

Appendix E Nebraska Pretreatment Program (NPP) Form Permit Application for a Facility Discharging Process Wastewater from Manufacturing and Commercial Operations to a Municipal Publicly Owned Treatment Works (POTW). [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

**Nebraska Pretreatment Program (NPP) Form**  
**Permit Application for a Facility Discharging Process Wastewater from  
 Manufacturing and Commercial Operations to a  
 Municipal Publicly Owned Treatment Works (POTW)**

**This Area is For Agency Use**

NPP 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 (Last, First, & Title)

\_\_\_\_\_ Ph \_\_\_\_\_ Email \_\_\_\_\_

D. Facility Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E. Facility Legal Description

\_\_\_\_\_ ¼ of the \_\_\_\_\_ ¼, Section \_\_\_\_\_, Township \_\_\_\_\_ N, Range \_\_\_\_\_ (E or W), \_\_\_\_\_ County

**F. Business Activity and Facility Operations**

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

Description of Operations and Services:

\_\_\_\_\_

**F. 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 \_\_\_\_\_

\_\_\_\_\_

**G. 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. Process Wastewater Treatment System Information**

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

\_\_\_\_ 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)

\_\_\_\_\_

\_\_\_\_\_

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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/or disposal practices.

**C.** Is any process wastewater land applied?

\_\_\_\_\_ Yes (If yes, request a separate application form)                      \_\_\_\_\_ No

### 3. “Non-Discharged” Wastes

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

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### 4. 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 outfall numbers.

### 5. Outfall Information

Provide the following information for all discharge outfalls from the facility including discharges to the POTW and other locations such as storm sewers. Also identify the effluent constituents for each outfall to include process and nonprocess (e.g. sanitary and noncontact cooling water) wastestreams. Provide an attachment if there are more than 3 outfalls from the facility.

A. Outfall Number \_\_\_\_\_

Latitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_) Longitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_)

Discharge location (check applicable location)

\_\_\_\_\_ POTW                      \_\_\_\_\_ Surface Waters                      \_\_\_\_\_ Storm Sewer  
\_\_\_\_\_ Septic System                      \_\_\_\_\_ Evaporative Lagoon                      \_\_\_\_\_ Other (identify \_\_\_\_\_)

Discharge Wastestream (check all that apply)

\_\_\_\_\_ Process Wastewater (Identify \_\_\_\_\_)

\_\_\_\_\_ Noncontact cooling water      \_\_\_\_\_ Sanitary      \_\_\_\_\_ Boiler Blowdown

\_\_\_\_\_ Other nonprocess (Identify \_\_\_\_\_)

List the average flow rate (in MGD) from all the operations listed above that contribute to the wastestream.

Operation \_\_\_\_\_ Flow \_\_\_\_\_      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Operation \_\_\_\_\_ Flow \_\_\_\_\_      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Is process wastewater combined with non-contact cooling water, sanitary wastewater, boiler blowdown and/or any other nonprocess wastewater prior to the sampling location? \_\_\_\_\_ Yes      \_\_\_\_\_ No

Describe any treatment provided before discharge

Treatment \_\_\_\_\_

**B. Outfall Number** \_\_\_\_\_

Latitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_) Longitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_)

Discharge location (check applicable location)

\_\_\_\_\_ POTW                      \_\_\_\_\_ Surface Waters                      \_\_\_\_\_ Storm Sewer  
\_\_\_\_\_ Septic System                      \_\_\_\_\_ Evaporative Lagoon                      \_\_\_\_\_ Other (identify \_\_\_\_\_)

Discharge Wastestream (check all that apply)

\_\_\_\_\_ Process Wastewater (Identify \_\_\_\_\_)

\_\_\_\_\_ Noncontact cooling water                      \_\_\_\_\_ Sanitary                      \_\_\_\_\_ Boiler Blowdown  
\_\_\_\_\_ Other nonprocess (Identify \_\_\_\_\_)

List the average flow rate (in MGD) from all the operations listed above that contribute to the wastestream.

Operation \_\_\_\_\_ Flow \_\_\_\_\_                      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Operation \_\_\_\_\_ Flow \_\_\_\_\_                      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Is process wastewater combined with non-contact cooling water, sanitary wastewater, boiler blowdown and/or any other nonprocess wastewater prior to the sampling location? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Describe any treatment provided before discharge

Treatment \_\_\_\_\_

**C. Outfall Number** \_\_\_\_\_

Latitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_) Longitude (deg. \_\_\_\_\_ min. \_\_\_\_\_ sec \_\_\_\_\_)

Discharge location (check applicable location)

\_\_\_\_\_ POTW                      \_\_\_\_\_ Surface Waters                      \_\_\_\_\_ Storm Sewer  
\_\_\_\_\_ Septic System                      \_\_\_\_\_ Evaporative Lagoon                      \_\_\_\_\_ Other (identify \_\_\_\_\_)

Discharge Wastestream (check all that apply)

\_\_\_\_\_ Process Wastewater (Identify \_\_\_\_\_)

\_\_\_\_\_ Noncontact cooling water                      \_\_\_\_\_ Sanitary                      \_\_\_\_\_ Boiler Blowdown  
\_\_\_\_\_ Other nonprocess (Identify \_\_\_\_\_)

List the average flow rate (in MGD) from all the operations listed above that contribute to the wastestream.

Operation \_\_\_\_\_ Flow \_\_\_\_\_                      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Operation \_\_\_\_\_ Flow \_\_\_\_\_                      Operation \_\_\_\_\_ Flow \_\_\_\_\_

Is process wastewater combined with non-contact cooling water, sanitary wastewater, boiler blowdown and/or any other nonprocess wastewater prior to the sampling location? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Describe any treatment provided before discharge

Treatment \_\_\_\_\_

**D. Other Discharges**

Please describe any other discharges from the facility (e.g., sanitary wastewater, softener reject, RO reject, cooling tower blowdown, etc.), the approximate flows in MGD, and discharge locations (e.g., to the POTW downstream of process wastewater, direct discharge to storm sewer, etc.):

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

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## 7. Intake and Effluent Characteristics

A List the sources of intake water

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

B. Do you know or have reason to believe that any of the pollutants listed in **Attachment A, Tables I-IV** are discharged from any outfall?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, fill out the table below (provide an attachment if more space is needed)

Pollutant	Outfall	Maximum Daily Value	Average Daily Value	Source of Pollutant and Amount Discharged.

## 8. Prohibited Discharges

Are there any pollutants discharged by the applicant to the POTW in quantities or concentrations that will result in or significantly contribute to a violation of the prohibited discharges set forth below? (check appropriate response)

- \_\_\_ Yes    \_\_\_ No    Inhibit, pass through, or interfere with the operation or performance of the POTW?
- \_\_\_ Yes    \_\_\_ No    Create a fire or explosion hazard in the POTW?
- \_\_\_ Yes    \_\_\_ No    Cause corrosive structural damage to the POTW and in no case wastestreams with a pH lower than 5.0?
- \_\_\_ Yes    \_\_\_ No    Cause obstruction to the flow in the collection system or interfere with the operation of the POTW?
- \_\_\_ Yes    \_\_\_ No    Cause interference or process upset at the treatment facility including slug loads?
- \_\_\_ Yes    \_\_\_ No    Contain heat in amounts that can inhibit biological activity at the POTW?
- \_\_\_ Yes    \_\_\_ No    Result in the presence of toxic gases, vapors, or fumes within a POTW in a quantity that may cause acute worker health and safety problems?
- \_\_\_ Yes    \_\_\_ No    Contain petroleum oil, nonbiodegradable cutting oil, or products of mineral oil origin in amounts that will cause interference or pass through?

Please explain if you answered yes to any of the questions listed above

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

<b>COMMENTS</b>
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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**

## Attachment A

**Table I--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-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)

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

### Base/Neutral (continued)

## Attachment A

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
<b>Pesticides</b>	
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	

<b>Table II--Other Toxic Pollutants (Metals and Cyanide) and Total Phenols</b>	
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	

<b>Table III--Conventional and Nonconventional Pollutants</b>	
Bromide	Sulfite
Chlorine, Total Residual	Surfactants
Color	Aluminum, Total
Fecal Coliform	Barium, Total
Fluoride	Boron, Total

## Attachment A

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

**Table IV--Toxic Pollutants and Hazardous Substances Required To Be Identified by Existing Dischargers if Expected To Be Present**

<b>Toxic Pollutants</b>	
<b>Hazardous Substances</b>	
Asbestos	
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

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