Digitally signed by:
MiEnviro Portal
Date: 2026.04.13 16:46:09 -04:00
Reason: Submission Data
Location: State of Michigan

Report of Discharge (CSO/SSO/RTB)

version 1.15

(Submission #: HQM-SKJ7-J29PK, version 1)

Details

Submission ID HQM-SKJ7-J29PK

Form Input

Report Details

Is this the inital or final discharge report?
Initial

Site/Facility Name:
Bellaire WWTP

Permit Number (if applicable):
MI0044873

Sewer System or Treatment Facility Owner

Organization Name
Village of Bellaire

Phone Type	Number	Extension
Business	2315338213	

Email
NONE PROVIDED

Fax
NONE PROVIDED

Address
202 North Bridge Street
PO Box 557
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)

RTB Discharge from `NEW_FEATR_ID_TXT`001

Discharge Type:
RTB Discharge

RTB Discharge

The reported discharge was from a retention and treatment basin (RTB), or equivalent structure, which serves a municipal combined sewer system. The RTB or equivalent structure is designed in accordance with approved plans, and operated in accordance with criteria in a permit, order, or other enforceable document issued by the Michigan Department of Environment, Great Lakes, and Energy (EGLE) or by court action.

For CSO and RTB only, the feature selection box at the top-right corner of the page must be used to select the outfall used. Features will only be available for permitted sites.

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

CSO/RTB Outfall Name
001

Outfall location or description
via application to wetlands

Outfall Location
44.9706,-85.2104

Has the discharge ended?
NO

Quality of Discharge
RTB

Please describe the discharge, including the reason for Discharge
Due to recent heavy rainfall and snowmelt, lagoon levels have been extremely high. Lagoon #2 found to be overflowing to nearby land/swamp on morning of 4/13. Valve between lagoon #2 and #3 is open.

Name of Surface Water(s) Impacted:
Intermediate River

Discharge Event Start

Date	Time
04/13/2026	08:00 am

Initial Notification

Organization	Date	Time
Local Health Department	04/13/2026	05:00 pm
Daily Local Newspaper	04/13/2026	05:00 pm

Was EGLE notified prior to this report being received?
This report is being used as the initial notification to EGLE

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

Was this discharge disinfected to meet fecal coliform limitations?
NO

Additional Details

Report Submitter

Prefix
NONE PROVIDED

First Name	Last Name
Julie	Caliguri

Title
NONE PROVIDED

Organization Name
Operations Services

Phone Type	Number	Extension
Business	9892173175	

Email
jlafond@operationsservices.com

Fax
NONE PROVIDED

Address

10281 Old US HWY 27 South

Gaylord, MI 49735

[NO COUNTRY SPECIFIED]

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