Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F			D

1 2 13 14 15

LABEL ITEMS	
I.	EPA I.D. NUMBER
III.	FACILITY NAME
V.	FACILITY MAILING ADDRESS
VI.	FACILITY LOCATION

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	Mark "X" 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)		X	
	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.**? (FORM 2B)	X		X
	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? (FORM 2C)		X	
	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.**? (FORM 2D)		X	
	25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
	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? (FORM 4)		X	
	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? (FORM 4)		X	
	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? (FORM 4)		X	
	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)		X	
	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**? (FORM 5)		X	
	43	44	45

III. NAME OF FACILITY

C 1 SKIP: Strout Crossing, LLC

15 16 – 29 30 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
C 2 John McIntire	(217) 285-5926
15 16 45	46 48 49 51 52 55

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX

C 3 1111 E. Washington St.

15 16 45

B. CITY OR TOWN	C. STATE	D. ZIP CODE
C 4 Pittsfield	IL	62363
15 16 40	41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

C 5 13500 432 Lane

15 16 45

B. COUNTY NAME

Pike

46 76

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
C 6 Nebo	IL	62355	
15 16 40	41 42	47 51	52 54

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CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 0213 *(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?
8 Strout Crossing, LLC	☑ YES ☐ NO

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

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P *(specify)*

D. PHONE *(area code & no.)*

A (217) 285-5926

E. STREET OR P.O. BOX

1111 E. Washington St.

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
8 Pittsfield	IL	62363	Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)* 9 N	D. PSD *(Air Emissions from Proposed Sources)* 9 P
B. UIC *(Underground Injection of Fluids)* 9 U	E. OTHER *(specify)* 9 *(specify)*
C. RCRA *(Hazardous Wastes)* 9 R	E. OTHER *(specify)* 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)*

Strout Crossing, LLC is a swine farrowing and gestation facility made up of 5 buildings. Four of the buildings have 8' deep concrete pits beneath the buildings. The farrowing facility has 2' deep pits beneath the building. This building utilizes pull plugs that drain into one of the 8' deep pits for long term storage. Manure is pumped from the 4 deep pit buildings and applied to crop land at agronomic rates according to the facility's Comprehensive Nutrient Management Plan.

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
John McIntire Gen Mgr		3/8/11

COMMENTS FOR OFFICIAL USE ONLY

C

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	**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 ☐ Coverage Under General Permit ☒

A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
☒ 1. Concentrated Animal Feeding Operation (complete items B, C, D, and Section II) ☐ 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)	Owner/or Operator Name: Strout Crossing, LLC Telephone: (217) 285-5926 Address: 1111 E. Washington St. Facsimile: (____) ____ City: Pittsfield State: IL Zip Code: 62363	☒ 1. Existing Facility ☐ 2. Proposed Facility

D. FACILITY INFORMATION

Name: Strout Crossing, LLC Telephone: (217) 285-5926
Address: 13500 432 Lane Facsimile: (____) ____
City: Nebo State: IL Zip Code: 62355
County: Pike Latitude: N 39 deg 26' 51" Longitude: W 90 deg 43' 3"

If contract operation: Name of Integrator: ____
Address of Integrator: ____

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS

1. TYPE	2. ANIMALS: NO. IN OPEN CONFINEMENT	2. ANIMALS: NO. HOUSED UNDER ROOF
☐ Mature Dairy Cows		
☐ Dairy Heifers		
☐ Veal Calves		
☐ Cattle (not dairy or veal)		
☒ Swine (55 lbs. or over)		7,422.00
☒ Swine (under 55 lbs.)		10,540.00
☐ Horses		
☐ Sheep or Lambs		
☐ Turkeys		

B. Manure, Litter and/or Wastewater Production and Use

a) How much manure, litter and wastewater is generated annually by the facility? ____ tons 6,912,000 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? 458.00 acres

c) How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? tons/gallons *(circle one)* 0.00 gallons

[redacted]

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☐ Chickens (Broilers)			[redacted]
☐ Chickens (Layers)			
☐ Ducks			
☐ Other Specify _____			
3. TOTAL ANIMALS		17,962.00	

C. ☒ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
☐ Lagoon	
☐ Holding Pond	
☐ Evaporation Pond	
☐ Other: Specify _____	

2. Report the total number of acres contributing drainage: 0.00 acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
☐ Anaerobic Lagoon		
☐ Storage Lagoon		
☐ Evaporation Pond		
☐ Aboveground Storage Tanks		
☒ Belowground Storage Tanks		6,896,385.00
☐ Roofed Storage Shed		
☐ Concrete Pad		
☐ Impervious Soil Pad		
☐ 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: 03/01/2011

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

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Wisconsin [illegible]

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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.

1. Outfall No.	2. Flow (*gallons per day*)		
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average

B. Indicate the total number of ponds, raceways, and similar structures in your facility.

1. Ponds	2. Raceways	3. Other

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. ( )
John McIntire Farm Mgr.	217-285-4636
C. Signature	D. Date Signed
	3/8/11

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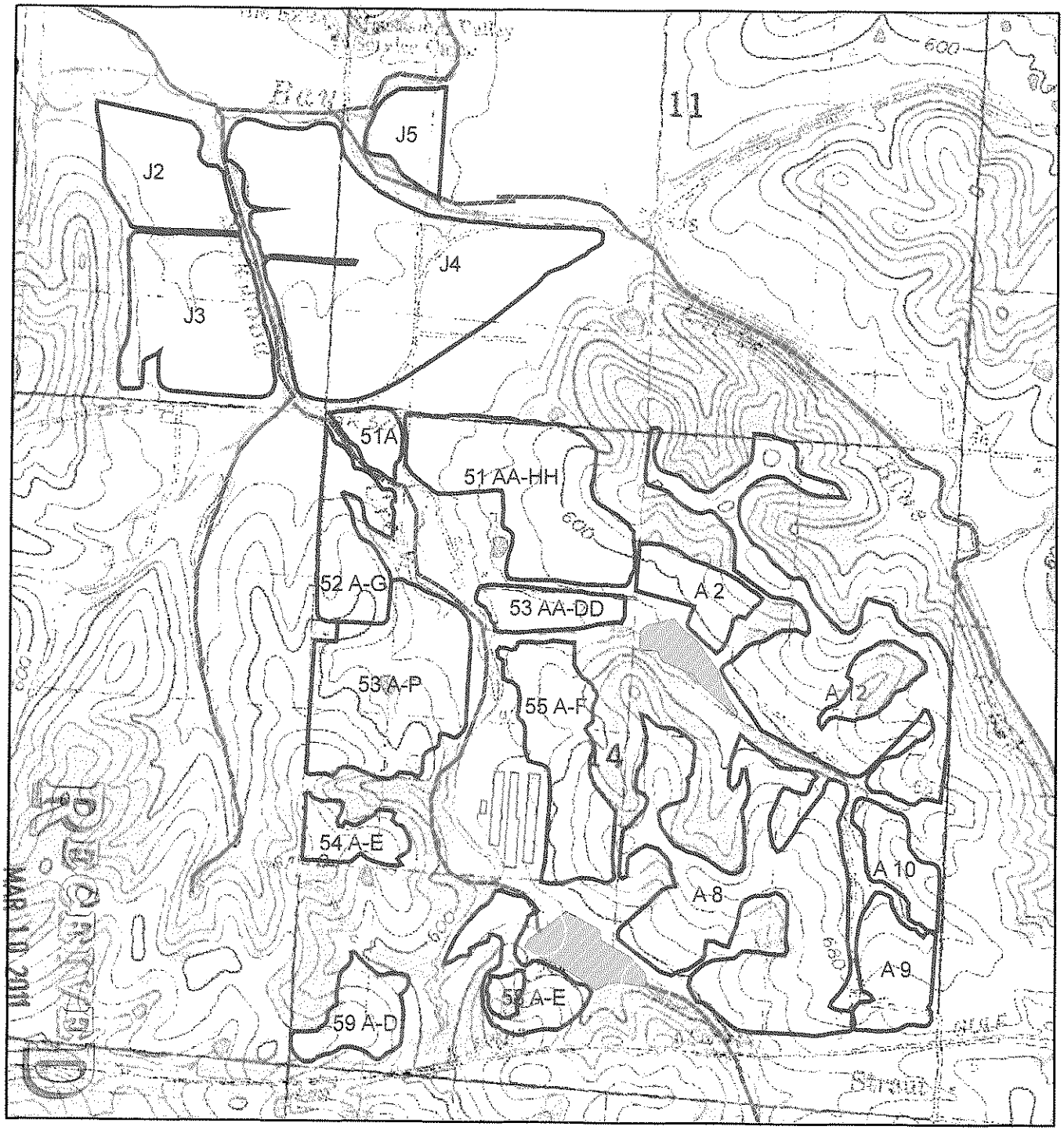
Strout Crossing
Topo Map



N
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S

Legend

- Fields
- Water
- Pond or Lake
- Water Buffer
- Livestock Facilites

2,100 Feet

Frank & West
Environmental Engineers, Inc.
7226 N. State Route 29
Springfield, IL 62707
Phone: 217/487-7686
Fax: 217/487-7687

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