

COPY

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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		T/A		C			
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		5		13		14			
I. EPA I.D. NUMBER				F		D					
III. FACILITY NAME				1		2		15			
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			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)				X		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)			X		
			16	17	18				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		D. Is this a proposed 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)				X	
			22	23	24				25	26	27
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)				X		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	
			28	29	30				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		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	
			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)				X		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	
			40	41	42				43	44	45
III. NAME OF FACILITY											
C 1 SKIP COLD SPRINGS FARM											
15 16 - 29 30 69											
IV. FACILITY CONTACT											
A. NAME & TITLE (<i>last, first, & title</i>)						B. PHONE (<i>area code & no.</i>)					
C 2 DRUCKER, WILLIAM GENERAL MANAGER						(847) 251-6880					
15 16 45						46 48 49 51 52 55					
V. FACILITY MAILING ADDRESS											
A. STREET OR P.O. BOX											
C 3 6636 WEST BLANDING ROAD											
15 16 45											
B. CITY OR TOWN						C. STATE		D. ZIP CODE			
C 4 HANOVER						IL		61041			
15 16 40 41 42						47		51			
VI. FACILITY LOCATION											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
C 5 6636 WEST BLANDING ROAD											
15 16 45											
B. COUNTY NAME											
JO DAVIESS											
40 70											
C. CITY OR TOWN						D. STATE		E. ZIP CODE		F. COUNTY CODE (<i>if known</i>)	
C 6 HANOVER						IL		61041			
15 16 40 41 42						47		51		52 54	

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

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (8-90)