

National Pollutant Discharge Elimination System (NPDES) Municipal Application Form

version 2.7

(Submission #: HP1-XWYJ-JRVJX, version 3)

Digitally signed by:
nForm_nCore_MiWaters_Cert
HCV761WATER@umichigan.gov
Date: 2020.12.21 12:42:31 -0500
Reason: Copy Of Record
Location: State of Michigan

Details

Submission ID HP1-XWYJ-JRVJX

Submission Reason New

Status Submitted

Fees

EPA minor facility individual permit, CSO permit, or wastewater stabilization lagoon individual permit (\$400) \$400.00

Payments/Adjustments (\$400.00)

Balance Due \$0.00
(Paid)

NOTE (CREATED)

Contact Information

Please contact me at braumt2@michigan.gov if you have any questions or concerns regarding the correction requests.

Created on 9/10/2020 2:00 PM by **Tom Braum**

Form Input

Applicant Information

??Please provide the name of the entity (e.g. Municipality name) 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

Organization Name

Red Equities, LLC

Phone Type Number Extension

Business 248.310.3400

Email

buzz@silverman.com

Fax

248.540.5708

Applicant/Legal Entity Address

201 W BIG BEAVER RD

STE 1050

TROY, MI 48084

United States

General Facility Information

Site or Facility Name (Read Only)

Arbor Hills Preserve WWTP

Site/Facility Location Address

Wagner and Waters Road

Ann Arbor, MI 48103

Tax parcel number:

M-13-01-300-012

Facility Location

42.24346478166245,-83.79313084655762

Facility Website Address (If applicable)

NONE PROVIDED

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





Does the facility have an EGLE-certified operator at the appropriate level?

YES

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

Application Contact

Required Contact Types:

? At minimum the following contact types must be provided:

Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; and Certified 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

Prefix

NONE PROVIDED

First Name

Ted

Last Name

Erickson

Title

NONE PROVIDED

Organization Name

Process Results, Inc

Phone Type

Business

Number

734.429.8900

Extension

151

Email

terickson@processresults.com

Fax

NONE PROVIDED

201 S ANN ARBOR ST





SALINE, MI 48176

United States

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

Facility Contact

Certified Operator

DMR Contact

Required Contact Types:

? At minimum the following contact types must be provided:

Annual Permit Billing Contact; Application Contact; Facility Contact; DMR Contact; and Certified 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

Prefix

NONE PROVIDED

First Name

Anthony

Last Name

Dowson

Title

NONE PROVIDED

Organization Name

Highland Treatment, Inc

Phone Type

Business

Number

2488891922

Extension

Email

anthony@highlandtreatment.com

Fax

NONE PROVIDED

PO BOX 1089

HIGHLAND, MI 48357

[NO COUNTRY SPECIFIED]

Certification Number(s)

12549





Certification Classification(s)

A, B, C, D, L1

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

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; and Certified 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

Prefix

NONE PROVIDED

First Name

Gilbert (Buzz)

Last Name

Silverman

Title

NONE PROVIDED

Organization Name

Red Equities, LLC

Phone Type**Number****Extension**

Business

2483103400

Email

buzz@silverman.com

Fax

NONE PROVIDED

201 W BIG BEAVER RD

STE 1050

TROY, MI 48084

[NO COUNTRY SPECIFIED]

Additional Information

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

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

ANTIDEGRADATION REQUIREMENTS Attachment

[AHP Antideg_8-28-20.pdf - 08/28/2020 07:42 AM](#)

Comment

NONE PROVIDED

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.

Other Environmental Permits (Hit 'Add Row' for each environmental permit)

Issuing Agency:	Permit or COC Number:	Permit type:
NONE PROVIDED	NONE PROVIDED	NONE PROVIDED

WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

[14938.04 WWTP Narrative_20201221.pdf - 12/21/2020 09:47 AM](#)

[AHP Schematic_20201221.pdf - 12/21/2020 09:47 AM](#)

Comment

NONE PROVIDED

CORRECTION REQUEST (CORRECTED)**Water Flow Diagram and Narrative Description**

Please update the attach documents to show the changes we had discussed regarding the routing of backwash and concentrate from the Water Treatment Plant to the Wastewater Treatment Plant. These changes included no longer mixing the 36,000 gallons per day of concentrate with WWTP effluent and routing the iron filter backwash to the WWTP headworks.
Created on 12/18/2020 9:00 AM by **Tom Braum**

CORRECTION REQUEST (CORRECTED)**Water Flow Diagram and Narrative Description**

Please update the flow diagram and narrative description to indicate that the 36,000 gallons per day WTP concentrate will no longer be routed to the WWTP and that the iron filter backwash will be routed to the WWTP's headworks.
Created on 12/18/2020 8:57 AM by **Tom Braum**

◆ **Surface waters of the state** ◆ means all the following: The Great Lakes and their connecting waters, all inland lakes, rivers, streams, impoundments, open drains, wetlands, and other surface bodies of water within the confines of the state but does not include drainage ways and ponds used solely for wastewater conveyance, treatment, or control. A storm sewer is not a surface water of the state.

MAP OF FACILITY AND DISCHARGE LOCATION

[20000349_ArborHillsPreserve_20200714.pdf - 08/28/2020 07:58 AM](#)

Comment

NONE PROVIDED

Local Unit of Government (LUG)

Lodi Township

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

smithchris@twp-lodi.org

LIST ADJACENT PROPERTY OWNERS

Business or Lake Board / Lake Association (if applicable)	Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
LAGOS INVESTMENT COMPANY LLC		1581 KNIGHT	ANN ARBOR	MI	48103	USA
KNOX PRESBYTERIAN CHURCH OF		2065 S WAGNER	ANN ARBOR	MI	48103	USA
LAGOS INVESTMENT COMPANY LLC		1581 KNIGHT	ANN ARBOR	MI	48103	USA
ORCHARD GROVE MHP ASSOCIATES		31200 NORTHWESTERN	FARMINGTON HILLS	MI	48334	USA
	SUSAN MILLER	205 WESTOVER	ANN ARBOR	MI	48103	USA
	MICELE FLANNIGAN & LAURA OLSEN	2966 ALEX	ANN ARBOR	MI	48103	USA
	MIKE SNAPIR & SIMA SNAPIR	2844 ALEX	ANN ARBOR	MI	48103	USA
	DAVID PERPICH & ELIZABETH PERPICH	2728 ALEX	ANN ARBOR	MI	48103	USA
	JAMES KIMBLE & PAMELA KIMBLE	2650 ALEX	ANN ARBOR	MI	48103	USA
	KEVIN SIESS & HAC SIESS	42955 RIVERGATE	CLINTON TOWNSHIP	MI	48038	USA

Business or Lake Board / Lake Association (if applicable)	Individual Property Owner or Business Contact	Address	City	State	ZIP Code	Country
ANN ARBOR BAPTIST CHURCH		2150 S WAGNER	ANN ARBOR	MI	48103	USA
MILL PROPERTIES LLC		2947 GREENFIELD	MELVINDALE	MI	48122	USA
	RICHARD STRADER & CYNTHIA STRADER	2965 WATERS	ANN ARBOR	MI	48103	USA
	LAURA A SPEAR	2977 WATERS	ANN ARBOR	MI	48103	USA
	SUSAN PRITZEL	3099 WATERS	ANN ARBOR	MI	48103	USA
	PAUL OTT	3151 WATERS	ANN ARBOR	MI	48103	USA
ARBOR REALTY LLC		2711 ALEX	ANN ARBOR	MI	48103	USA
	LARRY E SWISHER & SANDRA M LL	3233 S WAGNER	ANN ARBOR	MI	48103	USA

Laboratory Services (1 of 1)

Laboratory: Highland Treatment

?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

Lab Type

Contract Laboratory

Laboratory Street Address

938 N MILFORD RD

HIGHLAND, MI 48357

Laboratory Phone

248.889.9122

Laboratory Email

NONE PROVIDED

Analyses Performed

all required testing

Water Source and Discharge Type

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

1215

Is this facility Publicly or Privately owned?

PRIVATE

2. SERVICE AREA INFORMATION

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.):

condominium

Provide the number of residential units served by this facility

434

3. WASTEWATER STABILIZATION LAGOONS

Does this facility have a wastewater stabilization lagoon?

NO

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 the 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 4 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.

If you do NOT have WET tests, please comment NA in the comment box.

Upload Toxicity Testing Results

NONE PROVIDED

Comment

N/A

[Appendix to the Permit Application](#)

5. Preliminary Storm Water Questions

Is the design flow of the facility 1.0 MGD or greater?

NO

Outfall Information and Effluent Characteristics (1 of 1)

Outfall:001 Receiving water:Un named tributary to the Rouse Drain

?To add additional outfalls (new or existing), 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 of the fields on the page.

OUTFALL INFORMATION

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

001

Outfall Description

NONE PROVIDED

Enter the name of the receiving water:

Un named tributary to the Rouse Drain

CORRECTION REQUEST (APPROVED)**Receiving Water Name**

Washtenaw County Drain Commission maps indicate that this receiving water is actually an unnamed tributary to Rouse Drain and not Rouse Drain itself. Please confirm this change in receiving water name.

Created on 9/10/2020 1:08 PM by **Tom Braum**

Outfall

42.24302,-83.79356

Is the discharge continuous or seasonal?

Continuous

?NOTE: Continuous discharges include batch discharges

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

What is the Average Annual Design Flow Rate for this outfall, in MGD?

0.124

CORRECTION REQUEST (CORRECTED)**Average Annual Design Flow**

Please update the average annual design flow in accordance with the discussed changes regarding the rerouting of WTP concentrate/backwash.

Created on 12/18/2020 9:02 AM by **Tom Braum**

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

Hours per day:	Days per year:
24	365

Does this outfall have batch discharges?

NO

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?

N/A

EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

New Treatment Works Treating Domestic Sewage (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."

DATA IS REQUIRED FOR Biochemical Oxygen Demand ♦ five day (BOD5), Chemical Oxygen Demand (COD), Total Organic Carbon (TOC), Ammonia Nitrogen (as N), Total Suspended Solids, Temperature, Summer, Temperature, Winter (either in the excel table or submitted via the e-DMRs) UNLESS a waiver is requested with rationale.

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

EFFLUENT CHARACTERISTICS - CONVENTIONAL POLLUTANTS

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 - another specified parameter (BOD5) is more representative of the effluent	Chemical Oxygen Demand (COD)			mg/l	estimate	Grab / 24-Hr Comp
	Waiver Request - not expected due to Groundwater source has no TOC	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 - UV disinfection is proposed	Total Residual Chlorine			mg/l or mg/l		Grab
		Dissolved Oxygen	Do Not Use	Minimum Daily	mg/l	estimate	Grab
	Waiver Request- pH not expected to vary from ground water value	pH (report maximum and minimum of individual samples)	Minimum	Maximum	standard units	estimate	Grab
	Waiver Request - temperature not expected to vary from ambient water temperatures	Temperature, Summer			♦F ♦C	estimate	Grab

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
	Waiver Request - temperature not expected to vary from ambient water temperatures	Temperature, Winter			◆F ◆C	estimate	Grab
	Waiver Request - not expected due to no commercial dischargers	Oil & Grease			mg/l		Grab
							Grab

CORRECTION REQUEST (APPROVED)

Conventional Pollutants

Please provide estimated data for Minimum Daily Dissolved Oxygen and 7-Day Fecal Coliform Bacteria.
Created on 9/10/2020 1:38 PM by **Tom Braum**

CORRECTION REQUEST (APPROVED)

Conventional Pollutants

All applicants are required to report COD, TOC, pH, and Temperature or request a waiver for reporting these parameters. Please complete the excel table for these sections with estimated data or request a waiver with adequate rationale. Examples of waiver requests may include "another specified parameter is more representative of the effluent" or "temperatures not expected to vary from ambient water temperatures".
Created on 9/10/2020 1:33 PM by **Tom Braum**

Which of the following do you use as an indicator that the effluent has been disinfected? Per Rule 323.1062, EGLE will use the indicator you select below in the permit that will be issued based on this application.

Fecal Coliform Bacteria is used as an indicator of disinfection

[Appendix to the Permit Application](#)

EFFLUENT CHARACTERISTICS - TOXIC POLLUTANTS

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 ◆g/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.

Tables 1 ◆ 6, referenced below, are located in the Appendix.

If the facility wishes to upload laboratory reports instead of filling out the table, please fill out the excel table first column (Yes or No to submitted via the DMRs), include sample dates, and indicate under the concentration heading the file name for the report you will upload under the Other Information section of the application.

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

Effluent Characteristics - Toxic Pollutants

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
Submitted via e-DMRs?								
(Yes/No)	PARAMETER	CAS No.	Conc. (◆g/l)	Conc. (◆g/l)	Conc. (◆g/l)	Conc. (◆g/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					

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
	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					

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
	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(a)fluoranthene	205992	Not applicable					
	Benzo(ghi) perylene	191242	Not applicable					
	Benzo(k)fluoranthene	207089	Not applicable					
	Bis (2-chloroethoxy) methane	111911	Not applicable					

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
	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					

Outfall Number/ID:			SAMPLE DATE	SAMPLE DATE	SAMPLE DATE	SAMPLE DATE		
	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					

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.

NONE PROVIDED

Comment

NONE PROVIDED

System Diagram

NONE PROVIDED

Comment

NONE PROVIDED

COMBINED SEWER OUTFALL INFORMATION

NONE PROVIDED

Nondomestic Wastewater Information

SEPTAGE Does this facility accept septage?

NO

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

REMEDIALATION 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

◆ 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

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)

41

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)

0

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

0

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

0

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

0

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

0

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

41

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

0

Transport Company

To be determined

Receiving POTW

To be determined

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

NONE PROVIDED

◆ 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

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?

NO

ADDITIONAL BIOSOLIDS MONITORING DATA

NONE PROVIDED

LAND APPLICATION SITE LIST

NONE PROVIDED

Other Information

Comments (As needed)

12-21-2020. Please change the name of the WWTP to Arbor Preserve. All references to Arbor Hills Preserve in the Antidegradation Statement are now for Arbor Preserve.

Additional Documents (As needed)

NONE PROVIDED

Comment

NONE PROVIDED

Status History

	User	Processing Status
12/21/2020 5:51:48 AM	Ted Erickson	Draft
12/21/2020 12:42:08 PM	Doug Pakkala	Submitted

Audit

Event	Event Description	Event By	Event Date
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Revisions

Revision	Revision Date	Revision By
Revision 1	8/11/2020 7:13 AM	Ted Erickson
Revision 2	9/19/2020 7:38 AM	Ted Erickson
Revision 3	12/21/2020 5:51 AM	Ted Erickson