

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		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.	
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		SPECIFIC QUESTIONS		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		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)		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)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		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)		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)	
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)		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)			
III. NAME OF FACILITY		IV. FACILITY CONTACT		V. FACILITY MAILING ADDRESS	
1 SKIP Scheetz Family Farms #4		A. NAME & TITLE (last, first, & title) 2 Joe Scheetz		B. PHONE (area code & no.) (217) 242-3516	
A. STREET OR P.O. BOX 3 2446 N. County Rd. 1500		B. CITY OR TOWN 4 Niota		C. STATE IL	
D. ZIP CODE 62358		VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 SW 1/4 of NE 1/4 of Section 35, T10N, R5W, 4th P.M.	
B. COUNTY NAME Henderson		C. CITY OR TOWN Gladstone		D. STATE IL	
E. ZIP CODE		F. COUNTY CODE (if known)		NOV 14 2008 Environmental Protection Agency WPC-Permit Log II	

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

## VIII. OPERATOR INFORMATION

**C. STATUS OF OPERATOR** (Enter the appropriate letter into the answer box; if "Other," specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

## X. EXISTING ENVIRONMENTAL PERMITS

### B. UIC (Underground Injection of Fluids)

### C. RCRA (Hazardous Wastes)

XI, MAP

Agriculture - Swine Facility

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XIII. CERTIFICATION (see instructions)

A. NAME &amp; OFFICIAL TITLE (type or print)

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)



<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS		2,480.00	
C. <input checked="" type="checkbox"/> 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 type="checkbox"/> Anaerobic Lagoon			
<input type="checkbox"/> Storage Lagoon			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input checked="" type="checkbox"/> Belowground Storage Tanks	590.00	1,177,315.60	
<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
B. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <u>11/04/2008</u>			
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 checked="" 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	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	
<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)			B. Phone No. ( ) 4254		
Joseph Scheetz, Manager			217-755-7245		
C. Signature			D. Date Signed		
Joseph Scheetz, Jr.			11-4-08		