

National Pollutant Discharge Elimination System (NPDES) Municipal Application Form

version 1.34

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Location: State of Michigan

(Submission #: HNE-1N1B-2S6JX, version 2)

Summary

hello?

Submission #:	HNE-1N1B-2S6JX	Date Submitted:	7/27/2018 12:19 PM
Form:	National Pollutant Discharge Elimination System (NPDES) Municipal Application Form	Status:	Submitted
Submitted By:	Ted Erickson	Submission Creator:	Ted Erickson
Active Steps:			
Reference #:			
Description:	National Pollutant Discharge Elimination System (NPDES) Municipal Application Form		

Notes

There are currently no Submission Notes.

Details

Section 1. Applicant Information

??Please provide the name of the entity that will be legally responsible for the permit in the "Company" field. Do not include the first/ last name of an individual. Contact information will be collected in another section.

Applicant Information

Applicant/Legal Entity Name and Address

Prefix: NONE PROVIDED	First Name: Nikki	Last Name: Jeffries
Company: Saline Ventures	Title: NONE PROVIDED	Ext: NONE PROVIDED
Phone: 2482215000	Fax: NONE PROVIDED	Email: njeffries@mihomes.com

Applicant/Legal Entity Address

Address Line 1: 1668 S. Telegraph Road		
Address Line 2: Suite 200		
Description: NONE PROVIDED		
City: Bloomfield Hills	State: MI	Postal Code: 48302
Country: USA	County: NONE PROVIDED	

Section 2. General Facility Information

Site or Facility Name (Read Only)

Andelina Farms - Saline

Site/Facility Location Address

Saline, MI 48176

Facility Location

42.158792557406386,-83.80184058996275
NONE PROVIDED

Facility Website Address (If applicable)

NONE PROVIDED

[CLICK HERE](#) to view the Appendix to the permit application

Does the facility have a DEQ-certified operator at the appropriate level?

YES

If you do not have a certified operator, please provide an explanation.

NONE PROVIDED

Section 3. Certified Operator (1 of 1)

[CLICK HERE](#) to view the Appendix; Instructions for this item are on page 3

?To add additional certified operators, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the contact information and edit a portion of the contact fields.

If you are not a certified operator and your browser prepopulates your first/last name, you may delete them or hit "Clear Section" to clear all fields

Certified Operator

The individual's name, company, phone, email, and address are required

Prefix: NONE PROVIDED

First Name: Anthony

Last Name: Dowson

Company: Highland Treatment, Inc

Title: NONE PROVIDED

Ext: NONE PROVIDED

Phone: 2488891922

Fax: NONE PROVIDED

Email: anthony@highlandtreatment.com

Address

Address Line 1: 938 N. Milford Road

Address Line 2: P.O. Box 1089

Description: NONE PROVIDED

City: Highland

State: MI

Postal Code: 48357

Country: United States

County: NONE PROVIDED

Certification Number(s)

NONE PROVIDED

Certification Classification(s)

NONE PROVIDED

Section 4. Contacts (1 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category.?To add additional

contacts, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the contact information and edit a portion of the contact fields. ?If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact

Annual Permit Billing Contact

Required Contact Types:

? At minimum the following contact types must be provided:Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; Biosolids Annual Report Contact

Instructions concerning contacts are found on page 2 of the Appendix

[CLICK HERE to view the Appendix to the Permit Application](#)

Contact Information

Contact

Prefix: NONE PROVIDED

First Name: Nikki

Last Name: Jeffries

Company: MI Homes of Michigan LLC

Title: NONE PROVIDED

Ext: NONE PROVIDED

Phone: 2482215000

Fax: NONE PROVIDED

Email: njeffries@mihomes.com

Address

Address Line 1: 1668 Telegraph Road

Address Line 2: Suite 200

Description: NONE PROVIDED

City: Bloomfield Hills

State: MI

Postal Code: 48302

Country: United States

County: NONE PROVIDED

Section 4. Contacts (2 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category.?To add additional contacts, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the contact information and edit a portion of the contact fields. ?If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact

Application Contact

Required Contact Types:

? At minimum the following contact types must be provided:Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; Biosolids Annual Report Contact

Instructions concerning contacts are found on page 2 of the Appendix

[CLICK HERE to view the Appendix to the Permit Application](#)

Contact Information

Contact

Prefix: NONE PROVIDED

First Name: Ted

Last Name: Erickson

Company: Process Results, Inc

Title: Principal

Ext: 151

Phone: 7344298900

Fax: 7344298901

Email: terickson@processresults.com

Address

Address Line 1: 201 S Ann Arbor Street

Address Line 2: NONE PROVIDED

Description: NONE PROVIDED

City: Saline

State: MI

Postal Code: 48176

Country: United States

County: NONE PROVIDED

Section 4. Contacts (3 of 3)

CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category. To add additional contacts, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the contact information and edit a portion of the contact fields. If a single contact has multiple roles, please enter the information once, and assign multiple roles.

Contact

- Facility Contact
- Biosolids Annual Report Contact
- DMR Contact

Required Contact Types:

? At minimum the following contact types must be provided: Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; Biosolids Annual Report Contact

Instructions concerning contacts are found on page 2 of the Appendix

[CLICK HERE to view the Appendix to the Permit Application](#)

Contact Information

Contact

Prefix: NONE PROVIDED

First Name: Anthony

Last Name: Dowson

Company: Highland Treatment, Inc

Title: NONE PROVIDED

Ext: NONE PROVIDED

Phone: 2488891922

Fax: NONE PROVIDED

Email: anthony@highlandtreatment.com

Address

Address Line 1: 938 N. Milford Road

Address Line 2: P.O. Box 1089

Description: NONE PROVIDED

City: Highland

State: MI

Postal Code: 48357

Country: United States

County: NONE PROVIDED

Section 5. Additional Information

| 1. RULE 98 – ANTIDEGRADATION REQUIREMENTS

In accordance with Rule 323.1098 of the Michigan Water Quality Standards, the applicant is required to submit an Antidegradation Demonstration for any new or increased loading of pollutants to the surface waters of the state, unless one or more exemptions apply. An Antidegradation Demonstration must contain the information specified in Rule 1098, outlined on Pages 8-9 of the Appendix. For assistance in

completing this item, contact the Permits Section.

[Appendix to the Permit Application](#)

Will this discharge be an increased loading of pollutants to the surface waters of the state?

Yes – Respond to the next question in this sub-section

If you responded "YES" above, is the increased loading of pollutants exempt from Antidegradation Demonstration?

NO -- Prepare and attach an Antidegradation Demonstration in the space provided below.

Exemptions List:

A) A short-term (weeks to months) or temporary lowering of water quality
B) Bypasses that are not prohibited by regulations set forth in 40 CFR 122.41(m)
C) 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
D) Discharges of pollutant quantities from the intake water at a facility if the intake and discharge are to the same body of water
E) Increases in flow at a POTW if the increase is within the design flow of the facility, there is no increased loading of BCCs that are not specifically limited in the current permit, and there is no significant change expected in the characteristics of the wastewater collected
F) Intermittent increased loading related to wet-weather conditions
G) New or increased loading due to DEQ-approved controls related to wet-weather conditions
H) Discharges authorized by Certificates of Coverage (COC) and Notices of Coverage
I) 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
J) Increased loadings of a pollutant which do not involve Bioaccumulative Chemicals of Concern and which use less than 10 percent of the unused loading capacity that exists at the time of the request

Select all that apply (See Exemptions List above)

NONE PROVIDED

? To deselect one or more exemptions, you may also hold down the "Ctrl" key on your keyboard while clicking the items you would like to deselect with your mouse.

ANTIDEGRADATION REQUIREMENT ATTACHMENTS (if applicable)- Attachment

Andelina Farms Antidegradation Statement.pdf - 07/19/2018 11:34 AM

Comment: NONE PROVIDED

! 2. INFORMATION CONCERNING LOCAL UNIT OF GOVERNMENT (LUG)

Local Unit of Government (LUG)

Saline Township

Provide an e-mail address for an appropriate LUG contact, such as a clerk, who can be notified about the public notice period:

salinetwp@gmail.com

! 3. OTHER ENVIRONMENTAL PERMITS

Provide the information requested in the table for any other federal, state, or local environmental permits in effect or applied for at the time of submittal of this Application, including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits.

Table Data

NONE PROVIDED

! 4. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

In the space below, please upload a flow diagram (using 8½" x 11" paper if possible) and a narrative description that explains the diagram. The diagram should show the wastewater flow through the facility (from intake through discharge), including all processes, treatment units, including any lagoons or ponds (lagoon / pond construction and liner information should be included) used for wastewater treatment or storage (identify treatment units that operate intermittently), and bypass piping. Show all operations contributing wastewater and the locations of flow meters,

chemical feeds, and monitoring and discharge points. The water balance shall show the daily average flow rates at the intake and discharge points, and approximate daily flow rates between treatment units, including influent and treatment rates. Use actual measurements whenever available, otherwise use the best estimate. Show all significant losses of water to products, atmosphere, and discharge. In addition, provide a flow diagram for any storm water discharges from secondary structures that are required by state or federal law and for storm water runoff from any Site of Environmental Contamination, pursuant to Part 201 of the NREPA. Do not send blueprints. Provide black-and-white reproducible diagrams. Treatment Works Treating Domestic Sewage – The narrative description shall briefly describe the history of the wastewater treatment facility and collection system, including the initial construction, facility improvements, future plans for upgrade, location of all constructed emergency overflows, and other pertinent information.

WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION- Attachment

Andelina Farms WWTP Narrative_5-16-18.pdf - 07/12/2018 02:17 PM

Andelina Farms WWTP SCHEMATIC_5-29-18.pdf - 07/12/2018 02:17 PM

Andelina Farms WWTP BOD_5-30-18.pdf - 07/12/2018 04:45 PM

Comment: NONE PROVIDED

5. MAP OF FACILITY AND DISCHARGE LOCATION- Attachment

13000308_AndelinaFarms_Exhibit_20180713.pdf - 07/16/2018 03:17 PM

Comment: NONE PROVIDED

6. LIST ADJACENT PROPERTY OWNERS

List the names and mailing addresses of all property owners for all properties adjacent to the facility, treatment systems, and discharge locations. For vacant lots or empty buildings, supply the owner's mailing address – NOT the lot or building property address.

Table Data

Business or Lake Board / Lake Association (if applicable)	Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
HUNTINGTON WOODS OF SALINE LLC		MACON RD VACANT	SALINE	MI	48176	USA
PLAZA WEST SALINE, LLC		901 W MICHIGAN AVE	SALINE	MI	48176	USA
SG RIVEROAKS APARTMENT HOLDINGS LLC FOR: 801 VALLEY CIRCLE DR		801 VALLEY CIRCLE DR	SALINE	MI	48176	USA
	MEMERING ROBERT TRUST	820 W MICHIGAN AVE	SALINE	MI	48176	USA
ZALESKI ALEXANDER M CATHOLIC DIOCESE OF LANSING ST ANDREWS CATHOLIC CHURCH		910 AUSTIN DR	SALINE	MI	48933	USA
	WJUELLNER JASON A & SARA J	1045 MELROSE CT	SALINE	MI	48176	USA
	FAYSSA AHMED & BEZUESH	1061 MELROSE CT	SALINE	MI	48176	USA
	MENTZER STEVEN & ROBIN	1073 MELROSE CT	SALINE	MI	48176	USA
	JENKINS ROBERT A & CHRISTI L	1085 MELROSE CT	SALINE	MI	48176	USA
	HABETZ JOSEPH & YESSANT TRUST	1097 MELROSE CT	SALINE	MI	48176	USA
	TKACHENKO PAVEL & ALLA	268 PEMBROKE DR	SALINE	MI	48176	USA
	LANAGER SEAN P	284 STONE GLEN CT	SALINE	MI	48176	USA

	TIEMAN JAMES L & LYNN L	292 STONE GLEN CT	SALINE	M	48176	USA
	STRANG RYAN & NINA	300 STONE GLEN CT	SALINE	M	48176	USA
CML SALINE LLC FOR: 900 W MICHIGAN AVE		900 W MICHIGAN AVE	SALINE	M	48176	USA
	HARMER PAUL III & ASHLEY AUGHTON	117 COMMONS CIR	SALINE	M	48176	USA
	DREXLER MICHAEL A	115 COMMONS CIR	SALINE	M	48176	USA
	FUQUA STACY C	113 COMMONS CIR	SALINE	M	48176	USA
	TOUSSAINT JANICE	111 COMMONS CIR	SALINE	M	48176	USA
	WALCOTT ANN M	127 COMMONS CIR	SALINE	M	48176	USA
	HETRICK DWIGHT & BRENDA FOR: 125 COMMONS CIR	125 COMMONS CIR	SALINE	M	48176	USA
	RYAN KRISTINE	123 COMMONS CIR	SALINE	M	48176	USA
	WU SONGTAO & YU MEIYU	121 COMMONS CIR	SALINE	M	48176	USA
	COLLINS PATRICK J & GAINES G	137 COMMONS CIR	SALINE	M	48176	USA
	DIAMOND EDWARD	135 COMMONS CIR	SALINE	M	48176	USA
	TURNER DIANE TRUST	133 COMMONS CIR	SALINE	M	48176	USA
	BOTTORFF TABATHA M	131 COMMONS CIR	SALINE	M	48176	USA
	ROYER ROBERT J & MARSHAL	141 COMMONS CIR	SALINE	M	48176	USA
	HIMICH MARYE	143 COMMONS CIR	SALINE	M	48176	USA
	WARADZIN ELLEN R	145 COMMONS CIR	SALINE	M	48176	USA
	ASANI DZEMAL & FLORINA	147 COMMONS CIR	SALINE	M	48176	USA
	WORDEN ANDREW B	157 COMMONS CIR	SALINE	M	48176	USA
	COBB AMY	155 COMMONS CIR	SALINE	M	48176	USA
	CAIN JEFFREY	153 COMMONS CIR	SALINE	M	48176	USA
	ISELY NICHOLAS R	151 COMMONS CIR	SALINE	M	48176	USA
	NOLA ADAM & LAURA	161 COMMONS CIR	SALINE	M	48176	USA
	VERDUIN PAMELA S	163 COMMONS CIR	SALINE	M	48176	USA

	RYERSON SUSAN E	165 COMMONS CIR	SALINE	M	48176	USA
	BETHUNE SCOTT A	167 COMMONS CIR	SALINE	M	48176	USA
	OKEEFE SALLY	177 COMMONS CIR	SALINE	M	48176	USA
	MORRISON MICHAEL & MORTIERE LAURA	175 COMMONS CIR	SALINE	M	48176	USA
	YOKOTA JAMES S & CATHERINE M	650 HOLLOWAY RD #20	GILROY	CA	95020	USA
	FERNANDEZ ALEX & CATHERINE LONG	171 COMMONS CIR	SALINE	M	48176	USA
	HALE DAVID	182 COMMONS CT	SALINE	M	48176	USA
	LOWE MARY T	184 COMMONS CT	SALINE	M	48176	USA
	MENGLING CARL ROMAN CATHOLIC CHURC	300 W OTTAWA STREET	LANSING	M	48933	USA
COURTNEY-MASCIOLI PROPERTIES LLC		295 OLD CREEK DR	SALINE	M	48176	USA
	BREWER MICHAEL J & DORENE G	198 COMMONS CT	SALINE	M	48176	USA
	HAHN DENEILLE	196 COMMONS CT	SALINE	M	48176	USA
	MOORE ROBERT P	194 COMMONS CT	SALINE	M	48176	USA
	ESCHELBACH SCOTT	192 COMMONS CT	SALINE	M	48176	USA
	SPINA CARL TRUST	235 OLD CREEK DR	SALINE	M	48176	USA
	HOLMES KATHLEEN E	204 COMMONS CT	SALINE	M	48176	USA
	YANG JAEHEE J	6204 DISCOVER CT	COLUMBIA	MD	21044-6700	USA
	KOTULAK VICTORIA J	208 COMMONS CT	SALINE	M	48176	USA
	LEE WON YOUNG	3860 AUSTIN RD	SALINE	M	48176	USA
	GUENTHER FARMS	8275 DELL RD	SALINE	M	48176	USA
	LEE WON YOUNG	3860 AUSTIN RD	SALINE	M	48176	USA
	LEE WON YOUNG	3860 AUSTIN RD	SALINE	M	48176	USA
TRINITY EVANGELICAL LUTHERAN		195 E MICHIGAN AVE	SALINE	M	48176	USA
	IRWIN DAVID	4133 AUSTIN RD	SALINE	M	48176	USA
	AREND DANIEL B	4205 Austin Rd	SALINE	M	48176	USA
	MARION FAMILY TRUST	8991 MARION RD	SALINE	M	48176	USA
	MARION FAMILY TRUST	8991 MARION RD	SALINE	M	48176	USA
	MILKEY BRIAN & NOELLE	8808 W MICHIGAN	SALINE	M	48176	USA

HIGHLAND DEVELOPMENT GROUP LLC5: ATTN : MARK D. LEWIS		30600 NORTHWESTERN HWY SUITE 250	FARMINGTON	M	48334	USA
AUSTIN COMMONS II LLC ATTN: MARK D. LEWIS MARK LEWIS		2201 RIVERSEDGE DR	SALINE	M	48334	USA
	MASHBURN JERRY D & SUSAN M	104 RIVERSEDGE DR UNIT 1	SALINE	M	48176	USA
	WILBUR PATRICIA A	103 RIVERSEDGE DR	SALINE	M	48176	USA
	WILBUR PATRICIA A	102 RIVERSEDGE DR	SALINE	M	48176	USA
	BROSKI ELAINE U & GLENN J	101 RIVERSEDGE DR	SALINE	M	48176	USA
	VADLAMUDI RAO	201 RIVERSEDGE DR	SALINE	M	48176	USA
	WILBUR PATRICIA A & JONATHON R	202 RIVERSEDGE DR	SALINE	M	48176	USA
	HOFFMANN SHARON	203 RIVERSEDGE DR	SALINE	M	48176	USA
	RENJU THOMAS & MERITTA SHAJU	204 RIVERSEDGE DR	SALINE	M	48176	USA
	BUNTON KARA E & ELIZABETH E	304 RIVERSEDGE DR	SALINE	M	48176	USA
	MILKS TAMI	303 RIVERSEDGE DR	SALINE	M	48176	USA
	LIBY JULIE	302 RIVERSEDGE DR	SALINE	M	48176	USA
	LAFOREST CRAIG	301 RIVERSEDGE DR	SALINE	M	48176	USA
	MILLIO GEORGE & BARBARA	401 RIVERSEDGE DR 13	SALINE	M	48176	USA
	NAVA PAULINA ITZEL	402 RIVERSEDGE DR	SALINE	M	48176	USA
	LANE MARCIA E	403 RIVERSEDGE DR UNIT 15	SALINE	M	48176	USA
	FILTER MELISSA	404 RIVERSEDGE DR	SALINE	M	48176	USA
	JAKUBOWSKI LAUREN A	504 RIVERSEDGE DR UNIT 17	SALINE	M	48176	USA
	OKEEFE MICHAEL J & JULIE A	503 RIVERSEDGE DR	SALINE	M	48176	USA
	SAJDAK LEONARD L & CECELIA V	502 RIVERSEDGE DR	SALINE	M	48176	USA
	FORTIN PATRICIA M	501 RIVERSEDGE DR	SALINE	M	48176	USA
	HAYDOCK KATLYN	804 RIVERSEDGE DR	SALINE	M	48176	USA
	CHOPRA MONICA	803 RIVERSEDGE DR	SALINE	M	48176	USA
	VARGAS CARINA & KARVEL JEREMY	802 RIVERSEDGE DR UNIT 31	SALINE	M	48176	USA

	ADAMS WILLIAM J & MARIA C	801 RIVERSEDGE DR	SALINE	M	48176	USA
	ALLEN RODERICK L & MARGARET O	904 RIVERSEDGE DR	SALINE	M	48176	USA
	PAWITTRANON VISA & TEERAWAT	903 RIVERSEDGE DR	SALINE	M	48176	USA
	CIRANNI SYLVIA J	902 RIVERSEDGE DR	SALINE	M	48176	USA
	STEGINK CARL R & CAROLYN K	901 RIVERSEDGE DR	SALINE	M	48176	USA
	ANDERSON SANDY & RIGHTER BRANDY	1001 RIVERSEDGE DR	SALINE	M	48176	USA
	HUGHES ANN	1002 RIVERSEDGE DR	SALINE	M	48176	USA
	CARTER MARY	1003 RIVERSEDGE DR	SALINE	M	48176	USA
	LEE CHUNG H	1617 SHIRE VILLAGE DR	SUGAR HILL	GA	30518-2934	USA
	FACHIE GERALD F & BARBARA A	1101 RIVERSEDGE DR	SALINE	M	48176	USA
	LUCAS JEFFREY W & CAROLINE A	1102 RIVERSEDGE DR UNIT 42	SALINE	M	48176	USA
	KUNZ KATELYN	1103 RIVERSEDGE DR UNIT 43	SALINE	M	48176	USA
	DARISH KEITH	1104 RIVERSEDGE DR UNIT 44	SALINE	M	48176	USA
	BUSTER BRUCE E	1201 RIVERSEDGE DR UNIT 45	SALINE	M	48176	USA
	SIKLOSI BERNADETTE	1202 RIVERSEDGE DR UNIT 46	SALINE	M	48176	USA
	HERRIN REBECCA L	1203 RIVERSEDGE DR UNIT 47	SALINE	M	48176	USA
	SPIIAK GENE N	1204 RIVERSEDGE DR UNIT 48	SALINE	M	48176	USA
	KENNEDY SEAN	1301 RIVERSEDGE DR #49	SALINE	M	48176	USA
	DECKER PAUL S & JULIE A	1302 RIVERSEDGE DR	SALINE	M	48176	USA
	CHAMBERLAIN BRENDA LEE	1303 RIVERSEDGE DR UNIT 51	SALINE	M	48176	USA
	WALTNER KATHERINE	1304 RIVERSEDGE DR	SALINE	M	48176	USA
	LOOMER PAULA A	2301 RIVERSEDGE DR	SALINE	M	48176	USA
	KRAFFT MITCHELL J	2302 RIVERSEDGE DR	SALINE	M	48176	USA

	SHAW KATHLEEN	2303 RIVERSEDGE DR UNIT 91	SALINE	M	48176	USA
	WALDA MCKI	2304 RIVERSEDGE DR	SALINE	M	48176	USA
	BLACK KAREN M	2404 RIVERSEDGE DR	SALINE	M	48176	USA
	SHOWERS CHRISTOPHER M	2403 RIVERSEDGE DR	SALINE	M	48176	USA
	HEATON MEGAN L	2402 RIVERSEDGE DR	SALINE	M	48176	USA
	STONER ROBERT S & JIALIU	2401 RIVERSEDGE DR	SALINE	M	48176	USA
	GUENTHER GLENN	4547 AUSTIN RD	SALINE	M	48176	USA

Section 6. Laboratory Services (1 of 1)

Laboratory: Highland Treatment, Inc

?To add additional laboratories, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the laboratory information and edit a portion of the fields.

Laboratory Name

Highland Treatment, Inc

Lab Type

Contract Laboratory

Laboratory Street Address (Not required if In-house)

938 N. Milford Rd
Highland, MI 48357

Laboratory Phone

2488891922

Laboratory Email

NONE PROVIDED

Analyses Performed

all required testing

Section 7. Facility Information

| 1. WATER SUPPLY INFORMATION

List the source(s) of the water supply in the area served by sewers. Identify groundwater wells and surface water intakes, as well as the name(s) of any surface water(s) from which intake water is drawn:

The water supply is proposed to be from two Type I wells located within the development.

Total population served by this facility

777

| 2. SERVICE AREA INFORMATION

?PUBLICLY-owned? treatment works (POTWs) are required to provide the following information: List the governmental jurisdictions (e.g., cities, townships, villages) that this facility serves (applicants should include themselves). What is the population in each jurisdiction? Is the jurisdiction's collection system separate, combined, or both? If the collection system is both separate and combined, what percentage is combined?

Table Data

NONE PROVIDED

?PRIVATELY-owned? treatment facilities are required to provide the following information. Describe the area served by this facility (e.g., manufactured housing community, condominium, nursing home, etc.):

Subdivision

Provide the number of residential units served by this facility

259

| 3. WASTEWATER STABILIZATION LAGOONS- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

| 4. WHOLE EFFLUENT TOXICITY TESTING

POTWs meeting one or more of the following criteria are required to submit with this Application the results of four (4) Whole Effluent Toxicity (WET) test sets for each of the facility's discharge points, excluding combined sewer overflows: 1) POTWs with a design flow rate greater than or equal to one (1) million gallons per day (MGD); 2) POTWs with an approved Federal Industrial Pretreatment Program (FIPP); and/or 3) POTWs required to develop a FIPP. The forms required for all WET test reporting are provided in the Appendix. For purposes of this Application, WET test results shall be reported using only the forms provided. Choice of form(s) shall be dictated by the type of testing required. The type of testing required, and the species required for each test set, is described on page 17 of the Appendix. Please do not submit additional forms or paperwork pertaining to WET tests with this Application unless instructed to do so or if a result from a WET test revealed toxicity (see below). At a minimum, the applicant shall submit the results of quarterly WET tests for a 12-month period prior to this Application, or the results of annual WET tests conducted during the five years prior to this Application. In addition, the applicant shall submit the results of any other WET tests from the past five years. If a WET test conducted in the past 4½ years revealed toxicity, provide all the information on the cause of toxicity or the results of all toxicity reduction evaluations, if any were conducted. It is not necessary to submit results for previously submitted WET tests. For additional information, see "Whole Effluent Toxicity Test Guidance and Requirements" on page 17 of the Appendix.

Upload Toxicity Testing Results- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

[Appendix to the Permit Application](#)

Section 8. Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water:unamed tributary to the Saline River

| 1. OUTFALL INFORMATION.

Instructions for this item are on Page 3 of the Appendix. You may select existing outfalls from the drop-down list in the top-right corner of the page. To add additional outfalls, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the outfall information and edit a portion

Feature Type

Outfall

Enter the outfall number (e.g., 001):

001

Outfall Description

NONE PROVIDED

Outfall Location

42.158557,-83.796269
NONE PROVIDED

Enter the name of the receiving water:

unnamed tributary to the Saline River

What is the Facility Annual Average Design Flow Rate? Enter it on the appropriate line below

For the definition of seasonal vs. continuous discharge, [CLICK HERE](#) to view the application Appendix

For a seasonal discharge, enter the Facility Annual Average Design Flow Rate in MGY. Continue to subsection titled Seasonal Discharge.

NONE PROVIDED

For a continuous discharge, enter the Facility Annual Average Design Flow Rate in MGD. Continue to subsection titled Continuous Discharge.

0.078

Seasonal Discharge

List the discharge periods (by month) and the volume discharged per day. Use the following link to open a spreadsheet, then copy and paste the table into the space below

Table Data

NONE PROVIDED

Actual Annual Total

NONE PROVIDED

Continuous Discharge -- Includes Batch Discharges

How often is there a discharge from this outfall (on average)?

Hours/Day

24

Days/Year

365

Provide the actual facility flows for the past three years.

Enter the information in excel

Table Data

NONE PROVIDED

Batch dischargers are required to provide the following additional information

Is there effluent flow equalization?

NONE PROVIDED

Enter the batch peak flow rate:

NONE PROVIDED

Enter the number of batches discharged per day:

NONE PROVIDED

Batches

Enter the information in excel

Table Data

NONE PROVIDED

Inflow and Infiltration

What is the current average daily volume of inflow and infiltration at this outfall in GPD?

0

What corrective actions are being taken to minimize this inflow and infiltration?

NONE PROVIDED

2. EFFLUENT CHARACTERISTICS – CONVENTIONAL POLLUTANTS

Existing Treatment Works Treating Domestic Sewage (TWTDS) are required to report data from effluent sampled and analyzed by the permittee for the parameters listed in the excel spreadsheet at the link below titled, 'CONVENTIONAL POLLUTANTS'. Retention Treatment Basins are required to provide a summary of influent and effluent data for the last three years. New TWTDS are required to provide estimated effluent concentrations. For analytical test requirements, or if alternate test procedures for any parameter listed below have been approved, see Item 5 of the General Provisions Section at the beginning of this form. If the data was previously submitted via e-DMRs, mark that box on the spreadsheet. Data previously submitted via e-DMRs does not need to be resubmitted. (See the Definition Section on Page 7 of the Appendix for sampling definitions, including "maximum daily concentration" and "maximum monthly concentration".

[Appendix to the Permit Application](#)

Please Note: Rule 323.1062 allows the use of either Escherichia coli or Fecal Coliform Bacteria as the indicator that effluent has been disinfected. The DEQ will use the indicator selected below in the permit issued based on this Application.

Use Fecal Coliform Bacteria as an indicator of disinfection.

Pollutant Samples

Enter the information into excel (click the blue link to open a template), then copy and paste in the box below.

Table Data

Submitted via e-DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Number of Analyses	Sample Type
		Biochemical Oxygen Demand – five day (BOD5)	4	10	mg/l	estimate	Grab / 24-Hr Comp
	Waiver Request Not Required	Chemical Oxygen Demand (COD)			mg/l	estimate	Grab / 24-Hr

							Comp
	Waiver Request Not Required	Total Organic Carbon (TOC)			mg/l	estimate	Grab / 24-Hr Comp
		Ammonia Nitrogen (as N)	0.5	2	mg/l	estimate	Grab / 24-Hr Comp
		Total Suspended Solids	20	30	mg/l	estimate	Grab / 24-Hr Comp
	Waiver Request Not Required	Total Dissolved Solids			mg/l		Grab / 24-Hr Comp
		Total Phosphorus (as P)	1		mg/l	estimate	Grab / 24-Hr Comp
		Fecal Coliform Bacteria (report geometric means)	200	Maximum 7-day	counts/100ml	estimate	Grab
	Waiver Request Not Required	Escherichia coli (report geometric means)		Maximum 7-day	counts/100 ml		Grab
	Waiver Request Not Required	Total Residual Chlorine			mg/l or mg/l		Grab
		Dissolved Oxygen	Do Not Use	Minimum Daily	mg/l	estimate	Grab
		pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units	estimate	Grab
	Waiver Request Not Required	Temperature, Summer			°F °C	estimate	Grab
	Waiver Request Not Required	Temperature, Winter			°F °C	estimate	Grab
	Waiver Request Not Required	Oil & Grease			mg/l		Grab
							Grab

3. EFFLUENT CHARACTERISTICS – TOXIC POLLUTANTS

Existing POTWs with (1) a design flow greater than or equal to 1.0 MGD; or (2) an approved Federal Industrial Pretreatment Program (FIPP); or (3) required to develop a FIPP or otherwise required by the permitting authority, shall provide the results of a minimum of three effluent analyses for each parameter listed on the spreadsheet "TOXIC POLLUTANTS" outfall through which effluent is discharged. Any effluent testing data for pollutants not specifically listed shall be added to the bottom of the form. Do not include information on combined sewer overflows in this section. All existing POTWs (unless already included above) are required to provide (1) the results of at least one effluent analysis (taken in the last three years) for any chemical that is known or believed to be present in facility effluent that is listed in Tables 2, 3, and 4 of the Appendix; (2) a measured or estimated effluent concentration for any chemical that is known or believed to be present that is listed in Table 5 of the Appendix; (3) a measured or estimated concentration for any toxic or otherwise injurious chemical known or believed to be present in facility effluent that is not previously identified in this Application; and (4) results of all other effluent analyses that have been performed within the past five years for any chemical listed in Tables 2, 3, 4, and 5 of the Appendix. New POTWs are required to provide an estimated effluent concentration for any chemical expected to be present in facility effluent that is listed in Tables 2, 3, 4, and 5 of the Appendix, and an estimated effluent concentration for any toxic or otherwise injurious chemical known or believed to be present in facility effluent that has not been previously identified in this Application. Note: If the effluent concentrations are estimated, place an E in the "Analytical Method" column. In accordance with Rule 323.1211(7), facilities whose supply water contains toxic pollutants that are withdrawn from and discharged to the same body of water may qualify for intake credits for those toxic pollutants. See Rule 1211(7) for qualification and demonstration requirements. Report all sampling results in µg/l. Please

review Table 7 in the Appendix for additional analytical test requirements. If Alternate Test Procedures were approved for any parameter listed above, a copy of the approval letter must be included with the application.

Appendix to the Permit Application

EFFLUENT CHARACTERISTICS – TOXIC POLLUTANTS- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Toxic Pollutants

Enter the information in excel

Table Data

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
Submitted via e-DMRs?								
(Yes/No)	PARAMETER	CAS No.	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Conc. (µg/l)	Sample Type	Analytical Method
	METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS							
	Antimony	7440360	Not applicable					
	Arsenic	7440382	Not applicable					
	Barium	7440393	Not applicable					
	Beryllium	7440417	Not applicable					
	Boron	7440428	Not applicable					
	Cadmium	7440439	Not applicable					
	Chromium, Hexavalent	18540299	Not applicable					
	Chromium, Total	7440473	Not applicable					
	Copper	7440508	Not applicable					
	Cyanide, Available	57125	Not applicable					
	Cyanide, Total	57125	Not applicable					
	Lead	7439921	Not applicable					
	Lithium	7439932	Not applicable					
	Mercury	7439976	Not applicable					
	Nickel	7440020	Not applicable					

Selenium	7782492	Not applicable					
Silver	7440224	Not applicable					
Thallium	7440280	Not applicable					
Zinc	7440666	Not applicable					
Total Phenolic Compounds	None	Not applicable					
Hardness (as CaCO ₃)	None	Not applicable					
VOLATILE ORGANIC COMPOUNDS							
Acrolein	107028	Not applicable					
Acrylonitrile	107131	Not applicable					
Benzene	71432	Not applicable					
Bromoform	75252	Not applicable					
Carbon Tetrachloride	56235	Not applicable					
Chlorobenzene	108907	Not applicable					
Chlorodibromomethane	124481	Not applicable					
Chloroethane	75003	Not applicable					
2-chloro-ethylvinyl ether	110758	Not applicable					
Chloroform	67663	Not applicable					
Dichlorobromomethane	75274	Not applicable					
1,1-dichloroethane	75343	Not applicable					
1,2-dichloroethane	107062	Not applicable					
Trans-1,2-dichloroethylene	156605	Not applicable					
1,1-dichloroethylene	75354	Not applicable					
1,2-dichloropropane	78875	Not applicable					
1,3-dichloropropylene	542756	Not applicable					
Ethylbenzene	100414	Not applicable					

Methyl Bromide	74839	Not applicable					
Methyl Chloride	74873	Not applicable					
Methylene Chloride	75092	Not applicable					
1,1,2,2-tetrachloroethane	79345	Not applicable					
Tetrachloroethylene	127184	Not applicable					
Toluene	108883	Not applicable					
1,1,1-trichloroethane	71556	Not applicable					
1,1,2-trichloroethane	79005	Not applicable					
Trichloroethylene	79016	Not applicable					
Vinyl Chloride	75014	Not applicable					
ACID COMPOUNDS		Not applicable					
P-chloro-m-cresol	59507	Not applicable					
2-chlorophenol	95578	Not applicable					
2,4-dichlorophenol	120832	Not applicable					
2,4-dimethylphenol	105679	Not applicable					
4,6-dinitro-o-cresol	534521	Not applicable					
2,4-dinitrophenol	51285	Not applicable					
2-nitrophenol	88755	Not applicable					
4-nitrophenol	100027	Not applicable					
Pentachlorophenol	87865	Not applicable					
Phenol	108952	Not applicable					
2,4,6-trichlorophenol	88062	Not applicable					
BASE-NEUTRAL COMPOUNDS							
Acenaphthene	83329	Not applicable					
Acenaphthylene	208968	Not applicable					

Anthracene	120127	Not applicable					
Benzidine	92875	Not applicable					
Benzo(a)anthracene	56553	Not applicable					
Benzo(a)pyrene	50328	Not applicable					
3,4 benzo(ghi)perylene	205992	Not applicable					
Benzo(ghi)perylene	191242	Not applicable					
Benzo(k)fluoranthene	207089	Not applicable					
Bis (2-chloroethoxy) methane	111911	Not applicable					
Bis (2-chloroethyl) ether	111444	Not applicable					
Bis (2-chloroiso-propyl) ether	108601	Not applicable					
Bis (2-ethylhexyl) phthalate	117817	Not applicable					
4-bromophenyl phenyl ether	101553	Not applicable					
Butyl benzyl phthalate	85687	Not applicable					
2-chloronaphthalene	91587	Not applicable					
4-chlorophenylphenyl ether	7005723	Not applicable					
Chrysene	218019	Not applicable					
Di-n-butyl phthalate	84742	Not applicable					
Di-n-octyl phthalate	117840	Not applicable					
Dibenzo(a,h)anthracene	53703	Not applicable					
1,2-dichlorobenzene	95501	Not applicable					
1,3-dichlorobenzene	541731	Not applicable					
1,4-dichlorobenzene	106467	Not applicable					
3,3-dichlorobenzidine	91941	Not applicable					
Diethyl Phthalate	84662	Not applicable					
Dimethyl Phthalate	131113	Not applicable					

2,4-dinitrotoluene	121142	Not applicable					
2,6-dinitrotoluene	606201	Not applicable					
1,2-diphenylhydrazine	122667	Not applicable					
Fluoranthene	206440	Not applicable					
Fluorene	86737	Not applicable					
Hexachlorobenzene	118741	Not applicable					
Hexachlorobutadiene	87683	Not applicable					
Hexachlorocyclopentadiene	77474	Not applicable					
Hexachloroethane	67721	Not applicable					
Indeno(1,2,3-cd) pyrene	193395	Not applicable					
Isophorone	78591	Not applicable					
Naphthalene	91203	Not applicable					
Nitrobenzene	98953	Not applicable					
N-nitrosodi-n-propylamine	None	Not applicable					
N-nitrosodimethylamine	62759	Not applicable					
N-nitrosodiphenylamine	86306	Not applicable					
Phenanthrene	85018	Not applicable					
Pyrene	129000	Not applicable					
1,2,4-trichlorobenzene	120821	Not applicable					

Section 9. Collection System Information

Estimate the percentage of the collection system that is combined

0

COMBINED SEWER SYSTEM INFORMATION

Complete this item if there are outfalls at the treatment facility or along the combined sewer collection system from which discharges of untreated or partially-treated wastewater occur:

System Map. Provide a map that shows all Combined Sewer Outfall discharge points. - Attachment

NONE PROVIDED

Comment: NONE PROVIDED

System Diagram- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

COMBINED SEWER OUTFALL INFORMATION

Identify the outfall(s) from your current permit by number (e.g., 001, 002). Provide the current status of the outfall (i.e. active, inactive, bulk headed, removed) and indicate if continued authorization is required. Attach specific outfall location and discharge information for all outfalls not previously identified.

Table Data

NONE PROVIDED

Section 10. Nondomestic Wastewater Information

SEPTAGE – Does this facility accept septage?

No. Continue to RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) WASTEWATER.

If you answered yes to the previous question- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) WASTEWATER. Does this facility receive, or has it in the last three (3) years received, RCRA hazardous waste by truck, rail, or dedicated pipe?

No. Continue to REMEDIATION WASTEWATER

If you answered yes to the previous question- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

REMEDIATION WASTEWATER. Does this facility receive, or has it been notified that it will receive in the next five (5) years, wastes from remediation activities?

No. Continue to INDUSTRIAL AND COMMERCIAL SOURCES.

If you answered yes to the previous question- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

INDUSTRIAL AND COMMERCIAL SOURCES

Does this facility receive any nondomestic wastewater from any industrial or commercial facilities? (Nondomestic wastewater refers to water that carries wastes other than human and household wastes.)

No. Go to section titled Biosolids Information.

Estimate the total average daily volume of nondomestic wastewater received by this facility (MGD)

NONE PROVIDED

Type and average daily volume of nondomestic wastewater(s)

Type and average daily volume of nondomestic wastewater(s)

Describe the type and average daily volume of nondomestic wastewater(s) received by this facility in the space provided below.

Table Data

NONE PROVIDED

Is an Industrial Pretreatment Program (IPP) currently required by the DEQ? Note: Applicants with an IPP are required to also complete the section titled Significant Industrial User Information.

NONE PROVIDED

The date-picker will only display 20 year spans at a time, but you may type the full date directly or use the right/left arrows within the date-picker.

Sewer Use Ordinance Date

NONE PROVIDED

Interjurisdictional Agreements Date

NONE PROVIDED

Procedures Date

NONE PROVIDED

Other Legal Authority Date

NONE PROVIDED

Enforcement Response Plan Date

NONE PROVIDED

Local Limits Date

NONE PROVIDED

Section 11. Significant Industrial User Information (1 of 1)

5. SIGNIFICANT INDUSTRIAL USER (SIU) INFORMATION

? Supply the following information for each SIU that discharges to the treatment plant. ?To add additional contacts, please use the "Add New Section" button at the bottom of this page, or select "Duplicate Section" to copy the SIU information and edit a portion of the SIU fields.

SIU Company Name:

NONE PROVIDED

SIU Company Address

NONE PROVIDED

Describe all of the industrial processes that affect or contribute to the SIU's discharge.

NONE PROVIDED

Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

NONE PROVIDED

SIU Flow Rate. In the table below, provide the average daily volume of each wastewater discharged to the collection system from the SIU, and identify whether that discharge is continuous or intermittent:

Enter the information in excel

Table Data

NONE PROVIDED

Pretreatment Standards. Indicate whether the SIU is subject to one or both of the following:

NONE PROVIDED

Create a numbered list identifying each category and subcategory associated with the Categorical Pretreatment Standards for the SIU specified above

NONE PROVIDED

Describe any problems at the treatment plant or in the collection system (e.g., upsets, pass through, interference, blockages) attributed to waste or wastewater discharged by this SIU during the last three years.

NONE PROVIDED

Section 12. Biosolids Information

| BIOSOLIDS HANDLING – All facilities that generate or propose to generate biosolids must complete both the "BIOSOLIDS HANDLING" and "LAND APPLICATION" sections.

Provide total English dry tons per 365-day period of residuals handled under the following practices:

Amount generated at the facility (in DRY Tons; do not enter metric tons)

24

Amount received from off-site (in DRY Tons; do not enter metric tons)

0

Amount treated on-site including blending (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Amount used or disposed of by another practice (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Amount applied to land in bulk form (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Amount fired in incinerator (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Amount sent to municipal solid waste landfill (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Amount transported to another POTW (in DRY Tons; do not enter metric tons)

24

Amount sold or given away in a bag or other container for application to the land (in DRY Tons; do not enter metric tons)

NONE PROVIDED

Transport Company

TBD

Receiving POTW

TBD

BIOSOLIDS STORAGE. Enter the volume of residual storage capacity at this facility (million gallons or cubic feet)

0.0703 million gallons

LAND APPLICATION

Facilities that land apply must complete all remaining items in this section, or have submitted a Biosolids Annual Report as required in the facility's current Residual Monitoring Program.

Date on which most recent Biosolids Annual Report was submitted

NONE PROVIDED

BIOSOLIDS CHARACTERISTICS – New Land Appliers Only

Report one year of residuals monitoring data and in no case less than three (3) sampling events for the following parameters. Provide the actual analytical data sheets as an attachment. Analytical methods shall be in accordance with R 323.2406 (2) of Part 24, Land Application of Biosolids, promulgated pursuant to Part 31 of the NREPA. Enter information in excel

Table Data

NONE PROVIDED

On a separate sheet, provide representative analytical data for those pollutants.- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

POLLUTANTS OF CONCERN. Are there currently, or is there potential for, pollutants (other than the parameters listed in the table above) to be present in the residuals at concentrations that would make them unsuitable for land application?

NONE PROVIDED

ADDITIONAL BIOSOLIDS MONITORING DATA

Submit any biosolids monitoring data from the last permit cycle for parameters not specifically listed on the previous page. Enter the information into the excel template below and include the actual analytical data sheets as an attachment. Upon submittal review, additional monitoring may be required if the Water Resources Division has reason(s) to suspect that the information provided (or not provided) does not adequately characterize the residuals proposed to be land applied. For assistance with completing this item, contact the Permits Section.

Table Data

NONE PROVIDED

LAND APPLICATION SITE LIST

Provide the following information for every new or existing site that may be used in the next five years (biosolids permit cycle). Each listed site should have been submitted to the DEQ on a Site Identification Form (with attachments) since January 1, 1998, or the required information should be included with this form. Additional sites may be added to the Land Application Site List during the biosolids permit cycle by submitting a completed Site Identification Form with the appropriate attachments and waiting the required ten-day notification period.

Table Data

NONE PROVIDED

Section 13. Storm Water

STORMWATER DISCHARGES: Storm water is defined herein as storm water runoff, snow melt runoff, and surface runoff and drainage.

A. Is this facility engaged in a regulated "industrial activity" as defined in 40 CFR 122.26(b)(14)? To make this determination, see the DEQ Storm Water website (<http://www.michigan.gov/deqstormwater>, then click on Industrial Program, then click on Primary Activities & Standard Industrial Classification (SIC) Codes.

Yes. Continue to question B

B. Is the storm water from this facility discharged to a surface water of the state either directly or through another conveyance (e.g., municipal separate storm sewer system)? Note: If storm water is discharged to a municipal combined storm sewer system, a municipal wastewater treatment system, or a privately-owned activated sludge treatment system, check the "No" box.

YES. Provide the name(s) of the surface water(s) of the state: Continue to question C.

If you answered YES to the previous question, enter the name(s) of the surface water(s) of the state:

NONE PROVIDED

C. Are any industrial activities or materials exposed to storm water at this facility?

No. Applicant must complete the No Exposure Certification (NEC) Form in the Appendix and submit it with this Application, then STOP: Do not complete the rest of Section 13.

Use the link below to make a determination regarding exposure of industrial activities or materials to storm water:

[CLICK HERE](#) to see the No Exposure Certification Guidance page

D. Does this facility have an Industrial Storm Water Certified Operator who has supervision over the facility's industrial storm water treatment and control measures?

NONE PROVIDED

For more information about certified operator training schedules and training material, [CLICK HERE](#), then scroll down to Industrial Storm Water Certified Operator Training Options

Industrial Storm Water Certified Operator's Name and Certification Number

NONE PROVIDED

E. Has a Storm Water Pollution Prevention Plan (SWPPP) been developed and implemented for this facility?

NONE PROVIDED

For information about Stormwater Pollution Prevention Plans (SWPPP), [CLICK HERE](#), then scroll down to Storm Water Pollution Prevention Plans (SWPPP)

F.1. READ ALL PARTS OF THE FOLLOWING QUESTION BEFORE RESPONDING: Does this facility discharge storm water to a surface water of the state or a municipal separate storm sewer system from a Special-Use Area?

NONE PROVIDED

A) Secondary containment structure(s) required by state or federal law. Attach a list of the materials stored in this area. B) Areas identified on Michigan's list of Sites of Environmental Contamination, pursuant to the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, Part 201 (formerly 307) C) A facility that the DEQ has determined discharges storm water that is a significant contributor of pollutants to surface waters of the state

Check all Special-Use Area(s) that apply. Continue to question F.2.:

NONE PROVIDED

F.2. Has a Short-Term Storm Water Characterization Study (STSWCS) Plan been approved by the DEQ for this facility?

NONE PROVIDED

F.3. If you answered yes to the previous question: Have any changes occurred at the facility which could result in the discharge of pollutants that differ from those identified in the previously approved STSWCS Plan?

NONE PROVIDED

G. Additional Information- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Section 14. Other Information

Comments (As needed)

NONE PROVIDED

Additional Documents (As needed)- Attachment

NONE PROVIDED

Comment: NONE PROVIDED

Attachments

Date	Attachment Name	Context
7/12/2018 2:17 PM	Andelina Farms WWTP Narrative_5-16-18.pdf	v2 - Section 5. Additional Information
7/12/2018 2:17 PM	Andelina Farms WWTP SCHEMATIC_5-29-18.pdf	v2 - Section 5. Additional Information
7/12/2018 4:45 PM	Andelina Farms WWTP BOD_5-30-18.pdf	v2 - Section 5. Additional Information
7/16/2018 3:17 PM	13000308_AndelinaFarms_Exhibit_20180713.pdf	v2 - Section 5. Additional Information
7/19/2018 11:34 AM	Andelina Farms Antidegradation Statement.pdf	v2 - Section 5. Additional Information

Status History

Date	User	Processing Status
7/27/2018 8:54:49 AM	Ted Erickson	Draft
7/27/2018 12:19:52 PM	Ted Erickson	Submitted

Processing Steps

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Ted Erickson	7/27/2018 12:19:52 PM