

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 _____
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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OCT 30 2013

BOWWPC PERMIT SECTION

EPA

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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. NAME OF FACILITY

C	1	SKIP	Buehne Farms Inc
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IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C	2	Gervase Buehne	(618) 526-4678

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	
C	3 8606 Main Street

B. CITY OR TOWN		C. STATE	D. ZIP CODE
C	4 Breese	IL	62230

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C	5 8606 Main Street		
B. COUNTY NAME		C. CITY OR TOWN	
Clinton		Breese	
D. STATE		E. ZIP CODE	F. COUNTY CODE (if known)
IL		62230	027

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
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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>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: Buehne Farms Inc. Telephone: (618) 526-4678
 Address: 8606 Main Street Facsimile: (618) 526-4678
 City: Breese State: IL Zip Code: 62230
 County: Breese Latitude: 38°40' 57.91" N Longitude: 89° 32' 49.49" W

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) <u>0</u> 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 (<i>gallons per day</i>)			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 (<i>pounds</i>)		a. Species	b. Harvestable Weight (<i>pounds</i>)		
	(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 (<i>print or type</i>) Gervase Buehne, Owner Buehne Farms Inc.			B. Phone No. (618) 526-4678			
C. Signature 			D. Date Signed 10-10-13			