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MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

000136

<b>AGENCY USE</b>	Previous USACE File Number	<b>Date Received</b>		DEQ File Number 14-74-0123-P
	USACE File Number		Fee received \$ \$50	

- Validate that all parts of this checklist are submitted with the application package. Fill out application and additional pages as needed.
- All items in Sections 1 through 9 are completed.
  - Project-specific Sections 10 through 20 are completed. *n/a*
  - Dimensions, volumes, and calculations are provided for all impact areas. *n/a*
  - All information contained in the headings for the appropriate Sections (1-20) are addressed, and identified attachments (☞) are included.
  - Map, site plan(s), cross sections; one set must be black and white on 8 1/2 by 11 inch paper; photographs.
  - Application fee is attached.
- CK#17120 from: SmartBuild, Inc*

**1 Project Location Information** For Latitude, Longitude, and TRS info anywhere in Michigan see [www.mcqi.state.mi.us/wetlands/](http://www.mcqi.state.mi.us/wetlands/)

Project Address (road, if no street address) <i>St. Clair River from Huron Lightship to Water Treatment Plant</i>	Zip Code 48060	Municipality (Township/Village/City) <i>Port Huron</i>	County <i>St. Clair</i>
Property Tax Identification Number(s) <i>along shoreline owned by City</i>	Latitude <i>42 59 13 N</i>		Township/Range/Section (TRS) T _____ N or S; R _____ E or W;
Subdivision/Plat and Lot Number	Longitude <i>- 82 25 29 W</i>		Sec _____ OR Private Claim # _____

**2 Applicant and Agent Information**

Owner/Applicant (individual or corporate name) <i>Futures Engineering</i>	Agent/Contractor (firm name and contact person) <i>East Lake Builders Atten: Rick Mills</i>
Mailing Address <i>1804 Edlson Shores Pl.</i>	Mailing Address <i>406 Water Street</i>
City <i>Port Huron</i> State <i>MI</i> Zip Code <i>48060</i>	City <i>Port Huron</i> State <i>MI</i> Zip Code <i>48060</i>
Contact Phone Number <i>810-966-4781</i> Fax <i>no</i>	Contact Phone Number <i>810-984-2053</i> Fax <i>810-984-9662</i>
Email <i>twojsj3@comcast.net</i>	E-mail cell phone: <i>810-650-3477</i>
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is the applicant the sole owner of all property on which this project is to be constructed and all property involved or impacted by this project? ☞ If no, attach letter(s) of authorization from all property owners including the owner of the disposal site.	
Property Owner's Name (If different from applicant) <i>City of Port Huron Verbal permission by City Mgr.</i>	Mailing Address <i>100 Mc Moran Blvd Mr. James Freed City Mgr.</i>
Contact Phone Number <i>810-984-9740 City Mgr.</i>	City <i>Port Huron</i> State <i>MI</i> Zip Code <i>48060</i>

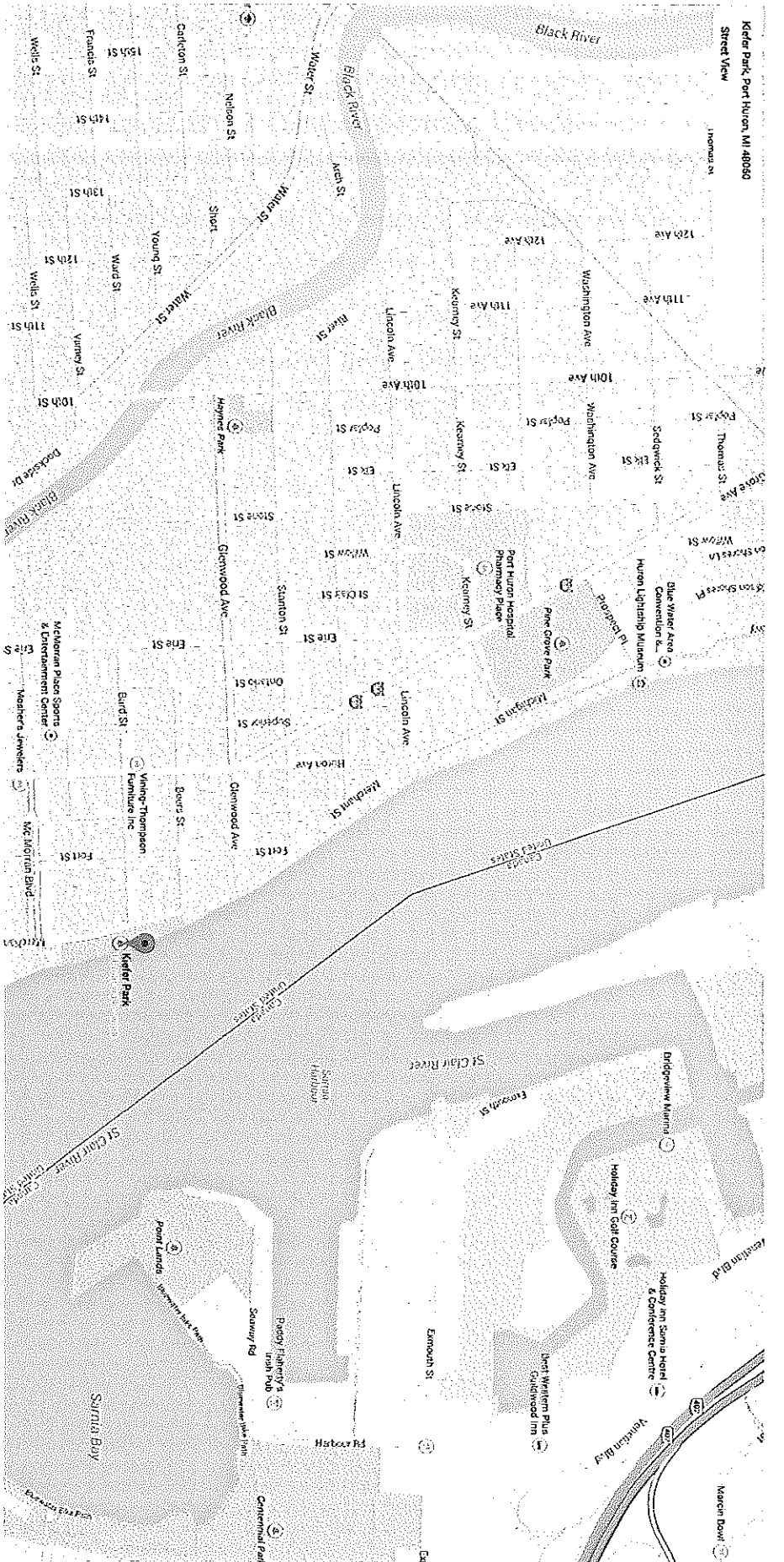
**3 Project Description**

Project Name <i>A Dymaxion Hydro-Kinetic Energy System</i>	Preapplication File Number <i>- - -P</i>														
Name of Water body <i>St. Clair River</i>	Date project staked/flagged														
<p>The proposed project is on, within, or involves (check all that apply)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> an inland lake (5 acres or more)</td> <td><input type="checkbox"/> a Great Lake or Section 10 Waters</td> </tr> <tr> <td><input type="checkbox"/> a pond (less than 5 acres)</td> <td><input type="checkbox"/> a wetland</td> </tr> <tr> <td><input checked="" type="checkbox"/> a stream, river, ditch or drain</td> <td><input type="checkbox"/> a 100-year floodplain</td> </tr> <tr> <td><input type="checkbox"/> a legally established County Drain</td> <td><input type="checkbox"/> a dam</td> </tr> <tr> <td>Date Drain was established</td> <td><input type="checkbox"/> a designated high risk erosion area</td> </tr> <tr> <td><input type="checkbox"/> a channel/canal</td> <td><input type="checkbox"/> a designated critical dune area</td> </tr> <tr> <td><input type="checkbox"/> 500 feet of an existing water body</td> <td><input type="checkbox"/> a designated environmental area</td> </tr> </table>		<input type="checkbox"/> an inland lake (5 acres or more)	<input type="checkbox"/> a Great Lake or Section 10 Waters	<input type="checkbox"/> a pond (less than 5 acres)	<input type="checkbox"/> a wetland	<input checked="" type="checkbox"/> a stream, river, ditch or drain	<input type="checkbox"/> a 100-year floodplain	<input type="checkbox"/> a legally established County Drain	<input type="checkbox"/> a dam	Date Drain was established	<input type="checkbox"/> a designated high risk erosion area	<input type="checkbox"/> a channel/canal	<input type="checkbox"/> a designated critical dune area	<input type="checkbox"/> 500 feet of an existing water body	<input type="checkbox"/> a designated environmental area
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Project Use															
<input type="checkbox"/> private <input type="checkbox"/> commercial <input checked="" type="checkbox"/> public/government <input type="checkbox"/> project is receiving federal/state transportation funds <input type="checkbox"/> Wetland Restoration <input type="checkbox"/> other															

Indicate the type of permit being applied for:  General Permit  Minor Project  Individual (All other projects.) ☞ See Appendix C.

Written Summary of All Proposed Activities *This project is a R&D test of hydro-kinetic devices in the St. Clair River near to the shore line owned by the City of Port Huron. If and when successful generation of kw is achieved an application for Interconnection with DTE will be made to allow for connecting to the grid. KW's generated will be credited to the City's electrical account.*

Construction Sequence and Methods *Test in water generators will be evaluated for output. Several locations will be tried first- near the Huron Lightship to evaluate whether a single unit or multiple units could be used to provide power to the Lightship. A second location will be near the north end of Kiefer Park north of the Municipal Office Center where a DTE connection point would be accessible should we achieve a 1,000 KW output a day. If we can achieve that amount we will apply for Interconnect with DTE. Once the generators are ready to connect we will apply for USACE and FERC permits and license.*



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**4 Project Purpose, Use and Alternatives** *Attach additional sheets as necessary.*

Describe the purpose of the project and its intended use; include any new development or expansion of an existing land use.

*To find a hydro-kinetic application that can be used in the St.Clair River at Port Huron. If successful the City of Port Huron will achieve significant reduction in electrical useage and will free up needed resources for improving the business climate of the City.*

Describe the alternatives considered to avoid or minimize resource impacts. Include factors such as, but to limited to, alternative locations, project layout and design, and construction technologies. For utility crossings include alternative routes and construction methods.

*The in water generators will be a major stimulus to other downriver communities once a generator is developed that is safe for fish and humans.*

**5 Locating Your Project Site** *Attach a legible black and white map with a North arrow.*

Names of roads of closest intersection *Pine Grove Park and Kiefer Park*

Directions from main intersection to the project site, with distances from the best and nearest visible landmark and water body *Huron Ave.[Main St.] north to Mc Moran Blvd, east to the MOC then turn left onto Merchant St to Kiefer Park..*

Description of buildings on the site (color; 1 or 2 story, other)

*Tall White MOC is hard to miss.*

Description of adjacent landmarks or buildings (address; color; etc)

*Shore line along north end of Kiefer Park.*

How can your site be identified if there is no visible address? *Follow the signs to the Huron Light Ship. Also follow the signage to the City Bldg. and once there just go north along the St.Clair River*

**6 Easements and Other Permits**

No  Yes Is there a conservation easement or other easement, deed restriction, lease, or other encumbrance upon the property?

⇒ If yes, attach a copy. Provide copies of court orders and legal lake levels if applicable.

List all other federal, interstate, state, or local agency authorizations including required assurances for Critical Dune Area projects.

Agency	Type of Approval	Number	Date Applied	Date approved /denied	Reason for denial

**7 Compliance**

If a permit is issued, when will the activity begin? (M/D/Y) *10/20/2014 if funding*

Proposed completion date (M/D/Y) *9/25/2015 tentative.*

No  Yes Has any construction activity commenced or been completed in a regulated area?

⇒ If Yes, identify the portion(s) underway or completed on drawings or attach project specifications and give completion date(s).

No  Yes Were the regulated activities conducted under a DEQ and/or USACE permit?

⇒ If Yes, list the permit numbers

No  Yes Are you aware of any unresolved violations of environmental law or litigation involving the property?

⇒ If Yes, attach explanation.

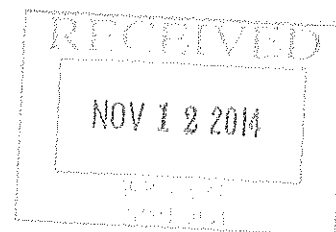
**8 Adjoining Property Owners** *Provide current mailing addresses. Attach additional sheets/labels for long lists.*

<input type="checkbox"/> Established Lake Board <input type="checkbox"/> Lake Association	Contact Person	Mailing Address	City	State and Zip Code
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List all adjoining property owners.

If you own the adjoining lot, provide the requested information for the first adjoining parcel that is not owned by you.

Property Owner's Name	Mailing Address	City	State and Zip Code





**9 Applicant's Certification**

*Read carefully before signing.*

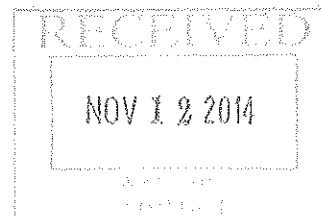
I am applying for a permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application; that it is true and accurate; and, to the best of my knowledge, that it is in compliance with the State Coastal Zone Management Program. I understand that there are penalties for submitting false information and that any permit issued pursuant to this application may be revoked if information on this application is untrue. I certify that I have the authority to undertake the activities proposed in this application. By signing this application, I agree to allow representatives of the DEQ, USACE, and/or their agents or contractors to enter upon said property in order to inspect the proposed activity site before and during construction and after the completion of the project. I understand that I must obtain all other necessary local, county, state, or federal permits and that the granting of other permits by local, county, state, or federal agencies does not release me from the requirements of obtaining the permit requested herein before commencing the activity. I understand that the payment of the application fee does not guarantee the issuance of a permit.

- Property Owner
- Agent/Contractor
- Corp. or Public Agency / Title

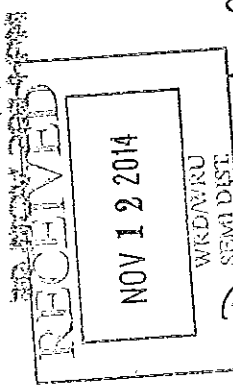
Printed Name  
*Rick Mills*

Signature  
*[Handwritten Signature]*

Date  
*11-10-14*



R. Mills  
404 Water St.  
Port Huron MI 48060



Michigan Department of  
Environmental Quality  
27700 Donald Court  
Warren MI 48092

48092279300

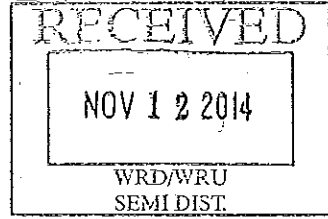
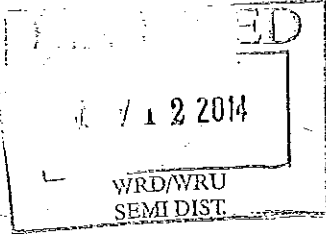
SmartBuild, Inc.

State of Michigan  
Date 11/7/2014  
Type Bill  
Reference

17120

11/7/2014  
Discount  
Check Amount  
Original Amt. 50.00  
Balance Due 50.00

Payment 50.00



Stampen # 000136

SmartBuild #1

50.00