

FORM <div style="font-size: 2em; font-weight: bold;">1</div> GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></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> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14				15																																																																																
S		T/A	C																																																																																															
F			D																																																																																															
1	2	13	14																																																																																															
			15																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">LABEL ITEMS</td> <td rowspan="5" style="text-align: center; vertical-align: middle; font-size: 1.5em;"> PLEASE PLACE LABEL IN THIS SPACE </td> </tr> <tr><td>I. EPA I.D. NUMBER</td></tr> <tr><td>II. FACILITY NAME</td></tr> <tr><td>III. FACILITY MAILING ADDRESS</td></tr> <tr><td>IV. FACILITY LOCATION</td></tr> </table>		LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE	I. EPA I.D. NUMBER	II. FACILITY NAME	III. FACILITY MAILING ADDRESS	IV. 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 authorization under which this data is collected.																																																																																										
LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE																																																																																																	
I. EPA I.D. NUMBER																																																																																																		
II. FACILITY NAME																																																																																																		
III. FACILITY MAILING ADDRESS																																																																																																		
IV. FACILITY LOCATION																																																																																																		
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 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" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">MARK "X"</th> <th style="width:35%;">SPECIFIC QUESTIONS</th> <th colspan="3" style="text-align: center;">MARK "X"</th> </tr> <tr> <th></th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:15%;">FORM ATTACHED</th> <th></th> <th style="width:10%;">YES</th> <th style="width:10%;">NO</th> <th style="width:15%;">FORM ATTACHED</th> </tr> <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 style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>B. Does or will this facility (<i>either existing or proposed</i>) 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 style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> <td style="text-align: center;">18</td> <td></td> <td style="text-align: center;">19</td> <td style="text-align: center;">20</td> <td style="text-align: center;">21</td> </tr> <tr> <td>C. Is this 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 style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>D. Is this proposal facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S.? (FORM 2D)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">22</td> <td style="text-align: center;">23</td> <td style="text-align: center;">24</td> <td></td> <td style="text-align: center;">25</td> <td style="text-align: center;">26</td> <td style="text-align: center;">27</td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></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, underground sources of drinking water? (FORM 4)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> <td></td> <td style="text-align: center;">31</td> <td style="text-align: center;">32</td> <td style="text-align: center;">33</td> </tr> <tr> <td>G. Do you or will you inject at this facility any produced water 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? (FORM 4)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>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? (FORM 4)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">34</td> <td style="text-align: center;">35</td> <td style="text-align: center;">36</td> <td></td> <td style="text-align: center;">37</td> <td style="text-align: center;">38</td> <td style="text-align: center;">39</td> </tr> <tr> <td>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)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>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 are? (FORM 5)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">40</td> <td style="text-align: center;">41</td> <td style="text-align: center;">42</td> <td></td> <td style="text-align: center;">43</td> <td style="text-align: center;">44</td> <td style="text-align: center;">45</td> </tr> </table>			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. ? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (<i>either existing or proposed</i>) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		16	17	18		19	20	21	C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Is this proposal facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S. ? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		22	23	24		25	26	27	E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		28	29	30		31	32	33	G. Do you or will you inject at this facility any produced water 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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		34	35	36		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 ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 are ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		40	41	42		43	44	45
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. ? (FORM 2A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Does or will this facility (<i>either existing or proposed</i>) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																											
	16	17	18		19	20	21																																																																																											
C. Is this facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. Is this proposal facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S. ? (FORM 2D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																											
	22	23	24		25	26	27																																																																																											
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																											
	28	29	30		31	32	33																																																																																											
G. Do you or will you inject at this facility any produced water 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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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? (FORM 4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																											
	34	35	36		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 ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 are ? (FORM 5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																											
	40	41	42		43	44	45																																																																																											
III. NAME OF FACILITY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:15%;">SKIP</td> <td style="width:80%;">Laning 2</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>16-29</td> <td>30</td> </tr> <tr> <td></td> <td></td> <td>69</td> </tr> </table>			C	SKIP	Laning 2	1			15	16-29	30			69																																																																																				
C	SKIP	Laning 2																																																																																																
1																																																																																																		
15	16-29	30																																																																																																
		69																																																																																																
IV. FACILITY CONTACT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">A. NAME & TITLE (<i>last, first, & title</i>)</th> <th style="width:50%;">B. PHONE (<i>area code & no.</i>)</th> </tr> <tr> <td style="width:5%;">C</td> <td style="width:5%;">618</td> </tr> <tr> <td>2</td> <td>594</td> </tr> <tr> <td>15</td> <td>2125</td> </tr> <tr> <td>16</td> <td>45</td> </tr> <tr> <td>46</td> <td>48</td> </tr> <tr> <td>49</td> <td>51</td> </tr> <tr> <td>52</td> <td>55</td> </tr> </table>			A. NAME & TITLE (<i>last, first, & title</i>)	B. PHONE (<i>area code & no.</i>)	C	618	2	594	15	2125	16	45	46	48	49	51	52	55																																																																																
A. NAME & TITLE (<i>last, first, & title</i>)	B. PHONE (<i>area code & no.</i>)																																																																																																	
C	618																																																																																																	
2	594																																																																																																	
15	2125																																																																																																	
16	45																																																																																																	
46	48																																																																																																	
49	51																																																																																																	
52	55																																																																																																	
V. FACILITY MAILING ADDRESS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:100%;">A. STREET OR P.O. BOX</th> </tr> <tr> <td style="width:5%;">C</td> </tr></table>			A. STREET OR P.O. BOX	C	3	15	16	45	B. CITY OR TOWN	C. STATE	D. ZIP CODE	C	IL	62231	4			15	16	40	41	42	47	51																																																																										
A. STREET OR P.O. BOX																																																																																																		
C																																																																																																		
3	15	16	45	B. CITY OR TOWN	C. STATE	D. ZIP CODE	C	IL	62231	4			15	16	40	41	42	47	51																																																																															
15	16	45	B. CITY OR TOWN	C. STATE	D. ZIP CODE	C	IL	62231	4			15	16	40	41	42	47	51																																																																																
16	45	B. CITY OR TOWN	C. STATE	D. ZIP CODE	C	IL	62231	4			15	16	40	41	42	47	51																																																																																	
45																																																																																																		
B. CITY OR TOWN	C. STATE	D. ZIP CODE																																																																																																
C	IL	62231																																																																																																
4																																																																																																		
15	16	40																																																																																																
41	42	47																																																																																																
51																																																																																																		

VI. FACILITY LOCATION	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		---		C					5		15		16		45
B. COUNTY NAME	C. CITY OR TOWN															
C	IL															
6	62353															
15	17009															
16	40															
41	42															
47	51															
52	54															

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 checked="" type="checkbox"/> YES <input 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 M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify)															618 594 2125 15 16 18 19 21 22 25									
E. STREET OR PO BOX																								

7475 State Route 127

F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND					
C	Carlyle										IL					62331					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
B																									
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)									
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)									
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

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.																				12/9/10									

COMMENTS FOR OFFICIAL USE ONLY

C														
C														
15	16													55