

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
		PLEASE PLACE LABEL IN THIS SPACE		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.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. 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.					
SPECIFIC QUESTIONS		MARK "X"		SPECIFIC QUESTIONS	
		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)		11	12	13	
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? (FORM 2C)		21	22	23	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		27	28	29	
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? (FORM 4)		34	35	36	
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)		40	41	42	
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.? (FORM 2B)		15	16	17	
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.? (FORM 2D)		25	26	27	
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)		31	32	33	
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)		37	38	39	
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? (FORM 5)		43	44	45	
III. NAME OF FACILITY 1 SKIP <u>ROBERT MONDT DAIRY</u>					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) <u>MONDT ROBERT OWNER</u> B. PHONE (area code & no.) <u>618 406 2625</u>					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX <u>3801 ROCKY FORD ROAD</u> B. CITY OR TOWN <u>AVISTON</u> C. STATE <u>IL</u> D. ZIP CODE <u>62216</u>					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER <u>3801 ROCKY FORD ROAD</u> B. COUNTY NAME <u>CLINTON</u> C. CITY OR TOWN <u>AVISTON</u> D. STATE <u>IL</u> E. ZIP CODE <u>62216</u> F. COUNTY CODE (if known) <u>027</u>					

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

A. FIRST				B. SECOND			
7	2	0	(specify)	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?			
Robert Mondt				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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)			
E. STREET OR P.O. BOX				618 406 2623			
3801 Rocky Ford Road							
F. CITY OR TOWN				G. STATE		H. ZIP CODE	
Auriston				IL		62216	
				IX. INDIAN LAND			
				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				(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9 R				(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)

DAIRY OPERATION

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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	
Robert D Mondt		Robert D Mondt		7-11-07	
COMMENTS FOR OFFICIAL USE ONLY					

EPA ID NUMBER (copy from Item 1 of Form 1)

FORM 2B NPDES	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES	
I. GENERAL INFORMATION Applying for: Individual Permit <input checked="" type="checkbox"/> Coverage Under General Permit <input type="checkbox"/>			
A. TYPE OF BUSINESS:		E. CONTACT INFORMATION	
<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/Operator Name: <u>Robert Mondt</u> Telephone: <u>618</u> <u>406-2625</u> Address: <u>3801 Rocky Ford Road</u> Facsimile: <u>()</u> City: <u>AVISTON</u> State: <u>IL</u> Zip Code: <u>62216</u>	
C. FACILITY OPERATION STATUS <input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility			
A. FACILITY INFORMATION			
Name: <u>Robert Mondt Dairy</u> Telephone: <u>618</u> <u>406-2625</u> Address: <u>3801 Rocky Ford Rd</u> Facsimile: <u>()</u> City: <u>AVISTON</u> State: <u>IL</u> Zip Code: <u>62216</u> County: <u>Clinton</u> Latitude: _____ Longitude: _____			
If contract operation: Name of integrator: _____ Address of integrator: _____			
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS			
A. TYPE AND NUMBER OF ANIMALS		E. Manure, Litter and/or Wastewater Production and Use	
2 ANIMALS		a) How much manure, litter and wastewater is generated annually by the facility? <u>6,174</u> tons <u>4.2 million</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>366.5</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? <u>(none)</u> gallons (circle one) <u>200 AVERAGE</u>	
1. TYPE	NO. IN OPEN CONFINEMENT	NO. HOUSED UNDER ROOF	
<input checked="" type="checkbox"/> Mature Dairy Cows		<u>350</u>	
<input checked="" type="checkbox"/> Dairy Heifers		<u>30</u>	
<input type="checkbox"/> Veal Calves			
<input checked="" type="checkbox"/> Cattle (not dairy or veal)		<u>14</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			

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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		

C. ☒ TOPOGRAPHIC MAP Trenton Quad.

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
<input type="checkbox"/> Lagoon	
<input checked="" type="checkbox"/> Holding Pond	<u>1,893,714</u>
<input type="checkbox"/> Evaporation Pond	
<input type="checkbox"/> Other: Specify _____	

2. Report the total number of acres contributing drainage: 1.9 Acres acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input checked="" type="checkbox"/> Roofed Storage Shed	<u>360</u>	<u>1,174 TONS</u>
<input checked="" type="checkbox"/> Concrete Pad	<u>360</u>	<u>1,796,409 g.</u>
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (Broilers)		
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other Specify _____		
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<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: 3/2007
- E. If not land applying, describe alternative use(s) of manure, litter and or wastewater: N/A

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	

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. ()

C. Signature

Robert L. Mandy

D. Date Signed

7-11-07

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