

EPA Form 3510-2B (12-02)

<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS		7,440.00	

C. ☐ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)	
<input type="checkbox"/> Lagoon	5,699,872.00	
<input type="checkbox"/> Holding Pond	719,493.00	
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		

2. Report the total number of acres contributing drainage: \_\_\_\_\_ acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)	
<input type="checkbox"/> Anaerobic Lagoon			
<input type="checkbox"/> Storage Lagoon	722.00	6,419,366.00	
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other: Specify _____			

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: 02/22/2010

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

<b>F. LAND APPLICATION BEST MANAGEMENT PRACTICES</b> 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					
<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
	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	
<b>IV. CERTIFICATION</b>					
<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) Kevin Logeman			B. Phone No. (618) 524 3276		
C. Signature 			D. Date Signed Feb 19 10		

<b>FORM</b> <b>1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:15%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14																																										
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<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 <b>bold-faced terms</b>.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <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 <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b>? (FORM 2A)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b>? (FORM 2B)</td> <td></td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b>? (FORM 2D)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b>? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, <b>underground sources of drinking water</b>? (FORM 4)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. 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15	16	45	46	47	48	49	50	51	52	53																																															

CONTINUED FROM THE FRONT

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

A. FIRST										B. SECOND										
C	7	0	2	1	(specify) Livestock	C	7	0	2	1	3	(specify) Hog								
15	16	17	18	19		15	16	17	18	19										
C. THIRD										D. FOURTH										
C	7				(specify)	C	7				(specify)									
15	16	17	18	19		15	16	17	18	19										

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	Same As Above																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																													55	56								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)																									D. PHONE (area code & no.)														
F = FEDERAL										M = PUBLIC (other than federal or state)										P					(specify)					C									
S = STATE										O = OTHER (specify)																				A									
P = PRIVATE																														15 16 17 18 19 20 21 22 23 24 25									
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26																														56									
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C																															Is the facility located on Indian lands?								
B																															<input type="checkbox"/> YES <input type="checkbox"/> NO								
15	16																					40	41	42	43	44	45	46	47	48	49	50	51	52					

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I													C	T	I														
9	N														9	P															
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I													C	T	I														
9	U														9			(specify)													
15	16	17	18													15	16	17	18												
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I													C	T	I														
9	R														9			(specify)													
15	16	17	18													15	16	17	18												

## 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)

This facility operates as a livestock farming operation. The facility is a swine operation that utilizes earthen lined structures as temporary waste storage.

## 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									
Kevin Logeman																														Feb 19 10									

## COMMENTS FOR OFFICIAL USE ONLY

C																																			
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