Nebraska Department of Environmental Quality

Wastewater Section
Suite 400, The Atrium, 1200 'N' Street
PO Box 98922
Lincoln, NE 68509-8922
Tel. 402/471-4220 Fax 402/471-2909

NPDES Combined Form 1 & 2C

National Pollutant Discharge Elimination System
Permit Application for a Facility Discharging Wastewater from
Manufacturing and Commercial Operations.

This Area is For Agency Use

NPDES Number NE	IIS Number	Date Rec'd

1. Facility Information

A. Owner of Facility (Permittee)

_____

Street_____

City_____State_____Zip_____

B. Name of Facility

_____

C. Facility Contact Person

_____Ph_____ Email _____

D. Facility Mailing Address

Street_____

City_____State_____Zip_____

E. Facility Location (if different from above)

Street_____

City_____State_____Zip_____

F. Facility Legal Description

_____ ¼ of the _____ ¼, Section _____, Township _____ N, Range _____ (E or W), _____County

G. Business Activity and Facility Operations (continued on next page)

Standard Industrial Classification (SIC) Code(s) Applicable to the Facility _____

Description of Operations and Services:

_____

_____

_____

2. Wastewater Sources (check applicable items)

A. Application Status (check one)

_____NPDES Permit Reapplication for Existing Source _____ NPDES Permit Application for New Source

B. Additional Forms Required

_____	Facility discharging domestic wastewater	Submit NPDES Form 2A
_____	Facility discharging industrial wastewater	Submit NPDES Form 2C
_____	Facility discharging nonprocess wastewater	Submit NPDES Form 2E
_____	Facility is a fish hatchery or fish farm	Submit NPDES Form 2B
_____	Industrial facility discharging stormwater	Submit NPDES Form 2F
_____	Land application of treated effluent	Submit Land Application Form

3. Other Existing Environmental Permits

		Permit Number
_____	NPDES (discharge to surface water)	_____
_____	NPP (Nebraska Pretreatment Permit)	_____
_____	UIC (underground injection of fluids)	_____
_____	RCRA (hazardous waste)	_____
_____	Air Permit	_____
_____	Other (specify)	_____

4. Map

Attach to this application a topographic map (7.5 minute USGS) of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area.

5. Facility Flow Diagram

Attach a line drawing showing the water flow through the facility. The diagram must show all regulated and non-regulated process wastewater flows, and all points of discharge to sanitary sewer, storm sewers, surface waters, septic tanks, injection wells, or other discharge points including floor drains. Indicate sources of intake water, operations contributing wastewater to the effluent, and wastewater treatment units along with each discharge outfall. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls.

6. Process Wastewater Treatment System Information

A. Does the process wastewater undergo treatment before discharge to the receiving water?

_____ Yes _____No

Provide a description of the wastewater treatment process. Include a description of the physical; chemical, or biological treatment processes used to treat the wastewater. (a schematic diagram of the treatment process should also be provided)

_____

_____

_____

Maximum Daily Flow (MGD) _____ Design Daily Flow (MGD) _____

Average Daily Flow (MGD) _____ Design Maximum Flow (MGD) _____

B. Is there any sludge (i.e. any solid, semisolid, or liquid waste) generated from the process wastewater treatment system?

_____ Yes _____No

If yes, provide an attachment specifying sludge treatment and disposal practices.

C. Does the treatment works land-apply treated wastewater?

_____ Yes (If yes, request a separate application form) _____No

7. Operator Information

A. Treatment Facility Operator (Last, First,) and Phone Number

_____Ph_____ Email _____

Operator Certification Number_____ Operator Class_____

B. Operator's Mailing Address

Street_____

City_____State_____Zip_____

C. Operation/Maintenance Performed by Contractor(s)

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? _____ yes _____no If yes provide the following

Name_____Ph_____ Email _____

Street_____

City_____State_____Zip_____

Responsibilities of contractor_____

_____

D. Compliance Sampling

Is compliance sampling of the discharge effluent the responsibility of a contract laboratory? _____ yes _____no If yes provide the following

Name_____Ph_____ Email _____

Street_____

City_____State_____Zip_____

Responsibilities of laboratory_____

8. "Non-Discharged" Wastes

Provide descriptions and quantities of wastes generated that are not discharged to the POTW or Waters of the State (provide attachment if more space is needed). Also describe how these wastes are disposed of:

_____

_____

_____

9. Outfall Information

How many separate outfalls discharge to the receiving waters? _____

A. Location of Outfall(s) (Include an attachment to the permit for the following information if there are more than three outfalls).

Outfall_____

____ Quarter, ____ Quarter, Section ____, Township _____ North, Range____ (East / West), _____County, NE

Latitude (deg. _____min. _____sec_____) Longitude (deg. _____min. _____sec_____)

Name of receiving waters _____

Name of watershed if known_____

Provide a description of all operations contributing wastewater to the effluent to include both process and nonprocess wastewater (e.g. noncontact or sanitary) and the average flows contributed by each process.

Operation _____ Flow_____ Operation _____ Flow_____

Operation _____ Flow_____ Operation _____ Flow_____

Outfall_____

____ Quarter, ____ Quarter, Section ____, Township _____ North, Range____ (East / West), _____County, NE

Latitude (deg. _____min. _____sec_____) Longitude (deg. _____min. _____sec_____)

Name of receiving waters _____

Name of watershed if known_____

Provide a description of all operations contributing wastewater to the effluent to include both process and nonprocess wastewater (e.g. noncontact or sanitary) and the average flows contributed by each process.

Operation _____ Flow_____ Operation _____ Flow_____

Operation _____ Flow_____ Operation _____ Flow_____

Outfall_____

____ Quarter, ____ Quarter, Section ____, Township _____ North, Range____ (East / West), _____County, NE

Latitude (deg. _____min. _____sec_____) Longitude (deg. _____min. _____sec_____)

Name of receiving waters _____

Name of watershed if known_____

Provide a description of all operations contributing wastewater to the effluent to include both process and nonprocess wastewater (e.g. noncontact or sanitary) and the average flows contributed by each process.

Operation _____ Flow_____ Operation _____ Flow_____

Operation _____ Flow_____ Operation _____ Flow_____

B. Except for storm runoff, leaks or spills, are any of the discharges described above intermittent or batch? _____

If yes, provide the following information:

Outfall Number	Operations Contributing Flow	Frequency (specify averages)		Flow Rate (in MGD)		Total Volume (in gal.)		Duration in Days
		days/week	months/yr	average	maximum	average	maximum	

10. Production

A. Does an Effluent Guideline limitation or standard apply to your facility? (e.g. metal finishing, fertilizer manufacturing, etc)

_____ Yes (complete item 10 B below) No_____ (go to Section 11)

B. Are the limitations in the applicable Effluent Guideline expressed in terms of production or other measure of operation? (e.g., pounds of pollutant per million pounds of production)

_____ Yes (complete table below) No_____ (go to Section 11)

Affected Outfalls	Quantity per Day	Units of Measure	Specify Operation, Product, or Materials

11. Intake and Effluent Characteristics

A. List the sources of intake water

Source	Gallons per Day (gpd)
Municipal System	_____
Ground Water	_____
Other (Specify)	_____
Total	_____

B. Which (if any) industrial category listed in Attachment A, Table I does your facility fall under?_____

Provide an attachment to this application that lists all the pollutants listed in Attachment A, Tables II-V, which you know or have reason to believe are or may be discharged from any outfall. Also provide the source of the pollutants, the outfall they are discharged from and approximate amount discharged. If you have analytical results for any of these pollutants, please attach these as well. NDEQ may require additional information and/or analysis of these pollutants at a later date.

C. Provide the results of at least one analysis for every pollutant in this table for each outfall. This testing may be waived by the NDEQ in some circumstances or additional tests may be required by NDEQ to complete the application process. (provide an attachment for additional outfalls)

Outfall Number:				
Pollutant	**Units**	**Maximum daily value**	**Average monthly value**	**No. of analyses**
Biochemical oxygen demand (BOD)	mg/L			
Chemical oxygen demand (COD)	mg/L			
Total organic carbon (TOC)	mg/L			
Ammonia (as N)	mg/L			
Flow	MGD			
Temperature	° F			
pH	S.U.	Maximum =	Minimum =	

Outfall Number:				
Pollutant	**Units**	**Maximum daily value**	**Average monthly value**	**No. of analyses**
Biochemical oxygen demand (BOD)	mg/L			
Chemical oxygen demand (COD)	mg/L			
Total organic carbon (TOC)	mg/L			
Ammonia (as N)	mg/L			
Flow	MGD			
Temperature	° F			
pH	S.U.	Maximum =	Minimum =	

Outfall Number:				
Pollutant	**Units**	**Maximum daily value**	**Average monthly value**	**No. of analyses**
Biochemical oxygen demand (BOD)	mg/L			
Chemical oxygen demand (COD)	mg/L			
Total organic carbon (TOC)	mg/L			
Ammonia (as N)	mg/L			
Flow	MGD			
Temperature	° F			
pH	S.U.	Maximum =	Minimum =	

D. Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

_____ Yes _____No

If yes, identify the tests and describe their purpose below

12. Other Information

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the facility.

13. Certification (see Signatory Authorization Form for designation of Cognizant Official)

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete, and accurate, and if this permit is granted, I agree to abide by the Nebraska Environmental Protection Act (Neb. Rev. Stat. Secs. 81-1501 et. seq. as amended to date) and all rules, regulations, orders, decisions promulgated there under, and subject to any legitimate appeal available to the applicant under the Act

Cognizant Official's Signature_____ Date _____

Cognizant Official's Printed Name_____Title_____

Nebraska Department of Environmental Quality
NPDES/NPP SIGNATORY AUTHORIZATION FORM

This form is to be used to identify or update information pertaining to the facility. THIS FORM MUST BE SIGNED BY THE COGNIZANT OFFICIAL. The Cognizant Official and Authorized Representative can be the same person.

Facility Name: _____ **Permit No.** NE ___ ___ ___ ___ ___ ___ ___ ____

Address: _____ **City**_____ **Zip**_____ **County**_____

Location (Street/Directions to)_____

_____ **Phone**_____

PERMITTEE
List the ***NAME*** of the company, business, governmental entity, or person that owns the facility and that will be responsible for the permit compliance: _____

COGNIZANT OFFICIAL
This person is responsible for the permit, signing reapplications, signing DMRs or designating someone to sign DMRs (Authorized Representative) and other correspondence. For a municipal, only the mayor, chairperson or city manager may sign as the Cognizant Official. *See page 10 for requirements*.

Name_____ Title_____

***Mailing Address** _____ City_____

State_____ Zip_____ Phone_____ Home Ph (optional)_____

AUTHORIZED REPRESENTATIVE (Do not complete if same as Cognizant Official)
This person is designated by the Cognizant Official and is responsible for receiving, completing and signing DMRs, and receiving other correspondence (i.e., city clerk, plant operator). *See page 10 for requirements.*

Name_____ Title_____

***Mailing Address**_____ City_____

State_____ Zip_____ Phone_____ Home Ph (optional)_____

If You Represent this Facility as/for a Contractor, list: Contractor's Name_____

Contractor's Address_____ Phone_____

OPERATOR This person is responsible for the operation and maintenance of the plant. *See page 10 for requirements*.

Name_____ Title_____ Certification #_____

Mailing Address_____ Phone_____

If You Represent this Facility as/for a Contractor, list: Contractor's Name_____

Contractor's Address_____ Phone_____

***<u>Mailing Address</u>: DMRs will be mailed to this address. *DO NOT* use a home or personal address unless necessary. Please use city/village office address or facility/corporate address, etc. This address should remain the same, even with changes in the facility's Cognizant Official or Authorized Representative.**

NPDES/NPP SIGNATORY AUTHORIZATION FORM (continued)

Facility Name: _____ **Permit No.** NE ___ ___ ___ ___ ___ ___ ___

COMMENTS

_____

_____

_____

_____

_____

_____

COGNIZANT OFFICIAL SIGNATURE_____**DATE**_____

PRINTED NAME OF COGNIZANT OFFICIAL_____

SIGNATORY AUTHORIZATION FORM REQUIREMENTS

Cognizant Official. Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Title 127, Chapter 29. All permit applications submitted to the Department shall be signed:

001.01 in the case of a corporation, by a principal executive officer of at least the level of vice-president;
001.02 in the case of a partnership, by a general partner;
001.03 in the case of a sole proprietorship, by the proprietor; and
001.04 in the case of a municipal, state or other public facility, by either a principal executive officer or ranking elected official.

Authorized Representative. Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Chapter 127, Chapter 29
002. All other correspondence, reports and DMRs shall be signed by a person designated in 001.01 through 001.04 above or a duly authorized representative if such a representative is responsible for all the overall operation of the facility from which the discharge originates; the authorization is made, in writing, by the person designated under 001.01 through 001.04 above; and the written authorization is submitted to the Director. Any change in the signatures shall be submitted to the Department, in writing, within 30 days after the change.

Operator. Nebraska Department of Environmental Quality, Title 123, Chapter 15
001 A competent operator familiar with the principles of wastewater treatment and disposal and skilled in the operation of the plant equipment, shall be in charge of each wastewater works. The operator shall make such operations tests as may be specified by the Department.

The operator may be required to be certified according the NDEQ Title 197.

Nebraska Department of Environmental Quality
ATTN: NPDES Permit Unit
Suite 400, 1200 N Street, The Atrium
PO Box 98922
Lincoln, Nebraska 68509-8922
Telephone (402) 471-4220
Fax (402) 471-2909

Attachment A

Table I--Testing Requirements for Organic Toxic Pollutants by Industrial Category for Existing Dischargers				
GC/MS Fraction \1\				
Industrial category	Volatile	Acid	Base/ neutral	Pesticide
Adhesives and Sealants.....	\2\	\2\	\2\	.....
Aluminum Forming.....	\2\	\2\	\2\	.....
Auto and Other Laundries.....	\2\	\2\	\2\	\2\
Battery Manufacturing.....	\2\	.....	\2\	.....
Coal Mining.....	\2\	\2\	\2\	\2\
Coil Coating.....	\2\	\2\	\2\	.....
Copper Forming.....	\2\	\2\	\2\	.....
Electric and Electronic Components.....	\2\	\2\	\2\	\2\
Electroplating.....	\2\	\2\	\2\	.....
Explosives Manufacturing.....	.....	\2\	\2\	.....
Foundries.....	\2\	\2\	\2\	.....
Gum and Wood Chemicals.....	\2\	\2\	\2\	\2\
Inorganic Chemicals Manufacturing	\2\	\2\	\2\	.....
Iron and Steel Manufacturing.....	\2\	\2\	\2\	.....
Leather Tanning and Finishing....	\2\	\2\	\2\	\2\
Mechanical Products Manufacturing	\2\	\2\	\2\	.....
Nonferrous Metals Manufacturing..	\2\	\2\	\2\	\2\
Ore Mining.....	\2\	\2\	\2\	\2\
Organic Chemicals Manufacturing..	\2\	\2\	\2\	\2\
Paint and Ink Formulation.....	\2\	\2\	\2\	\2\
Pesticides.....	\2\	\2\	\2\	\2\
Petroleum Refining.....	\2\	\2\	\2\	\2\
Pharmaceutical Preparations.....	\2\	\2\	\2\	.....
Photographic Equipment and Supplies.....	\2\	\2\	\2\	\2\
Plastic and Synthetic Materials Manufacturing.....	\2\	\2\	\2\	\2\
Plastic Processing.....	\2\	.....	.....	.....
Porcelain Enameling.....	\2\	.....	\2\	\2\
Printing and Publishing.....	\2\	\2\	\2\	\2\
Pulp and Paper Mills.....	\2\	\2\	\2\	\2\
Rubber Processing.....	\2\	\2\	\2\	.....
Soap and Detergent Manufacturing.	\2\	\2\	\2\	.....
Steam Electric Power Plants.....	\2\	\2\	\2\	.....
Textile Mills.....	\2\	\2\	\2\	\2\
Timber Products Processing.....	\2\	\2\	\2\	\2\

\1\ The toxic pollutants in each fraction are listed in Table II.
\2\ Testing may be required.

Attachment A

Table II--Organic Toxic Pollutants in Each of Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS) **(continued on next page)**

Volatiles

1V acrolein
2V acrylonitrile
3V benzene
5V bromoform
6V carbon tetrachloride
7V chlorobenzene
8V chlorodibromomethane
9V chloroethane
10V 2-chloroethylvinyl ether
11V chloroform
12V dichlorobromomethane
14V 1,1-dichloroethane
15V 1,2-dichloroethane
16V 1,1-dichloroethylene
17V 1,2-dichloropropane
18V 1,3-dichloropropylene
19V ethylbenzene
20V methyl bromide
21V methyl chloride
22V methylene chloride
23V 1,1,2,2-tetrachloroethane
24V tetrachloroethylene
25V toluene
26V 1,2-trans-dichloroethylene
27V 1,1,1-trichloroethane
28V 1,1,2-trichloroethane
29V trichloroethylene
31V vinyl chloride

Acid Compounds

1A 2-chlorophenol
2A 2,4-dichlorophenol
3A 2,4-dimethylphenol
4A 4,6-dinitro-o-cresol
5A 2,4-dinitrophenol
6A 2-nitrophenol
7A 4-nitrophenol
8A p-chloro-m-cresol
9A pentachlorophenol
10A phenol
11A 2,4,6-trichlorophenol

Base/Neutral **(continued on next page)**

1B acenaphthene
2B acenaphthylene
3B anthracene
4B benzidine
5B benzo(a)anthracene
6B benzo(a)pyrene
7B 3,4-benzofluoranthene
8B benzo(ghi)perylene
9B benzo(k)fluoranthene
10B bis(2-chloroethoxy)methane
11B bis(2-chloroethyl)ether
12B bis(2-chloroisopropyl)ether
13B bis (2-ethylhexyl)phthalate
14B 4-bromophenyl phenyl ether
15B butylbenzyl phthalate
16B 2-chloronaphthalene
17B 4-chlorophenyl phenyl ether
18B chrysene
19B dibenzo(a,h)anthracene
20B 1,2-dichlorobenzene
21B 1,3-dichlorobenzene
22B 1,4-dichlorobenzene
23B 3,3'-dichlorobenzidine
24B diethyl phthalate
25B dimethyl phthalate
26B di-n-butyl phthalate
27B 2,4-dinitrotoluene
28B 2,6-dinitrotoluene
29B di-n-octyl phthalate
30B 1,2-diphenylhydrazine (as azobenzene)

Attachment A

Table II--Organic Toxic Pollutants in Each of Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS) **(continued)**	
Base/Neutral (continued)	
31B flororanthene	39B napthalene
32B fluorene	40B nitrobenzene
33B hexachlorobenzene	41B N-nitrosodimethylamine
34B hexachlorobutadiene	42B N-nitrosodi-n-propylamine
35B hexachlorocyclopentadiene	43B N-nitrosodiphenylamine
36B hexachloroethane	44B phenanthrene
37B indeno(1,2,3-cd)pyrene	45B pyrene
38B isophorone	46B 1,2,4-trichlorobenzene
Pesticides	
1P aldrin	14P endrin
2P alpha-BHC	15P endrin aldehyde
3P beta-BHC	16P heptachlor
4P gamma-BHC	17P heptachlor epoxide
5P delta-BHC	18P PCB-1242
6P chlordane	19P PCB-1254
7P 4,4'-DDT	20P PCB-1221
8P 4,4'-DDE	21P PCB-1232
9P 4,4'-DDD	22P PCB-1248
10P dieldrin	23P PCB-1260
11P alpha-endosulfan	24P PCB-1016
12P beta-endosulfan	25P toxaphene
13P endosulfan sulfate	

Table III--Other Toxic Pollutants (Metals and Cyanide) and Total Phenols	
Antimony, Total	Nickel, Total
Arsenic, Total	Selenium, Total
Beryllium, Total	Silver, Total
Cadmium, Total	Thallium, Total
Chromium, Total	Zinc, Total
Copper, Total	Cyanide, Total
Lead, Total	Phenols, Total
Mercury, Total	

Attachment A

Table V--Toxic Pollutants and Hazardous Substances Required To Be

Table IV--Conventional and Nonconventional Pollutants

Bromide	Sulfite
Chlorine, Total Residual	Surfactants
Color	Aluminum, Total
Fecal Coliform	Barium, Total
Fluoride	Boron, Total
Nitrate-Nitrite	Cobalt, Total
Nitrogen, Total Organic	Iron, Total
Oil and Grease	Magnesium, Total
Phosphorus, Total	Molybdenum, Total
Radioactivity	Manganese, Total
Sulfate	Tin, Total
Sulfide	Titanium, Total

Attachment A

Identified by Existing Dischargers if Expected To Be Present	
Toxic Pollutants	
Asbestos	
Hazardous Substances	
Acetaldehyde	Kelthane
Allyl alcohol	Kepone
Allyl chloride	Malathion
Amyl acetate	Mercaptodimethur
Aniline	Methoxychlor
Benzonitrile	Methyl mercaptan
Benzyl chloride	Methyl methacrylate
Butyl acetate	Methyl parathion
Butylamine	Mevinphos
Captan	Mexacarbate
Carbaryl	Monoethyl amine
Carbofuran	Monomethyl amine
Carbon disulfide	Naled
Chlorpyrifos	Napthenic acid
Coumaphos	Nitrotoluene
Cresol	Parathion
Crotonaldehyde	Phenolsulfanate
Cyclohexane	Phosgene
2,4-D (2,4-Dichlorophenoxy acetic acid)	Propargite
Diazinon	Propylene oxide
Dicamba	Pyrethrins
Dichlobenil	Quinoline
Dichlone	Resorcinol
2,2-Dichloropropionic acid	Strontium
Dichlorvos	Strychnine
Diethyl amine	Styrene
Dimethyl amine	2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)
Dintrobenzene	TDE (Tetrachlorodiphenylethane)
Diquat	2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
Disulfoton	Trichlorofan
Diuron	Triethanolamine dodecylbenzenesulfonate
Epichlorohydrin	Triethylamine
Ethion	Trimethylamine
Ethylene diamine	Uranium
Ethylene dibromide	Vanadium
Formaldehyde	Vinyl acetate
Furfural	Xylene
Guthion	Xylenol
Isoprene	Zirconium
Isopropanolamine Dodecylbenzenesulfonate	