

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <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:10%;">S</td> <td style="width:70%;"></td> <td style="width:10%;">T/A</td> <td style="width:10%;">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 colspan="2"></td> <td>15</td> <td></td> </tr> </table>	S		T/A	C	F			D	1	2	13	14			15																																							
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LABEL ITEMS I. EPA I.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.																																																						
PLEASE PLACE LABEL IN THIS SPACE																																																								
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 .																																																								
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(FORM 2C)</td> <td></td> <td style="text-align: center;">X</td> <td></td> <td>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)</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</td> <td></td> <td style="text-align: center;">X</td> <td></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></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>G. 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15	16							40		41		51		52		54																																								

CONTINUED FROM THE FRONT

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

A. FIRST										B. SECOND														
C	7	0	2	1	3	(specify)					C	7	(specify)											
15	16	17	18	19											15	16	17	18	19					
C. THIRD										D. FOURTH														
C	7	(specify)								C	7	(specify)												
15	16	17	18	19											15	16	17	18	19					

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																								
C	8	MARK TOL														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																							
15	16															15	16																						
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					(specify)					A									
S = STATE										O = OTHER (specify)																				815-4966610									
P = PRIVATE																																							
15	16															15	16	17	18	19	20	21	22	23	24	25	26												

E. STREET OR P.O. BOX

2155N 44th RD																								
26																								

F. CITY OR TOWN

C	B	SHERIDAN														G. STATE	H. ZIP CODE	IX. INDIAN LAND															
15	16															IL	60551	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
15	16															40	41	42	43	44	45	46	47	48	49	50	51	52					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																
C	T	I	9 N IL0064921												C	T	I	9 P													
15	16	17	18													15	16	17	18												
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																
C	T	I	9 U												C	T	I	9													
15	16	17	18													15	16	17	18												
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																
C	T	I	9 R												C	T	I	9													
15	16	17	18													15	16	17	18												

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)

Attached

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																	
David Hintzsche															David Hintzsche															11/1/2011																	
15	16															15	16															15	16														

COMMENTS FOR OFFICIAL USE ONLY

C																								
15	16																							

Form Approved
OMB No. 2040-0250
Approval expires 12-15-05


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 type="checkbox"/> Coverage Under General Permit <input checked="" type="checkbox"/>		
A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS		
<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>David Hintzsche</u> Telephone: (<u>630</u>) <u>567-2406</u> Address: <u>25181 County Line Rd</u> Facsimile: (<u>630</u>) <u>567-2568</u> City: <u>Maple Park</u> State: <u>IL</u> Zip Code: <u>60151</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility		
A. FACILITY INFORMATION				
Name: <u>Timber Ridge Pork</u> Address: <u>2155N 44th Rd</u> City: <u>Sheridan</u> State: <u>IL</u> Zip Code: <u>60551</u> County: <u>La Salle</u> Latitude: _____ Longitude: _____		Telephone: (<u>815</u>) <u>496-6610</u> Facsimile: (_____) _____		
If contract operation: Name of Integrator: _____ Address of Integrator: _____				
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS				
A. TYPE AND NUMBER OF ANIMALS		B. Manure, Litter and/or Wastewater Production and Use		
2. ANIMALS		a) How much manure, litter and wastewater is generated annually by the facility? 100 tons <u>68,766</u> CU FT 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>130</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)		
1. TYPE	NO. IN OPEN CONFINEMENT			NO. HOUSED UNDER ROOF
<input type="checkbox"/> Mature Dairy Cows				
<input type="checkbox"/> Dairy Heifers				
<input type="checkbox"/> Veal Calves				
<input type="checkbox"/> Cattle (not dairy or veal)				
<input checked="" type="checkbox"/> Swine (55 lb. or over)				<u>650</u>
<input checked="" type="checkbox"/> Swine (under 55 lb.)				<u>2400</u>
<input type="checkbox"/> Horses				
<input type="checkbox"/> Sheep or Lambs				

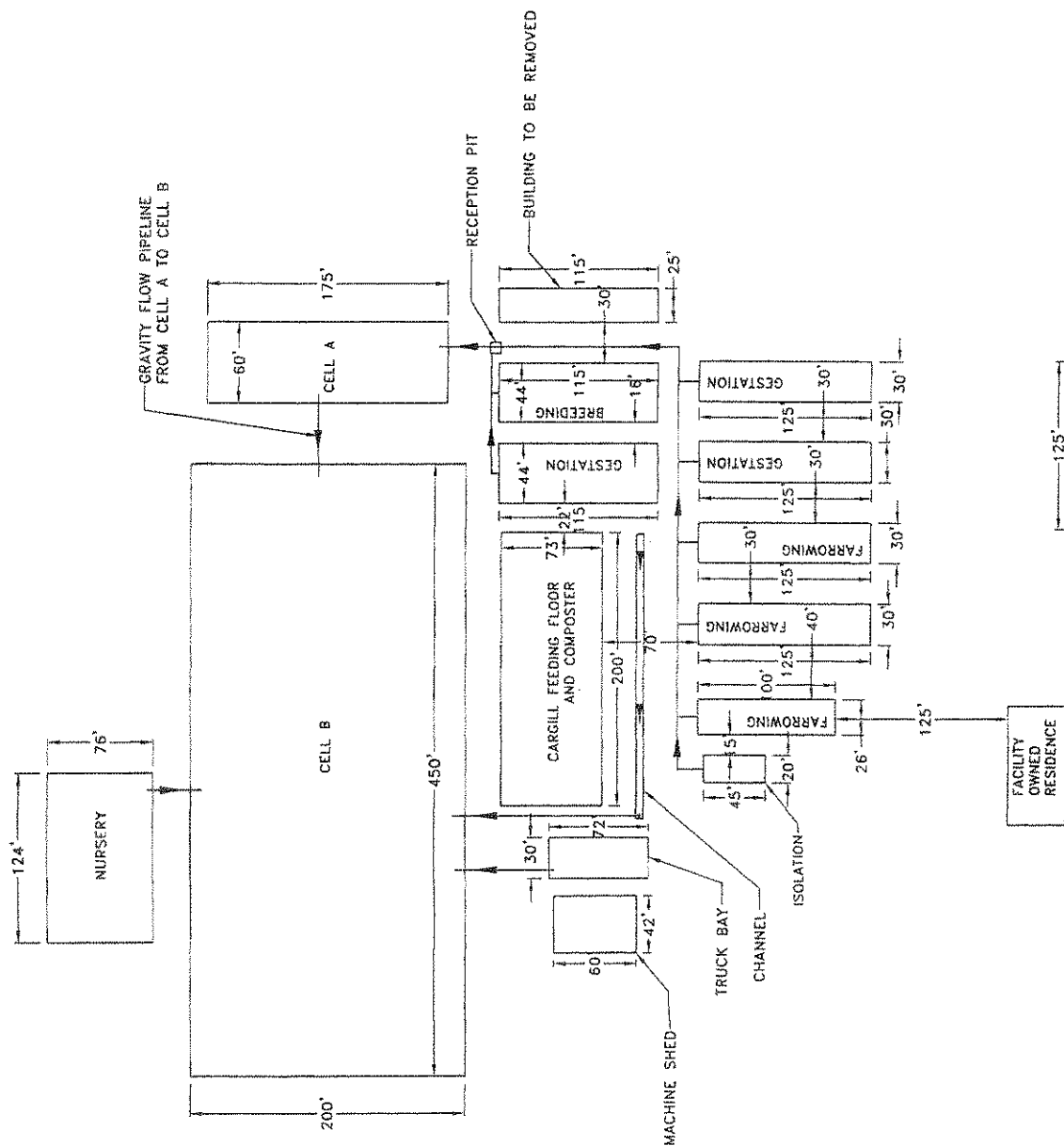
<input type="checkbox"/> Turkeys			
<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS			
C. <input type="checkbox"/> TOPOGRAPHIC MAP			
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY			
1. Type of Containment	Total Capacity (in gallons)		
<input checked="" type="checkbox"/> Lagoon	4,285,799		
<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 checked="" type="checkbox"/> Anaerobic Lagoon	1,420	4,285,799	
<input type="checkbox"/> Storage Lagoon			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<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>11/1/2011</u>					
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:					
<input checked="" type="checkbox"/> Buffers <input 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 type="checkbox"/> 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
	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) David Hintzsche President	B. Phone No. () 630-557-2406
C. Signature 	D. Date Signed 11/1/2012



Frank & West
Environmental Engineers, Inc.

7226 N. State Route 29
Springfield, IL 62707
Phone: 217/487-7686
Fax: 217/487-7687

TIMBER RIDGE

MAPLE PARK, ILLINOIS

PLOT PLAN

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7228 N. State Route 29
Springfield, IL 62707
Phone: 217/487-7688
Fax: 217/487-7687

DRAWN BY: CEO

SCALE: AS SHOWN

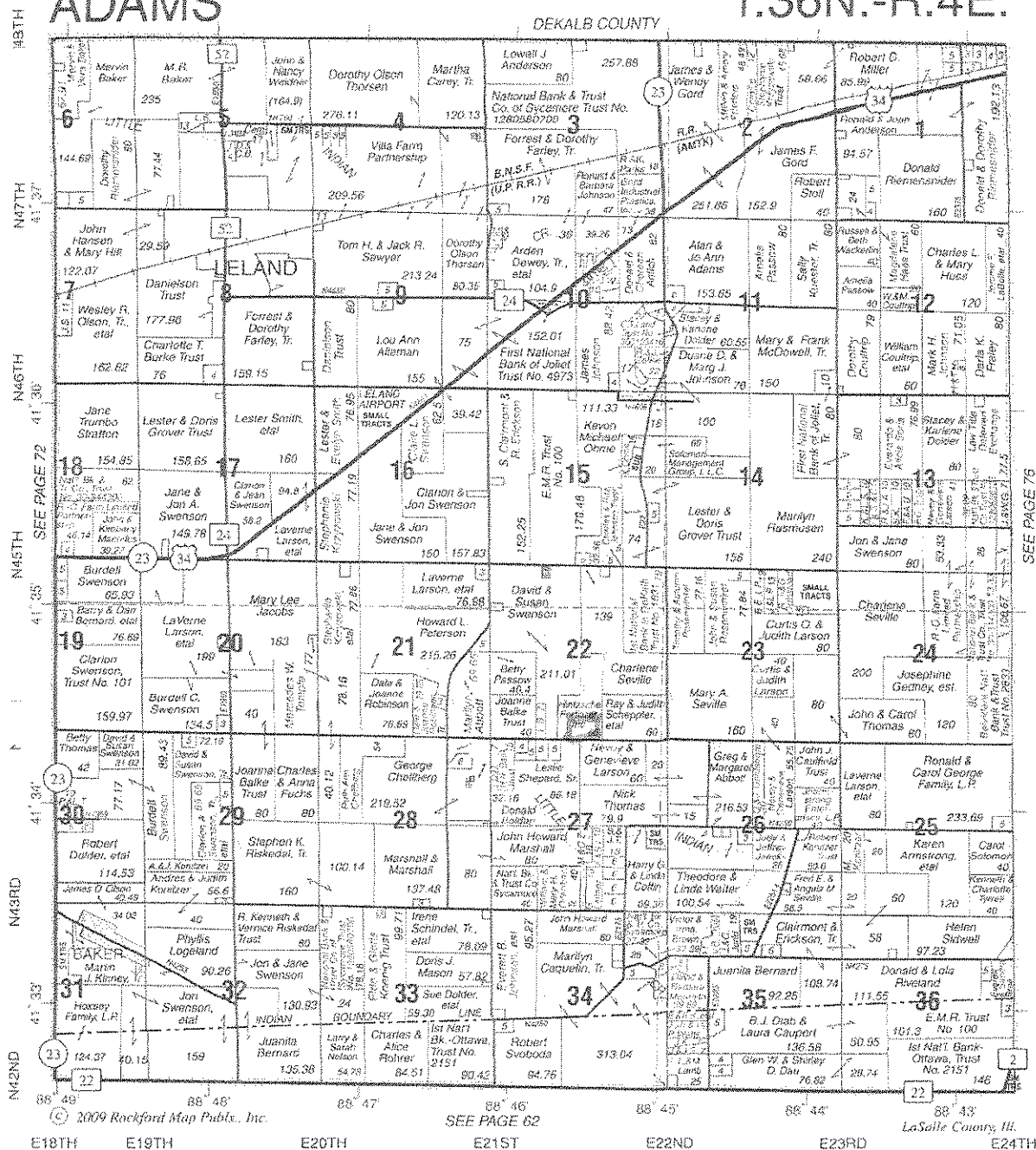
DATE: 10/26/11

DRAWING NO. 11-21101

ADAMS

DEKALB COUNTY

T.36N.-R.4E.



TOWNSHIP MAP PRINTS

These enlarged township maps are plotted to a scale of 2 1/2" to a mile. Finished paper size is 24" x 24" with the map approximately 17" x 17". The maps are available according to the page layout of the plat book.

CUSTOM MAPPING AND HISTORICAL EDITIONS ALSO AVAILABLE!
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Realtor
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KEN JONES
Realtor
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SHARON SCHULTZ
Realtor
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CONNIE CHAPMAN / Realtor
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SUSAN KITTERMAN / Realtor
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