

11-2005-02015

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	<b>EPA</b> U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES																												
<b>I. GENERAL INFORMATION</b> Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input type="checkbox"/>																													
<b>A. TYPE OF BUSINESS</b>	<b>B. CONTACT INFORMATION</b>	<b>C. FACILITY OPERATION STATUS</b>																											
<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>Gene Bank of North America Inc.</u> Telephone: ( <u>618</u> ) <u>542-9118</u> Address: <u>2411 Dorisville Rd. Du Quoin Ill</u> Facsimile: ( ) <u>same</u> City: <u>Du Quoin</u> State: <u>Ill</u> Zip Code: <u>62832</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility																											
<b>A. FACILITY INFORMATION</b> Name: <u>Gene Bank of North America Inc.</u> Telephone: ( <u>618</u> ) <u>542-9118</u> <u>765-414-3705</u> Address: <u>2411 Dorisville Rd.</u> Facsimile: ( ) <u>same</u> City: <u>Du Quoin</u> State: <u>Ill</u> Zip Code: <u>62832</u> County: <u>Peroy</u> Latitude: _____ Longitude: _____ If contract operation: Name of Integrator: _____ Address of Integrator: _____																													
<b>II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS</b>																													
<b>A. TYPE AND NUMBER OF ANIMALS</b>		<b>B. Manure, Litter and/or Wastewater Production and Use</b>																											
<b>2. ANIMALS</b> <table border="1"> <thead> <tr> <th>1. TYPE</th> <th>NO. IN OPEN CONFINEMENT</th> <th>NO. HOUSED UNDER ROOF</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Mature Dairy Cows</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dairy Heifers</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Veal Calves</td> <td><u>200 ±</u></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Cattle (not dairy or veal)</td> <td><u>600 ±</u></td> <td><u>125</u></td> </tr> <tr> <td><input type="checkbox"/> Swine (55 lb. or over)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Swine (under 55 lb.)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Horses</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sheep or Lambs</td> <td></td> <td></td> </tr> </tbody> </table>		1. TYPE	NO. IN OPEN CONFINEMENT	NO. HOUSED UNDER ROOF	<input type="checkbox"/> Mature Dairy Cows			<input type="checkbox"/> Dairy Heifers			<input checked="" type="checkbox"/> Veal Calves	<u>200 ±</u>		<input checked="" type="checkbox"/> Cattle (not dairy or veal)	<u>600 ±</u>	<u>125</u>	<input type="checkbox"/> Swine (55 lb. or over)			<input type="checkbox"/> Swine (under 55 lb.)			<input type="checkbox"/> Horses			<input type="checkbox"/> Sheep or Lambs			a) How much manure, litter and wastewater is generated annually by the facility? <u>2</u> tons <u>2</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>309</u> acres c) How many tons of manure or litter, or gallons of waste-water produced by the CAFO will be transferred annually to other persons? tons/gallons (circle one) <u>Presently</u> - 0
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<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (Broilers)		
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other Specify _____		
3. TOTAL ANIMALS	800	125

C. ☒ TOPOGRAPHIC MAP *Attached, Area Walled with 1 m line*

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
<input checked="" type="checkbox"/> Lagoon*	125' X 110' X 5'
<input checked="" type="checkbox"/> Holding Pond*	8,422,000 plus 2' Freeboard
<input checked="" type="checkbox"/> Evaporation Pond*	
<input type="checkbox"/> Other: Specify <i>Pit (Bldg)</i>	245' X 40' X 5'

2. Report the total number of acres contributing drainage: *To be determined acres that has 71 Acres*

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input checked="" type="checkbox"/> Storage Lagoon	*	See below
<input checked="" type="checkbox"/> Evaporation Pond	*	u
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input checked="" type="checkbox"/> Concrete Pad	*	n
<input type="checkbox"/> Impervious Soil Pad		
<input checked="" type="checkbox"/> Other: Specify <i>Water Storage</i>		100' X 100'

\* Calculations are being developed by qualified individuals and can be updated on completion.

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Environmental Protection Agency  
WFO--Permit Log In

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## 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 *Applied for*
- C. If no, when will the nutrient management plan be developed? Date: *Planned Jan of 2006*
- D. The date of the last review or revision of the nutrient management plan. Date: *N/A*
- 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:

- ☐ Buffers ☐ Setbacks ☐ Conservation tillage ☐ Constructed wetlands ☐ Infiltration field ☒ Grass filter  
☒ 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	

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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) <i>Gen. Brach of North America</i> <i>David Pearl</i>	B. Phone No. <i>765 414-3708</i> <i>618-542-9178</i>
C. Signature <i>[Signature]</i>	D. Date Signed <i>8-1-05</i>

This form is submitted at the demands  
of Illinois EPA, Bureau of Water and  
does not necessarily mean the facility  
is required to have a permit.

*[Signature]*

FORM 1		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		GENERAL INFORMATION		I. EPA NUMBER			
GENE RAL				Consolidated Permits Program		(Read the "General Instructions" before starting.)		F			
I. EPA D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION		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 lists 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.			
II. POLLUTANT CHARACTERISTICS											
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 question, 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.											
SPECIFIC QUESTIONS				MARK 'X'		SPECIFIC QUESTIONS				MARK 'X'	
				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.?				15 16 17 18		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.?				19 20 21	
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?				22 23 24		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.?				25 26 27	
E. Does or will this facility treat, store, or dispose of hazardous wastes?				28 29 30		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, underground sources of drinking water?				31 32 33	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?				34 35 36		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy?				37 38 39	
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?				40 41 42		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?				43 44 45	
III. NAME OF FACILITY											
1 SKIP Gene Bank of North America											
IV. FACILITY CONTACT											
A. NAME & TITLE (last, first, & title)											
2 Pearl David, Pres.											
B. PHONE (area code & no.)											
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
3 2411 Davisville Rd.											
B. CITY OR TOWN											
4 Du Quoin											
C. STATE											
IL											
D. ZIP CODE											
62832											
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5 2411 Davisville Rd.											
B. COUNTY NAME											
Perry											
C. CITY OR TOWN											
6 Du Quoin											
D. STATE											
IL											
E. ZIP CODE											
62832											
F. COUNTY CODE (if known)											

CONTINUED FROM THE FRONT

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

A. FIRST				B. SECOND			
7	0211	(specify)	Beef cattle Feed Lot	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	Gene Bank of North America						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)							
F = FEDERAL	M = PUBLIC (other than federal or state)	P = PRIVATE	O = OTHER (specify)	P	(specify)	D. PHONE (area code & no.)	
						618	5429178

E. STREET OR P.O. BOX				F. CITY OR TOWN				G. STATE	H. ZIP CODE	IX. INDIAN LAND			
2411 DAVISVILLE Rd				BDU OGIN				IL	62832	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (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			9			(specify)
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R			9			(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)

Agriculture, Beef cattle production	
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## 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	
Gene Bank of North America by David Pearl				8-1-05	

COMMENTS FOR OFFICIAL USE ONLY	