



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU
www.michigan.gov/deq

DEQ only-do not write in this space

NOTICE OF INTENT
FOR COVERAGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITY
By Authority of Act 451, PA 1994, Part 31

Submission of this Notice of Intent (NOI) constitutes notice that the party identified as Owner/Permittee requests authorization to discharge under the NPDES General Permit issued for storm water discharges associated with industrial or other activity in Michigan. The Michigan Department of Environmental Quality may deny coverage under the general permit and require submittal of an application form for an individual permit. Becoming a permittee obligates a discharger to comply with the terms and conditions of the General Permit, including **annual fee of \$260.00 will be billed each JANUARY - DO NOT SEND MONEY WITH THIS APPLICATION.** Failure to comply with these provisions may result in fines of up to \$25,000 per day and the possibility of imprisonment, in accordance with Act 451, PA 1994, Part 31.

FACILITY INFORMATION (where discharge occurs)			OWNER/PERMITEE INFORMATION		
SITE/FACILITY NAME Motors Liquidation Company Former Nodular Facility			NAME Motors Liquidation Company		
ADDRESS 2100 Veterans Memorial Parkway			ADDRESS 500 Renaissance Dr., Suite 1400		
CITY Saginaw	STATE MI	ZIP CODE 48605	CITY Detroit	STATE MI	ZIP CODE 48243
RECEIVING WATERS 4080206 Diekman Drain			CONTACT PERSON NAME AND EMAIL ADDRESS Doug Wagner (dvwagner@accnornwalk.com)		
LATITUDE 43.450000000000003	LONGITUDE -83.918887999999995		CONTACT PERSON'S TELEPHONE NUMBER 419-656-0701		
_____ 1/4 of _____ 1/4 of Section _____ Town _____ Range _____ Township _____ County _____			MAILING INFORMATION (for billing) NAME <i>Same as Owner above</i> ADDRESS		
Is the facility discharge: (must complete) New <input type="checkbox"/> or Existing <input checked="" type="checkbox"/> Facility started operations: If existing with NPDES coverage: NPDES number(s): MIS120003			CITY	STATE	ZIP CODE
			TELEPHONE NUMBER (INCLUDING AREA CODE)		

CERTIFIED STORM WATER OPERATOR NAME (INDUSTRIAL ONLY):	CERTIFICATION NUMBER:
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PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE (this information can be found in the corporate tax returns under Schedule K listed as the "Business Activity Code" or the "Manufactures Identity Code")

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TO DETERMINE THE PRIMARY INDUSTRIAL ACTIVITY, USE THE VALUE OF NET REVENUES. IF SUCH INFORMATION IS NOT AVAILABLE FOR A PARTICULAR FACILITY, THE NUMBER OF EMPLOYEES OR PRODUCTION RATE FOR EACH PROCESS MAY BE COMPARED. THE OPERATION THAT GENERATES THE MOST NET REVENUE OR EMPLOYS THE MOST PERSONNEL IS THE OPERATION IN WHICH THE FACILITY IS PRIMARILY ENGAGED.

FACILITY IS ENGAGED IN: CHECK THOSE THAT APPLY (if none apply, skip this block)

- | | |
|--|---|
| <input type="checkbox"/> HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL | <input checked="" type="checkbox"/> LANDFILL |
| <input type="checkbox"/> LAND APPLICATION SITE OR OPEN DUMP | <input type="checkbox"/> STEAM ELECTRIC POWER GENERATING FACILITY |
| <input type="checkbox"/> SEWAGE TREATMENT WORKS | COAL HANDLING? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Any person requesting authorization to discharge from an area described below may be subject to the terms of the NPDES General Permit for storm water discharges with **required monitoring**, and should examine the requirements of that permit prior to submitting this NOI. (if none apply, skip this block)

- SECONDARY CONTAINMENT**
I (we) request to discharge storm water to a surface water of the state from a secondary containment structure installed at the facility as required by required by state or federal law.
***Request not necessary if discharging storm water to a sanitary or combined sewer system.**
- ENVIRONMENTAL CONTAMINATION SITE**
I (we) request to discharge storm water from an area identified on Michigan's list of Sites of Environmental Contamination pursuant to the Natural Resources and Environmental Protection Act, PA 451 of 1994, Part 201 (formerly 307).
***Request only necessary if storm water comes into contact with contaminated materials.**
- OTHER SIGNIFICANT CONTRIBUTOR**
The Department of Environmental Quality has determined that the storm water discharges from this facility are a significant contributor of pollutants to waters of the state.

CERTIFICATION

State of Michigan regulations require this form be signed as follows:

Corporation: By the principal executive officer or vice president or higher, or his/her designated representative if the representative is responsible for the overall operation of the facility from which the discharge described originates.

Partnership: By a general partner

Sole Proprietorship: By the proprietor

Municipal, State, or Other Public Facility: By a principal executive officer, the mayor, village president, city or village manager, or other duly authorized employee

****Note:** If the signatory is not listed above, but is authorized to sign the Application please provide documentation of that authorization.

I certify that my facility has developed a **Storm Water Pollution Prevention Plan (SWPPP)** according to the requirements of the Storm Water General Permit.


I certify that my facility has **no unauthorized discharges**.

I certify that my facility has implemented the **non-structural controls** as described in the **SWPPP**. New facilities shall fulfill requirement when industrial activity begins.

I certify my facility has completed construction and will put into operation all **structural controls** as described in the **SWPPP**. If necessary, new facilities shall fulfill requirement when industrial activity begins.

I certify, under penalty of law, that this document and all attachments were prepared by me, or under my direction or supervision in accordance with a system to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I understand that my signature constitutes a legal agreement to comply with the requirements of the appropriate NPDES General Storm Water Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this Notice of Intent.

Printed name Doug Wagner	Title Project Manager
Signature 	Date 9-30-10

IF YOU HAVE ANY QUESTIONS ABOUT THE PREPARATION OF THIS FORM, PLEASE CALL 517-335-4137.

RETURN THIS COMPLETED FORM (original signatures only):

KELLY PLOEHN
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU
2nd FLOOR NORTH
525 WEST ALLEGAN STREET
P.O. BOX 30273
LANSING MI 48909