



Frank & West
Environmental Engineers, Inc.

October 25, 2013

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IEPA
BOW/WPC/PERMIT SECTION

Mr. Yacine Anane
Illinois EPA-Division of Water Pollution Control
1021 N. Grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

RE: Buehne Farms, Inc. NPDES No. ILA010105

Dear Mr. Anane,

The following letter is in regards to the additional information requested as part of the NPDES application review for Buehne Farms Inc. The following is in direct response to the individual items:

1. Attached you will find revised application forms with the signatures of Mr. Gevase Buehne.
2. Location of concrete curbing around the existing feedlots is shown on the plot plan provided in section 2 of the CNMP. The existing concrete curbing prevents any wastewater from leaving the animal production areas. The curbing also prevents any freshwater from entering the production area with the exception of precipitation that falls directly on the lots or from building roofs. The proposed roof guttering will eliminate the precipitation from the roof areas from entering the lots. The location of the proposed guttering is also show on the plot plan provided.
3. Mortalities are kept under roof and within the lot area until such a time as the rendering service picks them up. The rendering service usually collects any mortalities within 48 hours of when they are contacted.
4. Operation and maintenance items for both the guttering and the concrete curbing are provided in section 2 of the submitted CNMP.
5. Soil analysis has not yet been collected for the fields in question. No manure application has been planned for those fields. Manure application will not be made to those fields until soil analysis is collected and the CNMP updated accordingly.
6. The nutrient analysis used for the planning of the CNMP was obtained from the manure storage. The analysis would account for any nutrient losses due to the storage of the waste. Using actual nutrient analysis obtained from the waste storage is considered the

best practice for accurate planning of nutrients. That is the method used for planning nutrients in the Buehne Farms CNMP.

7. Any off site farm receiving manure will be provided with at copy of the latest manure analysis. The manure analysis provided will contain at minimum: TKN, Nitrate N, P, K and total solids. Although manure was exported to another farm in 2012 no future manure exports are planned.
8. No manure applications are planned on fields in the 10 year floodplain. Portions of some of the fields are located with the 100 year floodplain, however the areas located within the 100 year floodplain are also located within the 200 ft setback from water thus no applications are planned in these areas either.
9. All of the applications are planned on fields that Buehne Farms Inc. own, or fields which Buehne Farms Inc. are considered to be the operator of the farm responsible for all nutrient application and both planting and harvesting the crop. In the past it has not been a requirement to have manure easements for application fields for which the owner of the livestock operation is also the owner and/or operator of the application fields.

FWI appreciates the opportunity to provide this information on behalf of Buehne Farms Inc. If you have any further questions or comments, please advise.

Regards

FRANK & WEST
ENVIRONMENTAL ENGINEERS, INC.



Wade E Meteer Jr., MS, CCA
Agricultural Scientist


Attachment A: Form 1

Attachment B: Form 2b

Cc: Buehne Farms Inc.

Attachment A

Form 1

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
			S		13	14
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.			

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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**.

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 (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	
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 (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
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	
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	
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	

III. NAME OF FACILITY

c	1	SKIP	Buehne Farms Inc
15	16 - 29	30	68

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)			
c	2	Gervase Buehne	(618) 526-4678				
15	16	45	48 49 50 51 52 55				

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
c	3	8606 Main Street	45
15	16		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
c	4	Breese	IL 62230
15	16	40 41 42	47 51

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
c	5	8606 Main Street	45	
15	16			
B. COUNTY NAME				
Clinton				
46	70			
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
c	6	Breese	IL 62230	027
15	16	40 41 42	47 51	52 54

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
7	0241 (specify) Agriculture Production-Livestock Dairy	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	Gervase Buehne		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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)	(618) 526-4678

E. STREET OR P.O. BOX
8606 Main Street

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Breese	IL	62230	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)	
9	N	9	P
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9	U	9	(specify)
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9	R	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)
 Buehne Farms, Inc. is a milking dairy facility located in Clinton county Illinois.

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
Gervase Buehne Owner		10-10-13

COMMENTS FOR OFFICIAL USE ONLY

Attachment B

Form 2B

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 <input type="checkbox"/> Coverage Under General Permit <input 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>Buehne Farms Inc.</u> Telephone: (<u>618</u>) <u>526-4678</u> Address: <u>8606 Main Street</u> Facsimile: (<u>618</u>) <u>526-4678</u> City: <u>Breese</u> State: <u>IL</u> Zip Code: <u>62230</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility		
D. FACILITY INFORMATION				
Name: <u>Buehne Farms Inc.</u>		Telephone: (<u>618</u>) <u>526-4678</u>		
Address: <u>8606 Main Street</u>		Facsimile: (<u>618</u>) <u>526-4678</u>		
City: <u>Breese</u> State: <u>IL</u>		Zip Code: <u>62230</u>		
County: <u>Breese</u> Latitude: <u>38°40' 57.91" N</u>		Longitude: <u>89° 32' 49.49" W</u>		
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? <u>2,591</u> tons <u>2692990</u> 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>833.4</u> 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 tons		
1. TYPE	NO. IN OPEN CONFINEMENT			NO. HOUSED UNDER ROOF
<input checked="" type="checkbox"/> Mature Dairy Cows				300.00
<input type="checkbox"/> Dairy Heifers				
<input checked="" type="checkbox"/> Veal Calves				50.00
<input type="checkbox"/> Cattle (not dairy or veal)				
<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		350.00

C. TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY


1. Type of Containment	Total Capacity (in gallons)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input checked="" type="checkbox"/> Other: Specify <u>Slurry Store</u>	2,014,077

2. Report the total number of acres contributing drainage: _____ 0 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 checked="" type="checkbox"/> Aboveground Storage Tanks	273.00	2,014,077 Gal
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input checked="" type="checkbox"/> Concrete Pad		1,401 Tons
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> 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: 07/24/13
- 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 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						
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.		
				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>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>						
A. Name and Official Title (print or type) Gervase Buehne, Owner Buehne Farms Inc.			B. Phone No. (618) 526-4678			
C. Signature 			D. Date Signed 10-10-13			