Appendix D NPDES Combined Form 1 & 2E National Pollutant Discharge Elimination System Permit Application to Discharge Cooling Water and Other Non-Process Wastewater.

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 & 2E

National Pollutant Discharge Elimination System
Permit Application to Discharge Cooling Water and Other Non-Process Wastewater

This area is for agency use only

NPDES #	**NE**	**IIS #**		**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. Legal Description of Facility

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

2. 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.

3. Operator Information

A. Treatment Facility Operator (Last, First)

_____Ph_____ Email _____

Operator Certification Number_____ Operator Class_____

B. Operator's Mailing Address

Street_____

City_____State_____Zip_____

4. 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

5. 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)	_____

6. Facilities and Process Description

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

Description of Operations and Services:

_____

_____

_____

_____

_____

_____

_____

Provide the information requested for waste streams or waste types that exist at this facility and indicate where they discharge. Enter "NA" in the Discharge Flow column if the wastestream is not present.

Wastewater Source	**Discharge Flow (gpd)**	**Mode of Disposal (See examples below)***
Non-Contact Cooling Water		
Contact Cooling Water (1)		
Boiler Blowdown		
Other Non-Process Wastewater (1)		
Process Wastewater (1)		
Sanitary Wastewater (2)		
Floor Drains (1)		
Other Wastewater (1)		

* Example Discharge Modes:

1) Direct discharge to surface water or surface water drainageway
2) Direct discharge to surface ground (Minimal flow precludes run-off)
3) Septic system
4) No discharge lagoon
5) Infiltration cell
6) Municipal operated sanitary treatment system (Specify city or village)
7) Privately operated sanitary treatment system (Specify owner/operator)
8) Containment for off-site transport, treatment and disposal
9) Injection well
10) Other (Specify)

Footnotes:

(1) In the space provided below, briefly explain the origin and potential pollutant loadings in any contact cooling water, other non-process wastewater, process wastewater, floor drains, and/or other wastewater flows identified.

(2) In the space provided below, provide a brief description of the origin and strength of the sanitary waste generated (e.g., lavatory and cafeteria waste for 120 employees).

Explain the origin of wastes and their potential pollutant loadings as requested in footnotes (1) and (2) above:

_____

_____

_____

_____

_____

_____

7. Outfall Identification and Characterization

Provide the information requested. It may prove helpful to review the information requested in Section 4 of this form before completing this section. Also see example below. Please attach additional information if there are more than two outfalls.

Example:

Outfall 001 – Outfall Location: Discharges from the southwest corner of main building

Receiving Water Body: Elm Creek via unnamed tributary

Identify the processes that discharge through this outfall, the flow from each process, the pollutants that may be present, any chemical additives used (attach MSDS) and any discharge criteria:

Non-contact, one pass cooling water ~ 10,000 gpd; Pollutants: heat, chlorine from supply, no additives
Cooling tower blowdown from recirculated cooling water system ~ 1,000 gpd; Pollutants: heat & water treatment additives, MSDS attached; blowdown triggered @ conductivity of 2,500 µmhos/cm or pH outside 7.0 to 8.5
Compressor condensate <100gpd; Pollutants: trace oil
Boiler blowdown <100 gpd; Pollutants: heat & water treatment additives, MSDS attached; blowdown triggered @ conductivity of 5,000 µmhos/cm, or pH outside 7.0 to 8.5

How many surface discharge outfalls (not including storm water outfalls) are present at this facility? _____

A. Outfall _____ - Outfall Location: _____

Receiving Water Body: _____

Identify the processes that discharge through this outfall, the flow from each process, the pollutants that may be present, any chemical additives used (attach MSDS) and any discharge criteria: (see examples above)

_____

_____

_____

_____

_____

B. Outfall _____ - Outfall Location: _____

Receiving Water Body: _____

Identify the processes that discharge through this outfall, the flow from each process, the pollutants that may be present, any chemical additives used (attach MSDS) and any discharge criteria: (see examples above)

_____

_____

_____

_____

_____

8. Outfall Specific Information on the Cooling Water System – Outfall _____

Place a check beside the process descriptions that apply to this outfall, and provide the additional information requested. More than one check may be appropriate in each subsection. Use attachments as necessary to provide the information requested or to provide clarifications.

_____ One-pass, non-contact cooling water system – provide a flow estimate: _____

_____ Recirculated, non-contact cooling water system – Provide a flow estimate: _____

_____ Closed, non-contact system and/or _____ Open, non-contact system * and/or _____ Open, contact system *

* For open cooling systems, describe or attach a description of all areas of the cooling system that are open or where cooling water contacts products or process materials.

_____

_____

If cooling water is recirculated, which types of heat exchangers are present?

_____ Closed-loop Heat Exchanger and/or _____ Evaporative Cooling Tower and/or _____ Other **

** If "Other" provide or attach description: _____

_____

Are there any ammonia refrigeration or cooling systems that use this cooling water? _____

If so, attach a description of the heat exchange system including ammonia leak detection and prevention measures.

Water Source Information:

_____ City Supply or _____ Well Supply or _____ Surface Water *** or _____ Other ***

*** If "Surface Water" or "Other" specify source: _____

Chlorination and Chemical Additives Used

Is the water discharged chlorinated? _____

If chlorinated, what are the chlorine residuals present: _____

Are any other chemicals added? _____ If so, identify and attach MSDS or similar information

_____

_____

Other Sources That May Contribute to the Discharge: ****

a) Floor drains _____
b) Air compressor tank and/or air line condensate _____
c) Boiler blowdown _____
d) Softener or other water treatment discharges _____
e) Air emission scrubbers _____
f) Condensate _____ Specify Source: _____

g) Other _____ Specify: _____

**** If any of these sources are present, provide an attachment that provides information on the pollutant potential that may be associated with them. As appropriate, include discharge flow rates, process descriptions, the identity of any chemical additives, the MSDS for those additives, and measures taken to control pollutant discharges. It is important to provide adequate detail in the attachment, or additional information request may be requested.

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Place a check beside the process descriptions that apply to this outfall, and provide the additional information requested. More than one check may be appropriate in each subsection. Use attachments as necessary to provide the information requested or to provide clarifications.

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9. Water Quality Analysis

Provide analytical results for the following parameters for each outfall if available:

Total Residual Chlorine (TRC)
pH
Conductivity
Acute Toxicity
Temperature

If analytical results are not available, NDEQ may request sample analysis for these parameters in order to complete this application.

10. Provide Any Additional Information or Comments That May Be Pertinent

Completion of this section is optional.

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11. 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 9 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 9 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 9 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
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