



Frank & West
Environmental Engineers, Inc.

October 28, 2008

U.S. EPA – Region 5
Attn: Cheryl Burdett
Water Enforcement Compliance Assurance Branch (WC15-J)
77 W. Jackson Blvd.
Chicago, IL 60604

RE: Jakobs Bros. Farms, Inc.
Base Feedlot
Docket No. V-W-07-AO-10

Dear Ms. Burdett:

Frank & West is submitting an application for the general NPDES permit along with the current and NRCS approved comprehensive nutrient management plan (CNMP) on behalf of the Jakobs Bros. Farms, Inc., - Base Feedlot facility.

If you have any further questions or comments regarding the Jakobs Bros. Beef - Base non-lagoon livestock waste handling facility, please advise.

FRANK & WEST
ENVIRONMENTAL ENGINEERS, INC.

Chris J. West, P.E.
Vice President

Cc: David Jakobs – w/o CNMP
Bruce Yurdin – IEPA-Springfield
Lee Heeren – IEPA-Rockford

Enclosure: NPDES Permit Application with IDOA Approval Letter & CNMP


A:\ProjectFiles\2008\08-117\Base Feedlot\IEPA NPDES Submittal Letter.doc

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0088.

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|---|-----|---|----------|--------------------|----------|--------------------|----------|--------------------|----------|--|--|-----|----|---------------|-----|----|---------------|--|--|---|--|---|--|---|---|---|--|---|--|---|--|---|--|--|--|---|--|--|--|---|--|--|--|---|--|---|--|---|--|--|--|---|--|--|--|---|--|
| LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION II. POLLUTANT CHARACTERISTICS | | PLEASE PLACE LABEL IN THIS SPACE | | GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space has the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <table border="1"> <thead> <tr> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> <th rowspan="2">SPECIFIC QUESTIONS</th> <th colspan="3">Mark "X"</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> <th>YES</th> <th>NO</th> <th>FORM ATTACHED</th> </tr> </thead> <tbody> <tr> <td>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</td> <td></td> <td>X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</td> <td></td> <td>X</td> <td>X</td> </tr> <tr> <td>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</td> <td></td> <td>X</td> <td></td> <td>D. 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| YES | NO | FORM ATTACHED | YES | | NO | FORM ATTACHED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. NAME OF FACILITY 1 SKP Jakobs Bros. - Base Feedlot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 Jakobs, David, Mr. B. PHONE (area code & no.) (815) 336-2441 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 21950 Ridge Road B. CITY OR TOWN 4 Sterling C. STATE IL D. ZIP CODE 61081 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 Same As Above B. COUNTY NAME Whiteside C. CITY OR TOWN 6 Sterling D. STATE IL E. ZIP CODE 61081 F. COUNTY CODE (if known) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONTINUED FROM THE FRONT

| VII. SIC CODES (4-digit, in order of priority) | | | | | | | | | | B. SECOND | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|-------------|--|---|---|--|--|--|--|
| A. FIRST | | | | | | | | | | | | | | | | | | | |
| 7 0211 (specify) Farm Product | | | | | | | | | | 7 (specify) | | | | | | | | | |
| C. THIRD | | | | | | | | | | D. FOURTH | | | | | | | | | |
| 7 (specify) | | | | | | | | | | 7 (specify) | | | | | | | | | |
| VIII. OPERATOR INFORMATION | | | | | | | | | | | | | | | | | | | |
| A. NAME | | | | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | |
| 8 Jakobs Bros Farms, Inc. | | | | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify) | | | | | | | | | | | | | | | D. PHONE (area code & no.) | | | | |
| F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify) | | | | | | | | | | | | | | | A (815) 336-2441 | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | | | |
| 21950 Ridge Road | | | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | | | | | |
| 8 Sterling | | | | | | | | | | IL | | 61081 | | Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| X. EXISTING ENVIRONMENTAL PERMITS | | | | | | | | | | | | | | | | | | | |
| A. NPOES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
| 9 N | | | | | | | | | | 9 P | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 U | | | | | | | | | | (specify) | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| 9 R | | | | | | | | | | (specify) | | | | | | | | | |
| XI. MAP | | | | | | | | | | | | | | | | | | | |
| Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements. | | | | | | | | | | | | | | | | | | | |
| XII. NATURE OF BUSINESS (provide a brief description) | | | | | | | | | | | | | | | | | | | |
| Livestock Facility - Beef | | | | | | | | | | | | | | | | | | | |
| XIII. CERTIFICATION (see instructions) | | | | | | | | | | | | | | | | | | | |
| 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 persons immediately responsible for obtaining the information contained in the application, 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. | | | | | | | | | | | | | | | | | | | |
| A. NAME & OFFICIAL TITLE (type or print) | | | | | | | | | | B. SIGNATURE | | | | | C. DATE SIGNED | | | | |
| Chris J. West | | | | | | | | | |  | | | | | 10/22/2008 | | | | |
| COMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Form Approved
OMB No. 2040-0250
Approval expires 12-15-05

EPA I.D. NUMBER (copy from Item 1 of Form 1)

| 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>Jakobs Bros Farms, Inc.</u> Telephone: (<u>815</u>) <u>336.2441.00</u> Address: <u>21850 Ridge Road</u> Facsimile: (_____) _____ City: <u>Sterling</u> State: <u>IL</u> Zip Code: <u>61081</u> | | <input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility | |
| D. FACILITY INFORMATION | | | | | |
| Name: <u>Jakobs Bros. - Base Feedlot</u> Telephone: (<u>815</u>) <u>336.2441.00</u> | | | | | |
| Address: <u>21850 Ridge Road</u> Facsimile: (_____) _____ | | | | | |
| City: <u>Sterling</u> State: <u>IL</u> Zip Code: <u>61081</u> | | | | | |
| County: <u>Whiteside</u> Latitude: <u>41° 54' 3.0"</u> Longitude: <u>89° 38' 29.4"</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>730.00</u> tons <u>3,210.36</u> gallons b) If land applied how many acres of land under the control of the applicant are available for applying the CAFO's manure/litter/wastewater? <u>1,898.00</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 (circle one) <u>0.00</u> tons | | |
| 1. TYPE | NO. IN OPEN CONFINEMENT | NO. HOUSED UNDER ROOF | | | |
| <input type="checkbox"/> Mature Dairy Cows | | | | | |
| <input type="checkbox"/> Dairy Heifers | | | | | |
| <input type="checkbox"/> Veal Calves | | | | | |
| <input checked="" type="checkbox"/> Cattle (not dairy or veal) | 250.00 | 1,100.00 | | | |
| <input checked="" 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 | | | | | |

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Approval expires 12-15-05

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Chickens (Broilers) | | | |
| <input type="checkbox"/> Chickens (Layers) | | | |
| <input type="checkbox"/> Ducks | | | |
| <input type="checkbox"/> Other Specify _____ | | | |
| 3. TOTAL ANIMALS | | | |

C. ☐ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

| | | |
|--|-----------------------------|--|
| 1. Type of Containment | Total Capacity (in gallons) | |
| <input type="checkbox"/> Lagoon | | |
| <input type="checkbox"/> Holding Pond | | |
| <input type="checkbox"/> Evaporation Pond | | |
| <input checked="" type="checkbox"/> Other: Specify <u>Slurry Store & Pit</u> | 3,335,369.00 | |

2. Report the total number of acres contributing drainage: 0.00 acres

| | | | |
|---|----------------------|-------------------------------|--|
| 3. Type of Storage | Total Number of Days | Total Capacity (gallons/tons) | |
| <input type="checkbox"/> Anaerobic Lagoon | | | |
| <input type="checkbox"/> Storage Lagoon | | | |
| <input type="checkbox"/> Evaporation Pond | | | |
| <input checked="" type="checkbox"/> Aboveground Storage Tanks | 90.00 | 1,282,520.00 | |
| <input checked="" type="checkbox"/> Belowground Storage Tanks | 280.00 | 1,983,300.00 | |
| <input type="checkbox"/> Roofed Storage Shed | | | |
| <input checked="" type="checkbox"/> Concrete Pad | 32.00 | 14,400.00 | |
| <input type="checkbox"/> Impervious Soil Pad | | | |
| <input checked="" type="checkbox"/> Other: Specify <u>Bed Pack Building</u> | 225.00 | 29,044.00 | |

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: 02/13/2008

E. If not land applying, describe alternative use(s) of manure, litter and or wastewater:

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| | | | | | |
|---|--------------------------------|-------------------|---|---|-----------------|
| 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 type="checkbox"/> Infiltration field <input 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 (gallons per day) | | | 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 (pounds) | | a. Species | b. Harvestable Weight (pounds) | |
| | (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 (print or type) Chris J. West - Vice President Frank & West | | | B. Phone No. (815) 3.362.441.00 | | |
| C. Signature  | | | D. Date Signed 10/22/2008 | | |



Rod R. Blagojevich, Governor
Thomas E. Jennings, Acting Director

Bureau of Environmental Programs

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/785-2427 (voice/TDD) • Fax 217/524-4882
Pesticide Misuse Hotline 1-800-641-3934 (voice/TDD)

LIVESTOCK WASTE PROGRAM
INITIAL NOTICE OF CONSTRUCTION PLAN COMPLETENESS
Non-Lagoon Livestock Waste Handling Facility

Registrant:

Jakobs Brothers Beef-Base Feedlot
21950 Ridge Road
Sterling, IL 61081

Facility Location:

Coleta
Facility ID#
LF1950240000

Date Issued: June 16, 2008

A Notice of Non-Lagoon Construction Plan Completeness is hereby granted to the above-designated registrant to construct a single livestock waste handling facility as stated in the construction plan application submitted to the Department as follows:

Construction of a single livestock waste handling facility that shall have the following dimensions:

| | |
|-------------------------|-------------------------|
| Maximum Diameter = | 101 feet |
| Maximum Depth = | 26 feet |
| Total Design Capacity = | 207,000 ft ³ |

The construction plan for the aforementioned structure has been reviewed and deemed complete by the Illinois Department of Agriculture pursuant to the Livestock Management Facilities Act (Act), 510 Illinois Compiled Statutes 77/13.

Pursuant to 510 ILCS 77/13(g), an initial site inspection was conducted by a representative of the Department on May 27, 2008.

Please be advised that, pursuant to the Act and rule, the Department shall make additional site inspections during the construction and post-construction phase and shall require modifications when necessary to ensure the project shall be in compliance with the requirements of the regulation. Please notify the Department at least 5 days prior to the commencement of construction.

Further, pursuant to 510 ILCS 77/13(f), upon completion of construction but prior to the placing of the structure in service, the owner or operator shall certify to the Department that the structure has been constructed or modified in accordance with the requirements of the Act and rule and that the information provided during the submittal process is correct. The Department, upon receipt of the completion of construction certification shall inspect the construction site to determine compliance with the construction standards of the Act and rule. Upon completion of this inspection, the Department shall send an official written notice to the owner or operator of the facility, indicating that the structure has met the standards of the Act and rule and that it may be placed into service or identifying the remedial measures necessary to

enable the structure to be in compliance.

Please be advised that this letter is not to be construed as a release from any other federal, state or local laws or regulations. If you have any questions or comments relative to this notification or if the Department may be of service to you, please feel free to contact the Department at Livestock Waste Program, Illinois Department of Agriculture, Bureau of Environmental Programs, P.O. Box 19281, Springfield, IL 62794-9281, (217/785-2427).

Sincerely,

ILLINOIS DEPARTMENT OF AGRICULTURE



Warren D. Goetsch, P.E.
Bureau Chief, Environmental Programs



Brad A. Beaver
Manager, Livestock Waste Program

cc: File
Bruce Yurdin, IEPA

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