

Appendix C NPDES Combined Form 1 & 2C National Pollutant Discharge Elimination System
Permit Application for a Facility Discharging Wastewater from Manufacturing and Commercial Operations.
[New addition to regulation]



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 _____

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 =	

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 _____

***Mailing Address:** 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	17V 1,2-dichloropropane
2V acrylonitrile	18V 1,3-dichloropropylene
3V benzene	19V ethylbenzene
5V bromoform	20V methyl bromide
6V carbon tetrachloride	21V methyl chloride
7V chlorobenzene	22V methylene chloride
8V chlorodibromomethane	23V 1,1,2,2-tetrachloroethane
9V chloroethane	24V tetrachloroethylene
10V 2-chloroethylvinyl ether	25V toluene
11V chloroform	26V 1,2-trans-dichloroethylene
12V dichlorobromomethane	27V 1,1,1-trichloroethane
14V 1,1-dichloroethane	28V 1,1,2-trichloroethane
15V 1,2-dichloroethane	29V trichloroethylene
16V 1,1-dichloroethylene	31V vinyl chloride
Acid Compounds	
1A 2-chlorophenol	7A 4-nitrophenol
2A 2,4-dichlorophenol	8A p-chloro-m-cresol
3A 2,4-dimethylphenol	9A pentachlorophenol
4A 4,6-dinitro-o-cresol	10A phenol
5A 2,4-dinitrophenol	11A 2,4,6-trichlorophenol
6A 2-nitrophenol	
Base/Neutral (continued on next page)	
1B acenaphthene	16B 2-chloronaphthalene
2B acenaphthylene	17B 4-chlorophenyl phenyl ether
3B anthracene	18B chrysene
4B benzidine	19B dibenzo(a,h)anthracene
5B benzo(a)anthracene	20B 1,2-dichlorobenzene
6B benzo(a)pyrene	21B 1,3-dichlorobenzene
7B 3,4-benzofluoranthene	22B 1,4-dichlorobenzene
8B benzo(ghi)perylene	23B 3,3'-dichlorobenzidine
9B benzo(k)fluoranthene	24B diethyl phthalate
10B bis(2-chloroethoxy)methane	25B dimethyl phthalate
11B bis(2-chloroethyl)ether	26B di-n-butyl phthalate
12B bis(2-chloroisopropyl)ether	27B 2,4-dinitrotoluene
13B bis(2-ethylhexyl)phthalate	28B 2,6-dinitrotoluene
14B 4-bromophenyl phenyl ether	29B di-n-octyl phthalate
15B butylbenzyl 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 fluroranthene	39B naphthalene
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 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

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