

EPA I.D. NUMBER (copy from Item 1 of Form 1)
IL0074705

FORM 2B NPDES	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES
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I. GENERAL INFORMATION Applying for: Individual Permit ☐ Coverage Under General Permit ☒

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: HILL CREST DAIRY, LLC Telephone: (309) 922-4021 Address: 23318 WEST TAGGERT ROAD Facsimile: () City: ELMWOOD State: IL Zip Code: 61529	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility

D. FACILITY INFORMATION


Name: HILL CREST DAIRY Telephone: (309) 922-4021
 Address: 23318 WEST TAGGERT ROAD Facsimile: ()
 City: ELMWOOD State: IL Zip Code: 61529
 County: PEORIA Latitude: 40N - 44 - 30 (d-m-s) Longitude: 89W - 59 - 00 (d-m-s)

If contract operation: Name of Integrator: N/A
 Address of Integrator: N/A

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS			B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE
1. TYPE	2. ANIMALS		1. How much manure, litter, and wastewater is generated annually by the facility? 4110 tons 20,600,000 gallons 2. If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? 580 acres 3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? 2200 tons 10,000,000 gallons
	NO. IN OPEN CONFINEMENT	NO. HOUSED UNDER ROOF	
<input checked="" type="checkbox"/> Mature Dairy Cows	0	1510	
<input checked="" type="checkbox"/> Dairy Heifers	0	100	
<input type="checkbox"/> Veal Calves			
<input type="checkbox"/> Cattle (not dairy or veal calves)			
<input type="checkbox"/> Swine (55 lbs. or over)			
<input type="checkbox"/> Swine (under 55 lbs.)			
<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	0	1610	

C. <input checked="" type="checkbox"/> TOPOGRAPHIC MAP			
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY			
1. Type of Containment	Total Capacity (in gallons)		
<input checked="" type="checkbox"/> Lagoon	45.68 Million Gallons		
<input type="checkbox"/> Holding Pond			
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Other: Specify _____			
2. Report the total number of acres contributing drainage: <u>580</u> acres			
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)	
<input checked="" type="checkbox"/> Anaerobic Lagoon	270	45.68 Million gallons	
<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 checked="" type="checkbox"/> Concrete Pad - Stacking	180	2630 Tons	
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other: Specify _____			
E. NUTRIENT MANAGEMENT PLAN			
Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.			
1. Please indicate whether a nutrient management plan has been included with this permit application. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. If no, please explain:			
3. Is a nutrient management plan being implemented for the facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. The date of the last review or revision of the nutrient management plan. Date: <u>06/15/09</u>			
5. 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 checked="" type="checkbox"/> Setbacks <input checked="" type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input checked="" 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	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.		
N/A						
				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	
N/A			N/A			
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food		
IV. CERTIFICATION						
<p><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></p>						
A. Name and Official Title (print or type) SAM DILSAVER, MEMBER MANAGER				B. Telephone (309) 922-4021		
C. Signature 				D. Date Signed 7/28/10		