



**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 <sup>(1)</sup>		
Boiler Blowdown		
Other Non-Process Wastewater <sup>(1)</sup>		
Process Wastewater <sup>(1)</sup>		
Sanitary Wastewater <sup>(2)</sup>		
Floor Drains <sup>(1)</sup>		
Other Wastewater <sup>(1)</sup>		
<p>* Example Discharge Modes:</p> <ol style="list-style-type: none"> <li>1) Direct discharge to surface water or surface water drainageway</li> <li>2) Direct discharge to surface ground (Minimal flow precludes run-off)</li> <li>3) Septic system</li> <li>4) No discharge lagoon</li> <li>5) Infiltration cell</li> <li>6) Municipal operated sanitary treatment system (Specify city or village)</li> <li>7) Privately operated sanitary treatment system (Specify owner/operator)</li> <li>8) Containment for off-site transport, treatment and disposal</li> <li>9) Injection well</li> <li>10) Other (Specify)</li> </ol>		
<p>Footnotes:</p> <p>(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.</p> <p>(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).</p>		

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  $\mu$ mhos/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  $\mu$ mhos/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.

**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.



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

**\*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**