

**Appendix A NPDES Combined Form 1 & 2A National Pollutant Discharge Elimination System Permit Application for a Facility Discharging Domestic Wastewater [New addition to regulation]**



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**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 & 2A**

**National Pollutant Discharge Elimination System  
 Permit Application for a Facility Discharging Domestic Wastewater**

**This Area is For Agency Use**

NPDES Number	NE	IIS Number		Date Rec'd	
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**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**

\_\_\_\_\_ 1/4 of the \_\_\_\_\_ 1/4, Section \_\_\_\_\_, Township \_\_\_\_\_ N, Range \_\_\_\_\_ (E or W), \_\_\_\_\_ County, Nebraska

**G. Standard Industrial Classification (SIC) Code(s) applicable to the Facility**

\_\_\_\_\_

**H. 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 \_\_\_\_\_

\_\_\_\_\_

**I. 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 \_\_\_\_\_

**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
- \_\_\_\_\_ Facility discharging industrial wastewater
- \_\_\_\_\_ Facility discharging nonprocess wastewater
- \_\_\_\_\_ Facility is a fish hatchery or fish farm
- \_\_\_\_\_ Industrial facility discharging stormwater

- Submit NPDES Form 2A
- Submit NPDES Form 2C
- Submit NPDES Form 2E
- Submit NPDES Form 2B
- 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. Operator Information (continued on next page)**

**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 \_\_\_\_\_

**5. Wastewater Treatment System Information**

Provide a brief description of the wastewater treatment process. Include a description of the collection system, primary treatment, secondary treatment, and disinfection.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Population served \_\_\_\_\_ Design Daily Flow (MGD) \_\_\_\_\_

Average Daily Flow (MGD) \_\_\_\_\_ Design Maximum Flow(MGD) \_\_\_\_\_

**6. Sludge Disposal Methods**

Describe sludge management practices and utilization. The disposal of domestic sewage sludge is subject to the requirements of 40 CFR Part 503. This is a Federal regulatory program administered by E.P.A. Region VII

\_\_\_\_\_

\_\_\_\_\_

**7. Discharge Information (continued on next page)**

(Include an attachment to the permit for the following if there is more than one outfall)\_

How many separate outfalls discharge to the receiving waters? \_\_\_\_\_

Facility Location (Street/Directions) \_\_\_\_\_

Location of Outfall(s).

\_\_\_\_ Quarter, \_\_\_\_ Quarter, Section \_\_\_\_, Township \_\_\_\_ North, Range \_\_\_\_ (East / West), \_\_\_\_\_ County, NE

Provide lat/long of outfall if known. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Name of receiving waters \_\_\_\_\_

Name of watershed if known \_\_\_\_\_

Does the treatment works land-apply treated wastewater? \_\_\_\_ yes \_\_\_\_ no

Are there any constructed emergency overflows prior to the headworks? \_\_\_\_ yes \_\_\_\_ no. If yes describe below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any combined sewer (sanitary and storm) overflow points? \_\_\_\_ yes \_\_\_\_ no. If yes describe below

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the effluent discharge continuous or intermittent? \_\_\_\_\_. If intermittent provide the following information

- \_\_\_\_\_ Number of times per year discharge occurs
- \_\_\_\_\_ Average duration of each discharge
- \_\_\_\_\_ Average flow per discharge
- \_\_\_\_\_ Months in which discharge occurs

Are industrial wastes discharged to this facility? \_\_\_\_ yes \_\_\_\_ no. Identify all Significant Industrial Users below.

A Significant Industrial Users is defined as a user that discharges 25,000 gallons per day or more of process water or contributes a process wastestream which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant. Any industrial users subject to Categorical Pretreatment Standards (e.g. metal finishing) are also classified as Significant Industrial Users. (provide an attachment if there are more than four industries).

Industry	Industrial Process	Average flow Rate (MGD)	Average Organic Loading (lbs)

**8. Process Flow Diagram or Schematic**

Provide a diagram showing the processes of the treatment plant, including all bypass piping, and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection. The water balance must show daily average flow rate at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**9. 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.

**10. Additional 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.

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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 6 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 6 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 6 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**

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**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**