

1 & 2E – NPDES Permit Application to Discharge Wastewater NON-PROCESS WASTEWATER ONLY

- a. All new and existing manufacturing, commercial, mining, or silvicultural facilities that discharge only non-process wastewater into any waters of the state are required to apply for and have a permit to discharge as required by 40 CFR 122.21 (g) or (k).
- b. All permittees with a currently effective permit shall submit a new application 180 days before the expiration date of the existing permit.
- c. Facilities proposing a new discharge must submit an application 180 days prior to the date proposed for commencing operation.
- d. In the case of a facility that has yet to commence discharge, provide all information available at the time the application is completed.
- e. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with this form.

NDEE Facility ID	NPDES Permit Number NE
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SECTION 1: General Information 40 CFR 122.21(f)(1) to (10)

1.1 Facility Information

Facility Legal Name		
Mailing Address (Street or PO Box)		
City or Town	State	Zip Code
Contact Name (first and last)		Title
Phone number	Email address	
Location address (if different than mailing address)	Same as mailing address	County
City or Town	State	Zip Code
Facility Latitude (decimal degrees)	Facility Longitude (decimal degrees)	

1.2 Owner or Operator Information (Applicant/Permittee)

- a. The legal entity that controls the facility's operation and is subject to regulations, rather than the plant or site manager.

Owner or Operator Name	Owner: YES NO	
Address (Street or PO Box)		
City or Town	State	Zip Code
Phone number	Email address	
Operator Status	Public-federal Public-state Other public (specify) _____ Private Other (specify) _____	

1.3 Existing Environmental Permits		
<p>a. Indicate below any existing environmental permit received or have applied for.</p> <p>b. Check all that apply. Include the corresponding permit number and approval date for each.</p>		
Industrial Storm Water	RCRA (hazardous waste)	PSD, NESHAPS, Nonattainment (CAA)
Construction Storm Water	UIC (underground injection control)	Other CAA (specify)
Other NPDES (specify)	Dredge or Fill (CWA 404)	Other (specify)
1.4 SIC and NAICS Codes		
<p>a. List, in descending order of significance, up to four 4-digit standard industrial classification (SIC) codes and North American Industrial Classification System (NAICS) codes that best describe your facility in terms of the principal products or services it produces or provides.</p>		
SIC Code	Description (optional)	
NAICS Code	Description (optional)	
1.5 Indian Country		
Is the facility located in Indian Country?		
Yes	No	
1.6 Variance Requests		
<p>a. Consult with the Department to determine what additional information is needed.</p>		
Do you intend to request or renew a variance authorized at 40 CFR 122.21(m)?		
Yes	No	Not applicable
1.7 Cooling Water Intake Structures		
<p>a. Facilities that use cooling water intake structures as described at 40 CFR 125, Subparts I and J may have additional application requirements at 40 CFR 122.21(r). Consult with the Department to determine what additional information is needed.</p>		
Does your facility use cooling water?		
Yes	No	
If yes, identify the source of cooling water.		

1.8 Topographic Map
Attach a topographic map to this application (or other map if topographic map is unavailable) extending at least one mile beyond property boundaries of the source, depicting the facility and each of its intake and discharge structures. See 40 CFR 122.21(f)(7) for complete requirements.
Completed and Attached
1.9 Nature of Business
Briefly describe the nature of the business.

SECTION 2: Information on Effluent Discharges			
40 CFR 122.21(h)(1) to (7)			
2.1 Description of Outfalls			
Provide information below for each outfall.			
Outfall #	Receiving Water Name	Latitude (decimal degrees)	Longitude (decimal degrees)
2.2 Discharge Date			
If the facility is a new discharger, provide the expected commencement of discharge date:			NA
2.3 Waste Types			
Identify the types of wastes discharged, or expected to be discharged (check all that apply):			
Sanitary Wastes		Other non-process waster (describe below)	
Restaurant or cafeteria waste		_____	
Non-contact cooling water		_____	
If cooling water additives are used, list below.			NA
Cooling Water Additives	Composition of Additives (if available)		
2.4 Effluent Characteristics			
a. Read Attachment B: "General Instructions for Reporting, Sampling, and Analysis" before completing the applicable Tables.			
b. New dischargers must include estimates, along with the source of each estimate.			
If the facility is requesting a waiver in accordance with 40 CFR, 122.21 (h)(4)(ii), attach the request and additional information.			NA
Attached, skip to section 2.5			

Provide data below.						
Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source
		Mass	Conc.	Mass	Conc.	
Biochemical oxygen demand (BOD ₅)						
Total suspended solids (TSS)						
Oil and grease						
Ammonia (as N)						
Discharge Flow						
pH (report as range)						
Temperature (winter)						
Temperature (summer)						

If fecal coliform is believed present, or if sanitary waste is or will be discharged, provide data below. NA

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source
		Mass	Conc.	Mass	Conc.	
Fecal coliform						
<i>E. coli</i>						
Enterococci						

If chlorine is or will be used, provide data below. NA

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source
		Mass	Conc.	Mass	Conc.	
Total residual chlorine						

If non-contact cooling water is or will be discharged, provide data below. NA

Parameter or Pollutant	Number of Analyses (if actual data reported)	Maximum Daily Discharge (specify units)		Average Daily Discharge (specify units)		Source
		Mass	Conc.	Mass	Conc.	
Chemical oxygen demand (COD)						
Total organic carbon (TOC)						

Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See General Instructions for Reporting, Sampling, and Analysis and 40 CFR 122.21(e)(3).

2.5 Flow

If any of the discharges are seasonal or intermittent (except for storm water runoff, leaks, or spills), describe the frequency and duration of flow. NA

2.6 Treatment System
Briefly describe any treatment system(s) used, or to be used.
2.7 Other Information (optional)
Include any additional information the facility wishes to be considered, such as influent data.

SECTION 3: Checklist and Certification Statement	
40 CFR 122.22(a) and (d)	
3.1 Checklist	
<p>a. In Column 1 below, mark the sections of Combined Form 1 & 2E that you have completed and are submitting.</p> <p>b. For each section, specify in Column 2 any attachments you are including.</p> <p>c. Bolded items are required by all applicants.</p>	
Form 2A Sections	Attachments
SECTION 1: General Facility Information	Variance Request Topographic Map Additional Attachments
SECTION 2: Information on Effluent Discharges	Waiver request or approval Additional Attachments
SECTION 3: Checklist and Certification Statement	Signatory Authorization Form (SAF) Additional Attachments
3.2 Certification	
<p>a. Complete and submit with the application Attachment A: Signatory Authorization Form (SAF) for designating the Certifying Official.</p> <p style="text-align: right;">Completed and Attached</p>	
<p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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 the Rules and Regulations promulgated pursuant to these Acts.</i></p>	
Certifying Official, per Title 119, Chapter 13, see SAF	Title
Signature	Date

NPDES & NPP Signatory Authorization Form (NDEE, Title 119, Chapter 13)

- a. Complete this form to identify or update contact information pertaining to the facility.
- b. Do not use home or personal addresses, unless necessary.
- c. Send to the Department with any application; or with any change or new authorization prior to, or together with, any reports, information, or applications.
- d. **This form must be signed by the Certifying Official.**

NDEE Facility ID	NPDES Permit Number NE
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Facility Information

Facility Legal Name		
Mailing Address (Street or PO Box)		
City or Town	State	Zip Code

Applicant/Permittee

- a. The name of company, business, governmental entity, or person that owns the facility and will be responsible for the permit compliance.

Applicant/Permittee

Certifying Official (Responsible Official in NetDMR)

- a. Person responsible for the permit, signing applications, signing DMRs or designating someone to sign DMRs (Duly Authorized Representative), and other correspondence.
- b. Those qualified for the designation of Certifying Official are:
 - for a corporation, by a responsible corporate officer;
 - for a partnership or sole proprietorship, by a general partner or proprietor, respectively;
 - for a municipal, State, Federal, or other public agency, by a principal executive officer or ranking elected official.

Certifying Official Name (first and last)		Title
Phone number	Email address	
Address (if different than facility address)		Same as facility address
City or Town	State	Zip Code

Duly Authorized Representative (Signatory in NetDMR)

- a. Person designated by the Certifying Official, and is responsible for receiving, completing, and signing DMRs, and receiving other correspondence.
- b. For additional Authorized Representative, use the space provided on page 2.

Certifying Official will be signing DMRs (do not complete this section)

Authorized Representative Name (first and last)		Title
Phone number	Email address	
Address (if different than facility address)		Same as facility address
City or Town	State	Zip Code

Operator

- a. Person responsible for the operation and maintenance of the plant.
- b. Facilities requiring certified operators shall meet the requirements of NDEE Title 197, and Title 123, chapter 11.
- c. If you represent this Facility as/for a Contractor, complete the contractor information.

Operator Name (first and last)		Classification	Certification #
Phone number	Email address		
Mailing Address (Street or PO Box)		Same as facility mailing address	
City or Town	State	Zip Code	
Contractor Name		Not Applicable	
Contractor Phone number	Contractor Email address		
Contractor Mailing Address (Street or PO Box)			
City or Town	State	Zip Code	
Additional Information			
Certification: I certify that I am familiar with the information in this report, and that to the best of my knowledge and belief such information is true, complete, and accurate.			
Certifying Official Signature			
Printed Name		Date	

Important note: Read these instructions before completing Section 2.4 of Form 2E.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the NDEE facility ID Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Section 2.4 for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Section 2.4.

Reporting of Effluent Data

Report pollutant levels for all pollutants in Section 2.4 as concentration *and* total mass, with the exception of flow, pH, and temperature. Total mass is the total weight of pollutants discharged over a day.

Flow, temperature, pH, and fecal coliform organisms must be reported as million gallons per day (mgd), degrees Fahrenheit (°F), standard units, and most probable number per 100 milliliters (MPN/100 mL), respectively.

Use the following abbreviations in the columns requiring “units” in Section 2.4.

Concentration	Mass
ppm = parts per million	lbs = pounds
mg/L = milligrams per liter	ton = tons (English tons)
ppb = parts per billion	mg = milligrams
µg/L = micrograms per liter	g = grams
MPN = most probable number per 100 milliliters	kg = kilograms
	T = tonnes (metric tons)

Existing Dischargers

You must provide at least one analysis for each parameter or pollutant, including the following: BOD, TSS, oil and grease, ammonia (as N), fecal coliform including *E. coli* and enterococci (if believed present or if sanitary waste is or will be discharged), total residual chlorine (if chlorine is or will be used), COD, and TOC (if non-contact cooling water is or will be discharged), discharge flow, pH, and temperature (winter and summer).

You may report quantitative data that you have collected over the past 365 days if they are representative of your current operations. The data reported must include maximum daily discharge, average daily discharge, and number of analyses. Most existing facilities routinely monitor the pollutants and parameters listed in Section 2.4 as part of their existing NPDES permit requirements.

You must collect and analyze samples in accordance with 40 CFR 136. Grab samples must be used for analyses of pH, temperature, total residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus) and volatile organic compounds. Twenty-four-hour composite samples must be used for all other pollutants, using at least four

grab samples unless otherwise specified at 40 CFR 136. For a composite sample, only one analysis of the composite of aliquots is required. If you have sampling and analysis questions, direct them to NDEE. The Department may request that you do additional testing, if appropriate, on a case-by-case basis under CWA Section 308.

New Dischargers

You must provide maximum daily and average daily discharge *estimates* for the parameters or pollutants listed in Section 4, unless specifically indicated on the form. Note that if you have the results of *actual* analyses for the listed parameters or pollutants, you are required to report those results rather than submit estimates.

Report or estimate all parameter or pollutant levels as concentration *and* as total mass, except for flow, pH, and temperature. Indicate the source of all estimates in the appropriate column in the Section 2.4 tables (for example, engineering report, actual data from pilot plants, data from similar plants, best professional estimate.) Note that you are required to conduct follow-up testing and reporting no later than 24 months after your facility commences discharge.

Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility’s use of maintenance chemicals and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor engineering reports or any other studies performed on the proposed facility.

Pollutants Solely in Intake Water

If you expect a pollutant to be present solely because of its presence in your intake water, you must still provide an estimate or analytical result in Section 2.4; however, you should indicate in Section 2.7 that you believe the pollutant or parameter to be present only due to its presence in your source water.

Testing Waivers

The Department may waive the testing and reporting requirements for flow or any of the pollutants listed in Section 2.4 if you submit a written request for such a waiver before or with your application. Contact NDEE for more information.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact the Department for guidance on sampling techniques and for answers to specific questions. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the Department may determine that the method is not performing adequately and the Department should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the Department, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method’s precision, accuracy, or resolution, may be considered when assessing the performance of the method.