



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY
Water Resources Division

**Notification of Intent to Treat
Certification of Approval Authorizing Bacterial Augmentation in
Surface Waters**

R323.1097, promulgated pursuant to Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended

Instructions: Complete (print or type), sign (electronic signatures are acceptable), and return this notification by email to HanasA1@Michigan.gov, or by mail to:

Michigan Department of Environment, Great Lakes, and Energy
Water Resources Division, 3rd Floor South
Attn: Ashley Hanas
P.O. Box 30458
Lansing, Michigan 48909-7958

All requested information must be provided in order for your application to be processed.

Section 1. Application Type

Applicant Type (check all that apply)

- A person or entity who owns the property to be treated or who is the bottomland owner of the surface water body.
- A lake board established under Part 309, Inland Lake Improvements, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.
- A state or local government acting under authority of state law.
- A person who has written authorization to act on behalf of the entity checked above. (If so, please provide site contact information for the property owner below.)

Name: _____

Phone: _____

Section 2. Mailing and Contact Information

Provide the name, address, telephone number, and e-mail address of the person who will sign this notification (See Section 4).

Applicant Name: _____

Title (if applicable): _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Section 3. Additional Site Information

Is/are the waterbody(ies) covered under National Pollutant Discharge Elimination System (NPDES) Permit? (Check one): Yes No Not Sure

Does/do the waterbody(ies) have an outlet? (Check one): Yes No

If yes, please specify which waterbody(ies) has/have an outlet:

Section 4. Treatment Information

Do you plan to use more than one type of bioaugmentation product within a waterbody at the same time? (Check one) Yes No

Have you attached a photograph or a pdf of the product label(s) (ensuring recommended dosing rate is visible)? Yes No

If yes, please specify which products will be applied concurrently:

Product 1**Product* to be used:** _____**Product* Manufacturer:** _____

*The Product(s) **MUST** appear on the “Acceptable Michigan Bacterial Augmentation Products” list, found online at: [Michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf](https://www.michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf), to use this Notification of Intent. Use of products not on the acceptable list must be authorized under an Individual Rule 97 Certification.

Application Rate: _____**Application Method:** _____**Treatment Frequency:** _____**Product 2 (if applicable)****Product* to be used:** _____**Product* Manufacturer:** _____

*The Product(s) **MUST** appear on the “Acceptable Michigan Bacterial Augmentation Products” list, found online at: [Michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf](https://www.michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf), to use this Notification of Intent. Use of products not on the acceptable list must be authorized under an Individual Rule 97 Certification.

Application Rate: _____**Application Method:** _____**Treatment Frequency:** _____**Product 3 (if applicable)****Product* to be used:** _____**Product* Manufacturer:** _____

*The Product(s) **MUST** appear on the “Acceptable Michigan Bacterial Augmentation Products” list, found online at: [Michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf](https://www.michigan.gov/EGLE/-/media/Project/Websites/EGLE/Documents/Programs/WRD/GLWARM/Toxics/rule97-bacterial-acceptable-products.pdf), to use this Notification of Intent. Use of products not on the acceptable list must be authorized under an Individual Rule 97 Certification.

Application Rate: _____**Application Method:** _____**Treatment Frequency:** _____

Section 5. Waterbody Type and Location

Please include the following information for proposed treatment site(s) in the table below or submit as an additional file in excel format using the attached template. If multiple waterbodies will be treated, please use a separate row for each distinct waterbody. For waterbody location, the applicant **MUST** supply Latitude/Longitude or an address. Town/Range/Section can be given in addition to an address or Latitude/Longitude, but this is optional.

Site Contact Name and Phone Number	Waterbody Name	Waterbody Type	Waterbody Location	Township	County	Purpose of Treatment (muck/algae/odor reduction, increase water clarity, etc)	Approx Surface Area to be treated (in acres, m ² , or ft ²)	Description of Treatment Area (whole waterbody, shoreline, spot treatment, etc)
EXAMPLE Joe (XXX-XXX-XXXX)	Coffee Lake	Lake	(42.5556, -83.7111)	Hamburg	Livingston	Muck reduction	0.5 acres	Spot treatment in the littoral zone, where muck is more prevalent.

Section 6. Certification

I certify that the information provided in this notification is complete, correct, and that the application of bacterial augmentation products will comply with the provisions outlined in the GENERAL RULE 97 CERTIFICATION OF APPROVAL NUMBER R97-26/001 AUTHORIZING BACTERIAL AUGMENTATION IN SURFACE WATERS.

Signature: _____ Date: _____

Notification of Intent must be submitted at least 30 days before planned application. Upon acknowledgement that a Notification of Intent has been received, the applicant is authorized to commence bacterial treatment in compliance with Certification R97-26/001. Acknowledgement of receipt of the Notification of Intent can be determined on the Rule 97 Certifications web page: Michigan.gov/EGLE/about/organization/water-resources/rule-97-certifications, by selecting the document titled "2025 Authorized Bacterial Augmentation Product Applicants," or by contacting Ashley Hanas, Toxicologist, Water Toxics Unit, Great Lakes Watersheds Assessment, Restoration, and Management Section, Water Resources Division, EGLE, at 517-855-0199 or HanasA1@Michigan.gov.

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.