Digitally signed by:
MiEnviro Portal
Date: 2025.04.15 11:42:00 -04:00
Reason: Submission Data
Location: State of Michigan

Report of Discharge (CSO/SSO/RTB)

version 1.15

(Submission #: HQB-5EGF-MZ8TK, version 2)

Details

Submission ID HQB-5EGF-MZ8TK

Form Input

Report Details

Is this the inital or final discharge report?
Final

Site/Facility Name:
Bellaire WWTP

Permit Number (if applicable):
NONE PROVIDED

Sewer System or Treatment Facility Owner

Organization Name
Bellaire Department of Public Works

Phone Type	Number	Extension
Business	2315336414	

Email
DPWdirector@bellairemichigan.com

Fax
NONE PROVIDED

Address
483 S COURT ST.
BELLAIRE, MI 49615
United States

Facility Address
505 South Court Street
Bellaire, MI 49615

Sewer System or Treatment Facility Owner Location
44.9697,-85.2081

505 South Court Street, Bellaire, MI

Discharge Details (1 of 1)

Other Discharge from Normal Outfall`OUTFL_ID_TXT`

Discharge Type:
Other Discharge
What type of discharge?
Effluent discharge due to lack of free board

Other Discharge

The reported discharge was of untreated or partially treated sewage (definition in Section 3112a) which is not characterized by RTB, CSO, or SSO Discharges.

Is the outfall or discharge area located at a private residential address?
NO

Outfall or Discharge Area Name
Normal Outfall

Outfall or Discharge Area Description
Intermediate river area

Outfall or Discharge Area Location
44.9678717747528,-85.21142523250957

Has the discharge ended?
YES

Volume Discharged	Unit	Was the volume estimated?
3.914	Million Gallons	No

Quality of Discharge
Blended Sewage

Please describe the discharge, including the reason for Discharge
Protecting the pond bank integrity

Were all effluent limits met during the event?
YES

Was the land or surface water impacted by the discharge?
Both land and water impacted

Name of Surface Water(s) Impacted:
Intermediate River

Name/description of the land impacted:
Swamp

Discharge Event Start

Date	Time
03/17/2025	09:00 am

Discharge Event End

Date	Time
03/31/2025	11:59 pm

Name of the wastewater treatment facility that normally receives sewage.
Bellaire

Was the reported discharge caused by a party other than the sewer system owner and out of the control or knowledge of the actions which resulted in the discharge?
NO

Is the sewer system owner in compliance with applicable discharge permits, laws, rules, and orders?
YES

Initial Notification

Organization	Date	Time
Local Health Department	*NONE PROVIDED*	*NONE PROVIDED*
Daily Local Newspaper	*NONE PROVIDED*	*NONE PROVIDED*

Was EGLE notified prior to this report being received?
EGLE was notified prior to this report being submitted

Prior EGLE notification that discharge has started

EGLE Notification Method	Person(s) notified	EGLE Notification Date	EGLE Notification Time	Comments
Phone	Claire Lowe	03/14/2025	03:30 pm	*NONE PROVIDED*

Email notification is only acceptable for CSO/RTB discharges and those discharges that have an alternative notification method previously approved by the Department

Notification that discharge has concluded.

Organization	Date	Time
Local Health Department	*NONE PROVIDED*	*NONE PROVIDED*
Daily Local Newspaper	*NONE PROVIDED*	*NONE PROVIDED*

Precipitation Type(s) (Select none if there was no precipitation)
Rain
Snowmelt

Has the precipitation ended?
YES

Precipitation

Start Date	Start Time
03/16/2025	08:00 am

Precipitation Amount (Inches)	Precipitation End Date	Precipitation End Time
2	03/17/2025	12:00 am

Precipitation comments
NONE PROVIDED

Actions taken to minimize the impact from the discharge(s):
Ponds will be cleaned to provide capacity

Actions taken, or that will be taken, to prevent this discharge event from reoccurring:
Pond cleaning

Was this discharge disinfected to meet fecal coliform limitations?
YES

Results of E. coli testing
Testing Waived by Local Health Department

Additional Details

Report Submitter

Prefix
NONE PROVIDED

First Name	Last Name
Josh	Hall

Title
NONE PROVIDED

Organization Name
Operations Services

Phone Type	Number	Extension
Business	2317093593	

Email
jhall@operationsservices.com

Fax
NONE PROVIDED

Address

10850 E Traverse Hwy suite 2260

Traverse city, MI 49686

[NO COUNTRY SPECIFIED]

Do you have any additional comments or uploads you would like to provide?
NO

Revisions

Revision	Revision Date	Revision By
Revision 1	3/17/2025 12:52 PM	Josh Hall
Revision 2	4/15/2025 11:36 AM	Josh Hall