


FORM <b>1</b> GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER IL010093		T/A C D			
LABEL ITEMS				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.					
I. EPA I.D. NUMBER				13 14 15					
III. FACILITY NAME				PLEASE PLACE LABEL IN THIS SPACE					
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 <b>bold-faced terms</b> .									
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS		Mark "X"			
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)		YES	NO	FORM ATTACHED	B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)		YES	NO	FORM ATTACHED
		16	17	18			19	20	21
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		22	23	24	D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)		25	26	27
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)		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)		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)		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)		37	38	39
I. Is this facility a proposed <b>stationary source</b> 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)		40	41	42	J. Is this facility a proposed <b>stationary source</b> 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)		43	44	45
III. NAME OF FACILITY									
1 SKIP NORTHWEST ILLINI FEEDLOT CORP									
15 16 - 29 30 69									
IV. FACILITY CONTACT									
A. NAME & TITLE (last, first, & title)									
2 JOE D. NUSBAUM, TREASURER									
15 16 45 46 48 49 51 52 55									
V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
3 P O BOX 61									
15 16 45									
B. CITY OR TOWN									
4 LANARK									
15 16 40 41 42 47 51									
C. STATE									
IL									
D. ZIP CODE									
61046									
VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER									
5 12490 IL RT 73N									
15 16 45									
B. COUNTY NAME									
CARROLL									
46 70									
C. CITY OR TOWN									
6 LANARK									
15 16 40 41 42 47 51 52 54									
D. STATE									
IL									
E. ZIP CODE									
61046									
F. COUNTY CODE (if known)									

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)																			
A. FIRST										B. SECOND									
C	7	0	2	1	1	(specify) BEEF CATTLE, FEEDLOTS					C	7	(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. THIRD										D. FOURTH									
C	7	(specify)				C	7	(specify)											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
VIII. OPERATOR INFORMATION																			
A. NAME												B. Is the name listed in Item VIII-A also the owner?							
C	8	NORTHWEST ILLINI FEEDLOT										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)												D. PHONE (area code & no.)							
F = FEDERAL S = STATE P = PRIVATE												M = PUBLIC (other than federal or state) O = OTHER (specify)			P (specify)				
(56)												A (815) 493-2111							
E. STREET OR P.O. BOX																			
PO BOX 61																			
F. CITY OR TOWN																			
LANARK																			
G. STATE																			
IL																			
H. ZIP CODE																			
61046																			
IX. INDIAN LAND																			
Is the facility located on Indian lands?																			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			
X. EXISTING ENVIRONMENTAL PERMITS																			
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I	IL0061581							C	T	I							
9	N		15	16	17	18	19	20	21	22	23	24	25	26	27				
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I	(specify)						
9	U		15	16	17	18	19	20	21	22	23	24	25	26	27				
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I	(specify)						
9	R		15	16	17	18	19	20	21	22	23	24	25	26	27				
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)																			
The Northwest Illini feedlot facility is currently a 5000** head beef feeder weighing from 600 to 1400 lbs. They are located in two (2) large monoslope, deep pack buildings and 3 dirt lots and 3 open concrete lots. The (2) two monoslope buildings are identical. The dimensions are 540 ft in length by 100 ft wide. Each building can house up to 1300 head of cattle. The dirt lots are used to hold up to 550 cattle. The feed storage area is located in the southeast corner of the site. It has a concrete floor along with concrete bunkers and one (1) building. The feed is stored in the building or is covered in the bunkers with plastic. Runoff from the feed storage area and the dirt lots flow to a site holding pond.																			
** ASSUMES NEW BLDGS TO HOUSE 1850 HEAD																			
<div style="text-align: right; font-size: 2em; font-family: cursive;">3750</div>																			
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. *See Below																			
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE					C. DATE SIGNED				
JOE D. NUSBAUM, TREASURER															1/13/12				
COMMENTS FOR OFFICIAL USE ONLY																			
C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30				

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

FORM <b>2B</b> NPDES	<b>EPA</b> 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: <u>Northwest Illini Feedlot Corp</u> Telephone: ( <u>815</u> ) <u>493-2111</u> Address: <u>PO BOX 61</u> Facsimile: ( <u>815</u> ) <u>493-6412</u> City: <u>LANARK</u> State: <u>IL</u> Zip Code: <u>61046</u>	<input checked="" type="checkbox"/> 1. Existing Facility  <input type="checkbox"/> 2. Proposed Facility

**D. FACILITY INFORMATION**

Name: NORTHWEST ILLINI FEEDLOT CORP Telephone: ( 815 ) 493-2111  
 Address: 12490 IL RT 73N Facsimile: ( 815 ) 493-6412  
 City: Lanark State: IL Zip Code: 61046  
 County: CARROLL Latitude: N42.115000 Longitude: W89.836694

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

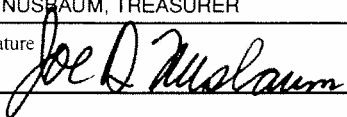
**II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS**

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? <u>67,000</u> tons <u>4 MILLION</u> 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? <u>4000+</u> acres  3. How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? <u>30,000</u> tons <u>67,000</u> gallons
	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 checked="" type="checkbox"/> Cattle (not dairy or veal calves)	<u>550</u>	<u>4950**</u>	
<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	<u>550</u>	<u>4950**</u>	

**\*\* ASSUMES NEW BLDGS TO HOUSE 1850 HEAD**

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 checked="" type="checkbox"/> Holding Pond	10 MILLION*	
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		
2. Report the total number of acres contributing drainage: <u>4000+</u> 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 type="checkbox"/> Belowground Storage Tanks		
<input checked="" type="checkbox"/> Roofed Storage Shed	180	67,000 TONS*
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		
E. NUTRIENT MANAGEMENT PLAN		
<b>Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.</b>		
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 type="checkbox"/> Yes <input type="checkbox"/> No		
4. The date of the last review or revision of the nutrient management plan. Date: <u>01/12/12</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 type="checkbox"/> Grass filter <input type="checkbox"/> Terrace		

\* ASSUMES NEW BLDGS TO HOUSE 1850 HEAD

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) JOE D. NUSBAUM, TREASURER			B. Telephone ( 815 ) 632-8950		
C. Signature 			D. Date Signed 1/13/12		





0 3 Mi  
0 16000 Ft

Map provided by MyTopo.com