

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 CERTIFYING OFFICIAL. The Certifying Official and the Authorized Representative can be the same person.

Facility Name _____
Facility ID # _____ Program/Permit # _____
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: _____

CERTIFYING 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 principal executive officer or ranking elected official may sign as the Certifying Official. *See page two for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____

AUTHORIZED REPRESENTATIVE/SIGNATORY (Do not complete if same as Certifying Official)

This person is designated by the Certifying Official and is responsible for receiving, completing and signing DMRs, and receiving other correspondence (i.e., city clerk, plant operator). *See page two for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____
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 two for requirements.*

Name _____ Title _____ Certification # _____
Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Email _____
If you represent this Facility as/for a Contractor, list: Contractor's Name _____
Contractor's Address _____ Phone _____

(COMPLETE and SIGN PAGE 2)

Facility Name: _____ **Permit No.** _____

COMMENTS

CERTIFYING OFFICIAL SIGNATURE _____ **DATE** _____

PRINTED NAME OF CERTIFYING OFFICIAL _____

SIGNATORY AUTHORIZATION FORM REQUIREMENTS

Certifying Official. Nebraska Department of Water, Energy, and Environment Title 119 and 40 CFR Section 122.22(a).

- (a) All permit applications submitted to the Department shall be signed as follows:
- (a)(1) for a corporation, by a responsible corporate officer;
- (a)(2) for a partnership or sole proprietorship, by a general partner or proprietor, respectively;
- (a)(3) for a municipal, State, Federal, or other public agency, by either a principal executive officer or ranking elected official.

Authorized Representative. Nebraska Department of Water, Energy, and Environment Title 119 and 40 CFR Section 122.22(b).

All reports required by permits, and other information requested by the Director shall be signed by a person designated in 122.22 above, or by a duly authorized representative if such a representative is responsible for the overall operation of the regulated facility; the authorization is made, in writing, by the person designated under 122.22 above; and the written authorization is submitted to the Director.

Changes to Authorization. Nebraska Department of Water, Energy, and Environment Title 119 and 40 CFR Section 122.22(c).

If an authorization above is no longer accurate, a new authorization satisfying the requirements must be submitted to the Director prior to, or together with any reports, information, or applications.

Operator. Nebraska Department of Water, Energy, and Environment, Title 123, *Rules and Regulations for the Design, Operation and Maintenance of Wastewater Works*, Chapter 11.

- 002 All wastewater works shall be operated and maintained by a competent, designated operator. Facilities requiring certified operators shall meet the requirements of Title 197, *Rules and Regulations for the Certification of Wastewater Treatment Facility Operators of Nebraska*.

***Mailing Address:** Documents will be mailed to this address. **DO NOT** use 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 Certifying Official or Authorized Representative.

Nebraska Department of Water, Energy, and Environment
ATTN: Staff Assistant, NPDES Permits Section
245 Fallbrook Boulevard, Suite 100
Lincoln, Nebraska 68521
Telephone (402) 471-2186 Fax (402) 471-2909
<http://dwee.nebraska.gov>