

# WASTEWATER DISCHARGE PERMIT APPLICATION

## SECTION I – General Information

Section I shall be completed by all permit applicants. Instructions for completing Section I, Pages 1 and 2, are on Page 2 of the Appendix. To submit additional information, see Page ii, Item 3.

<b>Water Resources Division Use Only</b>	<b>Cashier Use Only: 37000-40535-9412-481000-00</b>
<u>Only</u>	
Receipt #: _____	
Permit ID #: _____	

PLEASE TYPE OR PRINT

<b>1</b>	NPDES PERMIT NUMBER MI0057473		
<b>2. APPLICANT</b>	Applicant Name Southern Michigan Dairies, LLC		
	Address 7601 Dillon Hwy		Address 2 or P.O. Box
	City Hudson	State MI	ZIP Code 49247
	Telephone (with area code) (517)448-2345	FAX (with area code) (517)448-3816	Applicant Web Site Address
<b>3. FACILITY</b>	Facility Name 1 Southern Michigan Dairy I		
	Facility Name 2		
	Facility Name 3		
	Street Address (do not use a P.O. Box Number) same as above		
	City	State	ZIP Code
Telephone (with area code)	FAX (with area code)	Facility Web Site Address	
<b>4. CONTACTS</b>	<input type="checkbox"/> Application Contact	First Name Jamie	Last Name Van Pelt
	<input checked="" type="checkbox"/> Facility Contact	Title Environmental Compliance Coordinator	Business Southern Michigan Dairies
	<input checked="" type="checkbox"/> Discharge Monitoring Reports	Address 1 8502 S Meridian Rd	Address 2
	<input type="checkbox"/> Storm Water Billing	City Hudson	State MI
	<input type="checkbox"/> Biosolids Billing	ZIP Code 49247	
	<input type="checkbox"/> NPDES Annual Billing	Telephone (with area code) (419)388-5741	FAX (with area code) (517)448-3816
		e-mail address missjv25@yahoo.com	
	<input checked="" type="checkbox"/> Application Contact	First Name Kobliska	Last Name Linda
	<input type="checkbox"/> Facility Contact	Title Secretary	Business Southern Michigan Dairy
	<input type="checkbox"/> Discharge Monitoring Reports	Address 1 6919 Chancellor Dr	Address 2 PO Box 668
	<input type="checkbox"/> Storm Water Billing	City Cedar Falls	State IA
	<input type="checkbox"/> Biosolids Billing	ZIP Code 50613	
<input type="checkbox"/> NPDES Annual Billing	Telephone (with area code) (319)269-8980	FAX (with area code) (319)268-8373	
	e-mail address linda.kobliska@raboag.com		
<input type="checkbox"/> Application Contact	First Name Linda	Last Name Heit	
<input type="checkbox"/> Facility Contact	Title Secretary	Business Rabo AgriFinance	
<input type="checkbox"/> Discharge Monitoring Reports	Address 1 6919 Chancellor Dr	Address 2 PO Box 668	
<input type="checkbox"/> Storm Water Billing	City Cedar Falls	State IA	
<input type="checkbox"/> Biosolids Billing	ZIP Code 50613		
<input checked="" type="checkbox"/> NPDES Annual Billing	Telephone (with area code) (319)575-5442	FAX (with area code) (319)268-8373	
	e-mail address linda.heit@raboag.com		

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5. PERMIT ACTION REQUESTED (Check one box only). Instructions for this item are on Page 2 of the Appendix.

- NEW USE.** A proposed discharge.
- EXISTING DISCHARGE** that is currently unpermitted.
- REISSUANCE** of current permit.
- MODIFICATION** of current permit. Attach a description of the proposed modification.

**Note:** Applications for **New Use** discharges, **Existing Discharges** that are currently unpermitted, and for either **Reissuance** or **Modification** that include an increased loading of pollutants to the receiving water are required to submit a Rule 98 Demonstration with the Application. See Item 6.

6. RULE 98 – ANTIDegradation REQUIREMENTS. Instructions for this item are on Page 2 of the Appendix.

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.

Will this discharge be an increased loading of pollutants to the surface waters of the state?  Yes, continue below.  No.

- Antidegradation Demonstration provided.  Increased loading of pollutants is exempt from Antidegradation Demonstration as indicated below:
- A short-term (weeks to months) or temporary lowering of water quality
  - Bypasses that are not prohibited by regulations set forth in 40 CFR 122.41(m)
  - 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
  - Discharges of pollutant quantities from the intake water at a facility if the intake and discharge are to the same body of water
  - 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
  - Intermittent increased loading related to wet-weather conditions
  - New or increased loading due to DNRE-approved controls related to wet-weather conditions
  - Discharges authorized by Certificates of Coverage (COC) and Notices of Coverage
  - 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
  - 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

7. ADDITIONAL FACILITY LOCATION INFORMATION. Instructions for this item are on Page 2 of the Appendix.

A	Local Unit of Government (LUG)				LUG e-mail address	
B	County Lenawee				Township Medina	
C.	Town T.8-9S	Range R-1E	Section 4	¼ SW	¼, ¼ ALL	Private (French) Land Claim
D.	Latitude 41.799989				Longitude -84.31213	

8. CERTIFIED OPERATOR

Does the facility have a DNRE-certified operator?  Yes  No Instructions for this item are on Page 2 of the Appendix.

First Name Jamie		Last Name Van Pelt	
Certification Number K-0140		Certification Classification(s) A-1K, A-1j, A-1i, A-1d, A-1f, C-1c	
Address 1 8502 S Meridian Rd		Address 2	
City Hudson		State MI	Zip Code 49247
Telephone Number (419)388-5741	Fax Number (517)448-3816	e-mail address missjv25@yahoo.com	

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9. OTHER ENVIRONMENTAL PERMITS

Provide the information requested below 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. To submit additional information, see Page ii, Item 3.

Issuing Agency	Permit or COC Number	Permit Type
State of Michigan Department of Environmental Quality	MIR110868	SESC

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 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 Michigan Act. **Do not send blueprints. Provide black-and-white reproducible diagrams.**

**Municipal Facilities** – Include a narrative that briefly describes 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 and 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.

**ATTACH THIS INFORMATION TO THIS APPLICATION. PLEASE DO NOT BIND THIS INFORMATION.**

11. MAP OF FACILITY AND DISCHARGE LOCATION

Provide a detailed black-and-white reproducible map on 8½" x 11" paper showing the location of the existing or proposed facility, wastewater and biosolids treatment system(s), water intakes, wastewater monitoring, and wastewater discharge points into receiving waters (including bypasses). Include the exact location of the water intakes, wastewater monitoring and discharge point(s) and, if applicable, all areas through which the discharge flows (e.g., wetlands, open drains, storm sewers) between the discharge point and the receiving water. If the discharge is to a storm sewer, label the storm sewer and show its flow path to the receiving water. Also include the location of any water supply intakes or wells and groundwater monitoring wells. This map shall be a United States Geological Survey quadrangle (7.5 minute series) or other map of comparable detail, scale, and quality (which shows surface water bodies, roads, bathing beaches, and other pertinent landmarks). **It is preferred that the minimum area this map shall encompass be approximately one (1) mile beyond the property boundaries.**

**ATTACH THIS INFORMATION TO THIS APPLICATION.**

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**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 submit additional information, see Page ii, Item 3.

Laboratory Name A & L Laboratories			Laboratory Name Litchfield Analytical Services		
Street Address 1001 Glenwood Ave North			Street Address 535 Marshall St		
City Minneapolis	State MN	ZIP Code 55405	City Litchfield	State MI	ZIP Code 49252
Telephone (with area code) 1-800-225-3832	Fax (with area code) (612)374-5426		Telephone (with area code) (517)542-2915	Fax (with area code) (517)542-2014	
Analysis Performed Soil			Analysis Performed Manure		
Laboratory Name City of Hudson Wastewater Treatment Plant			Laboratory Name		
Street Address 107 Mechanic St			Street Address		
City Hudson	State MI	City 49247	State	City	State
Telephone (with area code) (517)448-4701	Fax (with area code) (517)448-5215		Telephone (with area code)		Fax (with area code)
Analysis Performed manure			Analysis Performed		

**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. To submit additional information, see Page ii, Item 3.

Name	Address	City	State	ZIP Code

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14. APPLICATION CERTIFICATION

Rule 323.2114(1-4), promulgated under the Michigan Act, requires that this Application must be signed as follows:

A. For an organization, company, corporation, or authority, by a principal executive office, vice president, or higher  
 B. For a partnership, by a general partner  
 C. For a sole proprietor, by the proprietor  
 D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (e.g., mayor, village president, city or village manager, or clerk)


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

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."*

The last Application for this facility was submitted on: \_\_\_\_\_

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

Print Name: Mark Fischels \_\_\_\_\_ Title: President SMD \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: 5/16/2011 \_\_\_\_\_

**This completes Section I. Publicly-Owned Treatment Works discharging sanitary and industrial wastewater to the surface waters, and privately-owned treatment works discharging sanitary wastewater to the surface waters should complete Section II. Privately-owned treatment works include, but are not limited to, Mobile Home Parks, Campgrounds, Condominiums, Hotels and Motels, and Nursing Homes. All other applicants should complete Section III. If assistance is needed to complete this Application, contact the Permits Section.**

**Permit Application Submittal Checklist**

Please confirm the following before submitting the Application:

- 1. Section I has been completed, including all diagrams, maps, and the treatment process narrative.
- 2. The Application has been signed as required above in Section I.14.A.-D. or a copy of the letter authorizing the signatory to sign the letter has been included, as appropriate.
- 3. Section II or Section III has been completed, including any additional information or submissions.
- 4. Section IV has been completed by any facility that discharges storm water.
- 5. Section V has been completed by any facility that is a Concentrated Animal Feeding Operation.
- 6. Section VI has been completed by any facility that has Cooling Water Intake Structures.
- 7. A check or money order for the appropriate application fee has been made out to the "State of Michigan" and has been included with the Application submittal.
- 8. E-mail addresses have been provided.

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 SECTION V – Concentrated Animal Feeding Operations

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**A. CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) INFORMATION. To be completed by CAFOs only**

"CAFO waste" includes, but is not limited to, process wastewater, manure, production area waste, silage leachate and runoff, and contaminated runoff.

**Applicants are required to submit all of the information requested below:**

1. The number of animals expected on-site during the five-year permit period: Average: 3400 Maximum: 3400
  
2. The type of animals: dairy cows  
**NOTE:** Animals include, but are not limited to, beef cattle, dairy cows or heifers, veal calves, swine less than or greater than 55 lbs, broilers, layers, and turkeys.
  
3. The type of housing (e.g., open confinement, under roof): under roof
  
4. The type of CAFO waste storage: storage ponds, concrete basins, concrete pads  
**NOTE:** CAFO waste storage includes, but is not limited to, roofed storage shed, storage ponds, under-floor pits, above- or below-ground storage tanks, and concrete pads.
  
5. The total capacity of all waste storage structures in both **Volume:** 106,000,000  **gallons/**  **cu. ft.,** and **Time:** 36 months
  
6. The CAFO waste storage structure design.  
**NOTE:** All new CAFO waste storage structures shall, at a minimum, be constructed in accordance with Natural Resource Conservation Service Standard No. 313, Waste Storage Facility. Applicants with existing storage structures at existing CAFOs must submit an evaluation conducted by a licensed engineer. Guidance for the Evaluation of Existing Storage Structures can be found on the DNRE's Web site or is available in print. See the CAFO General Permit for actual requirements.
  
7. Estimated amounts of CAFO waste generated **per year** (annual avg. over the life of the permit): 35,000,000  **tons/**  **gallons/**  **cu. ft.**
  
8. The total number of acres owned, leased, or otherwise available for land application of CAFO wastes: 4,416 acres  
**NOTE:** Do **not** include the land application sites of CAFO waste that have been sold or transferred to another party. Please include an estimate of any proposed land acquisitions that are in process at the time of this Application.
  
9. Estimate the amount of CAFO waste sold or transferred to other parties annually: 2,500  **tons/**  **gallons/**  **cu. ft.**  
**NOTE:** Land application of this waste is **not** under the applicant's control.
  
10. A list and map(s) showing the location of all applicant-controlled land application sites.  
**NOTE:** Each land application site should be identified by a unique name and/or number and include the field size in acres. Maps could be plat maps, aerial maps, or soil maps with each land application site highlighted or colored in and labeled with the appropriate name or number that corresponds to the list or FSA Form #578 and associated maps. Crop type, soil type, and soil analysis information does not need to be provided until after the permit or Certificate of Coverage is issued.
  
11. A list of all potential receiving waters for both the production and land application areas.  
**NOTE:** This list should include rivers, creeks, and major drains where runoff would flow overland or through tiles. Consider slope and tile outlet locations to determine flow pathways. Include maps, if possible, with the waterways highlighted. Provide the name of the receiving water when possible. The map required in Item 10. (above) may be used for highlighting the receiving streams.
  
12. SIC Code: 241

To access the DNRE CAFO Web site, go to <http://www.michigan.gov/deq>. In the left column click on WATER, click on Surface Water, click on NPDES Permits, and in the middle column under the Information banner, click on Concentrated Animal Feeding Operation.