

Michigan Department of Environmental Quality
Water Resources Division

**CERTIFICATE OF ENTRY OF GENERAL ADMINISTRATIVE CONSENT ORDER FOR
EXPIRED PERMITS, ACO-EP17-200**

The Department of Environmental Quality (DEQ) is authorized to enter orders requiring persons to abate unlawful pollution by MCL 324.3112(4), of Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA).

The conditions and eligibility requirements for use of this Certificate of Entry are set forth in the General Administrative Consent for Expired Permits, ACO-EP17-200, ("Consent Order").

This form must contain an original signature by the facility owner or legally authorized representative of the facility owner as follows:

- A. For a corporation, the form must be signed by a principal executive officer of at least the level of vice president, or his/her designated representative, if the representative is responsible for the overall operation of the facility (appropriate documentation must be provided to demonstrate the position and responsibility of the designated representative).
- B. For a limited liability company, the form must be signed by a managing member.
- C. For a limited liability partnership, the form must be signed by a managing partner.
- D. For a partnership, the form must be signed by a general partner.
- E. For a sole proprietorship, the form must be signed by the proprietor.
- F. For municipal, state, or other public facility, the form must be signed by a principal executive officer, mayor, village president, city or village manager, or other duly authorized employee.

DEQ USE
ACO-EP17-200- _____
Permits Unit Supervisor Initials and Date Approved: _____ / _____
Date Received: _____
Effective Date: _____

FACILITY OWNER OR LEGAL ENTITY SEEKING PERMIT

NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME/TITLE	PHONE # () -	

FACILITY TO BE PERMITTED

FACILITY NAME		
ADDRESS		
CITY	STATE	ZIP
COUNTY		
CONTACT NAME	PHONE # () -	

(THE APPROPRIATE PERMITS UNIT SUPERVISOR WILL DETERMINE AND SELECT THE STATUTORY PROGRAM AND INDICATE THE PROPER CATEGORY, FEE(S) AND INTEREST, CIVIL FINE, AND TOTAL AMOUNT.)

STATUTORY PERMIT PROGRAM	PERMIT CATEGORY	LATE ANNUAL DISCHARGE PERMIT FEE AND INTEREST DUE	AVOIDED ANNUAL DISCHARGE PERMIT FEE AND INTEREST DUE	CIVIL FINE DUE*	TOTAL DUE
GROUNDWATER (GW1)	_____	\$ _____	\$ _____	\$ _____	\$ _____
NPDES (NP1)	_____	\$ _____	\$ _____	\$ _____	\$ _____
STORM WATER (SINV)	_____	\$ _____	\$ _____	\$ _____	\$ _____

* The civil fine due in the above table was calculated in accordance with Paragraph 3.2 of the Consent Order.

An invoice for a future annual permit fee for the permit program identified in the table above will be provided in advance of the deadline.

The annual permit fee invoice will be: \$ _____

Date the facility owner's discharge permit expired: _____

Date the DEQ received the facility owner's discharge permit application: _____

CERTIFICATION

I agree to pay any avoided and/or late annual discharge permit fee(s) and fines and submit payment with this signed original Certificate of Entry to the State of Michigan.

I attest that I am fully authorized to bind the facility owner to the terms and conditions set forth in the General Administrative Consent Order for Expired Permits, ACO-EP17-200. I attest that all information provided herein is accurate and true. Further, I attest that I have not altered this document in any way, including adding or eliminating any language, striking terms or parts of terms, retyping in whole or in part, or using a different format. Federal and state law provide penalties for false statements, representations, or certifications in a form pertaining to a permit; therefore, I understand that any false statements are made subject to penalty of law. This agreement is effective upon receipt and approval by the DEQ provided it is fully executed by a duly authorized representative of the facility. The DEQ reserves the right to reject this Certificate of Entry and refund monies paid should it determine that an individual facility is not eligible for this program or any misrepresentations and/or erroneous statements are submitted in this Certificate of Entry.

I agree to certify that all operations have been in compliance with the expired permit since expiration.

I also agree to certify that there has been no change in conditions during that time frame.

Printed Name	Title
Signature	Date

PLEASE MAKE CHECKS PAYABLE TO THE **STATE OF MICHIGAN** and include SETTLEMENT IDENTIFICATION NUMBER **WRD40132**.

RETURN THIS COMPLETED FORM (original signatures only) AND ANY ATTACHMENTS TO:

**MICHIGAN DEPARTMENT OF TRANSPORTATION
ACCOUNTING SERVICES CENTER
CASHIER'S OFFICE – DEQ
P.O. BOX 30657
LANSING, MICHIGAN 48909-8157**