National Pollutant Discharge Elimination System (NPDES) Industrial/Commercial Application Form (Reissuance)

version 1.9

(Submission #: 2DM-ZEC4-66B7, version 1)

PRINTED ON 4/2/2016

Summary			
Submission #:	2DM-ZEC4-66B7	Date Submitted:	4/2/2016 8:37 PM
Form:	National Pollutant Discharge Elimination System (NPDES) Industrial/Commercial Application Form (Reissuance)	Status:	Submitted
Applicant:	John-Eric Pardys Consultant	Active Steps:	
Reference #:			

Notes

There are currently no Submission Notes.

Details

Permit ID Permit ID (Pre-populated) 91909181566527349

Permit Number (Pre-populated) MI0059042

Applicant Information

The name of the company OR individual requesting any type of authorization must be provided as part of the contact information below.

Applicant Information		
Contact		
Prefix: Mr.	First Name: Dave	Last Name: Favero
Company: Revitalizing Auto Communities Environmental Response (RACER) Trust	Title: Deputy Cleanup Manager - Michigan	Ext: NONE PROVIDED
Phone: 734-879-9525	FAX: NONE PROVIDED	Email: dfavero@racertrust.org
Address		
Address Line 1: 500 Woodward Avenue		
Address Line 2: Suite 2650		
Description: NONE PROVIDED		
City: Detroit	State: MI	Postal Code: 48226
Country: US		
Section IA. – General Facility Information (Required of All Applica	ints) (1)	

SITE ID/DEQ Reference Number (pre-populated) NONE PROVIDED

SITE or FACILITY NAME RACER-Saginaw Nodular Indust

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

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NPDES Permit Number NONE PROVIDED

Facility Location 43.46100, -83.9050

Facility Name 1 Saginaw Nodular Industrial Land

Facility Name 2 NONE PROVIDED

Facility Name 3 NONE PROVIDED

Site/Facility Location Address

2100 Veterans Memorial Parkway Saginaw, MI 48601

Facility Website Address (If applicable) NONE PROVIDED

Section IB. - General Facility Contacts (Required of All Applicants) (1)

4. CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category. Hold down the 'Ctrl' key to assign multiples roles to a single contact. Use the "+" (repeat section) button above to add more than one contact person.

Contact Certified Operator SW Operator

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

Appendix to the Permit Application

Contact		
Contact		
Prefix: Mr.	First Name: Steve	Last Name: Hoevemeyer
Company: GHD	Title: Certified Stormwater Operator	Ext: NONE PROVIDED
Phone: 734-453-5123	FAX: 734-453-5201	Email: steve.hoevemeyer@ghd.com
Address		
Address Line 1: 14496 Sheldon Road		
Address Line 2: NONE PROVIDED		
Description: NONE PROVIDED		
City: Plymouth	State: MI	Postal Code: 48170
Country: United States		

Section IB. - General Facility Contacts (Required of All Applicants) (2)

4. CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category. Hold down the 'Ctrl' key to assign multiples roles to a single contact. Use the "+" (repeat section) button above to add more than one contact person.

Contact Annual Permit Billing Contact Storm Water Billing Contact

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

Appendix to the Permit Application		
Contact		
Contact		
Prefix: Ms.	First Name: Monica	Last Name: Wallingford
Company: RACER Trust	Title: Accounts Payable Manager	Ext: NONE PROVIDED
Phone: 313-486-2978	FAX : 734-879-9537	Email: mwallingford@racertrust.org
Address		
Address Line 1: 500 Woodward Avenue		
Address Line 2: Suite 2650		
Description: NONE PROVIDED		
City: Detroit	State: MI	Postal Code: 48226
Country: United States		

4. CONTACTS

Provide contact information for each person as required for each area; a person may be identified for more than one category. Hold down the 'Ctrl' key to assign multiples roles to a single contact. Use the "+" (repeat section) button above to add more than one contact person.

Contact DMR Contact Other

Section I shall be completed by all permit applicants. Instructions for completing Section I are on Page 2 of the Appendix.

Appendix to the Permit Application		
Contact		
Contact		
Prefix: Mr.	First Name: John-Eric	Last Name: Pardys
Company: GHD	Title: Consultant - Engineer	Ext: NONE PROVIDED
Phone: 519-884-0510	FAX: 519-884-0525	Email: john-eric.pardys@ghd.com
Address		

Address Line 1: 651 Colby Drive

Address Line 2: NONE PROVIDED		
Description: NONE PROVIDED		
City: Waterloo	State: ON Po	stal Code: N2V1C2
Country: Canada		
Section IB. – General Facility Cont	acts (Required of All Applicants) (4)	
4. CONTACTS		
Provide contact information for each perso assign multiples roles to a single contact. I	n as required for each area; a person may be identified for mo Jse the "+" (repeat section) button above to add more than one	ore than one category. Hold down the 'Ctrl' key to e contact person.
Contact DMR Contact Application Contact		
Section I shall be completed by all perm	nit applicants. Instructions for completing Section I are on	Page 2 of the Appendix.
Appendix to the Permit Application		
Contact		
Contact		
Prefix: Mr.	First Name: Dave	Last Name: Favero
Company: RACER Trust	Title: Deputy Cleanup Manager - Michigan	Ext: NONE PROVIDED
Phone : 734-879-9525	FAX: NONE PROVIDED	Email: dfavero@racertrust.org
Address		
Address Line 1: 500 Woodward Avenue	2	
Address Line 2: Suite 2650		
Description: NONE PROVIDED		
City: Detroit	State: MI	Postal Code: 48226
Country: US		
Section IC. – General Facility Infor 5. RULE 98 – ANTIDEGRADATION RE	mation (Required of All Applicants) (1) EQUIREMENTS.	
In accordance with Rule 323.1098 of the M or increased loading of pollutants to the su outlined on Pages 8-9 of the Appendix. Fo Appendix to the Permit Application	lichigan Water Quality Standards, the applicant is required to surface waters of the state. An Antidegradation Demonstration massistance in completing this item, contact the Permits Sectio	submit an Antidegradation Demonstration for any new nust contain the information specified in Rule 1098, n.
Will this discharge be an increased loa Yes, continue below.	ading of pollutants to the surface waters of the state?	
ANTIDEGRADATION REQUIREMENTS At NONE PROVIDED Comment: NONE PROVIDED	tachment - Attachment(s)	

Select one of the following. Increased loading of pollutants is exempt from Antidegradation Demonstration as indicated below:

Select all that apply

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 K) Not Applicable

Select all that apply

A) F)

G)

H)

.

6. ADDITIONAL FACILITY LOCATION INFORMATION.

Local Unit of Government (LUG) Buena Vista Township

LUG Contact E-Mail Address jcain@bvct.org

Private (French) Land Claim NONE PROVIDED

7. CERTIFIED OPERATOR

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

CERTIFIED OPERATOR

Construction/Industrial/Surface Water Empoundment

Contact		
Prefix: Mr.	First Name: Steve	Last Name: Hoevemeyer
Company: GHD	Title: Certified Storm Operator	Ext: NONE PROVIDED
Phone: 734-453-5123	FAX: 734-4535201	Email: steve.hoevemeyer@ghd.com
Address		
Address Line 1: 14496 Sheldon Road, Suite 200		
Address Line 2: NONE PROVIDED		
Description: NONE PROVIDED		
City: Plymouth	State: MI	Postal Code: 48710
Country: United States		
Cartification Number		
I-10477		
Certification Classification(s)		

9. 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.

Та	bl	е	D	а	ta

remit Permit	or COC Number	Permit Type
MDEQ 15-73-0	0003-P	Water Resources Div. Permit

10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide 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. Industrial / Commercial Facilities – The diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. Include a narrative that provides a brief description of the nature of the business and the manufacturing processes. Concentrated Animal Feeding Operations – Refer to the requirements set forth in Section V.

10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION - Attachment(s)

Attachment 1 - Narrative Description -outfalls.pdf Site Figure.pdf Comment: NONE PROVIDED

11. MAP OF FACILITY AND DISCHARGE LOCATION - Attachment(s) Site Figure.pdf Comment: NONE PROVIDED

12. CONTRACT LABORATORIES THAT PROVIDE ANALYTICAL SUPPORT

Provide the name and address of each contract laboratory or consulting firm that performed any analyses submitted as part of this Application. To add additional laboratory click the + at the top of the page.

Laboratory Name

TestAmerica

Laboratory Address

4101 Shuffel Street NW North Canton, OH 44720

Laboratory Phone 330-497-9396

Laboratory Email NONE PROVIDED

Analysis Performed Carbonaceous Biochemical Oxygen Demand, pH, Ammonia, Total Suspended Solids, Dissolved Oxygen

13. 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

Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
City of Saginaw POTW	2406 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
SMB Probation Center Inc.	2300 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
Woodro Development LLC	2224 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
BBC Saginaw LLC	2220 Veterans Memorial Parkway	Saginaw	MI	48601-1268	United States

This completes Section I.

Section IC. - General Facility Information (Required of All Applicants) (2)

5. 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. 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.

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Will this discharge be an increased loading of pollutants to the surface waters of the state? Yes, continue below.

ANTIDEGRADATION REQUIREMENTS Attachment - Attachment(s) NONE PROVIDED Comment:

Select one of the following.

Increased loading of pollutants is exempt from Antidegradation Demonstration as indicated below:

Select all that apply

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 K) Not Applicable

Select all that apply

A) F)

G)

H)

,

6. ADDITIONAL FACILITY LOCATION INFORMATION.

Local Unit of Government (LUG) Buena Vista Township

LUG Contact E-Mail Address jcain@bvct.org

Private (French) Land Claim NONE PROVIDED		
7. CERTIFIED OPERATOR		
Does the facility have a DEQ-certified operator at the Yes	e appropriate level?	
If you do not have a certified operator, please provid NONE PROVIDED	de an explanation.	
CERTIFIED OPERATOR		
Contact		
Prefix: Mr.	First Name: Steve	Last Name: Hoevemeyer
Company: GHD	Title: Certified Storm Operator	Ext: NONE PROVIDED
Phone: 734-453-5123	FAX: 734-453-5201	Email: steve.hoevemeyer@ghd.com
Address		
Address Line 1: 14496 Sheldon Road, Suite 200		
Address Line 2: NONE PROVIDED		
Description: NONE PROVIDED		
City: Plymouth	State: MI	Postal Code: 48710
Country: United States		
Certification Number I-10477		
Certification Classification(s) Construction/Industrial/Surface Water Empoundment		
9. 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

Issuing Agency F	Permit or COC Number	Permit Type
MDEQ 1	15-73-0003-P	Water Resources Div. Permit

10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide 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. Industrial / Commercial Facilities – The diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. Include a narrative that provides a brief description of the nature of the business and the manufacturing processes. Concentrated Animal Feeding Operations – Refer to the requirements set forth in Section V.

10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION - Attachment(s) Attachment 1 - Narrative Description -outfalls.pdf Site Figure.pdf Comment: NONE PROVIDED

11. MAP OF FACILITY AND DISCHARGE LOCATION - Attachment(s) Site Figure.pdf Comment: NONE PROVIDED

12. CONTRACT LABORATORIES THAT PROVIDE ANALYTICAL SUPPORT

Provide the name and address of each contract laboratory or consulting firm that performed any analyses submitted as part of this Application. To add additional laboratory click the + at the top of the page.

Laboratory Name Merit Laboratories, Inc. (Alternate)

Laboratory Address 2680 East Lansing Drive East Lansing, MI 48823

Laboratory Phone 517-332-0167

Laboratory Email NONE PROVIDED

Analysis Performed Carbonaceous Biochemical Oxygen Demand, pH, Ammonia, Total Suspended Solids, Dissolved Oxygen

13. 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

Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
City of Saginaw POTW	2406 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
SMB Probation Center Inc.	2300 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
Woodro Development LLC	2224 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States
BBC Saginaw LLC	2220 Veterans Memorial Parkway	Saginaw	М	48601-1268	United States

This completes Section I.

Section IIIA. Facility Information - Industrial / Commercial Facilities (1)

A. Facility Information

1. BUSINESS INFORMATION

A. Provide up to four Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes, in order of

economic importance, which best describe the major products or services provided by this facility 525920

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B. Indicate if this facility is a primary industry (refer to Table 1 of the Appendix to determine if this facility is a primary industry). No, this facility is not a primary industry.

Indicate the primary industry (see Table 1 of the Appendix): not applicable

2. Water Sources

A. Identify all water sources entering the facility and treatment systems, and provide average flows. The volume may be estimated from water supply meter readings, pump capacities, etc. Provide the name of the source where appropriate (i.e., Grand River, Lake Michigan, City of, Millpond).

Table Data

Water Supply Type	Name and Location of Source	Average Volume or Flow Rate	Units
Municipal Supply	Not Applicable		
Surface Water Intake	Not Applicable		
Private Well	Not Applicable		
Other	Not Applicable		
NOTE: Site formerly processed waste water from the on-Site foundry, however, the treatment system stopped receiving and treating water in 2010.			

3. Discharge Types

B. Identify water discharged by the facility and treatment systems, and provide average flows. If water is first used for one purpose and then is subsequently used for another purpose, indicate the type and amount of the last use. For example, if water is initially used for noncontact cooling water and then for process water, indicate the amount of process water. The amount of water from sources should approximate the amount of water usage. If the amounts are different, provide an explanation. Enter the information in excel.

Table Data

Туре	Average Flow Rate	Units	Notes:
Process Wastewater	not applicable		
Contact Cooling Water	not applicable		
Noncontact Cooling Water	not applicable		
Groundwater Cleanup	not applicable		
Sanitary Wastewater	not applicable		
Regulated Storm Water (Outfall 021)	2.5	MGY	Controlled Discharge as necessary (to maintain sufficient freeboard)
Regulated Storm Water (Outfall 022)	0.071	MGY	Dependent on storm intensity and existing water levels in North Ditch
High Pressure Test Water	not applicable		
Other	not applicable		

Note: For A. and B. above, indicate units as MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day), or other appropriate unit.

Section IIIB. Outfall Information - Industrial / Commercial Facilities (1)

Use the "+" (repeat section) button on the top of the page for each outfall present.

A. Receiving Water Ditch (not named) North of Secondary Pond

Feature Type Outfall

Outfall Number or ID 021

Outfall Description 1-ft diam., 50-ft long PVC pipe with valve which provides overflow control for the secondary pond

Outfall Location 43.4652056, -83.9026806

1. OUTFALL INFORMATION.

Instructions for this item are on Page 3 of the Appendix. Use the "+" button on the top of this section to repeat this section and add additional outfalls. Appendix to the Permit Application

B. Hydrologic Unit Code 4080206

Type of Wastewater Discharged (check all that apply to this outfall): Storm Water - regulated Others (see Table 8 – Other Common Types of Wastewater on Page 17 in the Appendix)

E. Comment: identify the storm water effluent guideline category or describe the wastewaters included in the 'other' category selected above. Previously accumulated wastewater from former foundry process (last contr of process water Nov 2010)

F. The Maximum Design Flow Rate for this outfall is (MGD) 1.63

G. What is the Maximum Authorized Daily Discharge Flow for this outfall for the next five years? (Seasonal dischargers should enter flow using MGY and continue to Item H.; continuous discharges should enter flow using MGD and continue to Item I.) Not Applicable

H. Seasonal Discharge

List the discharge periods by month and the volume discharged using the excel template below. Then enter the Actual Annual Total volume discharged in the field below.

Table Data

Date of Discharge	Actual Discharge Volume (MGD)	Year	Annual Total (MGY):
4/3/2013	0.308	2012 (from Aug. 24 on)	0
4/16/2013	0.859	2013	6.522
4/17/2013	0.946	2014	0.620
4/19/2013	0.721	2015	0
4/22/2013	1.078	2016 (as of Feb.29, 2016)	1.281
4/23/2013	0.620		
4/24/2013	0.311		
4/25/2013	0.601		
5/7/2013	0.770		
5/8/2013	0.308		

5/22/2014	0.620	
2/4/2016	0.427	
2/5/2016	0.427	
2/10/2016	0.427	

Actual Annual Total

See above table of data

I. Continuous Discharge

How often is there a discharge from this outfall (on average)? Hours/Day NONE PROVIDED

How often is there a discharge from this outfall (on average)? Days/Year NONE PROVIDED

Batch dischargers are required to provide the following additional information. Is there effluent flow equalization?

What is the batch peak flow rate? NONE PROVIDED

How many batches are discharged per day? NONE PROVIDED

Batch Discharge Volumes and Duration

Enter the information into excel.

Table Data

Not Applicable

2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

The information requested below is used to determine the applicable federal regulations for this facility. For each industrial process at the facility, provide the name, the SIC or the NAICS code, and a brief description of the process. As part of each description, identify a reasonable measure of the facility's actual long-term daily production and average number of production days per year. In many cases, this is the average daily or average annual production rate from the last five years. Some federal regulations require that certain industries report different information, depending on the type of process. The Summary of Information to Be Reported by Industry Type, pages 10-11 of the Appendix, includes an abbreviated list of industrial categories and their specific Application requirements. If the industrial process does not have specific Application requirements and recent long-term production rates are not an appropriate measure of future production, report the expected annual production rate for the next five (5) years, or for the life of the permit.

Appendix to the Permit Application

PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Enter the information into excel.

Table Data

Not Applicable

Appendix to the Permit Application

3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS. Instructions for this item are on Page 4 of the Appendix. Check this box if additional information is included as an attachment. Please Note: Rule 323.1062 allows the use of either Escherichia coli or Fecal Coliform Bacteria as an indicator that effluent has been disinfected. The DEQ will use the indicator selected below in the permit issued based on this Application. NA

3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

Enter the information into excel.

Table Data

Submitted via e- DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Frequency	Sample Type
x		Carbonaceous Biochemical Oxygen Demand – five day (CBOD5)				daily	Grab / 24-Hr Comp
x		Ammonia Nitrogen (as N)				weekly	Grab / 24-Hr Comp
x		Total Suspended Solids			mg/l	weekly	Grab / 24-Hr Comp
x	Waiver Request Not Required	Dissolved Oxygen	Do Not Use	Minimum Daily	mg/l	daily	Grab
x		pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units	daily	Grab
x		Turbidity			NTU	weekly	Grab

Note: For the following questions, Tables 1 - 6 are located in the Appendix.

Appendix to the Permit Application

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one permittee-collected effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one permittee-collected effluent analysis for any other chemical listed in Table 2 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3. New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using USEPA Method 1613. In addition, submit the results of all other effluent analyses performed within the last three (3) years for any dioxin and furan congener listed in Table 6. New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenoy) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries or existing primary industries that discharge nonprocess wastewater are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3. New secondary industries or new primary industries that propose to discharge nonprocess wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present

in the facility's effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in the facility's effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in the facility's effluent. In addition, submit the results of any effluent analysis performed within the last three years for any chemical listed in Tables 4 and 5. New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in the facility's effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in the facility's effluent that have not been previously identified in this Application. Quantitative effluent data for these chemicals that is less than five years old shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded using the excel spreadsheet below. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, and Analytical Method. For analytical test requirements, or if Alternate Test Procedures were approved for any parameter listed above, see Item 5 of the General Provisions section preceding the Application for additional instruction.

Appendix to the Permit Application

9. WATER TREATMENT ADDITIVES

Water treatment additives (WTAs) include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water. Examples of WTAs include biocides, flocculants, water conditioners, pH adjusting agents, etc. WTA approvals are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval to use and discharge the WTAs for which approval is requested as part of this Application.

A. Are any WTAs added to water used at the facility or to wastewater generated by the facility? No. Proceed to Item 10.

B. Have these WTAs been previously approved by the DEQ?

If you answered yes to the previous question. - Attachment(s) NONE PROVIDED Comment: NONE PROVIDED

C. Submit a list of WTAs that are or may be discharged from the facility. A request to discharge WTAs shall include all of the following usage and discharge information for each WTA proposed to be discharged:

1. Safety Data Sheet (formerly known as Material Safety Data Sheet), AND product label if the product is a pesticide; 2. the proposed WTA discharge concentration with supporting calculations; 3. the discharge frequency (i.e., number of hours per day and number of days per year); 4. the outfall and monitoring point from which the product is to be discharged; 5. the type of removal treatment, if any, that the WTA receives prior to discharge; 6. the product's function (e.g., microbiocide, flocculant, etc.); 7. a 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.); and 8. the results of a toxicity test for one (1) other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of R 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.

List the WTAs in the following space not applicable

Appendix to the Permit Application

10. WHOLE EFFLUENT TOXICITY (WET) TESTS. Have any acute or chronic WET tests been conducted on any discharge(s) or receiving water(s) in relation to this facility's discharge within the last three (3) years? If yes, identify the tests and report the results on the forms provided in the Appendix for WET test reporting, unless the test results have been previously submitted to the DEQ within the last three (3) years.

Effluent Data

Enter the information into excel.

Table Data

See Attachment 2 and Attachment 4

This completes Section III.

Section IIIB. Outfall Information - Industrial / Commercial Facilities (2)

Use the "+" (repeat section) button on the top of the page for each outfall present.

A. Receiving Water Saginaw River

Feature Type Outfall

Outfall Number or ID 22

Outfall Description Catchbasin (located off of RACER property, S. entrance of Tri-cap, drains N. Ditch

Outfall Location 43.4618194, -83.9104611

1. OUTFALL INFORMATION.

Instructions for this item are on Page 3 of the Appendix. Use the "+" button on the top of this section to repeat this section and add additional outfalls.

Appendix to the Permit Application

B. Hydrologic Unit Code 4080206

Type of Wastewater Discharged (check all that apply to this outfall): Storm Water - regulated

E. Comment: identify the storm water effluent guideline category or describe the wastewaters included in the 'other' category selected above. NONE PROVIDED

F. The Maximum Design Flow Rate for this outfall is (MGD) 0.32

G. What is the Maximum Authorized Daily Discharge Flow for this outfall for the next five years? (Seasonal dischargers should enter flow using MGY and continue to Item I.; continuous discharges should enter flow using MGD and continue to Item I.) Discharges are dependent on the level in the North ditch and the intensity of the storms

H. Seasonal Discharge

List the discharge periods by month and the volume discharged using the excel template below. Then enter the Actual Annual Total volume discharged in the field below.

Table Data

Date of Discharge	Actual Discharge Volume (MGD)	Year	Annual Total (MGY):
14-Apr-14	0.022	2012 (from Aug. 24 on)	0
16-May-14	0.096	2013	0

26-Nov-14	0.0024	2014	0.1204
10-Apr-15	0.0091	2015	0.0217
16-Jun-15	0.0103	2016 (as of Feb.29, 2016)	0.0192
4-Sep-15	0.0023		
3-Feb-16	0.0168		
29-Feb-16	0.0024		
	8		

Actual Annual Total see table above

I. Continuous Discharge

How often is there a discharge from this outfall (on average)? Hours/Day NONE PROVIDED

How often is there a discharge from this outfall (on average)? Days/Year NONE PROVIDED

Batch dischargers are required to provide the following additional information. Is there effluent flow equalization?

What is the batch peak flow rate? NONE PROVIDED

How many batches are discharged per day? NONE PROVIDED

Batch Discharge Volumes and Duration

Enter the information into excel

Table Data

not applicable

2. PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

The information requested below is used to determine the applicable federal regulations for this facility. For each industrial process at the facility, provide the name, the SIC or the NAICS code, and a brief description of the process. As part of each description, identify a reasonable measure of the facility's actual long-term daily production and average number of production days per year. In many cases, this is the average daily or average annual production rate from the last five years. Some federal regulations require that certain industries report different information, depending on the type of process. The Summary of Information to Be Reported by Industry Type, pages 10-11 of the Appendix, includes an abbreviated list of industrial categories and their specific Application requirements. If the industrial process does not have specific Application requirements and recent long-term production rates are not an appropriate measure of future production, report the expected annual production rate for the next five (5) years, or for the life of the permit.

Appendix to the Permit Application

PROCESS STREAMS CONTRIBUTING TO OUTFALL DISCHARGE

Enter the information into excel.

Table Data

not applicable

Appendix to the Permit Application

3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS. Instructions for this item are on Page 4 of the Appendix. Check this box if additional information is included as an attachment.

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

3. EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

Enter the information into excel.

Table Data

Submitted via e- DMRs	Waiver Request and the Rationale Behind the Request	Parameter	Maximum Monthly Concentration	Maximum Daily Concentration	Units	Frequency	Sample Type
x		Total Suspended Solids			mg/l	weekly	Grab / 24-Hr Comp
x		pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units	weekly	Grab

Note: For the following questions, Tables 1 – 6 are located in the Appendix.

Appendix to the Permit Application

4. PRIMARY INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing primary industries that discharge process wastewater are required to submit the results of at least one permittee-collected effluent analysis for selected organic pollutants identified in Table 2 (as determined from Table 1, Testing Requirements for Organic Toxic Pollutants by Industrial Category), and all of the pollutants identified in Table 3. Existing primary industries are required to also provide the results of at least one permittee-collected effluent analysis for any other chemical listed in Table 2 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3. New primary industries that propose to discharge process wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

5. DIOXIN AND FURAN CONGENER INFORMATION

Existing industries that use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid, (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, are required to submit the results of at least one effluent analysis for the dioxin and furan congeners listed in Table 6. All effluent analyses for dioxin and furan congeners shall be conducted using USEPA Method 1613. In addition, submit the results of all other effluent analyses performed within the last three (3) years for any dioxin and furan congener listed in Table 6. New industries that expect to use or manufacture 2,3,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,3,5-trichlorophenoxy) propanoic acid (Silvex, 2,3,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothionate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophrene (HCP), or knows or has reason to believe that 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is present in the facility's effluent, shall provide estimated effluent concentrations for the dioxin and furan congeners listed in Table 6.

6. OTHER INDUSTRY PRIORITY POLLUTANT INFORMATION

Existing secondary industries or existing primary industries that discharge nonprocess wastewater are required to submit the results of at least one effluent analysis for any chemical listed in Tables 2 and 3 known or believed to be present in the facility's effluent. In addition, submit the results of all other effluent analyses performed within the last three years for any chemical listed in Tables 2 and 3. New secondary industries or new primary industries that propose to discharge nonprocess wastewater are required to provide an estimated effluent concentration for any chemical listed in Tables 2 and 3 expected to be present in the facility's effluent.

7. ADDITIONAL TOXIC AND OTHER POLLUTANT INFORMATION

All existing industries, regardless of discharge type, are required to provide the results of at least one analysis for any chemical listed in Table 4 known or believed to be present in the facility's effluent, and a measured or estimated effluent concentration for any chemical listed in Table 5 known or believed to be present in the facility's effluent. In addition, submit the results of any effluent analysis performed within the last three years for any chemical listed in Tables 4 and 5. New industries, regardless of discharge type, are required to provide an estimated effluent concentration for any chemical listed in Tables 4 and 5 expected to be present in the facility's effluent.

8. INJURIOUS CHEMICALS NOT PREVIOUSLY REPORTED

New or existing industries, regardless of discharge type, are required to provide a measured or estimated effluent concentration for any toxic or otherwise injurious chemicals known or believed to be present in the facility's effluent that have not been previously identified in this Application. Quantitative effluent data for these chemicals that is less than five years old shall be reported.

NOTE: All effluent data submitted in response to questions 4, 5, 6, 7, and 8 above should be recorded using the excel spreadsheet below. If the effluent concentrations are estimated, place an "E" in the "Analytical Method" column. The following fields shall be completed for each data row: Parameter, CAS No., Concentration(s), Sample Type, and Analytical Method. For analytical test requirements, or if Alternate Test Procedures were approved for any parameter listed above, see Item 5 of the General Provisions section preceding the Application for additional instruction.

Appendix to the Permit Application

9. WATER TREATMENT ADDITIVES

Water treatment additives (WTAs) include any material that is added to water used at the facility or to wastewater generated by the facility to condition or treat the water. Examples of WTAs include biocides, flocculants, water conditioners, pH adjusting agents, etc. WTA approvals are authorized by the DEQ under separate correspondence. The issuance of an NPDES permit does not constitute approval to use and discharge the WTAs for which approval is requested as part of this Application.

A. Are any WTAs added to water used at the facility or to wastewater generated by the facility? No. Proceed to Item 10.

B. Have these WTAs been previously approved by the DEQ?

If you answered yes to the previous question. - Attachment(s) NONE PROVIDED Comment: NONE PROVIDED

C. Submit a list of WTAs that are or may be discharged from the facility. A request to discharge WTAs shall include all of the following usage and discharge information for each WTA proposed to be discharged:

1. Safety Data Sheet (formerly known as Material Safety Data Sheet), AND product label if the product is a pesticide; 2. the proposed WTA discharge concentration with supporting calculations; 3. the discharge frequency (i.e., number of hours per day and number of days per year); 4. the outfall and monitoring point from which the product is to be discharged; 5. the type of removal treatment, if any, that the WTA receives prior to discharge; 6. the product's function (e.g., microbiocide, flocculant, etc.); 7. a 48-hour LC50 or EC50 for a North American freshwater planktonic crustacean (either Ceriodaphnia sp., Daphnia sp., or Simocephalus sp.); and 8. the results of a toxicity test for one (1) other North American freshwater aquatic species (other than a planktonic crustacean) that meets a minimum requirement of R 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.

List the WTAs in the following space not applicable

Appendix to the Permit Application

10. WHOLE EFFLUENT TOXICITY (WET) TESTS. Have any acute or chronic WET tests been conducted on any discharge(s) or receiving water(s) in relation to this facility's discharge within the last three (3) years? If yes, identify the tests and report the results on the forms provided in the Appendix for WET test reporting, unless the test results have been previously submitted to the DEQ within the last three (3) years. Comments:

not applicable

Effluent Data

Enter the information into excel.

Table Data

See Attachment 3 and Attachment 4

This completes Section III.

Section IV - Storm Water (Required of All Applicants) (1)

1. STORM WATER 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.

Names

Saginaw River, Gage Drain, Unnamed Ditch N. of Secondary Pond, Diekman Drain, Koehler Drain

C. Are any industrial activities or materials exposed to storm water at this facility? Yes. Complete the remainder of Section IV.

Use the link to make a determination

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?

Yes. Provide that person's name and number on the lines provided, then continue to question E:

For information go to the link below then click on Industrial Program, then look under Storm Water Program Certified Operator Training. For more information click here

Name and Number Steve Hoevemeyer I-10477

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

For information go to the link below, then click on Industrial Program, then look under Storm Water Pollution Prevention Plans.

For more information click here

F. 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? Yes. 1) Check all Special-Use Area(s) that apply. Continue to question F.2):

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

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

2) Has a Short-Term Storm Water Characterization Study (STSWCS) Plan been approved by the DEQ for this facility? No. Continue to G.

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?

G. Additional Information - Attachment(s) NONE PROVIDED Comment: NONE PROVIDED

This completes Section IV.

Section VI - Cooling Water Intake Structures (1)

1. COOLING WATER INTAKE STRUCTURES

The withdrawal of cooling water removes and kills hundreds of billions of aquatic organisms from waters of the United States each year, including fish, shellfish, fish eggs, and larvae. Aquatic organisms drawn through cooling water intake structures (CWIS) are either impinged (I) against components of the intake structure or get drawn into or entrained (E) in the cooling water system itself. Most impacts are to the early life stages of aquatic organisms. Due to the adverse environmental impact of I and E on aquatic organisms, USEPA has promulgated rules under section 316(b) of the Clean Water Act to set national performance standards to minimize the mortality of aquatic organisms from I and E for new and existing industrial facilities. Section 316(b) requires that the location, design, construction, and capacity of CWISs reflect the best technology available (BTA) for minimizing adverse environmental impacts (I and E). All new or existing facilities utilizing a surface water intake structure to provide cooling water shall submit information for review as specified below. Please complete the following questions, compile the requested information, and submit the information as an attachment to this Application. The rules and requirements referenced below can be accessed at http://www.michigan.gov/deqnpdes. Under the Information banner, click on 316(b) Cooling Water Intake Structure Guidance.

A. Does or will the facility use a surface water intake structure as a cooling water source for the facility? Use of an intake structure includes obtaining water by any sort of contract or arrangement with an independent supplier if the supplier is itself not a facility covered by the requirements of

No. Attach a brief description of the facility's cooling water source. Stop: Do not complete the rest of Section VI.

B. Does or will the intake structure have a design intake flow (DIF) rate (instantaneous maximum) greater than 2 MGD and does or will the facility use at least twenty-five percent of water withdrawn exclusively for cooling purposes?

If you selected no for the previous question. In accordance with 40 CFR 125.90(b), CWISs that do not meet these threshold requirements are required to be evaluated on a case-by-case, best professional judgment (BPJ) basis. Please submit the information specified in 40 CFR 122.21(r)(2), (3), and (5). In addition, please identify the DIF rate and actual intake flow (AIF) rate, which is the annual average intake flow rate over the three previous years, and any significant changes to operations expected for the facility or CWIS over the next five years. Also include a summary of any available data for I and E for the CWIS (including data, estimates, or descriptions on the volume or number of fish removed by trash removal systems). Stop: Do not complete the rest of Section VI.

C. Check the appropriate box(es) below to identify whether the facility is new or existing, and provide the additional information as specified within each classification selected:

If it is a new facility. In accordance with the Final Rules promulgated by USEPA under 316(b) and effective January 17, 2002, new facilities shall submit the information specified in 40 CFR 122.21(r) and 40 CFR 125.86. If it is an existing facility. In accordance with the Final Rules promulgated by USEPA under 316(b) and effective October 14, 2014, existing facilities (including those utilizing a closed-cycle recirculating cooling system) shall submit the information specified in 40 CFR 122.21(r)(2), (3), (4), (5), (6), (7), and (8), AND one or both of the following if applicable (check one or both as applicable):

A) Existing Facilities Greater than 125 MGD AIF. In addition to submitting the information listed above for existing facilities, these facilities shall also submit the information specified in §122.21(r)(9), (10), (11), (12), and (13). B) New Units at Existing Facilities. In addition to submitting or updating the information listed above for existing facilities, these facilities shall also submit the information specified in §122.21(r)(14).

Attach the compiled information described in the previous questions. - Attachment(s) NONE PROVIDED Comment: NONE PROVIDED

Note: In accordance with 40 CFR 125.95, permittees whose current permit expires PRIOR to July 14, 2018, may request an alternate schedule for the submittal of these Application requirements if they can demonstrate that they could not develop all of the required information by the date of Application submission. For Applications due April 2015 through April 2017, the Application shall include the information requested in §122.21(r)(2), (3), (5), (7), and (8); the permittee may submit a demonstration and request an alternate schedule for the Application requirements specified in §122.21(r)(4), (6), (9), (10), (11), (12), or (13). Any demonstration should include a proposed alternate schedule for submission of these Application requirements; the proposed schedule should be as soon as practicable. The Department will consider the proposed schedule in setting the alternate submittal dates. Permittees whose Applications are due in April 2018, MUST submit the required Application materials with the Application for permit reissuance. If the Final Rules promulgated under 316(b) are stayed or otherwise modified, the Department may revise these Application and permitting requirements.

Comments:

There is no cooling water intake. The facility is vacant and inactive.

This completes Section VI.

Additional Information

Comments (As needed) Additional information attached includes: Site Figure (attached in Section IC) Attachment 1 - Narrative Description (attached in Section IC) Attachment 2 - Nodular Data Compilation (4-4-12) submitted in support of NPDES application submitted 1-25-12 Attachment 3 - North Ditch Characterization - 10-23-13 Attachment 4 - Outfall 21 and 22 sampling results Attachment 5 - Waiver request response 1-28-15 Additional Documents (As needed) - Attachment(s) Attachment 2 - Nodular Data Compilation (April 4 2012) submitted in support of NPDES application submitted Jan. 25 2012).pdf Attachment 3 - North Ditch Characterization-October 23 2013.pdf Comment: NONE PROVIDED

Attachments

Date	Attachment Name	Context	
03/31/2016 02:35 PM	Attachment 4 - Outfall 21 and 22 sampling results.pdf	v1 - Additional Information	٩
03/31/2016 02:36 PM	Attachment 5 - Waiver request response 1-28-15.pdf	v1 - Additional Information	Q
03/31/2016 02:28 PM	Site Figure.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	٩
03/31/2016 02:35 PM	Attachment 2 - Nodular Data Compilation (April 4, 2012) submitted in support of NPDES application submitted Jan. 25, 2012).pdf	v1 - Additional Information	Q
03/31/2016 02:31 PM	Site Figure.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	Q
03/31/2016 02:35 PM	Attachment 3 - North Ditch Characterization-October 23 2013.pdf	v1 - Additional Information	٩
03/31/2016 02:31 PM	Site Figure.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	٩
03/31/2016 02:27 PM	Attachment 1 - Narrative Description -outfalls.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	٩
03/31/2016 02:31 PM	Attachment 1 - Narrative Description -outfalls.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	Q
03/31/2016 02:28 PM	Site Figure.pdf	v1 - Section IC. – General Facility Information (Required of All Applicants)	٩

Status History

Date	User	Processing Status
4/2/2016	Dave	Submitted
Processing Steps		

Step Name	Assigned To/Completed By	Date Completed
Form Submitted	Dave	04/02/2016 08:37 PM