1023 Business Park Drive
P.O. Box 2127
Traverse City, MI 49685-2127
616 941-2025

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ESI

Environmental Solutions, Inc

February 7, 2000

Ms. Sy Vongphasouk
Environmental Quality Analyst – Surface Water Quality Division
Michigan Department of Environmental Quality
120 West Chapin Street
Cadillac, Michigan 49601-2158

RE: Requested Changes to Application for Re-issuance of Wastewater Discharge Permit No. MI0044741

Dear Ms. Vongphasouk:

I am enclosing the changes requested at our meeting on February 1, 2000, for the application for re-issuance of wastewater discharge permit number MI0044741. This application is for Williamsburg Receiving and Storage, Inc. (WRSI), located at 10190 Munro Road, Williamsburg, Michigan. The changes are summarized as follows:

- Page 1, insertion of David Cooper as Certified Operator
- Figure #11, Water Flow Diagram, changed diagram to describe existing process and changed from Tobeco Creek to Tobeco Swamp
- Figure #14, Map of Facility, changed from Tobeco Creek to Tobeco Swamp
- Page 15, changed SIC code to 2033 (2030 is not on current SIC code list), inserted sanitary wastewater information
- Page 17, changed type of wastewater to contact cooling

We hope that the provided information will expedite the application process. If you have any questions regarding the referenced information, please give me a call at (231) 941-2025, extension 104.

Sincerely,

ENVIRONMENTAL SOLUTIONS, INC.

Diane C. Lundin
Industrial Management Specialist

pc: David Porter - MDEQ
Chris Hubbell
Ed Roy

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Michigan Dep .ment of Environmental Quality- Surface Water Quality Division

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION I - General Information

(This information is required by the Part 21 Rules of Michigan Act 451, Public Acts of 1994, as amended, Part 31. A municipality, business, or industry which violates the Part 21 Rules may be enjoined by action commenced by the Attorney General in a court of competent jurisdiction.)

See the facing page for instructions on completing page 1.

DEQ USE ONLY
Tracking Number

PLEASE TYPE OR PRINT

1. NPDES PERMIT or COC NUMBER
MI0044741

2. APPLICANT NAME AND MAILING ADDRESS
Chris Hubbell

Additional Applicant Name Information
Williamsburg Receiving and Storage, Inc.

Street Address or P.O. Box
10190 Munro Road

City or Village	State	ZIP Code
Williamsburg	MI	49690

Telephone
(231) 264-5260

3. FACILITY NAME AND LOCATION
Williamsburg Receiving and Storage, Inc.

Street Address
10190 Munro Road

Additional Street Address

City or Village	State	ZIP Code
Williamsburg	MI	49690

Township	County
White Water	Grand Traverse

Latitude (to the nearest 15 seconds)
44° 49' 50" N

Longitude (to the nearest 15 seconds)
85° 24' 54" W

Telephone (with area code)
(231) 264-5260

4. FACILITY MAILING ADDRESS Street Address or P.O. Box
(or check box to use address corresponding to item number X 2 • 3)

Additional Street Address or P.O. Box Information

City or Village	State	ZIP Code

5. CONTACT PERSON Name
Chris Hubbell

Title
Owner (President)

ADDRESS Street Address or P.O. Box
(or check box to use address corresponding to item number X 2 • 3 • 4)

City or Village	State	ZIP Code

Telephone (with area code)

Fax Number (with area code)

6. CERTIFIED OPERATOR
Does the facility have a certified operator? X Yes • No

Operator's Name
David Cooper – Environmental Solutions

Certification No.	Certification Classification(s)
A1h	Non-Contact Cooling Water

7. DISCHARGE MONITORING REPORT (DMR) FORMS
Check the box that corresponds to the address (above) to which Discharge Monitoring Reports (DMRs) should be mailed.

X 2 - Applicant Name & Mailing Address • 3 - Facility Name & Location • 4 - Facility Mailing Address • 5 - Contact Person

SEND DMRs TO THE ATTENTION OF: Chris Hubbell

8. PERMIT ACTION REQUESTED (Check one box only)

- a NEW, proposed discharge ("New Use").
- an EXISTING discharge currently unpermitted.

X REISSUANCE of current permit.

- Check here if the permit reissuance proposes an increased loading of pollutants to the surface waters of the state ("Increased Use"). Describe the proposed "Increased use":

- MODIFICATION of current permit.
  - Check here if the request includes an increased loading of pollutants to the surface waters of the state ("Increased Use"). Describe the proposed modification:

- GENERAL PERMIT COVERAGE: Check here if you wish to be considered for coverage under a general permit. (see appendix Table 10)

Exemption 9 applies to pages 3-4

Michigan Department of Environmental Quality- Surface Water Quality Division

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

A. Facility Information

Section III is to be completed by all facilities classified as Industrial or Commercial facilities. Industrial and Commercial facilities include facilities that discharge or propose to discharge a wastewater generated by a production process or service provided or through a remediation project. Municipal and public facilities are not required to complete Section III (unless requesting authorization for discharges other than sanitary wastewater).

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT or COC NUMBER
Williamsburg Receiving and Storage, Inc.	MI0044741

1. BUSINESS INFORMATION

A. Provide up to four (4) Standard Industrial Classification (SIC) codes, in order of economic importance, which best describe the major products or services provided by this facility.

1.	2.	3.	4.
2033			

B. Indicate if this facility is a primary industry (refer to Table 2 to determine if this facility is a primary industry).

- Yes, This facility is a primary industry. Indicate the primary industry as identified in Table 2 in the appendix: _____
- X No, This facility is not a primary industry, continue with Item C.

C. Do you operate a concentrated animal feeding operation or an aquatic animal production facility?

- Yes, Contact the appropriate district office (see Pages 2 and 3 in the appendix).
- X No, Continue below.

2. WATER SUPPLY AND DISCHARGE TYPE

A. List all water sources 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). The units are as follows: MGD (million gallons per day), MGY (million gallons per year), GPD (gallons per day). If you are reporting in another unit, select the box with the blank following it and provide the units in the underlined area. If necessary, provide a written description as an attachment on 8 1/2" x 11" paper.

	Name of Source	Average Volume or Flow Rate	(indicate units)
Municipal Supply:			•MGD •MGY •GPD •____
Surface Water Intake:			•MGD •MGY •GPD •____
Private Well:	Private Wells	1.2	XMGD •MGY •GPD •____
Other (specify)			•MGD •MGY •GPD •____

B. Identify water discharged by the facility 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 they are different, provide an explanation

	Average Flow Rate	(indicate units)
Process Wastewater	1.2	XMGD •MGY •GPD •____
Contact Cooling		•MGD •MGY •GPD •____
Noncontact Cooling		•MGD •MGY •GPD •____
GWCU		•MGD •MGY •GPD •____

	Average Flow Rate	(indicate units)
Sanitary Wastewater	500	•MGD •MGY XGPD •____
Regulated Storm Water		•MGD •MGY •GPD •____
HPTW		•MGD •MGY •GPD •____
Other (Specify)		•MGD •MGY •GPD •____

GWCU - stands for Ground Water Clean-Up.

HPTW - stands for Hydrostatic Pressure Test Water

Michigan Department of Environmental Quality- Surface Water Quality Division

WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION III - Industrial and Commercial Wastewater

B. Outfall Information

Complete a separate Section III.B. - Outfall Information (pages 17-24) for each outfall at the facility. Make copies of this blank section of the application if necessary.

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT or COC NUMBER	OUTFALL NUMBER
Williamsburg Receiving and Storage, Inc.	MI0044741	001

3. OUTFALL INFORMATION

A. Receiving Water:	Receiving Water Tobeco Creek				
B. County/Township:	County Grand Traverse		Township White Water		
C. State Planar Coordinates:	1/4 SE	1/4 SE	Section 8	Town 28N	Range 9W
D. Latitude/Longitude:	Latitude 44° 49' 51" N		Longitude 85° 25' 18" W		

E. Type of Wastewater Discharged (Check all that apply):

X Contact Cooling • Sanitary Wastewater • Storm Water (regulated) • Other - specify

• Noncontact Cooling • Process Wastewater • Storm Water (not regulated)

F. Is this a Seasonal Discharge?

X Yes - List the discharge periods (by month) in the space provided below. • No - Continue with item G

From July	Through September	From	Through
From	Through	From	Through

G. Discharge Schedule (Yearly Average):

To be determined – normally won't be utilized, only in overflow situation Normal operation, however, is 20 hours/day	? days/year

H. Expected or Proposed Discharge Flow Rates:

Total Yearly	Daily Minimum	Daily Average	Daily Maximum	Maximum Design Flow Rate
33.60 MGY	1.00 MGD	1.20 MGD	1.32 MGD	1.32 MGD

I. The maximum discharge flow rate to be authorized in the permit: 1.32 • GPD X MGD • MGY • _____

J. Does this discharge contain storm water subject to effluent guidelines?

• Yes - indicate under which category. _____ X No

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