

EPA ID. NUMBER (copy from Item 1 of Form 1)
NPDES NO. IL0076961

FORM 2B NPDES	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES	
I. GENERAL INFORMATION Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input checked="" type="checkbox"/>		
A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
<input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and Section II) <input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)	Owner/or Operator Name: <u>Midwest Poultry Services, LP</u> Telephone: (<u>574</u>) <u>353-7651</u> Address: <u>P.O. Box 307</u> Facsimile: (<u>574</u>) <u>353-7223</u> City: <u>Mentone</u> State: <u>IN</u> Zip Code: <u>46539</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility
D. FACILITY INFORMATION Name: <u>Midwest Poultry Services, LP Hi-Grade Egg Producers - Loda Facility</u> Telephone: (<u>217</u>) <u>386-2313</u> Address: <u>360N US 45</u> Facsimile: (<u>217</u>) <u>386-2686</u> City: <u>Loda</u> State: <u>IL</u> Zip Code: <u>60948</u> County: <u>Iroquois</u> Latitude: <u>40.5401 N</u> Longitude: <u>88.0539 W</u> If contract operation: Name of Integrator: _____ Address of Integrator: _____		
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS		
A. TYPE AND NUMBER OF ANIMALS		B. Manure, Litter and/or Wastewater Production and Use
2. ANIMALS		a) How much manure, litter and wastewater is generated annually by the facility? <u>20770</u> tons <u>2009722</u> gallons b) If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? _____ <u>51</u> acres c) How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? tons/gallons (<i>circle one</i>) <u>20770</u> tons
1. TYPE	NO. IN OPEN CONFINEMENT	
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Dairy Heifers		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal)		
<input type="checkbox"/> Swine (55 lbs. or over)		
<input type="checkbox"/> Swine (under 55 lbs.)		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		

<input type="checkbox"/> Chickens (Broilers)			
<input checked="" type="checkbox"/> Chickens (Layers)		1,717,326.00	
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS		1,717,326.00	

C. ☒ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)	
<input checked="" type="checkbox"/> Lagoon	2 stage anearobic - 2,743,267 gallons total	
<input checked="" type="checkbox"/> Holding Pond	Iron backwash pond - 1,787,257 gallons total	
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		

2. Report the total number of acres contributing drainage: _____ 0 acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)	
<input checked="" type="checkbox"/> Anaerobic Lagoon	333.00	2,257,415 gallons max op.	
<input checked="" type="checkbox"/> Storage Lagoon	544.00	1,442,192 gallons max op.	
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<input checked="" type="checkbox"/> Roofed Storage Shed	263.00	4,906 as-is tons	
<input checked="" type="checkbox"/> Concrete Pad	140.00	2,109 as-is tons	
<input type="checkbox"/> Impervious Soil Pad			
<input checked="" type="checkbox"/> Other: Specify <u>deep pit barns 7-9</u>	517.00	3,981 as-is tons	

E. NUTRIENT MANAGEMENT PLAN

A. Has a nutrient management plan been developed? ☒ Yes ☐ No

B. Is a nutrient management plan being implemented for the facility? ☒ Yes ☐ No

C. If no, when will the nutrient management plan be developed? Date: _____

D. The date of the last review or revision of the nutrient management plan. Date: 12/18/08

E. If not land applying, describe alternative use(s) of manure, litter and or wastewater: All Manure generated is distributed off the farm. All Wastewater is land applied to acres owned by Midwest Poultry.

F. LAND APPLICATION BEST MANAGEMENT PRACTICES Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality: <input checked="" type="checkbox"/> Buffers <input checked="" type="checkbox"/> Setbacks <input checked="" type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input checked="" type="checkbox"/> Infiltration field <input checked="" type="checkbox"/> Grass filter <input type="checkbox"/> Terrace					
III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS					
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. Outfall No.	2. Flow (<i>gallons per day</i>)			1. Ponds	2. Raceways
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	C. Provide the name of the receiving water and the source of water used by your facility.	
				1. Receiving Water	2. Water Source
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.					
1. Cold Water Species			2. Warm Water Species		
a. Species	b. Harvestable Weight (<i>pounds</i>)		a. Species	b. Harvestable Weight (<i>pounds</i>)	
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food	
IV. CERTIFICATION					
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>					
A. Name and Official Title (<i>print or type</i>) Robert L. Krouse, president			B. Phone No. (574) 353-7651		
C. Signature			D. Date Signed		