

CONTINUED FROM THE FRONT

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

A. FIRST										B. SECOND									
C	0213	(specify)								C		(specify)							
7		Swine								7									
15	16	17								15	16	19							
C. THIRD										D. FOURTH									
C		(specify)								C		(specify)							
7										7									
15	16	17								15	16	19							

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																																		
C	The Maschhoffs, LLC														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																		
8																																																	
18	19														55																																		
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)										P (specify)					C A 15					618					594					2125				
																									56																								

E. STREET OR PO BOX																											
7475 State Route 127																											
26																											
F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND							
C	Carlyle										IL					62231					Is the facility located on Indian lands?						
B																					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15	16									40						42	42				47	51					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																								
C	T	I													C	T	8																						
9	N														9	P																							
15	16	17	18											30	15	16	17	18											30										
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															(Specify)									
C	T	I													C	T	8																						
9	U														9																								
15	16	17	18											30	15	16	17	18											30										
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															(Specify)									
C	T	I													C	T	8																						
9	R														9																								
15	16	17	18											30	15	16	17	18											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)

Swine production facility

RECEIVED

MAR 30 2009

Environmental Protection Agency
WPC--Permit Log In

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									
Art Braundmeier III, Dir. Env. Sys.																														2/26/09									

COMMENTS FOR OFFICIAL USE ONLY

C																								
C																								
15	16																							55

<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS		8,180	

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 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 checked="" type="checkbox"/> Anaerobic Lagoon	1,380	9,000,000	
<input type="checkbox"/> Storage Lagoon			
<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

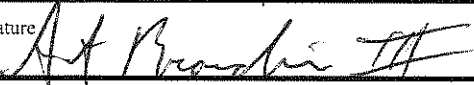
A. Has a nutrient management plan been developed? ☒ Yes ☐ No

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

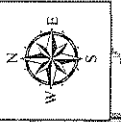
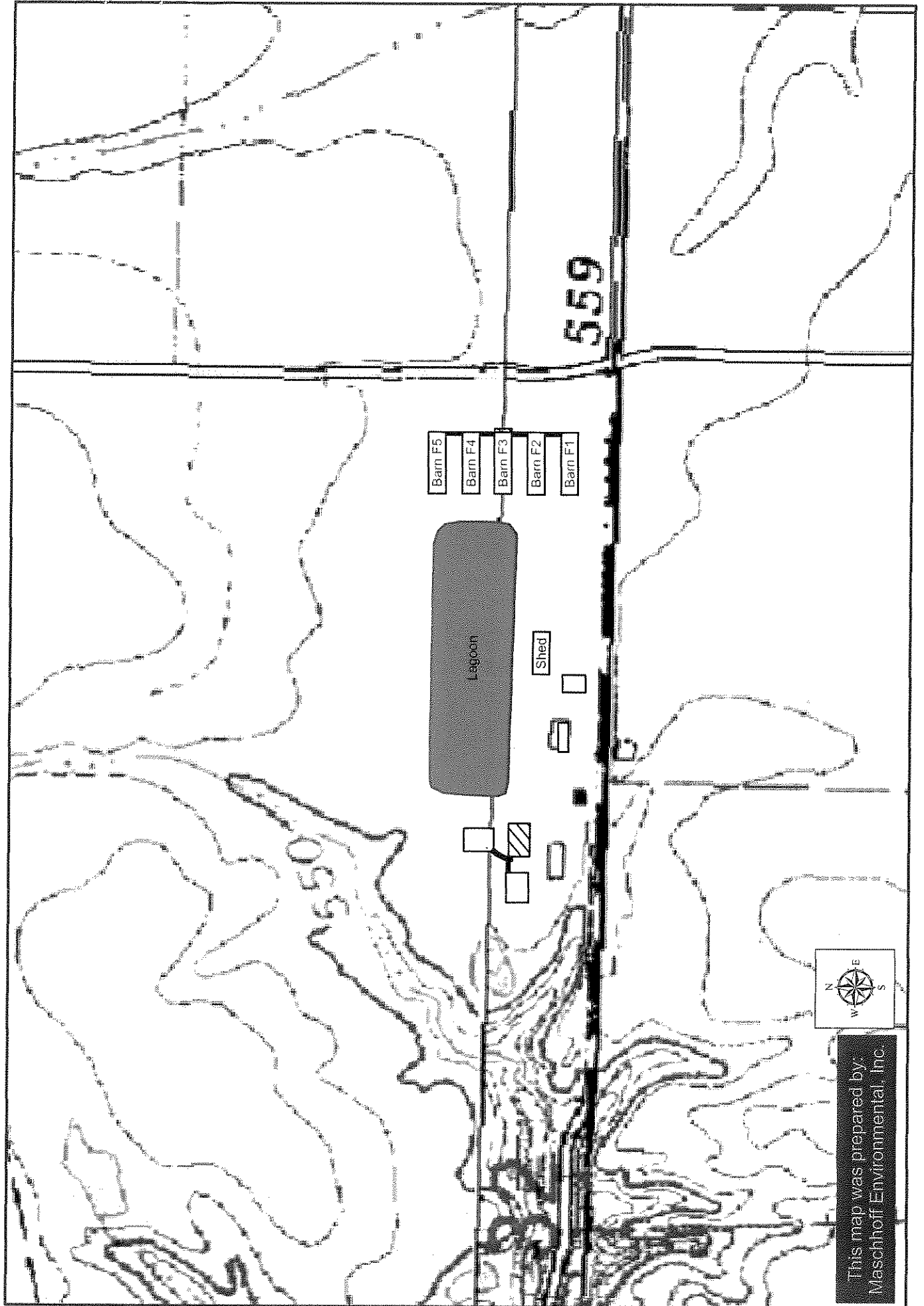
C. If no, when will the nutrient management plan be developed? Date: _____

D. The date of the last review or revision of the nutrient management plan. Date: 02/08/2007

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

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 type="checkbox"/> Buffers <input checked="" type="checkbox"/> Setbacks <input 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	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
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food	
IV. CERTIFICATION 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 and Official Title (print or type)			B. Phone No. ()		
Art Braundmeier III, Dir. Env. Systems			618-594-0346		
C. Signature			D. Date Signed		
			2/26/09		

WLDE-V Topo



This map was prepared by:
Maschhoff Environmental, Inc.