

FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA NUMBER																																																								
<b>II. POLLUTANT CHARACTERISTICS</b> <p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">SPECIFIC QUESTIONS</th><th colspan="3">MARK "X"</th></tr><tr><th>YES</th><th>NO</th><th>FORM ATTACHED</th></tr></thead><tbody><tr><td>A. 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CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7		(specify)	C	7		(specify)
13	14	15	16	17	18	19	20
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
13	14	15	16	17	18	19	20

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
C	BIGGER FARMS AND FEEDLOT									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11	12	13	14	15	16	17	18	19	20	21	22

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL M = PUBLIC (other than federal or state)  
 S = STATE O = OTHER (specify)  
 P = PRIVATE

D. PHONE (area code &amp; no.)

C A 3 0 9 6 2 7 2 3 2 0  
 11 12 13 14 15 16 17 18 19 20 21 22

E. STREET OR P.O. BOX

R R 1 BOX 306

F. CITY OR TOWN

B BIGGSVILLE

G. STATE

I L

H. ZIP CODE

6 1 4 1 8

## IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO  
 33 34 35 36 37 38 39 40 41 42 43 44

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N								C	9	P							
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9								
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
C. RCRA (Hazardous Wastes)										F. OTHER (specify)									
C	9	R								C	9								
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

## 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)

Feedlot for feeder cattle serving up to 600 animal units with two waste management areas of 300 animal units each. Runoff discharge will occur during runoff events exceeding the 25 year, 24 hour storm event.

## 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 &amp; OFFICIAL TITLE (type or print)

Joe Bigger, Operator

B. SIGNATURE

Joe Bigger

C. DATE SIGNED

10-15-97

## COMMENTS FOR OFFICIAL USE ONLY

C																			
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Form Approved  
OMB No. 2040-0086  
Approval expires 5-31-92

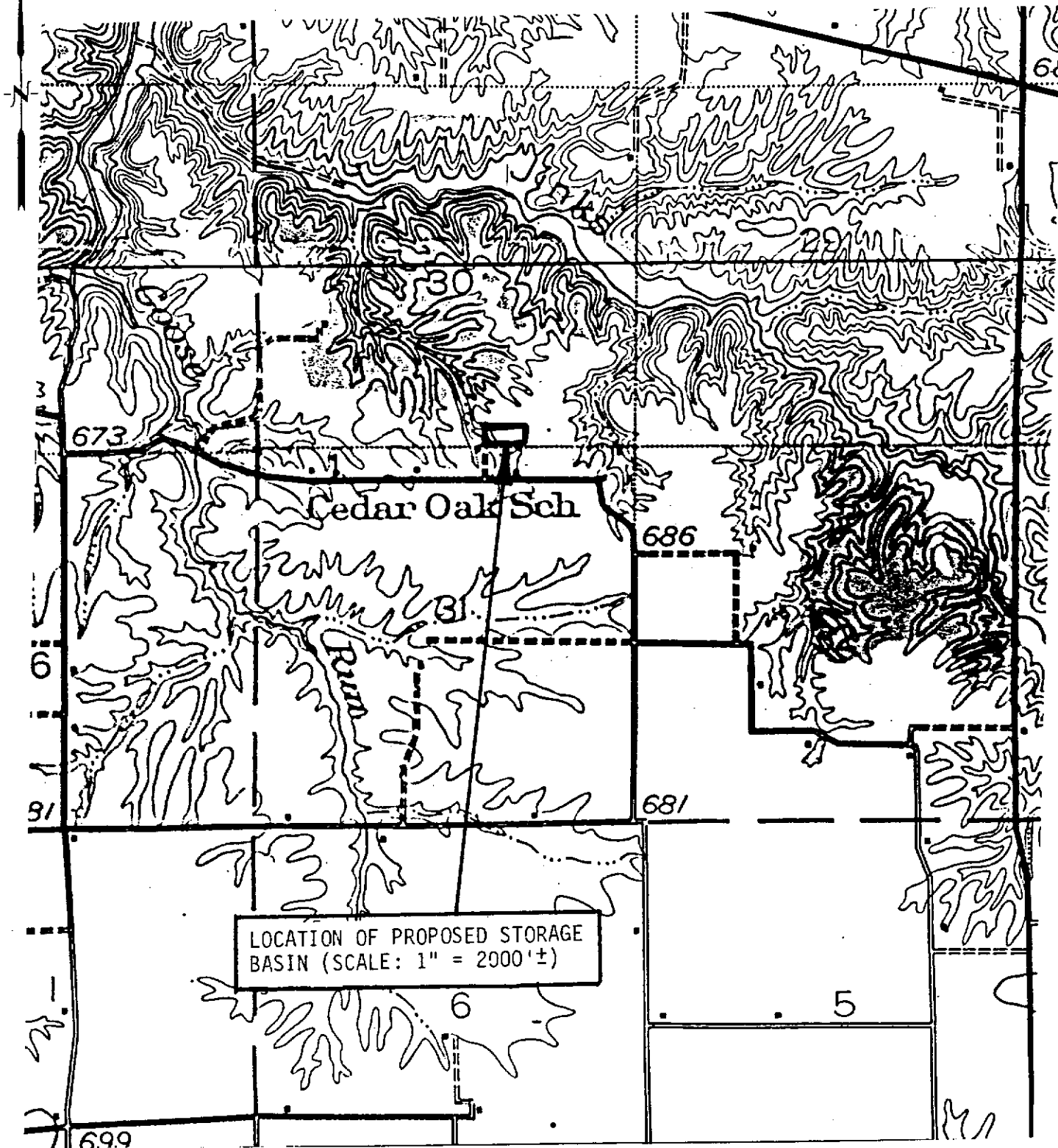
FORM <b>2B</b> NPDES		<b>EPA</b>		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES Consolidated Permits Program	
<b>I. GENERAL INFORMATION</b>					
<b>A. TYPE OF BUSINESS</b>  <input type="checkbox"/> CONCENTRATED ANIMAL FEEDING <input type="checkbox"/> 1. OPERATION (complete items B, C, and Section II) <input type="checkbox"/> CONCENTRATED AQUATIC ANIMAL <input type="checkbox"/> 2. PRODUCTION FACILITY (complete Items B, C, and Section II)		<b>B. LEGAL DESCRIPTION OF FACILITY LOCATION</b>  See Attachment		<b>C. FACILITY OPERATION STATUS</b>  <input type="checkbox"/> 1. EXISTING FACILITY <input checked="" type="checkbox"/> 2. PROPOSED FACILITY	
<b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>					
<b>A. TYPE &amp; NUMBER OF ANIMALS IN OPEN CONFINEMENT &amp; HOUSED UNDER ROOF</b>				<b>B. NO. OF ACRES FOR CONFINEMENT FEEDING</b>	
1. TYPE  Feeder Cattle	2. NO. IN OPEN CONFINEMENT  600	3. NO. HOUSED UNDER ROOF  0	2.68 Acres		
				C. If there is open confinement, has a runoff diversion and control system been constructed? <input type="checkbox"/> YES (complete items 1, 2, & 3 below) <input type="checkbox"/> NO (go to Section IV)	
1. What is the design basis for the control system?					
<input type="checkbox"/> a. 10 YEAR, 24 - HOUR STORM (specify inches)	INCHES	<input checked="" type="checkbox"/> b. 25 YEAR, 24 - HOUR STORM (specify inches)	INCHES	<input type="checkbox"/> c. OTHER (specify inches & type)	TYPE
2. Report the number of acres of contributing drainage.		ACHES 4.48		3. Report the design safety factor. SAFETY FACTOR 1.9 Ac Ft	
<b>III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS</b>					
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	3. OTHER
	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
			<b>RECEIVED</b> OCT 22 1997 Environmental Protection Agency WPC- Permit Log In		
E. Report the total pounds of food fed during the calendar month of maximum feeding.			1. MONTH		2. POUNDS OF FOOD
<b>IV. CERTIFICATION</b>					
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.					
A. NAME & OFFICIAL TITLE (print or type) Joe Bigger, Operator				B. PHONE NO. (area code & no.) 309/627-2320	
C. SIGNATURE 				D. DATE SIGNED 10-15-97	

Legal description of land on which the facility will be constructed:

A tract of land 130 feet North-South by 575 feet East-West lying North and East of the Northwest corner of the following described property:

Three acres in the Southeast Quarter ( $SE\frac{1}{4}$ ) of Section Thirty bounded and described as follows: Commencing at a point on the South line of said Quarter Section 60 rods West of the Southeast corner of said Section Thirty; thence running West 60 rods; thence running North 8 rods; thence running East 60 rods; thence running South 8 rods to the point of beginning.

Also, the previous described property lying in Township 11 North, Range 4 West of the Fourth Principal Meridian, Henderson County, Illinois.



**McCLURE  
ENGINEERING  
ASSOCIATES, INC.**

716 East Jackson St.  
(309) 833-4594

Macomb, Illinois 61455  
FAX (309) 837-4909

# **AREA TOPOGRAPHIC MAP** **BIGGER FARMS WASTE MANAGEMENT**

SCALE: 1" = 2000'±

DATE: 9/97

FILE NAME: XXX.DWG

JOB NO.: 03-23-97072

DRAWN: TAB

CHECKED: EMC

SHEET NO.

**1**

of **1**