



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**

*R 323.1097, promulgated pursuant to Part 31, Water Resources Protection, of the
Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.*

R97-22/002

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

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

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

Section 1. Applicant 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 IV).

Name: _____

Title (If applicable): _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Section 3. Supplemental Site and Treatment Information

Is water body covered under National Pollutant Discharge Elimination System (NPDES) Permit? (Check one): Yes No Not Sure

If yes, please view the [Non-Select Water Treatment Additives Discharge Application Instructions](#) online. .

Does water body(ies) have an outlet (check one): Yes No

If 'yes', please specify which water body(ies) has/have an outlet:

Approximate surface area to be treated: _____(check one) m² ft² acres

Description of area to be treated:

Product* to be used: _____

Product* manufacturer: _____

*The Product(s) **MUST** appear on the [Acceptable Michigan Bacterial Augmentation Products](#) list 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 4. Water Body 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 [this template](#). If multiple water bodies will be treated, please use a separate row for each distinct water body.

Applicant Name	Organization (if applicable)	Water Body Name	Water Body Location (TRS, Lat/Long, and nearest road crossing)	Township	County	Site Contact Name (if different from applicant)
<i>EXAMPLE Joe</i>	<i>Lake Fix, LLC</i>	<i>Coffee Lake</i>	<i>5N, 15W, 10, 42°33'19.67"N / 83°42'40.02"W, 73 Coffee Rd.</i>	<i>Hamburg</i>	<i>Livingston</i>	<i>Example Pete</i>

Section 5. 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 this General Rule 97 Certification of Approval Number R97-22/002 Authorizing Bacterial Augmentation in Surface Waters.

Signature _____ Date _____
(Typed, image, or signed)

Notification of Intent to Treat 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 R97-22/002.

Acknowledgement of receipt of the Notification of Intent can be determined at [EGLE's Bacterial Augmentation page](https://www.michigan.gov/egle/0,9429,7-135-3313_46123_46124---,00.html) (https://www.michigan.gov/egle/0,9429,7-135-3313_46123_46124---,00.html) and selecting the link for *2022 Authorized Bacterial Augmentation Product Applicants*, by contacting Sara Nedrich, at NedrichS@Michigan.gov or 517-242-4989.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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