest concentration at which a particular contaminant can be quantitatively measured using a specified laboratory procedure for monitoring of the contaminant.

Secondary industries are those industries that are not listed as primary industries.

Significant Industrial User (SIU) is a nondomestic user that: 1) is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; or 2) discharges an average of 25,000 gallons per day or more of process wastewater to a POTW (excluding sanitary, noncontact cooling and boiler blowdown wastewater); contributes a process waste stream which makes up five (5) percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant; or is designated as such by the permittee as defined in 40 CFR 403.12(a) on the basis that the industrial user has a reasonable potential for adversely affecting the POTW's treatment plant operation or violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

Storm Water – Not Regulated is a storm water discharge that does not require a permit under the federal storm water regulations found in 40 CFR 122.26(b)(14).

Storm Water – Regulated is defined in 40 CFR 122.26 (b) (14), Storm Water Discharges Associated with Industrial Activities, and includes storm water discharges from 1) various types of industries identified in the regulations; 2) Treatment Works Treating Domestic Sewage (TWTDS) with design flows equal to or greater than 1 MGD, or that have Federal Industrial Pretreatment Programs; and 3) any storm water discharge subject to effluent guidelines as defined below.

Storm Water Subject to Effluent Guidelines is a regulated storm water discharge for which federal effluent limitation guidelines exist. Such guidelines currently exist under the following sections of the federal regulations: 40 CFR: 411 – cement manufacturing; 412 – feedlots; 418 – fertilizer manufacturing; 419 – petroleum refining; 422 – phosphate manufacturing; 423 – steam electric; 434 – coal mining; 436 – mineral mining and processing; 440 – ore mining and dressing; and 443 Subpart A – asphalt emulsion.

Rule 1098 – Antidegradation

Rule 1098, being R 323.1098 of the Part 4 Rules, applies to any NPDES permit action that is anticipated to result in a new or increased loading of pollutants to the surface waters of the state. It requires applicants to either show how the discharge is exempt under Subrule (8) or (9), or provide a demonstration under Subrule (4) that identifies the social or economic development and benefits that will be foregone in the area where the waters are located if the lowering of the water quality is not allowed.

The following examples are considered to be an increase in loading, requiring either a statement of exemption or an Antidegradation Demonstration:

- A new use
- An increase in flow
- An increase in a mass limit
- An increase in thermal loading
- An increase in concentration limits with no change in flow
- The addition of a new waste stream that will not require an authorization to increase the flow of the discharge
- An existing discharger which has never received an effective NPDES permit for discharges at a particular site

The following examples are not considered to be increases in loading, and do not require an Antidegradation Demonstration:

- A change in the Water Quality-Based Effluent Limits (WQBEL) for mercury or Polychlorinated Biphenyls (PCBs) due to a change in the Water Quality Standard.
- A newly-established limit for a parameter when there has been no action on the part of the permittee to increase the mass loading.
- Limits that are eliminated.

In accordance with Subrules (8) and (9), certain discharges are exempt from submitting an Antidegradation Demonstration. Applicants with these discharges shall either submit a statement of exemption from the antidegradation requirements detailing the reason(s) why the discharge is exempt, or check the appropriate box(s) in Section 1, Item 6. The following examples do not constitute a lowering of water quality and are therefore exempt from the antidegradation requirements:

- 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 DEQ-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 a 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
- Environmental or public health problem corrections
- Economic or social benefits to the community

The applicant shall identify, in the Antidegradation Demonstration, alternatives to the proposed surface water discharge that have been considered, and an explanation as to why those alternatives were not feasible. Alternatives to a surface water discharge may include, but are not limited to:

- Discharge to groundwater
- Discharge to available sewerage systems
- Water reuse and/or water recycling
- If BCCs will be present in the proposed discharge, the Antidegradation Demonstration shall describe the alternatives evaluated to reduce or eliminate these BCCs, and which of the alternatives were selected.

Antidegradation Demonstrations for privately-owned treatment systems serving the public for the treatment of domestic wastewater from two or more residences shall include documentation of the methods established to ensure the ongoing operation and maintenance of the sewerage system, as required under Section 4107 of Part 41 of the NREPA.

Please note: The applicant may indicate if the property is zoned for the intended use.

More information concerning Antidegradation can be found on the DEQ website at <http://www.michigan.gov/deqnpdes>. Under the Information banner, click on How to Apply for an NPDES Permit, then scroll down and click on Procedure No. 14 – Antidegradation.

Concentrated Animal Feeding Operation (CAFO) Guidance and Requirements

CAFO waste means CAFO process wastewater, manure, production area waste, silage leachate and runoff, any contaminated runoff, etc.

(1) The average and maximum number of animals expected during the five-year permit, the type of animals (beef cattle, broilers, layers, swine more or less than 55 lbs., mature dairy cows, dairy heifers, veal calves, turkeys, etc.), and type of housing (open confinement, under roof, etc.).

(2) The type of CAFO waste storage (roofed storage sheds, storage ponds, underfloor pits, above- or below-ground storage tanks, concrete pads, etc.), and total combined capacity of all CAFO waste storage structures [both by volume (tons, gallons, cu. ft.) and by time (months)].

3) CAFO waste storage structure design – All new CAFO waste storage structures shall, at a minimum, be constructed in accordance with Natural Resource Conservation Service (NRCS) standards. The NRCS standard is Conservation Practice Standard No. 313, Waste Storage Facility, dated June 2003. For existing storage structures at existing CAFOs, through an evaluation by a professional engineer either (1) provide documentation that each storage structure is constructed in accordance with NRCS standards, or (2) demonstrate environmental performance equivalent to NRCS standards. If your farm is verified under the Livestock System of the Michigan Agriculture Environmental Assurance Program (MAEAP), you may submit the “Evaluation of Existing Components” for review by the DEQ. After review, the DEQ will notify you if additional information is necessary to complete your Application. If you cannot provide the documentation or demonstration required by (1) or (2) above, you may request that the permit or COC specify a date by which you will provide storage structures that attain (1) above, but that date cannot be more than three years after the permit or COC is issued. Guidance for the Evaluation of Existing Storage Structures can be found on our website or is available in print.

(4) The total number of acres under your control available for land application of CAFO waste. This would be land that you own, lease, or otherwise have access to for land application of CAFO waste. This does not include land application where you sell or give away your CAFO waste. If you are in the process of acquiring land at the time of application, explain how much land and when you expect to acquire it.

(5) Estimated amounts of CAFO waste generated per year (annual average over the life of the permit) (tons, gallons, or cu. ft.).

(6) Estimated amounts of CAFO waste transferred (sold, given away, etc., where you have no control over the land application of that waste) to other persons per year (annual average) (tons, gallons, or cu. ft.).

(7) A list and map(s) showing the location of all land application fields. This list would include a name and/or number to identify the field and size in acres. Maps could be plat maps, aerial maps, or soil maps with each field highlighted or colored in, with a number to correspond to the list, or FSA Form # 578 and associated maps. Information such as crop, soil type, and analysis will be included with the field-by-field analysis. This analysis does not need to be completed until after the permit or COC is issued.

(8) All potential receiving waters for both the production and land application areas. This would be 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 and named, if they have names. The same maps showing your application fields could show the receiving waters.

To access the DEQ CAFO website, go to <http://www.michigan.gov/deqnpdes>. Under the Information banner, click on Concentrated Animal Feeding Operation (CAFO).

Minimum Analytical Testing Requirements for Selected Discharge Requests

Each discharge is evaluated on a case-by-case basis. The following list is not inclusive of all analytical tests that may be requested from an applicant, but it does include those parameters which we believe have the reasonable potential to violate water quality standards in certain types of discharges:

Contact Cooling Water: Submit average and maximum levels of Oil and Grease, and average and maximum levels of Total Suspended Solids; average and maximum summer and winter Temperatures; and maximum and minimum pH. Total Residual Chlorine analysis may be required if a city water source is used or a water treatment additive containing chlorine is used.

Cooling Tower Blowdown: Submit average and maximum levels of Total Dissolved Solids, Sulfates, Chlorides, and Total Suspended Solids; average and maximum summer and winter Temperatures; maximum and minimum pH; Total Residual Chlorine.

Gasoline and Petroleum-Related Cleanups: Submit analytical test data for Benzene, Ethylbenzene, Toluene, Xylene, Methyl Tertiary Butyl Ether, Total Phosphorus, and Total Lead. If a treatment other than activated carbon is proposed or used, submit analytical test data for Polynuclear Aromatic Hydrocarbons.

Gypsum Mine Discharges: Submit average and maximum levels of Total Suspended Solids, Total Dissolved Solids, Sulfates, and Chlorides; minimum and maximum pH; analysis for the following metals (using quantification levels indicated in Table 7): Total Beryllium, Total Copper, Total Lithium, Total Selenium, Total Silver, Total Strontium, Total Thallium, and Total Zinc; analysis for Dissolved Sulfides (using either the Methylene Blue or Iodometric method referenced in Standard Methods with a quantification level of 20 µg/l) with Temperature, Conductivity, and pH measured with each sample taken for Dissolved Sulfides; and a value for Hydrogen Sulfide calculated using Standard Method 4500-S²-H.

Limestone Quarry Discharges: Submit average and maximum levels of Total Suspended Solids, Total Dissolved Solids, Sulfates, and Chlorides; minimum and maximum pH; analysis for the following metals (using quantification levels indicated in Table 7): Total Beryllium, Total Copper, Total Lithium, Total Selenium, Total Silver, Total Strontium, Total Thallium, and Total Zinc; analysis for Dissolved Sulfides (using either the Methylene Blue or Iodometric method referenced in Standard Methods with a quantification level of 20 µg/l) with Temperature, Conductivity, and pH measured with each sample taken for Dissolved Sulfides; and a Hydrogen Sulfide value calculated using Standard Method 4500-S²-H.

Noncontact Cooling Water: Submit average and maximum summer and winter Temperatures; and if pH control is required, the maximum and minimum pH. Total Residual Chlorine analysis is required if a city water source or a water treatment additive containing chlorine is used.

Quarry Discharges Not Otherwise Specified Above: Submit average and maximum levels of Total Suspended Solids, Total Dissolved Solids, Sulfates, and maximum and minimum pH.

Sand and Gravel Discharges: Submit average and maximum levels of Hardness, and the following metals (using quantification levels indicated in Table 7): Total Arsenic, Total Barium, Total Cadmium, Total Chromium, Total Copper, Total Lead, Total Mercury, Total Selenium, and Total Zinc.

Water Softener Discharges: Submit average and maximum levels of Total Dissolved Solids, Sulfates, and Chlorides.

Summary of Information to be Reported by Industry Type

- 40 CFR 405 Dairy Products Processing: Report mass of raw materials (milk equivalent or fluid raw whey) and mass of BOD₅ input of raw materials. If your facility is regulated under Subparts K or L of this category, also report total suspended solids of the raw materials.
- 40 CFR 406 Grain Mills: Report volume of final product per-volume of raw material in standard bushels or mean standard bushels (for corn or wheat); hundredweight (rice); or volume-per-volume on a weight basis (for cereal or wheat flour as raw material).
- 40 CFR 407 Canned and Preserved Fruits and Vegetables Processing: Facilities regulated under Subparts A - G, report volume-per-volume (weight basis) of raw materials. Facilities regulated under Subpart H, report volume-per-volume (weight basis) of final product.
- 40 CFR 409 Sugar Processing: Facilities regulated under Subpart A, report volume-per-volume (weight basis) of final product (crystallized refined sugar). Facilities regulated under Subparts B and C, report pounds per ton of melt, where melt is the amount of raw material (sugar) contained within an aqueous solution at the beginning of the process for production of refined sugar cane.
- 40 CFR 411 Cement Manufacturing: Facilities regulated under Subpart A, report pounds of final product. Facilities regulated under Subpart B, report pounds of dust leached.
- 40 CFR 414 Organic Chemicals, Plastics, and Synthetic Fibers (OCPSF): Report (1) flow rates of individual process wastewater streams; (2) flow rates of individual metal-bearing or cyanide-bearing wastewater streams; (3) pounds of product generated per year for each product; and (4) indicate if end-of-pipe biological treatment exists.
- 40 CFR 415 Inorganic Chemicals Manufacturing: Report pounds of product.
- 40 CFR 419 Petroleum Refining: Report volume of feedstock (number of barrels) and volume of flow.
- 40 CFR 420 Iron and Steel Manufacturing: Report pounds of product. If air or vent scrubbers are used at the facility, describe the operations they are used in, and indicate the number of scrubbers in use.
- 40 CFR 421 Nonferrous Metals Manufacturing: Report weight of product produced, cast, or material recovered (see individual subparts for specific materials regulated), and provide a description of each specific process that produces a wastewater stream.
- 40 CFR 423 Steam Electric Power Generating: Report volume of flow from process wastewater streams, including contact cooling, cooling tower blowdown, and any other wastewaters other than noncontact cooling water, and total rating of electric generating capacity.
- 40 CFR 424 Ferroalloy Manufacturing: Report (1) megawatt hour(s) of electrical energy consumed in the smelting process (for electric furnaces only); (2) weight of product (for nonelectric furnaces only and other if appropriate); and (3) weight of raw material processed.
- 40 CFR 425 Leather Tanning and Finishing: Report weight of raw material.
- 40 CFR 428 Rubber Manufacturing: Report (1) weight of raw material or raw material equivalent; and (2) weight of gross production.
- 40 CFR 429 Timber Products Processing: Report (1) weight per volume of production; and (2) weight of gross production.
- 40 CFR 430 Pulp, Paper, and Paperboard: Report (1) weight of product; and (2) provide a statement certifying that chlorophenolic-containing biocides are not being used at the facility, if these biocides are not being used.
- 40 CFR 432 Meat Products: Report (1) weight of raw material (raw material measured in live weight killed or equivalent live weight killed); (2) weight of finished product, and if the facility is regulated under Subparts E – J; and (3) the manufacturing rate for individual products.
- 40 CFR 433 Metal Finishing: Report flow rates of individual processes generating wastewater streams.

- 40 CFR 436 Mineral Mining and Processing: If the facility uses Hydrogen Fluoride floatation as a treatment process, report weight of total product.
- 40 CFR 440 Ore Mining and Dressing: Report (1) treatment or milling technique(s) employed; and (2) if the facility is regulated under Subparts F – H or J, report tons of product.
- 40 CFR 461 Battery Manufacturing: (1) Report weight of raw materials used, applied, deposited, or processed; and (2) weight of cells, powder, or other material produced.
- 40 CFR 463 Plastics Molding and Forming: Report average process wastewater usage flow rates for each individual process.
- 40 CFR 464 Metal Molding and Casting: Report (1) weight of material poured (casted); and (2) if air scrubbers are used, report volume of air scrubbed. If the facility is regulated under Subpart C, report (1) the weight of sand reclaimed (if applicable); and (2) the weight of metal poured annually (if applicable).
- 40 CFR 465 Coil Coating: Report (1) the total surface area of the material processed; and (2) if the facility is regulated under Subpart D, report the number of cans manufactured.
- 40 CFR 466 Porcelain Enameling: Report the total surface area of raw material processed or coated.
- 40 CFR 467 Aluminum Forming: Report the weight of raw material (aluminum) processed, including rolling, casting, forging, quenching, drawing, extruding, cleaning, and etching operations.
- 40 CFR 468 Copper Forming: Report weight of raw material (copper) processed, including rolling, drawing, heat treating, extruding, annealing, cleaning, pickling, tumbling, burnishing, coating, and forming operations.
- 40 CFR 471 Nonferrous Metals Forming and Metals Powders: Report weight of raw materials processed for various operations (see guidelines for descriptions of processes).

TABLE 1 – Testing Requirements for Organic Toxic Pollutants by Industrial Category

Industrial Category	GC/MS Fraction			Pesticide
	Volatile	Acid	Base/Neutral	
Adhesives and Sealants	X	X	X	---
Aluminum Forming	X	X	X	---
Auto and Other Laundries	X	X	X	X
Battery Manufacturing	X	---	X	---
Coal Mining	X	X	X	X
Coil Coating	X	X	X	---
Copper Forming	X	X	X	---
Electric and Electronic Components	X	X	X	X
Electroplating	X	X	X	---
Explosives Manufacturing	---	X	X	---
Foundries	X	X	X	---
Gum and Wood Chemicals	X	X	X	X
Inorganic Chemicals Manufacturing	X	X	X	---
Iron and Steel Manufacturing	X	X	X	---
Leather Tanning and Finishing	X	X	X	X
Mechanical Products Manufacturing	X	X	X	---
Nonferrous Metals Manufacturing	X	X	X	X
Ore Mining	X	X	X	X
Organic Chemicals Manufacturing	X	X	X	X
Paint and Ink Formulation	X	X	X	X
Pesticides	X	X	X	X
Petroleum Refining	X	X	X	X
Pharmaceutical Preparations	X	X	X	---
Photographic Equipment and Supplies	X	X	X	X
Plastic and Synthetic Materials Manufacturing	X	X	X	X
Plastic Processing	X	---	---	---
Porcelain Enameling	X	---	X	X
Printing and Publishing	X	X	X	X
Pulp, Paper, and Paperboard Mills	X	X	X	X
Rubber Processing	X	X	X	---
Soap and Detergent Manufacturing	X	X	X	---
Steam Electric Power Plants	X	X	X	---
Textile Mills	X	X	X	X
Timber Products Processing	X	X	X	X

Below is a list of industrial categories and subcategories which are specifically suspended from submitting certain GC/MS data in 40 CFR 122, Appendix D, Note 1. If your industrial category or subcategory is specifically listed in the suspensions, you are not required to submit analytical data for the suspended GC/MS fractions listed below. In addition to the listed industries, 40 CFR 122.21 (g)(8) also provides for an exemption from reporting GC/MS analytical data for small businesses. Refer to the federal guidelines to determine if your facility is exempt.

Coal Mining Industry and Porcelain Enameling Industry

All four GC/MS organic fractions for all subcategories of these industries are suspended.

Leather Tanning and Finishing Industry, Paint and Ink Formulation, and Photographic Supplies

Pesticide fraction is suspended for all subcategories of these industries.

Petroleum Refining Industry

Acid, base/neutral, and pesticide fractions are suspended for all subcategories of this industry.

Textile Mills Industry

All four GC/MS organic fractions in the Greige Mills Subcategory are suspended.
Pesticide fraction in this category is suspended for all other subcategories of this industry.

Ore Mining and Dressing Industry

Volatile, base/neutral, and pesticide fractions in the Base and Precious Metals Subcategory are suspended.
All four GC/MS organic fractions in all other subcategories of this industry are suspended.

Gum and Wood Chemicals Industry

Pesticide fraction in the Tall Oil Rosin Subcategory and the Rosin-Based Derivatives Subcategory are suspended.
Pesticide and base/neutral fractions in all other subcategories of this industry are suspended.

Pulp and Paper Industry

Pesticide fraction in Papergrade Sulfite subcategories (Subpart E) is suspended.
Base/neutral and pesticide fractions in Dissolving Kraft (Subpart A), Deink, and Paperboard from Waste Paper (Subpart I) are suspended.
Volatile, base/neutral, and pesticide fractions in the BCT Bleached Kraft (Subpart B), Semi-Chemical (Subpart F), and Nonintegrated Fine Papers (Subpart K) are suspended.
Acid, base/neutral, and pesticide fractions in Fine Bleached Kraft (Subpart B), Dissolving Sulfite Pulp (Subpart D), Groundwood Fine Papers (Subpart G), Market Bleached Kraft (Subpart B), Tissue from Wastepaper (Subpart J), and Nonintegrated Tissue Papers (Subpart L) are suspended.

Steam Electric Power Plant Industry

Base/neutral fraction in the Once-Through Cooling Water, Fly Ash, and Bottom Ash Transport Water process wastestreams are suspended.

TABLE 2 – Organic Toxic Pollutants in Each GC/MS Fraction

(Table II from 40 CFR 122, Appendix D)

Volatile Compounds		
1,1,1-Trichloroethane	Acrolein	Ethylbenzene
1,1,2,2-Tetrachloroethane	Acrylonitrile	Methyl Bromide
1,1,2-Trichloroethane	Benzene	Methyl Chloride
1,1-Dichloroethane	Bromoform	Methylene Chloride
1,1-Dichloroethylene	Carbon Tetrachloride	Tetrachloroethylene
1,2-Dichloroethane	Chlorobenzene	Toluene
1,2-Dichloropropane	Chlorodibromomethane	Trichloroethylene
1,2-Trans-Dichloroethylene	Chloroethane	Vinyl Chloride
1,3-Dichloropropylene	Chloroform	
2-Chloroethylvinylether	Dichlorobromomethane	
Acid Compounds		
2,4,6-Trichlorophenol	2-Chlorophenol	P-Chloro-M-Cresol
2,4-Dichlorophenol	2-Nitrophenol	Pentachlorophenol
2,4-Dimethylphenol	4,6-Dinitro-O-Cresol	Phenol
2,4-Dinitrophenol	4-Nitrophenol	
Base/Neutral Compounds		
1,2,4-Trichlorobenzene	Benzo (a) Anthracene	Fluorene
1,2-Dichlorobenzene	Benzo (a) Pyrene	Hexachlorobenzene
1,2-Diphenylhydrazine (as Azobenzene)	Benzo (ghi) Perylene	Hexachlorobutadiene
1,3-Dichlorobenzene	Benzo (k) Fluoranthene	Hexachlorocyclopentadiene
1,4-Dichlorobenzene	Bis (2-Chloroethoxy) Methane	Hexachloroethane
2,4-Dinitrotoluene	Bis (2-Chloroethyl) Ether	Indeno (1,2,3-cd) Pyrene
2,6-Dinitrotoluene	Bis (2-Chloroisopropyl) Ether	Isophorone
2-Chloronaphthalene	Bis (2-Ethylhexyl) Phthalate	N-Nitrosodi-N-Propylamine
3,3'-Dichlorobenzidine	Butylbenzyl Phthalate	N-Nitrosodimethylamine
3,4-Benzofluoranthene	Chrysene	N-Nitrosodiphenylamine
4-Bromophenylphenylether	Di-N-Butyl Phthalate	Naphthalene
4-Chlorophenyl Phenyl Ether	Di-N-Octyl Phthalate	Nitrobenzene
Acenaphthene	Dibenzo (a,h) Anthracene	Phenanthrene
Acenaphthylene	Diethyl Phthalate	Pyrene
Anthracene	Dimethyl Phthalate	
Benzidine	Fluoranthene	
Pesticides		
4,4'-DDD	δ-BHC	PCB-1221
4,4'-DDE	Dieldrin	PCB-1232
4,4'-DDT	Endosulfan Sulfate	PCB-1242
α-BHC	Endrin	PCB-1248
α-Endosulfan	Endrin Aldehyde	PCB-1254
Aldrin	γ-BHC (Lindane)	PCB-1260
β-BHC	Heptachlor	Toxaphene
β-Endosulfan	Heptachlor Epoxide	
Chlordane	PCB-1016	

TABLE 3 – Other Toxic Pollutants (Metals and Cyanide) and Total Phenols

(Table III from 40 CFR 122, Appendix D)

Total Antimony	Total Copper	Total Phenols
Total Arsenic	Available Cyanide	Total Selenium
Total Beryllium	Total Lead	Total Silver
Total Cadmium	Total Mercury	Total Thallium
Total Chromium	Total Nickel	Total Zinc

TABLE 4 – Conventional and Nonconventional Pollutants to be Tested by Existing Dischargers if Expected to be Present in Discharge

(Table IV from 40 CFR 122, Appendix D)

Aluminum, Total	Manganese, Total	Sulfate (as SO ₄)
Barium, Total	Molybdenum, Total	Sulfide (as S)
Boron, Total	Nitrate-Nitrite (as N)	Sulfite (as SO ₃)
Bromide	Nitrogen, Total Organic (as N)	Surfactants
Chlorine, Total Residual	Oil and Grease	Tin, Total
Cobalt, Total	Phosphorus (as P), Total	Titanium, Total
Color	Radioactivity	
Fecal Coliform	Alpha, Total	
Fluoride	Beta, Total	
Iron, Total	Radium, Total	
Magnesium, Total	Radium 226, Total	

TABLE 5 – Toxic Pollutants and Hazardous Substances Required to be Identified by Existing Dischargers if Expected to be Present in Discharge

Toxic Pollutants – Table V, 40 CFR 122, Appendix D

Asbestos		
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Hazardous Substances – Table V, 40 CFR 122, Appendix D

2,2-Dichloropropionic Acid	Dimethyl Amine	Naled
2,4,5-T (2,4,5-Trichlorophenoxy Acetic Acid)	Dinitrobenzene	Napthenic Acid
2,4-D (2,4-Dichlorophenoxyacetic acid)	Diquat	Nitrotoluene
Acetaldehyde	Disulfoton	Parathion
Allyl Alcohol	Diuron	Phenolsulfonate
Allyl Chloride	Epichlorohydrin	Phosgene
Amyl Acetate	Ethanolamine	Propargite
Aniline	Ethion	Propylene Oxide
Benzonitrile	Ethylene Diamine	Pyrethrins
Benzyl Chloride	Ethylene Dibromide	Quinoline
Butyl Acetate	Formaldehyde	Resorcinol
Butylamine	Furfural	Silvex
Captan	Guthion	Strontium
Carbaryl	Isoprene	Strychnine
Carbofuran	Isopropanolamine	Styrene
Carbon Disulfide	Kelthane	TDE (Tetrachlorodiphenylethane)
Chlorpyrifos	Kepone	Trichlorofon
Coumaphos	Malathion	Triethylamine
Cresol	Mercaptodimethur	Trimethylamine
Crotonaldehyde	Methoxychlor	Uranium
Cyclohexane	Methyl Mercaptan	Vanadium
Diazinon	Methyl Methacrylate	Vinyl Acetate
Dicamba	Methyl Parathion	Xylene
Dichlobenil	Mevinphos	Xylenol
Dichlone	Mexacarbate	Zirconium
Dichlorvos	Monoethyl Amine	
Diethyl Amine	Monomethyl Amine	

Other or Additional Toxic Pollutants – Michigan Critical Materials

1,1,1,2-tetrachloroethane	Captafol	N-(2-hydroxyethyl) ethyleneimine
1,1,2,2-tetrachloroethane	Carbon tetrachloride	N,N'-diethylthiourea
1,1,2-trichloroethane	Carbophenothion	Naphthalene
1,1-dichloroethylene	Chloramines	Neoabietic acid
1,2,3,4-tetrachlorobenzene	Chlordane	Nickel
1,2,3,5-tetrachlorobenzene	Chlordecone	Nifurthiazole
1,2,3-trichlorobenzene	Chlorfenvinphos	Niridazole
1,2,4,5-tetrachlorobenzene	Chlorine (elemental Cl and hypochlorite salts)	Nithiazide
1,2,4-trichlorobenzene	Chlorobenzene	Nitrobenzene
1,2:3,4-diepoxybutane	Chlorobenzilate	Nitrofen
1,2-dichlorobenzene	Chloroform	Nitrogen mustard
1,2-dichloroethane	Chloromethane	N-methyl formamide
1,2-epoxybutane	Chloroprene	N-nitrosodiethylamine
1,3-butadiene	Chromium	N-nitrosodimethylamine

Other or Additional Toxic Pollutants – Michigan Critical Materials (Table 5, continued)

1,3-dichlorobenzene	Clonitralid	N-nitroso-di-N-butylamine
1,3-dichloropropene	Cobalt	N-nitrosodi-N-propylamine
1,3-propane sultone	Copper	N-nitrosodiphenylamine
1,4-dichlorobenzene	Crotoxyphos	N-nitrosomethylvinylamine
1,4-dioxane	Cupferron	N-nitrosomorpholine
1,5-naphthalenediamine	Cyanides	N-nitroso-N-ethylurea
1-amino-2-methylantraquinone	Cycasin	N-nitroso-N-methylurea
1-chloro-4-phenoxybenzene	Cycloheximide	N-nitroso-N-methylurethane
1-chloropropene	Cyclophosphamide	N-nitrososarcosine
2,3,4,5-tetrachlorophenol	DDT (p,p', o,p' and technical grade)	o-Aminoazotoluene
2,3,4,6-tetrachlorophenol	Dehydroabietic acid	o-Anisidine
2,3,5,6-tetrachlorophenol	Demeton	o-Anisidine hydrochloride
2,4,5-trichlorophenol	Diallate	o-Cresol
2,4,5-trichlorotoluene	Dibenz(a,h)anthracene	Octachlorostyrene
2,4,5-trimethylaniline	Dibromochloropropane (DBCP)	o-Phenylphenol
2,4,6-trichlorophenol	Dibutyl phthalate	o-Toluidine
2,4-diaminoanisole sulfate	Dichrotophos	o-Toluidine hydrochloride
2,4-diaminotoluene	Dieldrin	Oydemetonmethyl
2,4-dichlorophenol	Diethylhexyl phthalate	p,p'-DDE
2,4-dinitrophenol	Diethylstilbestrol	p,p'-TDE (p,p'-DDD)
2-acetylaminofluorene	Dihydrosafrole	Paraquat
2-aminoantraquinone	Dimethoate	p-Chlorophenol
2-methyl-1-nitroantraquinone	Dimethyl disulphide	p-Cresidine
2-naphthylamine	Dimethyl sulfate	p-Cresol
2-nitropropane	Dimethylhydrazines	Pentachloronitrobenzene
3-(chloromethyl)pyridine hydrochloride	Dinitrotoluenes	Pentachlorophenol (and salts)
3,3'-dichlorobenzidine	Dinocap	Phenazopyridine hydrochloride
3-amino-9-ethylcarbazole	Di-n-octyl phthalate	Phenesterin
3-amino-9-ethylcarbazole hydrochloride	Dinoseb	Phenobarbitol
4,4'-diaminodiphenyl ether	Dioxathion	Phenol
4,4'-methylenebis (2-methylaniline)	Diphenyl ether	Phenytoin
4,4'-methylenebis(N,N-dimethyl) benzenamine	Endosulfan	Phenytoin sodium
4,4'-thiodianiline	Endrin	Phorate
4,6-dinitro-o-cresol	EPN	Phosazetim
4-aminobiphenyl	Ethyl chloride	Phosmet
4-aminopyridine	Ethylene oxide	Phosphamidon
4-bromophenyl phenyl ether	Ethylene thiourea	Piperonyl sulfoxide
4-chloro-m-phenylenediamine	Ethyleneimine	p-Nitrosodiphenylamine
4-chloro-o-phenylenediamine	Ethylmethanesulfonate	Polybrominated biphenyls (PBB)
4-dimethylaminoazobenzene	Fensulfathion	Polychlorinated biphenyls (PCB)
5-chloro-o-toluidine	Fenthion	Polychlorinated dibenzofurans (PCDF)
5-nitroacenaphthene	Fluchloralin	Polychlorinated dioxins (PCDD)
5-nitro-o-anisidine	Furathiazole	Polychlorinated naphthalenes
Abietic acid	Heptachlor	Propyleneimine
Acetone cyanohydrin	Heptachlor epoxide	Propylthiouracil
Acrolein	Hexachlorobenzene	Rotenone
Acrylonitrile	Hexachlorobutadiene	Selenium
Actinomycin D	Hexachlorocyclohexane (all isomers)	Semicarbazide
Aflatoxins	Hexachlorocyclopentadiene	Semicarbazide hydrochloride
Aldicarb	Hexachloroethane	Silver
Aldrin	Hexamethylphosphoramide	Silvex, propylene glycol butyl ether ester
Aminoazobenzene	Hydrazine	Sodium fluoroacetate
Amitrole	Hydrazobenzene	Sodium-o-phenylphenol
Anilazine	Hydrogen sulfide	Sulfallate
Aniline hydrochloride	Hydroquinone	Sulfotepp
Antimony	Isonicotinic acid hydrazide	TEPP
Antimycin A	Kanechlor C	Terbufos
Aramite	Ketene	Tetrachloroethylene
Arsenic	Lactonitrile	Tetrachloroguaiacol
Asbestos	Lasiocarpine	Tetrachlorvinphos
Azinphos-ethyl	Lead	Tetranitromethane
Azinphos-methyl	Leptophos	Thallium
Azobenzene	Lithium	Thioacetamide
Barban	Malachite green	Thiourea
Bendiocarb	m-cresol	Thiram
Benomyl	Mercury	Toluene
Benz(a)anthracene	Mestranol	Toxaphene
Benzene	Methacrylonitrile	Triaryl phosphate esters
Benzidine (and salts)	Methomyl	Tributyltin (and salts and esters)

Other or Additional Toxic Pollutants – Michigan Critical Materials (Table 5, continued)

Benzo(a)pyrene	Methyl chloroform	Trichloroethylene
Beryllium	Methyl hydrazine	Trifluralin
beta-propiolactone	Methylene chloride	Trimethylphosphate
Bis(2-chloroethyl)ether	Methylenebis(2-chloroaniline)	Tris(2,3-dibromopropyl)phosphate
Bis(chloromethyl)ether	Methylthiouracil	Uracil mustard
Bromomethane	Mirex	Urethane (monomer)
Bromoxynil	Mitomycin C	Vinyl bromide
Butyl benzyl phthalate	Monocrotaline	Vinyl chloride
Butylbutanol nitrosamine	Monocrotophos	Zinc
Cadmium	Mustard gas	Ziram

TABLE 6 – Dioxin and Furan Congeners

Dioxin Congeners	Furan Congeners
2,3,7,8-Tetrachlorodibenzo-p-dioxin	2,3,7,8-Tetrachlorodibenzofuran
1,2,3,7,8-Pentachlorodibenzo-p-dioxin	1,2,3,7,8-Pentachlorodibenzofuran
1,2,3,4,7,8-Hexachlorodibenzo-p-dioxin	2,3,4,7,8-Pentachlorodibenzofuran
1,2,3,6,7,8-Hexachlorodibenzo-p-dioxin	1,2,3,4,7,8-Hexachlorodibenzofuran
1,2,3,7,8,9-Hexachlorodibenzo-p-dioxin	1,2,3,6,7,8-Hexachlorodibenzofuran
1,2,3,4,6,7,8-Heptachlorodibenzo-p-dioxin	2,3,4,6,7,8-Hexachlorodibenzofuran
Octachlorodibenzo-p-dioxin	1,2,3,7,8,9-Hexachlorodibenzofuran
	1,2,3,4,6,7,8-Heptachlorodibenzofuran
	1,2,3,4,7,8,9-Heptachlorodibenzofuran
	Octachlorodibenzofuran

TABLE 7 – Quantification Levels and Analytical Methods for Selected Parameters

Selected Metals and Cyanide	Selected Organic Toxic Pollutants
Total Antimony 1 µg/l	1,2-Diphenylhydrazine (as Azobenzene) 3.0 µg/l
Total Arsenic 1 µg/l	2,4,6-Trichlorophenol 5.0 µg/l
Total Barium 5 µg/l	2,4-Dinitrophenol 19 µg/l
Total Beryllium 1 µg/l	3,3'-Dichlorobenzidine 1.5 µg/l, EPA Method 605
Total Boron 20 µg/l	Acrylonitrile 1.0 µg/l
Total Cadmium 0.2 µg/l	Benzidine 0.1 µg/l
Hexavalent Chromium 5 µg/l	Bis (2-Chloroethyl) Ether 1.0 µg/l
Total Chromium 10 µg/l	Di-N-Butyl Phthalate 9.0 µg/l
Total Copper 1 µg/l	Fluoranthene 1.0 µg/l
Available Cyanide 2 µg/l, EPA Method OIA 1677	Hexachlorobenzene 0.01 µg/l, EPA Method 612
Total Cyanide 5 µg/l	Hexachlorobutadiene 0.01 µg/l, EPA Method 612
Total Lead 1 µg/l	Hexachlorocyclopentadiene 0.01 µg/l, EPA Method 612
Total Lithium 10 µg/l	Hexachloroethane 5.0 µg/l
Total Mercury 0.5 ng/l, EPA Method 1631E	Phenanthrene 1.0 µg/l
Total Nickel 5 µg/l	Pentachlorophenol 1.8 µg/l
Total Selenium 1.0 µg/l	Vinyl Chloride 0.25 µg/l
Total Silver 0.5 µg/l	
Total Strontium 1000 µg/l	
Total Thallium 1 µg/l	
Total Zinc 10 µg/l	

TABLE 8 – Other Common Types of Wastewater

Demineralizer regeneration water	Hydrostatic pressure test water	Raceway cleaning water
Drinking fountain overflow	Intake screen backwash	Sand filter backwash
Filter backwash	Iron filter backwash	Sanitary wastewater
Fire system test water	Landfill leachate	Secondary containment area water
Fish rearing water	Mine dewatering water	Swimming pool wastewater
Floor drainage water	Peat mine dewatering water	Tank bottom water
Foundation drainage water	Petroleum-contaminated water	Vegetable wash water
Groundwater seepage	Pump screen backwash	Water softener backwash

Whole Effluent Toxicity Test Guidance and Requirements for POTWs

Whole Effluent Toxicity (WET) tests shall be conducted in accordance with the following: Chronic tests shall be conducted unless the applicant has requested and received DEQ approval to conduct acute tests. Approval will be based on high receiving water dilution or other site-specific factors. A 40:1 or greater dilution ratio of the receiving water's 95 percent drought flow to the facility's design flow may justify reduction to acute testing. Such requests, with supporting rationale, shall be made in writing to the appropriate District Supervisor of the Water Resources Division (see page 18 of this Appendix). *If the permittee has previously received approval to conduct toxicity testing using a more sensitive species, the permittee may request approval from the District Supervisor to waive the multiple species testing requirements specified below. Such approval will be based on no significant changes to facility operations and wastewater characteristics.*

The following requirements apply to the chronic test set:

- 1) Test species shall include fathead minnow and *Ceriodaphnia dubia*.
- 2) Testing and reporting procedures for the fathead minnow and *Ceriodaphnia* are described in "Short Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms" (Fourth Edition) (USEPA-821-R-02-013).
- 3) If the Total Ammonia Nitrogen level in the effluent is greater than 3 mg/l, chronic test pH shall be maintained at 8 standard units.

The following requirements apply to the acute test set:

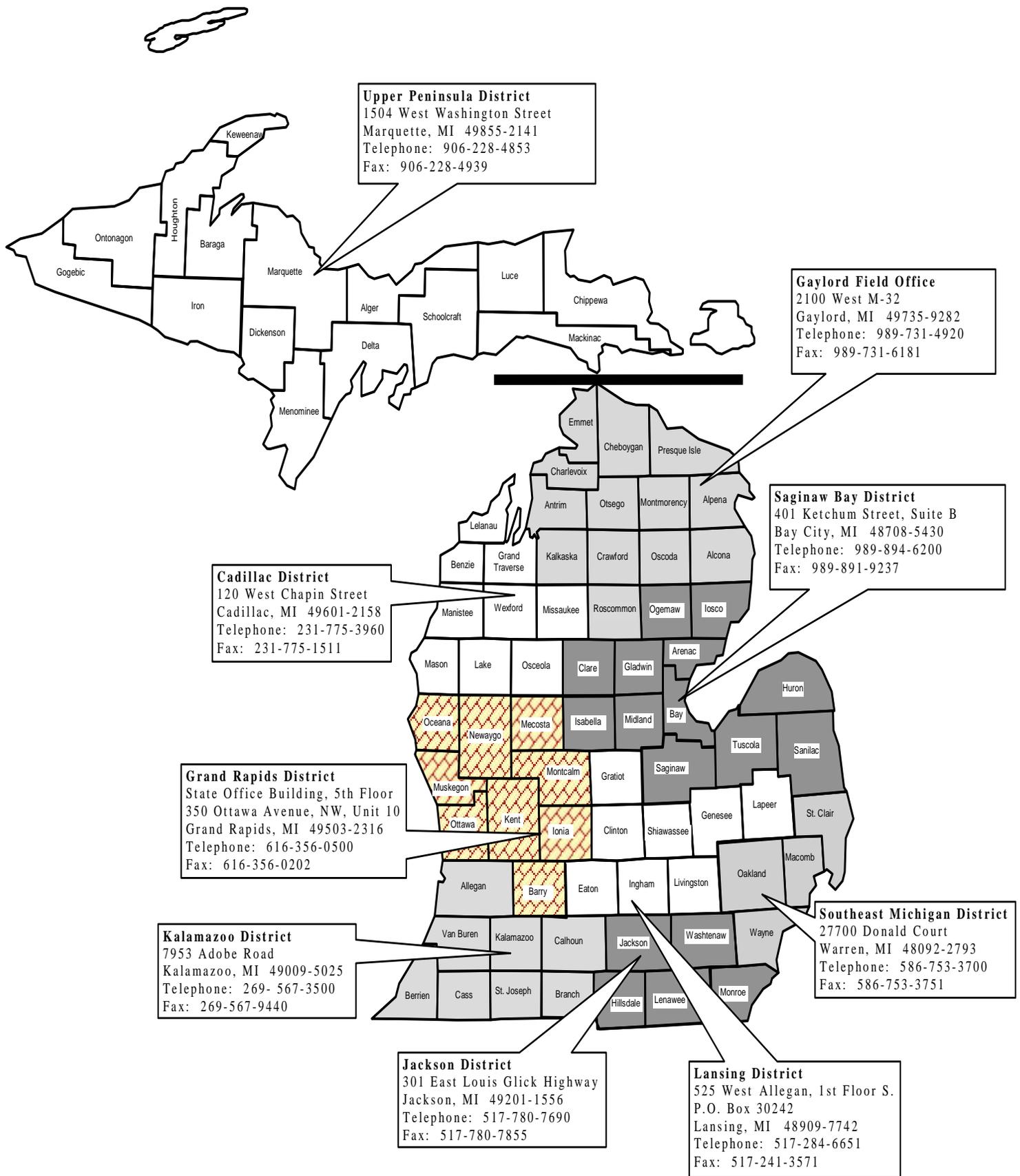
- 1) Acute test species shall include fathead minnow and either *Daphnia magna*, *Daphnia pulex*, or *Ceriodaphnia dubia*.
- 2) Testing and reporting procedures shall follow procedures contained in USEPA-821-R-02-012, "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms" (Fifth Edition).
- 3) If the Total Ammonia Nitrogen level in the effluent is greater than 5 mg/l, acute test pH shall be maintained at the pH of the effluent at the time of sample collection.

Toxicity test data acceptability is contingent upon the validation of the test method by the testing laboratory. Such validation shall be submitted to the DEQ upon request. Previously-submitted toxicity test results need not be resubmitted. Rather, provide a summary of the results of all previous tests, indicating: (1) test date; (2) species tested; and (3) all acute and/or chronic toxic unit values (TU_a, TU_c) obtained. "Greater than" symbols should be included in the summary when expressed in the testing laboratory results.

The results of the tests shall be reported using the Acute Toxicity Test Report, *Ceriodaphnia Dubia* Chronic Toxicity Test Report, and Fathead Minnow Chronic Toxicity Test Report provided in this Appendix. "Greater than" symbols should be included in the summary when expressed in the testing laboratory results. Please do not submit additional forms or paperwork pertaining to WET tests with this Application.

The applicant does not need to submit e-DMR results for previously submitted WET Tests.

Water Resources Division District Boundaries with County Divisions



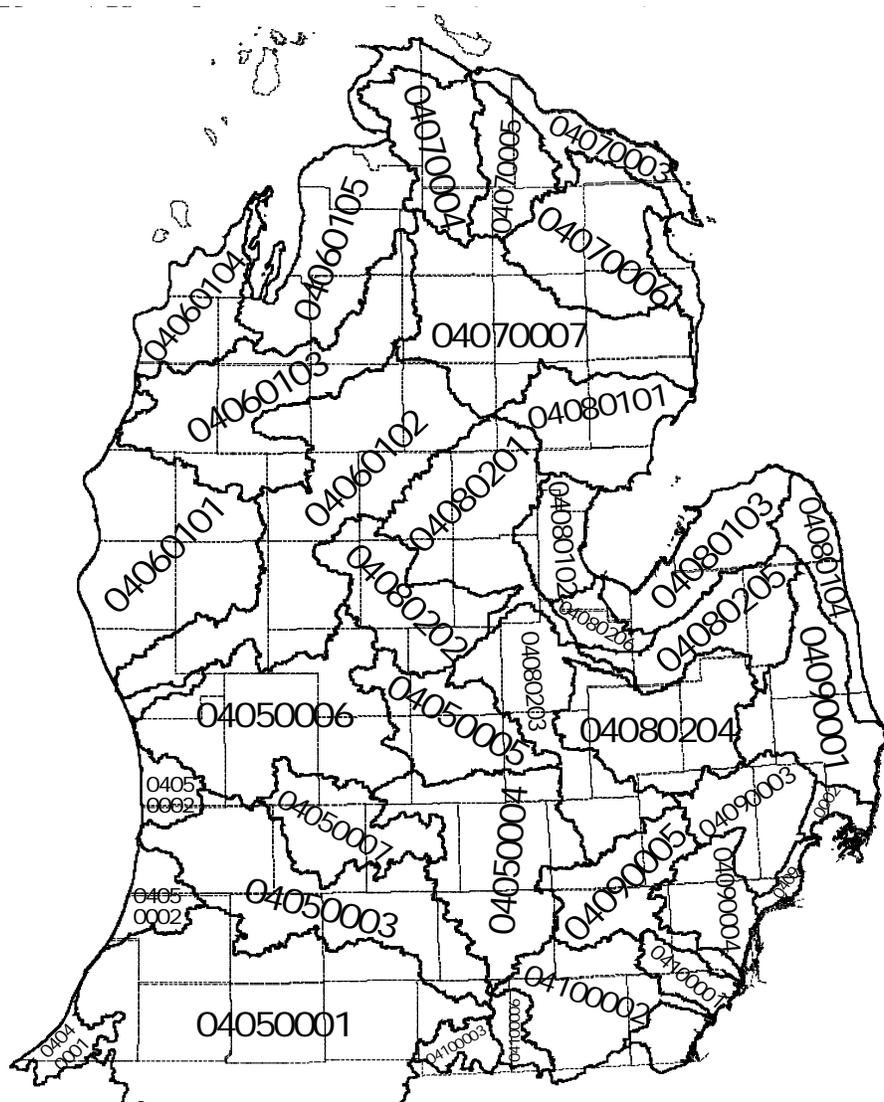
Upper Peninsula Hydrologic Map with Hydrologic Unit Codes



Upper Peninsula Watershed Names

04010302-----Bad-Montreal	04030110----- Escanaba
04020101-----Black-Presque Isle	04030111----- Tacoosh-Whitefish
04020102-----Ontonagon	04030112----- Fishdam-Sturgeon
04020103-----Keweenaw Peninsula	04020201----- Betsy-Chocolay
04020104-----Sturgeon	04020202----- Tahquamenon
04020105-----Dead-Kelsey	04020203----- Waiska
04030106-----Brule	04060106----- Manistique
04030107-----Michigamme	04060107----- Brevoort-Millecoquins
04030108-----Menominee	04070001----- St. Marys
04030109-----Cedar-Ford	04070002----- Carp-Pine

Lower Peninsula Hydrologic Map with Hydrologic Unit Codes



Lower Peninsula Watershed Names

04040001 ---- Little Calumet-Galien	04070003---- Lone Lake-Ocqueoc	04080205 ----Cass
04050001 ---- St. Joseph	04070004---- Cheboygan	04080206 ----Saginaw
04050002 ----Black-Macatawa	04070005---- Black	04090001 ----St. Clair
04050003 ----Kalamazoo	04070006---- Thunder Bay	04090002 ----Lake St. Clair
04050004 ----Upper Grand	04070007---- Au Sable	04090003 ----Clinton
04050005 ----Maple	04080101---- Au Gres-Rifle	04090004 ----Detroit
04050006 ----Lower Grand	04080102---- Kawkawlin-Pine	04090005 ----Huron
04050007 ---- Thornapple	04080103---- Pigeon-Wiscoggin	04100001 ----Ottawa-Stony
04060101 ----Pere Marquette	04080104---- Birch-Willow	04100002 ----Raisin
04060102 ----Muskegon	04080201---- Tittabawassee	04100003 ----St. Joseph
04060103 ----Manistee	04080202---- Pine	04100003 ----Tiffin
04060104 ----Betsie-Platte	04080203---- Shiawassee	
04060105 ----Boardman-Charlevoix	04080204---- Flint	



DEQ only do not write in this space

NO EXPOSURE CERTIFICATION
 FOR EXCLUSION OF COVERAGE UNDER THE
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY
By Authority of Act 451, PA 1994, Part 31

Submission of this No Exposure Certification constitutes certification the Facility identified below does not require permit authorization for storm water discharges associated with industrial activity in Michigan based on 40CFR 122. The Michigan Department of Environmental Quality (DEQ) may deny an exclusion at any time if it determines that conditions at the facility do not meet the exclusion requirements. If the exclusion is denied, the owner must obtain authorization to discharge prior to any point source discharge of storm water from the facility.

Be advised that facilities excluded from permit requirements due to "no exposure" are required to submit a no exposure certification form to the DEQ once every five years to continue to be excluded from the permitting requirements.

FACILITY INFORMATION (where discharge occurs)			OWNER/PERMITEE INFORMATION		
SITE/FACILITY NAME			COMPANY NAME		
ADDRESS 1			ADDRESS 1		
ADDRESS 2			ADDRESS 2		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
COUNTY	TOWNSHIP		CONTACT PERSON		
LATITUDE (in Decimal Degrees)	LONGITUDE (in Decimal Degrees)		CONTACT PERSON TELEPHONE		

_____ ¼ of _____ ¼ Section: _____, Town: T _____, Range: R _____,

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE

TO DETERMINE THE PRIMARY INDUSTRIAL ACTIVITY, USE THE VALUE OF NET REVENUES. IF SUCH INFORMATION IS NOT AVAILABLE FOR A PARTICULAR FACILITY, THE NUMBER OF EMPLOYEES OR PRODUCTION RATE FOR EACH PROCESS MAY BE COMPARED. THE OPERATION THAT GENERATES THE MOST NET REVENUE OR EMPLOYS THE MOST PERSONNEL IS THE OPERATION IN WHICH THE FACILITY IS PRIMARILY ENGAGED.

THIS FACILITY HOLDS EXISTING NPDES PERMIT No.:

Please list any other NPDES number(s) held by this facility:

RETURN THIS COMPLETED FORM (Pages 1 & 2), AND ANY ATTACHMENTS, TO THE FOLLOWING ADDRESS:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
 WATER RESOURCES DIVISION
 525 WEST ALLEGAN STREET, 3rd FLOOR SOUTH
 P.O. BOX 30458
 LANSING, MI 48909-7958

If you have any questions regarding the completion of this form, please contact the appropriate District office. District contact information is available on the internet at <http://www.michigan.gov/degstormwater>.

THIS IS A TWO-PAGE FORM. THIS FORM CONTINUES ON THE FOLLOWING PAGE. Please complete and submit both pages.

NO EXPOSURE CERTIFICATION, PAGE 2 of 2

PLEASE COMPLETE ALL OF THE FOLLOWING

EXPOSURE CHECK LIST

Are any of the following materials or activities exposed to storm water, now or in the foreseeable future?

- | | | | |
|-----|--|-----|----|
| 1. | Using, storing, or cleaning of industrial machinery or equipment, or residuals from such practices. | Yes | No |
| 2. | Materials or residuals on the ground or in storm water inlets from spills or leaks. | Yes | No |
| 3. | Materials or products from past industrial activities. | Yes | No |
| 4. | Material handling equipment (except adequately maintained vehicles). | Yes | No |
| 5. | Materials or products during loading, unloading or transporting activities. | Yes | No |
| 6. | Materials or products stored outdoors (except final product intended to be used outside where exposure to storm water does not result in a discharge of pollutants). | Yes | No |
| 7. | Materials contained in open, unsealed, deteriorated, leaking, or improperly managed drums, barrels, tanks, etc. | Yes | No |
| 8. | Materials or products handled or stored on roads or railways owned or maintained by the facility. | Yes | No |
| 9. | Waste materials (except general office trash). | Yes | No |
| 10. | Application or disposal of process wastewater (unless otherwise permitted). | Yes | No |
| 11. | Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e. under an air quality control permit). | Yes | No |

NOTE: A "yes" answer to any of the above questions, 1-11, means you are not eligible for the no exposure exclusion.

- | | | | |
|-----|---|-----|----|
| 12. | Facility has conducted an investigation to locate any illicit connections to the storm sewer system. | Yes | No |
| 13. | Based on the above investigation, the facility has concluded that there are no illicit connections to the storm water system. | Yes | No |

CERTIFICATION

State of Michigan regulations require this form be signed as follows:

Corporation: by the principal executive officer or vice-president or higher, or his/her designated representative if the representative is responsible for the overall operation of the facility from which the discharge described originates.

Partnership: by a general partner

Sole proprietorship: by the proprietor

Municipal, state, or other public facility: by a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee.

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from storm water permitting.

I certify under penalty of law that there are no discharges of storm water contaminated by exposure to industrial activities or materials from the industrial facility identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a no exposure certification form to the Michigan Department of Environmental Quality once every 5 years. I understand that I must allow the Michigan Department of Environmental Quality to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain discharge authorization under an NPDES permit prior to any point source discharge of storm water associated with industrial activity from the facility.

I certify, under penalty of law, that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this No Exposure Certification.

Printed Name	Title
Signature	Date



ACUTE TOXICITY TEST REPORT

By authority of PA 451 of 1994, as amended.

INSTRUCTIONS: Use this form to report acute toxicity test results. Use separate forms for more than 1 test.

1. NAME OF FACILITY (on NPDES permit)				2. NPDES PERMIT No.			
				M	I	0	0
3. RECEIVING WATER (as designated in permit)			4. OUTFALL		5. RECEIVING WATER CONCENTRATION (if known)		
6. TEST LAB (Name and Address)					7. AGE RANGE OF ORGANISMS AT TEST START		
8. TEST START DATE		9. TEST END DATE		10. TEST SPECIES		11. REPORT DATE	
12. NAME OF PERSON CONDUCTING TEST				13. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT			
14. SAMPLE COLLECTION DATES		15. DATE RECEIVED		16. ARRIVAL TEMPERATURE (°C)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2 (if any):		Sample 2 (if any):		Sample 2 (if any):			
17. DATE OF FIRST USE		18. TOTAL RESIDUAL CHLORINE (mg/l)		19. AMMONIA (mg/l as N)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2 (if any):		Sample 2 (if any):		Sample 2 (if any):			
20. WAS SAMPLE DECHLORINATED?		21. DESCRIBE DECHLORINATION (if any)					
Sample 1: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Sample 2: <input type="checkbox"/> YES <input type="checkbox"/> NO							
22. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="checkbox"/> BEFORE CHLORINATION <input type="checkbox"/> AFTER CHLORINATION							
<input type="checkbox"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="checkbox"/> AFTER DECHLORINATION <input type="checkbox"/> FACILITY DOES NOT CHLORINATE							
23. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.							
24. WAS THE EFFLUENT FILTERED?				25. STATE MESH SIZE OF FILTER (if filtered)			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
26. EFFLUENT SAMPLE TYPE (check one type for each sample)					27. IDENTIFY THE DILUENT (O ₁) CONTROL		
Sample 1: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs) _____ <input type="checkbox"/> GRAB					_____		
Sample 2: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs) _____ <input type="checkbox"/> GRAB (if any)					IDENTIFY THE SECONDARY (O ₂) CONTROL (if used)		

28. SUMMARY OF RESULTS - PERCENT MORTALITY PER CONCENTRATION							
	CONTROLS		EFFLUENT CONCENTRATIONS				
DAY	O ₁	O ₂	%	%	%	%	%
29. 48-HOUR LC ₅₀ (for <i>Daphnia magna</i> or <i>Ceriodaphnia dubia</i> acute tests)			30. 96-HOUR LC ₅₀ (for fathead minnow acute tests)		31. TU _a (acute toxic units)		



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – WATER RESOURCES DIVISION
CERIODAPHNIA DUBIA CHRONIC TOXICITY TEST REPORT
By authority of PA 451 of 1994, as amended

INSTRUCTIONS: Use this form to report chronic toxicity test results. Use separate forms for more than one test.

1. NAME OF FACILITY (on NPDES permit)				2. NPDES PERMIT No.			
				M	I	0	0
3. RECEIVING WATER (as designated in permit)			4. OUTFALL		5. RECEIVING WATER CONCENTRATION (if known)		
6. TEST LAB (Name and Address)							
7. TEST START DATE		8. TEST END DATE		9. AGE RANGE OF ORGANISMS AT TEST START		10. REPORT DATE	
11. NAME OF PERSON CONDUCTING TEST				12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT () -			
13. SAMPLE COLLECTION DATES		14. DATE RECEIVED		15. ARRIVAL TEMP (°C)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
16. DATE OF FIRST USE		17. TOTAL RESIDUAL CHLORINE (mg/l)		18. AMMONIA (mg/l as N)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
19. WAS SAMPLE DECHLORINATED?		20. DESCRIBE DECHLORINATION (if any)					
Sample 1: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Sample 2: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Sample 3: <input type="checkbox"/> YES <input type="checkbox"/> NO							
21. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="checkbox"/> BEFORE CHLORINATION <input type="checkbox"/> AFTER CHLORINATION <input type="checkbox"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="checkbox"/> AFTER DECHLORINATION <input type="checkbox"/> FACILITY DOES NOT CHLORINATE							
22. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.)							
23. EFFLUENT FILTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. STATE MESH SIZE OF FILTER (if filtered)					
25. EFFLUENT SAMPLE TYPE (check one type for each sample)						26. IDENTIFY THE DILUENT (O ₁) CONTROL	
Sample 1: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)____ <input type="checkbox"/> GRAB SAMPLE						_____	
Sample 2: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)____ <input type="checkbox"/> GRAB SAMPLE						IDENTIFY THE SECONDARY (O ₂) CONTROL (if used)	
Sample 3: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)____ <input type="checkbox"/> GRAB SAMPLE						_____	
27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND REPRODUCTION							
CONCENTRATION OF EFFLUENT (%)	O ₁	O ₂	%	%	%	%	100%
48-HOUR SURVIVAL (%)							
7-DAY MEAN REPRODUCTION/FEMALE							
7-DAY MEAN SURVIVAL (%)							
28. 48-HOUR LC ₅₀ (%)		29. TU _a (acute toxic units)					
30. 7-DAY CHRONIC VALUE (%)		31. NOEC		32. LOEC		33. TU _c (chronic toxic units)	



FATHEAD MINNOW CHRONIC TOXICITY TEST REPORT

By authority of PA 451 of 1994, as amended

INSTRUCTIONS: Use this form to report chronic toxicity test results. Use separate forms for more than one test.

1. NAME OF FACILITY (on NPDES permit)				2. NPDES PERMIT No.			
				M	I	0	0
3. RECEIVING WATER (as designated in permit)			4. OUTFALL		5. RECEIVING WATER CONCENTRATION (if known)		
6. TEST LAB (Name and Address)							
7. TEST START DATE		8. TEST END DATE		9. AGE RANGE OF ORGANISMS AT TEST START		10. REPORT DATE	
11. NAME OF PERSON CONDUCTING TEST				12. NAME/PHONE # OF PERSON WHO CAN ANSWER QUESTIONS ABOUT THIS REPORT			
				() -			
13. SAMPLE COLLECTION DATES		14. DATE RECEIVED		15. ARRIVAL TEMPERATURE (°C)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
16. DATE OF FIRST USE		17. TOTAL RESIDUAL CHLORINE (mg/l)		18. AMMONIA (mg/l as N)			
Sample 1:		Sample 1:		Sample 1:			
Sample 2:		Sample 2:		Sample 2:			
Sample 3:		Sample 3:		Sample 3:			
19. WAS SAMPLE DECHLORINATED?		20. DESCRIBE DECHLORINATION (if any)					
Sample 1: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Sample 2: <input type="checkbox"/> YES <input type="checkbox"/> NO							
Sample 3: <input type="checkbox"/> YES <input type="checkbox"/> NO							
21. EFFLUENT SAMPLES WERE COLLECTED (check one) <input type="checkbox"/> BEFORE CHLORINATION <input type="checkbox"/> AFTER CHLORINATION							
<input type="checkbox"/> AFTER CHLORINATION, BEFORE DECHLORINATION <input type="checkbox"/> AFTER DECHLORINATION <input type="checkbox"/> FACILITY DOES NOT CHLORINATE							
22. DESCRIBE ANY DEVIATIONS FROM TEST METHODS (For example, pH-controlled test, reduced DO levels in test leading to aeration, sample exceeded holding time.)							
23. EFFLUENT FILTERED?		24. STATE MESH SIZE OF FILTER (if filtered)					
<input type="checkbox"/> YES <input type="checkbox"/> NO							
25. EFFLUENT SAMPLE TYPE (check one type for each sample)						26. IDENTIFY THE DILUENT (O ₁) CONTROL	
Sample 1: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="checkbox"/> GRAB						_____	
Sample 2: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="checkbox"/> GRAB						IDENTIFY THE SECONDARY (O ₂) CONTROL (if used)	
Sample 3: <input type="checkbox"/> 24-HR COMPOSITE <input type="checkbox"/> GRAB/COMPOSITE (give # of grabs)_____ <input type="checkbox"/> GRAB						_____	
27. SUMMARY OF DATA AND RESULTS - SURVIVAL AND GROWTH							
CONCENTRATION OF EFFLUENT (%)	O ₁ (diluent)	O ₂ (if used)	%	%	%	%	100%
96-HOUR SURVIVAL (%)							
7-DAY MEAN BIOMASS (mg/initial fish)							
7-DAY MEAN SURVIVAL (%)							
28. 96-HOUR LC ₅₀ (%)		29. TU _a (acute toxic units)					
30. 7-DAY CHRONIC VALUE (%)		31. NOEC		32. LOEC		33. TU _c (chronic toxic units)	



Electronic Environmental (E2) Reporting System

Electronic Signature Agreement

In accordance with the provisions of the Michigan Uniform Electronic Transactions Act, Act 305 of 2000 (MCL 450.831-450.849), self-monitoring data required by a National Pollutant Discharge Elimination System (NPDES) permit may be submitted to the Michigan Department of Environmental Quality (DEQ) in an electronic format. This form is used by representatives of facilities with NPDES permits to enter into an agreement with the DEQ to electronically submit self-monitoring data required by their permit.

Submission of self-monitoring data is conducted through the Department's E2 Reporting System. For information on participating, please read the E2 Facility Participation Package. The Facility Participation Package is available from the DEQ's website. This document describes how to enroll and participate in the E2 system. For specific information on using the E2 Reporting System, please read the Facility Users Guide, also available from the DEQ's website.

An electronic submission shall be deemed to have been properly received by DEQ when it is accessible by DEQ, can be fully processed by the translator at the E2 Reporting System server, and is syntactically correct to the XML protocol as modified by DEQ. No electronic report shall satisfy any reporting requirement or be of any legal effect until it is received. The E2 Reporting System will electronically verify each electronic record that is received.

If you wish to electronically submit self-monitoring data, please read the certification below, enter the appropriate information, and return the form to the DEQ address shown below. Your PIN will be sent to you using regular mail.

I understand and agree to submit self-monitoring data required by the NPDES permit through electronic format, and I agree that the electronic signature (PIN) shall serve as a legally enforceable signature in the same manner as an original signature on a paper document pursuant to the provisions of M.C.L. 450.831 et seq.

I agree to protect the security of my password and PIN from compromise and shall take all necessary steps to prevent its loss, disclosure, modification, or unauthorized use.

Permittee Name (type or print)

Official Title (type or print)

Permittee Signature

Date

**Mail to: Ms. Kristi Kimble
Michigan Department of Environmental Quality
Permits Section
Water Resources Division
P.O. Box 30458
Lansing, Michigan 48909**



Michigan Department of Environmental Quality
Water Division
Electronic Environmental (E2) Reporting System
Activation Form

This 2-page form is used to identify or change representatives authorized to prepare and/or certify Electronic Discharge Monitoring Report (e-DMR) data using the Michigan Department of Environmental Quality E2 Reporting System. Please provide the requested information for the facility and each individual that you wish to authorize to prepare and/or certify e-DMR data. Be sure to check the appropriate boxes for Account Action and Account Type in the User Account Information boxes on page 2 of this form (on the following page).

Part A. Facility Information and Registration

NPDES PERMIT NUMBER:		
Facility Name 1:		
Facility Name 2:		
Facility Name 3:		
Location Address (do not use a P.O. Box Number):		
City:	State:	ZIP Code:
Telephone (with area code):		FAX (with area code):

I request that the facility identified above be allowed to submit e-DMR data using the E2 Reporting System.

Please establish or revise user accounts in accordance with the information provided in each "User Account." information block on page 2. I understand that each "Certified Account" user must submit a completed Electronic Signature Application Agreement before using the E2 Reporting System. I agree that electronic submission of e-DMR forms shall be conducted in accordance with procedures described in the Facility Participation Package.

Permittee Name (type or print)

Official Title (type or print)

Permittee Signature

Date

Mail to: Ms. Kristi Kimble
Michigan Department of Environmental Quality
Permits Section
Water Resources Division
P.O. Box 30458
Lansing, Michigan 48909

THIS IS A 2-PAGE FORM. THIS FORM CONTINUES ON THE FOLLOWING PAGE. Please complete and submit both pages.

E2 Reporting System Activation Form, Page 2 of 2

Part B: User Account Information

Account Action: <input type="checkbox"/> Activate <input type="checkbox"/> Update <input type="checkbox"/> Deactivate			Account Type: <input type="checkbox"/> Certifier <input type="checkbox"/> Preparer		
First Name:			Last Name:		
Title:			Business:		
Address:					
City:			State:		Zip Code:
Telephone (with area code):			e-mail address:		

Account Action: <input type="checkbox"/> Activate <input type="checkbox"/> Update <input type="checkbox"/> Deactivate			Account Type: <input type="checkbox"/> Certifier <input type="checkbox"/> Preparer		
First Name:			Last Name:		
Title:			Business:		
Address:					
City:			State:		Zip Code:
Telephone (with area code):			e-mail address:		

Account Action: <input type="checkbox"/> Activate <input type="checkbox"/> Update <input type="checkbox"/> Deactivate			Account Type: <input type="checkbox"/> Certifier <input type="checkbox"/> Preparer		
First Name:			Last Name:		
Title:			Business:		
Address:					
City:			State:		Zip Code:
Telephone (with area code):			e-mail address:		

Account Action: <input type="checkbox"/> Activate <input type="checkbox"/> Update <input type="checkbox"/> Deactivate			Account Type: <input type="checkbox"/> Certifier <input type="checkbox"/> Preparer		
First Name:			Last Name:		
Title:			Business:		
Address:					
City:			State:		Zip Code:
Telephone (with area code):			e-mail address:		



Additional Information for Wastewater Stabilization Lagoons

This 3-page form is required of all Wastewater Stabilization Lagoons. Pursuant to Part 21, Wastewater Discharge Permits, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to submit this report may result in delays in reissuance of National Pollutant Discharge Elimination System (NPDES) permits or Certificates of Coverage (COCs).

SECTION A. - Permittee Information	
Facility Name:	
NPDES Permit Number:	
Contact Person Name:	
Contact Person Title:	
Contact Person Phone Number:	Contact Person E-mail Address:

SECTION B. – Lagoon Information Please attach additional sheets as needed to provide complete answers to all items.	
1) In what year was each lagoon cell constructed:	
2) Do you have as-built plans available?	
3) What is the liner material and thickness?	

THIS IS A 3-PAGE FORM. THIS FORM CONTINUES ON THE FOLLOWING PAGE. Please complete and submit all 3 pages.

Additional Information for Wastewater Stabilization Lagoons, Page 2 of 3

4) Do you have monitoring wells around the perimeters of the lagoons?

a) If yes, have you performed monitoring to determine the potential for groundwater impacts from the lagoons?

b) If yes, what has that monitoring shown?

5) Has a hydro-geologic study been performed to determine the potential for groundwater impacts from the lagoons?

a) If yes, describe the outcome of that assessment.

6) Are there wet areas on or at the base of the berms?

a) If yes, please provide a brief description.

Additional Information for Wastewater Stabilization Lagoons, Page 3 of 3

7) Have repairs been made on the berms or lagoon liner?

a) If yes, what were the repairs and when did they occur?

SECTION C. - Required Attachments

Please provide a map showing the location of the lagoons, surface waters, adjacent property owners, potable water wells, groundwater monitoring wells (if applicable) and relevant landmarks.

SECTION D. – Form Submittal

This is a 3-page form. All three (3) pages of this form must be submitted with your NPDES Permit Application. Please refer to the NPDES Permit Application for the mailing address.

If you have any questions regarding the preparation of this form, please call 517-284-5568.