NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

NPDES and State Permits Section
245 Fallbrook Blvd., Ste. 100
Lincoln, NE 68521

P: 402-471-2186
F: 402-471-2909
https://dwee.nebraska.gov/

2A – NPDES Permit Application to Discharge Wastewater NEW and EXISTING PUBLICLY OWNED TREATMENT WORKS

a. *All new and existing publicly owned treatment works (POTWs) discharging or proposing to discharge pollutants from a point source into any waters of the state are required to apply for and have a permit to discharge as required by 40 CFR 122.21 (a).*
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.*

Facility ID	NPDES Permit Number NE

SECTION 1: Basic Facility Information for all Applicants

40 CFR 122.21(j)(1) and (9)

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 Same as mailing address ☐		County
City or Town	State	Zip Code
Facility Latitude (decimal degrees)	Facility Longitude (decimal degrees)	

1.2 Applicant/Permittee Information

same as section 1.1

Applicant Name		☐ Owner ☐ Operator ☐ Both
Applicant Address (Street or PO Box)		
City or Town	State	Zip Code
Contact Name (first and last)	Title	
Phone number	Email address	

1.3 Existing Environmental Permits

a. Indicate below any existing environmental permit received or have applied for. Include the corresponding permit number and approval date for each.

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 Collection System and Population Served

a. Provide the collection system information below for the treatment works.

b. Specify the municipalities served by the treatment works and population served.

Municipality	Population	Collection System Type	Ownership Status
		% separated sanitary sewer % combined storm and sanitary sewer unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		% separated sanitary sewer % combined storm and sanitary sewer unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain
		% separated sanitary sewer % combined storm and sanitary sewer unknown	☐ Own ☐ Maintain ☐ Own ☐ Maintain ☐ Own ☐ Maintain

Total Population Served	Total Separate Sanitary Sewer Total Combined Storm and Sanitary Sewer

If the POTW has a Combined Sewer Overflow (CSO) System, complete **Attachment B: CSO Additional Application Requirements**.

☐ Completed and Attached ☐ Not Applicable

1.5 Indian Country

Is the treatment works located in Indian Country?

☐ Yes ☐ No

Does the facility discharge to a receiving water that flows through Indian Country?

☐ Yes ☐ No

1.6 Flow Rates

a. Provide design flow rates and actual flow rates of the previous 3 years in million gallons/day (mgd).

Design Daily Flow	Actual Annual Average Flow Rates		
	Two Years Ago	Last Year	This Year
mgd	mgd	mgd	mgd
Design Maximum Flow	**Actual Maximum Daily Flow Rates**		
	Two Years Ago	Last Year	This Year
mgd	mgd	mgd	mgd

1.7 Variance Requests

a. Consult with the Department to determine what additional information is needed.

Do you intend to request or renew the variance authorized at 40 CFR 122.21(n) for water quality based effluent limitations (CWA Section 302(b)(2))?

☐ Yes ☐ No ☐ Not applicable

1.8 Operator Information

a. All wastewater treatment facilities shall be operated and maintained by a competent, designated operator meeting the requirements of NDEE Title 197, and Title 123, Chapter 11.

Operator Name (first and last)	Classification	Certification #

Mailing Address (Street or PO Box)	Same as facility mailing address ☐

City or Town	State	Zip Code

Phone number	Email address

1.9 Contractor Information

a. If any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatments works are the responsibility of a contractor, provide the contractor contact information below.

Company Name

Mailing Address (Street or PO Box)

City or Town	State	Zip Code

Contact Name (first and last)	Title

Phone number	Email address

Describe the operational and maintenance responsibilities of the contractor:

SECTION 2: Information on Effluent Discharges

40 CFR 122.21(j)(3) to (5)

2.1 Description of Outfalls

Provide the total number of effluent discharge points by type.

Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows

Provide information below for each outfall.

	Outfall #____	Outfall #____	Outfall #____
State			
County			
City or Town			
Distance from shore	ft	ft	ft
Depth below surface	ft	ft	ft
Average daily flow	mgd	mgd	mgd
Latitude (decimal degrees)			
Longitude (decimal degrees)			

2.2 Seasonal or Periodic Discharges

a. If any of the outfalls described in 2.1 have seasonal or periodic discharges, provide the following information for each applicable outfall.

	Outfall #____	Outfall #____	Outfall #____
Number of times/year discharge occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months is which discharge occurs			

2.3 Diffuser Type

a. If any of the outfalls described in 2.1 have a diffuser, describe the type at each applicable outfall.

Outfall #	Description of diffuser type

2.4 Receiving Water Description

*a. If the treatment works discharges or plans to discharge wastewater to waters of the State, complete the following information, **if known**.*

	Outfall #____	Outfall #____	Outfall #____
Receiving water name			
Name of watershed, river, or stream system			

US Soil Conservation Service 14-digit watershed code			
Name of state management/river basin			
US Geological Survey 8-digit hydrologic cataloging unit code			
Critical low flow (report in cubic feet/second (cfs))	cfs	cfs	cfs
Total hardness of critical low flow (report in milligrams/liter (mg/L) of calcium carbonate ($CaCO_3$))	mg/L of $CaCO_3$	mg/L of $CaCO_3$	mg/L of $CaCO_3$

2.5 Treatment Description

Treatment Level	Outfall #____	Outfall #____	Outfall #____
Highest level of treatment (check all that apply/outfall)	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify)	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify
Design Removal Rates	**Outfall #____**	**Outfall #____**	**Outfall #____**
Biochemical Oxygen Demand (BOD_5 or $CBOD_5$)	%	%	%
Total Suspended Solids (TSS)	%	%	%
Phosphorus (P)	☐ Not applicable %	☐ Not applicable %	☐ Not applicable %
Nitrogen (N)	☐ Not applicable %	☐ Not applicable %	☐ Not applicable %
Other (specify) _____	☐ Not applicable %	☐ Not applicable %	☐ Not applicable %
Disinfection Description	**Outfall #____**	**Outfall #____**	**Outfall #____**
Disinfection type			
Seasons used			
Dechlorination used?	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No	☐ Not applicable ☐ Yes ☐ No

2.6 Outfalls and Other Discharge or Disposal Methods

a. Provide applicable information below. Discharge flow or volume is measured in gallons/day (gpd) or million gallons/day (mgd).

If the POTW discharges wastewater to basins, ponds, or other surface impoundment that do not have outlets for discharge to waters of the state, provide the data in the table below.

Surface Impoundment Location	Average daily volume discharged to surface impoundment	Continuous or Intermittent (check one)
	gpd	☐ Continuous ☐ Intermittent
	gpd	☐ Continuous ☐ Intermittent

If the POTW applies wastewater to land, provide the data in the table below.

Land Application Site Location	Size	Average daily volume	Continuous or Intermittent (check one)
	acres	gpd	☐ Continuous ☐ Intermittent
	acres	gpd	☐ Continuous ☐ Intermittent

If the POTW sends effluent to another facility for treatment prior to discharge, complete the following.

Describe the means by which the effluent is transported (e.g., tank truck, pipe).

If transported by a party other than the applicant, provide information on the transporter.

Entity Name	Mailing Address	
City or Town	State	ZIP Code
Contact Name (First and Last)	Title	
Phone Number	Email Address	

Provide information on the receiving facility.

Facility Name	Mailing Address	
City or Town	State	ZIP Code
Contact Name (First and Last)	Title	
Phone Number	Email Address	
NPDES Permit Number ☐ None NE	Average daily flow rate mgd	

If the POTW disposes of wastewater in a manner other than those already mentioned that do not have outlets to waters of the state, complete the table below.

Disposal Method Description	Location of Disposal Site	Size	Average daily volume	Continuous or Intermittent (check one)
		acres	gpd	☐ Continuous ☐ Intermittent
		acres	gpd	☐ Continuous ☐ Intermittent

2.7 Biosolids/Sludge Disposal Methods

a. The disposal of domestic sewage biosolids/sludge is subject to the requirements of 40 CFR Part 503. This is a Federal regulatory program administered by EPA Region VII.

Describe biosolids/sludge management practices and utilization.

2.8 Effluent Testing Data/Pollutant Scan

a. *Effluent testing/pollutant scan Tables A through E are attachments to Form 2A. Instructions for completing the tables are table-specific, as are the criteria for determining which tables are required. Read Attachment C: "General Instructions for Reporting, Sampling, and Analysis" before completing the applicable Tables. Additional guidance is located at http://dee.ne.gov*

b. *For POTWs applying prior to commencement of discharge, data shall be submitted no later than 24 months after the commencement of the discharge.*

c. *Provide data from a minimum of three samples taken within 4.5 years prior to the date of the permit application. Samples must be seasonally representative. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application. If the applicant samples for a specific pollutant on a monthly, or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within one year of the application.*

All applicants must sample and analyze for the pollutants listed in Table A. Complete **Table A** and attach the results the application.

☐ Completed and Attached

If the POTW has a design flow greater or equal to 0.1 mgd, and uses chlorine for disinfection, uses chlorine elsewhere in the treatment process, or otherwise has potential to discharge chlorine in its effluent, complete **Table B** and attach results to the application.

☐ Completed and Attached ☐ Not Applicable

If the POTW has a design flow greater or equal to 0.1 mgd, and does **NOT** use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise has potential to discharge chlorine in its effluent, complete **Table B, omitting chlorine,** and attach results to the application.

☐ Completed and Attached ☐ Not Applicable

If the POTW has a design flow greater than or equal to 1 mgd, **OR** is required by the Department to sample additional parameters (such as WET testing), complete **Tables C, D, and E** as applicable and attach results to the application.

Table C	☐ Completed and Attached	☐ Not Applicable
Table D	☐ Completed and Attached	☐ Not Applicable
Table E	☐ Completed and Attached	☐ Not Applicable

If the POTW conducted WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge point, indicate below the number of acute and chronic WET tests conducted by outfall number or of the receiving water.

	Outfall #____	Outfall #____	Outfall #____
Number of tests of discharge water			
Number of tests of receiving water			

If the POTW conducted either a minimum of four quarterly WET tests for one year preceding this permit application or at least four annual WET test in the past 4.5 years, and have previously submitted the results to the Department, provide the information below. Include if the tests resulted in toxicity and the cause(s) of the toxicity.

Date(s) Submitted	Summary of Results

If any WET tests resulted in toxicity, provide details of any toxicity reduction evaluations conducted.

☐ Not Applicable

If the POTW has **NOT** previously submitted WET testing information to the Department, complete **Table E** for all applicable outfalls and attach the results to the application.

☐ Completed and Attached ☐ Not Applicable

SECTION 3: Additional Information for Applicants with a Design Flow Equal to or Greater than 0.1 mgd

40 CFR 122.21(j)(1) and (2)

If the treatment works design flow is **less than 0.1 mgd**, skip to **section 4.**

☐ Section 3 applies, complete below ☐ Section 3 does not apply, skip to section 4

3.1 Inflow and Infiltration (I&I)

Average Daily Volume of I&I gpd	Steps facility is taking or planning to minimize I&I.

3.2 Topographic Map and Process Flow Diagram

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 treatment plant, including all unit processes. See 40 CFR 122.21(j)(2)(ii) for complete requirements.

☐ Completed and Attached

Attach a process flow diagram or schematic to this application showing the processes of the treatment plant **with a narrative description**. See 40 CFR 122.21(j)(2)(iii) for complete requirements.

☐ Completed and Attached

3.3 Scheduled Improvements and Schedules of Implementation

a. If improvements are scheduled, complete the information below.

Briefly list and describe the scheduled improvements.

1.

2.

3.

Scheduled or Actual Date of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (outfall #)	Begin Construction (mm/dd/yyyy)	End Construction (mm/dd/yyyy)	Begin Discharge (mm/dd/yyyy)	Attainment of Operational Level (mm/dd/yyyy)
1.					
2.					
3.					

Describe appropriate permits and clearances concerning other federal/state requirements.

SECTION 4: Industrial Discharges and Hazardous Wastes

40 CFR 122.21(j)(6) and (7)

If the treatment works does **NOT** receive discharges from significant industrial users (SIUs) or non-significant categorical users (NSCIUs), **AND** does **NOT** receive hazardous wastes from Resource Conservation and Recovery (RCRA) sites, Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) sites, or wastewaters that originate from another type of cleanup or remedial activities, skip to **section 5**.

☐ Section 4 applies, complete below ☐ Section 4 does not apply, skip to section 5

4.1 Industrial Discharges

a. SIUs are users that discharge:

- *an average of 25,000 gpd or more of process wastewater to the POTW (with certain exclusions),*
- *or contributes a process wastestream which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW,*
- *or are subject to Categorical Pretreatment Standards (e.g. metal finishing).*
- *Include users that truck or haul waste.*

Number of SIUs	Number of NSCIUs

If the POTW has a Memorandum of Agreement with the Department AND provides all the information included in Table F in an annual report submitted within 1 year of the application, provide the submittal date of the report and skip to section 4.2.

Annual Report Submittal Date ☐ Not applicable

If the POTW has not submitted the information in Table F within 1 year of the application, complete **Table F** for all SIUs and attach to the application.

☐ Completed and Attached

4.2 Hazardous Waste Generators

a. Hazardous waste generators and sites include:

- *Regulated RCRA hazardous wastes pursuant to 40 CFR 261,*
- *Remedial activities including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA,*
- *Include users that truck or haul waste.*

If the POTW receives or has been notified it will receive any hazardous wastes, complete **Table G** and attach to the application. If the POTW receives (or is expected to receive) less than 15 kilograms/month of non-acute hazardous wastes as specified in 40 CFR 261.30 (d) and 261.33(e), **skip to section 5**.

☐ Completed and Attached ☐ Not Applicable, skip to section 5

SECTION 5: Checklist and Certification Statement

40 CFR 122.22(a) and (d)

5.1 Checklist

a. In Column 1 below, mark the sections of Form 2A that you have completed and are submitting.

b. For each section, specify in Column 2 any attachments you are including.

c. Bolded items are required by all applicants.

Form 2A Sections	Attachments
☐ SECTION 1: **Basic Facility Information**	☐ CSO Additional Application Requirements ☐ Variance Request ☐ Additional Attachments
☐ SECTION 2: **Information on Effluent Discharges**	☐ **Table A (all dischargers)** ☐ Table B (design flow greater or equal to .1 mgd) ☐ Table C (design flow greater or equal to 1 mgd) ☐ Table D (additional parameters) ☐ Table E (WET testing) ☐ Additional Attachments
☐ SECTION 3: Additional Information for Applicants with a Design Flow Equal or Greater than .1 mgd ☐ Not applicable	☐ Topographic Map ☐ Process Flow Diagram with Narrative ☐ Additional attachments
☐ SECTION 4: Industrial Discharges and Hazardous Wastes ☐ Not applicable	☐ Table F (SIUs) ☐ Table G (hazardous waste) ☐ Additional Attachments
☐ SECTION 5: **Checklist and Certification Statement**	☐ **Signatory Authorization Form (SAF)** ☐ Additional Attachments

5.2 Certification

a. Complete and submit with the application Attachment A: Signatory Authorization Form (SAF) for designating the Certifying Official.

☐ Completed and Attached

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.

Certifying Official, *per 40 CFR Section 122.22, see SAF*	Title

Signature	Date

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Attachment A: Signatory Authorization Form.

NPDES & NPP Signatory Authorization Form (40 CRF Section 122.22)

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.***

Facility ID	NPDES Permit Number NE

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

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Attachment B: CSO Additional Application Requirements.

Combined Sewer Overflow (CSO)

40 CFR 122.21(j)(8)

Facility ID	NPDES Permit Number NE
Facility Name	

CSO Topographic Map and System Diagram

Attach a CSO system map to the application. The map should indicate: all CSO discharge points, sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, outstanding national resource waters), and waters supporting threatened and endangered species potentially affected by CSOs.

☐ Completed and Attached

Attach a CSO system diagram to the application that includes: the location of major sewer trunk lines (both combined and separate sanitary), locations of points where separate sanitary sewers feed into the combined sewer system, in-line and off-line storage structures, location of flow-regulating devices, and the locations of pump stations.

☐ Completed and Attached

CSO Outfall Description

Provide information below for each outfall. (Attach additional sheets as necessary)

	CSO Outfall #____	CSO Outfall #____	CSO Outfall #____
State and Zip Code			
County			
City or Town			
Distance from shore	ft	ft	ft
Depth below surface	ft	ft	ft
Average daily flow	mgd	mgd	mgd
Latitude (decimal degrees)			
Longitude (decimal degrees)			

CSO Monitoring

Indicate below if the POTW monitored any of the following in the past year for its CSO outfalls.

	CSO Outfall #____	CSO Outfall #____	CSO Outfall #____
Rainfall	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO flow volume	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO pollutant concentrations	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Receiving water quality	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CSO frequency	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Number of storm events in the past year:

CSO Events in Past Year			
Provide the following information for each CSO outfall, if available			
	CSO Outfall #____	CSO Outfall #____	CSO Outfall #____
Number of CSO events in the past year			
Average duration per each			
Average volume per event			
Minimum rainfall causing a CSO event in the last year			
Receiving Water Description			
	CSO Outfall #____	CSO Outfall #____	CSO Outfall #____
Receiving water name			
Name of watershed/ stream system			
US Soil Conservation Service 14-digit watershed code, if known			
Name of state management/river basin			
US Geological Survey 8-digit hydrologic cataloging unit code, if known			
CSO Operations			
Describe any known water quality impacts on the receiving water caused by the CSO (e.g., beach closings, fish kills, fish advisories, recreational loss, or exceedance of any applicable State water quality standard).			

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Attachment C: General Instructions for Reporting Sampling and Analysis

Important note: Read these instructions before completing Tables A through E and Section 2 of Form 2A.

General Items

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

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls, so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a report in a compatible format from the data system used in your analysis of metals completed under Table C.

Note for new dischargers. Provide all information available to you at the time you complete Form 2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type "data are not available" next to the item on the form. Note that you are required to submit *actual* data no later than 24 months after your facility commences discharge.

Reporting of Effluent Data

Provide data for each outfall through which effluent is discharged. When an applicant has two or more outfalls with substantially identical effluents, the Department may allow the applicant to test only one outfall and report that quantitative data as applying to the substantially identical outfall. If the permitting authority grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

At a minimum, effluent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Samples must be representative of the seasonal variation in the discharge from each outfall. **Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application.**

All existing data for pollutants specified in Tables A through D that is collected within 4.5 years of the application must be included in the pollutant data summary that you submit. If, however, you sampled for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within 1 year of the application.

Clearly specify the units of measure on Tables A through E for each parameter/pollutant analyzed. Values should be reported as concentration or mass, except for flow, temperature, pH, and fecal coliform organisms, unless otherwise requested or required by the Department. Flow, temperature, pH, and fecal coliform organisms must be reported as 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 Tables A through D.

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)

Grab samples must be used for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform (including *E. coli*), and volatile organic compounds. For all other pollutants, 24-hour composite samples must be used. For a composite sample, only one analysis of the composite of aliquots is required.

The effluent monitoring data provided must include at least the following for each parameter: (1) the maximum daily discharge based upon actual sample values, (2) average daily discharge for all samples, expressed as concentration or mass, and the number of samples used to obtain this value.

Metals must be reported as "total recoverable metal," unless all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium) or otherwise directed by the Department.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of domestic wastewater. Any specific requirements in the analytical methods — for example, for 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 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.

Further Requirements for Table E, Whole Effluent Toxicity Testing

Each applicant required to perform WET testing must provide results of a minimum of four quarterly tests for a year, from the year preceding the permit application. O*r* the results from four tests performed at least annually in the 4.5 year period prior to the application, provided the results show no appreciable toxicity using a safety factor determined by the Department.

Applicants must conduct tests with multiple species (no less than two species; e.g., fish, invertebrate, plant) and test for acute or chronic toxicity, depending on the range of receiving water dilution. See 40 CFR 122.21(j)(5)(v) for further details.

WET testing must be conducted using methods approved under 40 CFR 136.

FORM 2A - TABLE A

Effluent Parameters for all POTWS.

Facility ID	NPDES Permit Number NE
Facility Name	Outfall Number

Pollutant	Maximum Daily Discharge		Average Daily Discharge		
	Value	Units	Value	Units	Number of Samples
Biochemical oxygen demand (report one) ☐ BOD_5 ☐ $CBOD_5$					
Analytical Method ☐ML ☐MDL					
Fecal coliform					
Analytical Method ☐ML ☐MDL					
Design flow rate					
pH (minimum)					
pH (maximum)					
Temperature (winter)					
Temperature (summer)					
Total suspended solids (TSS)					
Analytical Method ☐ML ☐MDL					

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).

FORM 2A - TABLE B

Effluent Parameters for all POTWS with a flow equal to or greater than 0.1 mgd.

Facility ID	NPDES Permit Number NE
Facility Name	Outfall Number

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
Ammonia (as N)							
Chlorine (total residual, TRC)[1]							
Dissolved oxygen							
Nitrate/nitrite							
Kjeldahl nitrogen							
Oil and grease							
Phosphorus							
Total dissolved solids							

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).

[1] Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine

FORM 2A - TABLE C

Effluent Parameters for POTWS with a design flow greater than or equal to 1 mgd, Or the POTW is required by the Department to sample for these parameters.

Facility ID	NPDES Permit Number NE
Facility Name	Outfall Number

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO3)							
Antimony, total recoverable							
Arsenic, total recoverable							
Beryllium, total recoverable							
Cadmium, total recoverable							
Chromium, total recoverable							
Copper, total recoverable							
Lead, total recoverable							
Mercury, total recoverable							
Nickel, total recoverable							
Selenium, total recoverable							
Silver, total recoverable							
Thallium, total recoverable							
Zinc, total recoverable							
Cyanide							
Total phenolic compounds							

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
Volatile Organic Compounds							
Acrolein							
Acrylonitrile							
Benzene							
Bromoform							
Carbon tetrachloride							
Chlorobenzene							
Chlorodibromomethane							
Chloroethane							
2-chloroethylvinyl ether							
Chloroform							
Dichlorobromomethane							
1,1-dichloroethane							
1,2-dichloroethane							
trans-1,2-dichloroethylene							
1,1-dichloroethylene							
1,2-dichloropropane							
1,3-dichloropropylene							
Ethylbenzene							
Methyl bromide							
Methyl chloride							
Methylene chloride							
1,1,2,2-tetrachloroethane							
Tetrachloroethylene							
Toluene							

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
1,1,1-trichloroethane							
1,1,2-trichloroethane							
Trichloroethylene							
Vinyl chloride							
Acid-Extractable Compounds							
p-chloro-m-cresol							
2-chlorophenol							
2,4-dichlorophenol							
2,4-dimethylphenol							
4,6-dinitro-o-cresol							
2,4-dinitrophenol							
2-nitrophenol							
4-nitrophenol							
Pentachlorophenol							
Phenol							
2,4,6-trichlorophenol							
Base-Neutral Compounds							
Acenaphthene							
Acenaphthylene							
Anthracene							
Benzidine							
Benzo(a)anthracene							
Benzo(a)pyrene							
3,4-benzofluoranthene							
Benzo(ghi)perylene							
Benzo(k)fluoranthene							

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
Bis (2-chloroethoxy) methane							
Bis (2-chloroethyl) ether							
Bis (2-chloroisopropyl) ether							
Bis (2-ethylhexyl) phthalate							
4-bromophenyl phenyl ether							
Butyl benzyl phthalate							
2-chloronaphthalene							
4-chlorophenyl phenyl ether							
Chrysene							
di-n-butyl phthalate							
di-n-octyl phthalate							
Dibenzo(a,h)anthracene							
1,2-dichlorobenzene							
1,3-dichlorobenzene							
1,4-dichlorobenzene							
3,3-dichlorobenzidine							
Diethyl phthalate							
Dimethyl phthalate							
2,4-dinitrotoluene							
2,6-dinitrotoluene							
1,2-diphenylhydrazine							
Fluoranthene							
Fluorene							
Hexachlorobenzene							

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		
Hexachlorobutadiene							
Hexachlorocyclo-pentadiene							
Hexachloroethane							
Indeno(1,2,3-cd)pyrene							
Isophorone							
Naphthalene							
Nitrobenzene							
N-nitrosodi-n-propylamine							
N-nitrosodimethylamine							
N-nitrosodiphenylamine							
Phenanthrene							
Pyrene							
1,2,4-trichlorobenzene							

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).

FORM 2A - TABLE D

If required, additional pollutants required by the Department.

Facility ID	NPDES Permit Number NE
Facility Name	Outfall Number

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method	ML or MDL (include units)
	Value	Units	Value	Units	# of Samples		

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).

FORM 2A - TABLE E

Effluent Monitoring for Whole Effluent Toxicity

Facility ID	NPDES Permit Number NE
Facility Name	Outfall Number

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results

	Test #____	Test #____	Test #____
Test species			
Age at initiation of test			
Date sample collected			
Date test started			
Duration			
Sample type			
Sample location (e.g., before disinfection, after disinfection, after dechlorination)			
Describe the point in treatment process at which the sample was collected			
Was the test performed acute, or chronic, or both?			
Indicate the type of test performed (e.g., static, static-renewal, flow-through)			
Indicate the source/type of dilution water			
Specify the percentage effluent used for all concentrations in the test series			
Check the parameters tested	pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen ☐	pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen ☐	pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen ☐

	Test #____	Test #____	Test #____
Acute Test Results			
Percent survival in 100% effluent			
LC_{50}			
95% confidence interval			
Control percent survival			
Other (describe)			
Chronic Test Results			
NOEC			
IC_{25}			
Control percent survival			
Other (describe)			

FORM 2A - TABLE F

Industrial Discharger Information

Facility ID	NPDES Permit Number NE
Facility Name	

Provide SIU and NSCIU information below. (Provide attachment for additional Industries.)

Industry 1

Industry Name		Mailing Address
City or Town	State	ZIP Code
Latitude (decimal degrees)		Longitude (decimal degrees)
Total average flow rate	Average non-process Flow	Average process flow
Describe briefly all industrial processes that affect or contribute to the SIU's discharge.		
Describe any problems attributed to this SIU (e.g., upsets, pass through, interference) in the past 4.5 years.		
Is the SIU subject to local limits? ☐ Not applicable ☐ Yes ☐ No	Is the SIU subject to categorical standards; under what categories and subcategories? ☐ Not applicable ☐ Yes ☐ No	Categories/Subcategories

Industry 2

Industry Name		Mailing Address
City or Town	State	ZIP Code
Latitude (decimal degrees)		Longitude (decimal degrees)
Total average flow rate	Average non-process Flow	Average process flow
Describe briefly all industrial processes that affect or contribute to the SIU's discharge.		
Describe any problems attributed to this SIU (e.g., upsets, pass through, interference) in the past 4.5 years.		
Is the SIU subject to local limits? ☐ Not applicable ☐ Yes ☐ No	Is the SIU subject to categorical standards; under what categories and subcategories? ☐ Not applicable ☐ Yes ☐ No	Categories/Subcategories

Table 2F- Continued

Industry 3

Industry Name		Mailing Address
City or Town	State	ZIP Code
Latitude (decimal degrees)		Longitude (decimal degrees)
Total average flow rate	Average non-process Flow	Average process flow
Describe briefly all industrial processes that affect or contribute to the SIU's discharge.		
Describe any problems attributed to this SIU (e.g., upsets, pass through, interference) in the past 4.5 years.		
Is the SIU subject to local limits? ☐ Not applicable ☐ Yes ☐ No	Is the SIU subject to categorical standards; under what categories and subcategories? ☐ Not applicable ☐ Yes ☐ No	Categories/Subcategories

Industry 4

Industry Name		Mailing Address
City or Town	State	ZIP Code
Latitude (decimal degrees)		Longitude (decimal degrees)
Total average flow rate	Average non-process Flow	Average process flow
Describe briefly all industrial processes that affect or contribute to the SIU's discharge.		
Describe any problems attributed to this SIU (e.g., upsets, pass through, interference) in the past 4.5 years.		
Is the SIU subject to local limits? ☐ Not applicable ☐ Yes ☐ No	Is the SIU subject to categorical standards; under what categories and subcategories? ☐ Not applicable ☐ Yes ☐ No	Categories/Subcategories

FORM 2A - TABLE G

Hazardous Waste Generators and Sites

Facility ID	NPDES Permit Number NE
Facility Name	

Provide RCRA and CERCLA information below. (Provide attachment for additional Sites.)

Site 1

Hazardous Waste Number	Amount received annually (specify units)
Location	
Method by which waste is received (check on) ☐Truck ☐Rail ☐Dedicated Pipe ☐Other (specify)	
Site description	
Wastewaters hazardous constituents, if known	
Extent of treatment, if any, the wastewater receives before entering POTW	

Site 2

Hazardous Waste Number	Amount received annually (specify units)
Location	
Method by which waste is received (check on) ☐Truck ☐Rail ☐Dedicated Pipe ☐Other (specify)	
Site description	
Wastewaters hazardous constituents, if known	
Extent of treatment, if any, the wastewater receives before entering POTW	