



State of Michigan

Permit Application for Port Operations and Ballast Water Discharge

General Instructions

Pages i - ii

Application Information

Pages 1 - 5

**DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER RESOURCES DIVISION
PERMITS SECTION
P.O. BOX 30458
LANSING, MICHIGAN 48909-7758
TELEPHONE: 517-284-5568
FAX: 517-241-9003**

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PURPOSE AND AUTHORITY

The Part 21 and 31 Rules of Michigan Act 451, Public Acts of 1994, as amended (the "Michigan Act"), provide authority for the Michigan Department of Environmental Quality (the Department) to issue permits for oceangoing vessels to engage in port operations if the applicant demonstrates the oceangoing vessel will not discharge aquatic nuisance species (ANS) or, if the vessel discharges ballast water, the operator of the vessel shall use environmentally-sound technology and methods, as determined by the Department, to prevent the discharge of ANS.

Pursuant to Part 31, Section 3109 of the Michigan Act, any person operating an oceangoing vessel and engaging in port operations in Michigan shall make application for and obtain a valid permit or Certificate of Coverage (COC) under a valid General Permit from the Department.

General Permits, which authorize multiple discharges of similar wastewater, are issued in accordance with Part 31 of the Michigan Act and Rule 323.2191 of the Michigan Administrative Code. General Permit No. MIG140000 sets forth the conditions necessary to receive permit coverage for port operations and ballast water discharges. The applicability of this General Permit shall be limited to port operations and/or ballast water discharges which meet the conditions contained in General Permit No. MIG140000.

A \$75 permit application fee is required to be submitted with each application. Pursuant to Part 31 of the Michigan Act, permittees will be assessed a \$150 permit annual fee each year on December 1. Do not submit the annual fee with the application. After completing the permit application, return it with the \$75 application fee to one of the addresses below. Please make the check payable to the "State of Michigan." Applications submitted without the application fee are administratively incomplete and will not be processed until the fee is received.

Mail Delivery

Michigan Department of Environmental Quality
Cashier's Office
WRD-NP1
P.O. Box 30657
Lansing, Michigan 48909-8157

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

MDOT-ASC Cashier's Office for DEQ
WRD-NP1
425 West Ottawa Street
Lansing, Michigan 48933

PENALTIES

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

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

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

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

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APPLICATION INFORMATION

Applications for coverage under General Permit No. MIG140000 shall include all of the following requested information. The applicant specified will be named as the permittee in the COC. A permittee is the entity responsible for complying with the requirements in General Permit No. MIG140000. The permittee may be the registered owner of the vessel or the owner's authorized representative.

Applicants proposing alternate ballast water treatment methods not contained in General Permit No. MIG140000 shall apply for an individual permit and include all the requested information in this application. In addition, the applicant shall submit supporting documentation that demonstrates the alternate treatment method is environmentally sound and is equal to or more effective in preventing the discharge of ANS than the treatment methods contained in General Permit No. MIG140000.

INSTRUCTIONS FOR COMPLETING ITEMS 1 THROUGH 5

- 1) **PERMIT NUMBER:** New applicants should enter NA (not applicable). Applicants for permit reissuances and modifications should enter the existing permit (COC) number.

- 2) **APPLICANT NAME AND MAILING ADDRESS:** Provide the registered parent company name that owns the vessel. If the vessel operator is the applicant, the operator shall provide written documentation from the owner authorizing the operator to sign the application.

- 3) **CONTACTS:** Please provide the name, mailing address, telephone number and, where appropriate, the fax number and e-mail address of the following contacts:
 - **Application:** The person who should be contacted with questions concerning this permit application.
 - **Vessel:** The vessel contact shall be the Master of the vessel or a duly authorized representative of this person.
 - **Ballast Treatment Records (BTR):** The person responsible for completing and returning the vessel's Ballast Treatment Records.
 - **Annual Billing:** The person responsible for payment of the vessel's permit annual fee required by Section 324.3120 of the Michigan Act.

- 4) **VESSEL INFORMATION:**
 - **Vessel Type:** List the specific vessel type such as bulk container, tanker, passenger, general cargo, etc.
 - **Flag:** Fill in the full name of the country under whose authority the vessel is operating.
 - **Total Ballast Water Capacity:** Write in the maximum volume of ballast water used when no cargo is on-board. Units shall be in metric tons and/or gallons.
 - **Ballast Pump(s) Flow Rate:** Write in the maximum ballast pumping rate in units of metric tons per hour or gallons per minute.
 - **Michigan Ports of Call:** List the port or ports in Michigan where your company plans to conduct port operations.
 - **Agent Name:** List the agent name used for Michigan Ports.

- 5) **CERTIFIED BALLAST WATER TREATMENT OPERATOR:** Provide the ballast water treatment operator's name, certification number, certification classification(s), address, telephone number(s), and e-mail address. The Michigan Act 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 Unit, at 517-241-7199.

PORT OPERATIONS PERMIT APPLICATION

See Page ii for instructions on completing Pages 3 and 4.

PLEASE TYPE OR PRINT

<u>Water Resource Division</u> <u>Use Only</u>	Cashier Use Only: 37000-40535-9412-481000-00
Receipt Number: _____	
Permit ID #: _____	

1.	PERMIT NUMBER				
2. APPLICANT	Applicant Name (see Page ii for instructions)				
	Address		Address 2 or P.O. Box		
	City	State or Province	Country	ZIP Code	
	Telephone (with area code)		FAX (with area code)	e-mail address	
	Registered Vessel Owner Name				
	Address				
	City	State or Province	Country	ZIP Code	
	Telephone (with area code)		FAX (with area code)	e-mail address	
	Vessel Operator Name				
	Title		Business		
Address		Address 2			
City	State or Province	Country	ZIP Code		
Telephone (with area code)		FAX (with area code)	e-mail address		
3. CONTACTS	<input type="checkbox"/> Application Contact <input type="checkbox"/> Vessel Contact <input type="checkbox"/> Ballast Treatment Record <input type="checkbox"/> Annual Billing	First Name		Last Name	
		Title		Business	
		Address 1		Address 2	
		City	State or Province	Country	ZIP Code
		Telephone (with area code)		FAX (with area code)	e-mail address
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Vessel Contact <input type="checkbox"/> Ballast Treatment Record <input type="checkbox"/> Annual Billing	First Name		Last Name	
		Title		Business	
		Address 1		Address 2	
		City	State or Province	City	ZIP Code
		Telephone (with area code)		FAX (with area code)	e-mail address
	<input type="checkbox"/> Application Contact <input type="checkbox"/> Vessel Contact <input type="checkbox"/> Ballast Treatment Record <input type="checkbox"/> Annual Billing	First Name		Last Name	
		Title		Business	
		Address 1		Address 2	
		City	State or Province	City	ZIP Code
		Telephone (with area code)		FAX (with area code)	e-mail address

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VESSEL NAME		PERMIT NUMBER	
4. VESSEL INFORMATION			
IMO Number		Total Number of Ballast Tanks	
Vessel Type		Total Ballast Water Capacity	
Gross Tonnage		Ballast Pump(s) Flow Rates	
Call Sign		Michigan Port(s) of Call	
Flag		Agent Name (Michigan)	Telephone Number
Ballast Water Treatment System On-Board? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ballast Water Treatment Method(s) in Use	
Is Ballast Water Discharged Below Lake Level? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. CERTIFIED BALLAST WATER TREATMENT OPERATOR Does the vessel have a Department-certified operator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," fill in the information below. If "No," please see Page ii, Item 5 for instructions for this item.			
First Name		Last Name	
Certification Number		Certification Classification(s)	
Address 1		Address 2	
City		State or Province	Zip Code
Telephone Number	Fax Number		e-mail address
6. BALLAST WATER TREATMENT DIAGRAM AND NARRATIVE DESCRIPTION			
Provide a flow diagram (using 8½" x 11" paper if possible) showing the ballast water flow through the vessel (from intake through discharge). The diagram shall include: flow meter locations, chemical feed locations, residual chemical (biocide or dissolved oxygen) monitoring locations, bypass piping, and a narrative description that explains the diagram. The narrative shall also include the use of all filter types and mesh size, the general specifications of the treatment system, treatment flow rates, and the analytical method(s) used for all chemical analyses.			
ATTACH THIS INFORMATION TO THIS APPLICATION. PLEASE DO NOT BIND THIS INFORMATION.			
7. BALLAST WATER TREATMENT ADDITIVES			
Ballast water treatment additives include any material that is added to ballast water to condition it or to supplement ballast water treatment. Ballast water treatment additives shall be approved by the Department. Approvals of treatment additives are authorized by the Department under separate correspondence. The issuance of a COC does not constitute approval of a ballast water treatment additive. Submit a list of water treatment additives that are, or may be, discharged from the vessel. Applicants are required to submit the information listed below for each additive:			
<ul style="list-style-type: none"> ▪ The water treatment additive Material Safety Data Sheet. ▪ The proposed water treatment additive discharge concentration. ▪ The discharge frequency (i.e., number of hours per day, etc.). ▪ The type of removal treatment, if any, that the water treatment additive receives prior to discharge. ▪ The water treatment additive function (i.e., microbiocide, flocculant, etc.). ▪ A 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.). ▪ The results of a toxicity test for one other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of Rule 323.1057(2)(a) of the Water Quality Standards. Examples of tests that would meet this requirement include a 96-hour LC50 for rainbow trout, bluegill, or fathead minnow. 			
The required toxicity information (described in Items 6 and 7 above) may be available in the Water Resource Division files for the water treatment additives listed on the Department's Internet page. To access that information, go to http://www.michigan.gov/deq , click on "Site Map" at the bottom of the right column under Water Quality Monitoring , click on "Assessment of Michigan Waters." Under the Information heading, click on the "Water Treatment Additive List." If you intend to use one of the water treatment additives on this list, only the information in Items 1 through 6 above needs to be submitted to the Department.			
Note: The availability of toxicity information for a water treatment additive does not constitute approval to discharge the treatment additive.			

PORT OPERATIONS PERMIT APPLICATION

8. CERTIFICATION

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

- A. For an organization, company, corporation, or authority, by a principal executive officer.
- B. For a partnership, by a general partner.
- C. For a sole proprietor, by the proprietor.

Note: If the signatory is not listed above, but is authorized to sign the Application, please provide written documentation of that authorization.

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

Print Name: _____ Title: _____

Representing: _____

Signature: _____ Date: _____

Permit Application Submittal Checklist – Please confirm the following before submitting the Application Form:

- 1. The Application Form has been completed, including all diagrams and the treatment process narrative, if applicable.
- 2. The Application Form has been signed as required in Item 8. (Certification) or a copy of the letter authorizing the signatory to sign the Application Form has been included.
- 3. A check or Money Order for the appropriate application fee has been made out to the "State of Michigan" and has been included with the application submittal.