Section I shall be completed by all permit applicants. Instructions for completing Section I, Pages 1 and 2, are on Page 2 of the Appendix. To submit additional information, see Page ii, Item 3.

Water Bureau Use Only	Cashier Use Only: 37000-40535-9412-481000-00
Receipt #: _____	
Permit ID #: _____	

PLEASE TYPE OR PRINT

1	NPDES PERMIT NUMBER MIG 010063		
2. APPLICANT	Applicant Name Walnutdale Farms, LLC.		
	Address 4309 14th St	Address 2 or P.O. Box	
	City Wayland	State MI	ZIP Code 49348
	Telephone (with area code) (b) (6) [redacted]	FAX (with area code) (b) (6) [redacted]	Applicant Web Site Address
3. FACILITY	Facility Name 1 Walnutdale Farms, LLC.		
	Facility Name 2		
	Facility Name 3		
	Street Address (do not use a P.O. Box Number) 4309 14th St		
	City 4309 14th St	State Mi	ZIP Code 49348
	Telephone (with area code)	FAX (with area code)	Facility Web Site Address

4. CONTACTS			
☒ Application Contact ☒ Facility Contact ☒ Discharge Monitoring Reports ☐ Storm Water Billing ☐ Biosolids Billing ☒ NPDES Annual Billing	First Name (b) (6) [redacted]	Last Name (b) (6) [redacted]	
	Title Manager	Business	
	Address 1 (b) (6) [redacted]	Address 2	
	City Wayland	State MI	ZIP Code 49348
	Telephone (with area code) (b) (6) [redacted]	FAX (with area code)	e-mail address (b) (6) [redacted]
☐ Application Contact ☐ Facility Contact ☐ Discharge Monitoring Reports ☐ Storm Water Billing ☐ Biosolids Billing ☐ NPDES Annual Billing	First Name	Last Name	
	Title	Business	
	Address 1	Address 2	
	City	State	ZIP Code
	Telephone (with area code)	FAX (with area code)	e-mail address
☐ Application Contact ☐ Facility Contact ☐ Discharge Monitoring Reports ☐ Storm Water Billing ☐ Biosolids Billing ☐ NPDES Annual Billing	First Name	Last Name	
	Title	Business	
	Address 1	Address 2	
	City	State	ZIP Code
	Telephone (with area code)	FAX (with area code)	e-mail address

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PERMITS SECTION

FACILITY NAME	NPDES PERMIT NUMBER
Walnutdale Farms, LLC	MIG010063

5. PERMIT ACTION REQUESTED (Check one box only.) Instructions for this item are on Page 2 of the Appendix.

- ☐ **NEW USE:** A proposed discharge.
- ☐ **EXISTING DISCHARGE** that is currently unpermitted.
- ☒ **REISSUANCE** of current permit.
- ☐ **MODIFICATION** of current permit. Attach a description of the proposed modification.

Note: Applications for **New Use** discharges, **Existing Discharges** that are currently unpermitted, and for either **Reissuance** or **Modification** that include an increased loading of pollutants to the receiving water are required to submit a Rule 98 Demonstration with the Application. See Item 6.

6. RULE 98 – ANTIDEGRADATION REQUIREMENTS.- Instructions for this item are on Page 2 of the Appendix.

In accordance with Rule 323.1098 of the Michigan Water Quality Standards, the applicant is required to submit an Antidegradation Demonstration for any new or increased loading of pollutants to the surface waters of the state. An Antidegradation Demonstration must contain the information specified in Rule 1098, outlined in the Antidegradation section of the Appendix. For assistance in completing this item, contact the Permits Section.

Will this discharge be an increased loading of pollutants to the surface waters of the state? ☐ Yes, continue below. ☒ No.

☐ Antidegradation Demonstration provided. ☐ Increased loading of pollutants is exempt from Antidegradation Demonstration as indicated below:

- ☐ A short-term (weeks to months) or temporary lowering of water quality
- ☐ Bypasses that are not prohibited by regulations set forth in 40 CFR 122.41(m)
- ☐ Response actions undertaken to alleviate a release of pollutants into the environment that may pose an imminent and substantial danger to the public health or welfare
- ☐ Discharges of pollutant quantities from the intake water at a facility if the intake and discharge are to the same body of water
- ☐ Increases in flow at a POTW if the increase is within the design flow of the facility, there is no increased loading of BCCs that are not specifically limited in the current permit, and there is no significant change expected in the characteristics of the wastewater collected
- ☐ Intermittent increased loading related to wet-weather conditions
- ☐ New or increased loading due to MDEQ-approved controls related to wet-weather conditions
- ☐ Discharges authorized by Certificates of Coverage and Notices of Coverage
- ☐ Increased loadings within the authorized levels of a limit in an existing control document, except those loadings that result from actions by the permittee that would otherwise require submittal of an increased use request
- ☐ Increased loadings of a pollutant which do not involve Bioaccumulative Chemicals of Concern (BCC) and which use less than 10 percent of the unused loading capacity that exists at the time of the request

7 ADDITIONAL FACILITY LOCATION INFORMATION. Instructions for this item are on Page 2 of the Appendix.

A	Local Unit of Government (LUG)				LUG e-mail address	
B	County Allegan				Township Dorr	
C.	Town 4N	Range 12W	Section 13	¼ NW	¼, ¼ SW,SW	Private (French) Land Claim
D.	Latitude 42.73248				Longitude -85.68214	

8. CERTIFIED OPERATOR

Does the facility have an MDEQ-certified operator? ☒ Yes ☐ No Instructions for this item are on Page 2 of the Appendix.

First Name (b) (6) [redacted]		Last Name (b) (6) [redacted]	
Certification Number		Certification Classification(s)	
Address 1		Address 2	
City		State	Zip Code
Telephone Number	Fax Number	e-mail address	

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PERMITS SECTION

FACILITY NAME	NPDES PERMIT NUMBER
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9. OTHER ENVIRONMENTAL PERMITS

Provide the information requested below for any other federal, state, or local environmental permits in effect or applied for at the time of submittal of this Application, including, but not limited to, permits issued under any of the following programs: Air Pollution Control, Hazardous Waste Management, Wetlands Protection, Soil Erosion and Sedimentation Control, and other NPDES permits. To submit additional information, see Page ii, Item 3.

Issuing Agency	Permit or COC Number	Permit Type

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10. WATER FLOW DIAGRAM AND NARRATIVE DESCRIPTION

Provide a flow diagram **(using 8½" x 11" paper if possible)** showing the wastewater flow through the facility (from intake through discharge), including all processes, treatment units, including any lagoons or ponds used for wastewater treatment or storage (identify treatment units that operate intermittently), and bypass piping. Also include a narrative description that explains the diagram. Show all operations contributing wastewater and the locations of flow meters, chemical feeds, and monitoring and discharge points. The water balance shall show the daily average flow rates at the intake and discharge points, and approximate daily flow rates between treatment units, including influent and treatment rates. Use actual measurements whenever available, otherwise use the best estimate. Show all significant losses of water to products, atmosphere, and discharge. In addition, provide a flow diagram for any storm water discharges from secondary structures that are required by state or federal law, and for storm water runoff from any Site of Environmental Contamination, pursuant to Part 201 of the Michigan Act. **Do not send blueprints.**

Municipal Facilities – Include a narrative that briefly describes the history of the wastewater treatment facility and collection system, including the initial construction, the facility improvements that have been made, future plans for upgrade, the location of all constructed emergency overflows, and other pertinent information.

Industrial and Commercial Facilities – The line diagram shall include all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. **Also include a narrative** that provides a brief description of the nature of the business and the manufacturing processes.

ATTACH THIS INFORMATION TO THIS APPLICATION. PLEASE DO NOT BIND THIS INFORMATION.

11. MAP OF FACILITY AND DISCHARGE LOCATION

Provide a detailed black and white reproducible map on 8½" x 11" paper showing the location of the existing or proposed facility, wastewater and biosolids treatment system(s), water intakes, wastewater monitoring and wastewater discharge points into receiving waters (including bypasses). Include the exact location of the water intakes, wastewater monitoring and discharge point(s) and, if applicable, all areas through which the discharge flows (e.g., wetlands, open drains, storm sewers) between the discharge point and the receiving water. If the discharge is to a storm sewer, label the storm sewer and show its flow path to the receiving water. Also include the location of any water supply intakes or wells, and groundwater monitoring wells. This map shall be a United States Geological Survey (USGS) quadrangle (7.5 minute series) or other map of comparable detail, scale, and quality (which shows surface water bodies, roads, bathing beaches, and other pertinent landmarks). **It is preferred that the minimum area this map shall encompass is approximately one mile beyond the property boundaries.**

ATTACH THIS INFORMATION TO THIS APPLICATION.

FACILITY NAME	NPDES PERMIT NUMBER
Walnutdale Farms, LLC.	MIG010063

12. CONTRACT LABORATORIES THAT PROVIDE ANALYTICAL SUPPORT

Provide the name and address of each contract laboratory or consulting firm that performed any analyses submitted as part of this Application. To submit additional information, see Page ii, Item 3.

Laboratory Name A&L Great Lakes Labratories, Inc.			Laboratory Name		
Street Address 3505 Contestoga Dr			Street Address		
City Fort Wayne	State IN	ZIP Code 46808	City	State	ZIP Code
Telephone (with area code) 1-260-483-4759	Fax (with area code)		Telephone (with area code)	Fax (with area code)	
Analysis Performed Soil, Plant Tissue and Manure Nutrient Testing			Analysis Performed		
Laboratory Name Green Valley Agricultural, Inc.			Laboratory Name		
Street Address 3957 108th St SE			Street Address		
City Caledonia	State MI	City 49316	State	City	State
Telephone (with area code) 616-891-0075	Fax (with area code) 616-891-0311		Telephone (with area code)	Fax (with area code)	
Analysis Performed Plant Tissue Sampling using a chlorphyll Meter Testing N.			Analysis Performed		

13. LIST ADJACENT PROPERTY OWNERS

List the names and mailing addresses of all property owners for all properties adjacent to the facility, treatment systems, and discharge locations. For vacant lots or empty buildings, supply the owner's mailing address – NOT the lot or building property address. To submit additional information, see Page ii, Item 3.

Name	Address	City	State	ZIP Code
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	MI	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49323
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Grandville	Mi	49418
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	MI	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Wayland	Mi	49348
FOIA Exemption (b) (6)	FOIA Exemption (b) (6)	Walyand	Mi	49348

FACILITY NAME	NPDES PERMIT NUMBER
Walnutdale Farms, LLC.	MIG010063

14. APPLICATION CERTIFICATION

Rule 323.2114(1-4), promulgated under the Michigan Act, requires that **this Application must be signed as follows:**

A. For an organization, company, corporation, or authority, by a principal executive office, vice president, or higher
B. For a partnership, by a general partner
C. For a sole proprietor, by the proprietor
D. For a municipal, state, or other public facility, by a principal executive officer or ranking elected official (such as the mayor, village president, city or village manager, or clerk)

Note: If the signatory is not listed above, but is authorized to sign the Application, please provide documentation of that authorization.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for having knowledge of violations."

The last application for this facility was submitted on: June of 2007

I understand that my signature constitutes a legal agreement to comply with the requirements of the NPDES Permit. I certify under penalty of law that I possess full authority on behalf of the legal owner/permittee to sign and submit this application.

Print Name (b) (6) [redacted] Title: Manager

Signature [redacted] Date: 7-28-10

This completes Section I. Publicly-Owned Treatment Works (POTWs) discharging sanitary and industrial wastewater to the surface waters, and privately-owned treatment works discharging sanitary wastewater to the surface waters should complete Section II. Privately-owned treatment works include, but are not limited to, Mobile Home Parks, Campgrounds, Condominiums, Hotels and Motels, Nursing Homes, etc. All other applicants should complete Section III. If assistance is needed to complete this Application, contact the Permits Section.

Permit Application Submittal Checklist

Please confirm the following before submitting the Application:

- ☒ 1. Section I has been completed, including all diagrams, maps, and the treatment process narrative.
- ☒ 2. The Application has been signed as required above in Section I.14. (A.-D.) or a copy of the letter authorizing the signatory to sign the letter has been included, as appropriate.
- ☐ 3. Section II or Section III has been completed, including any additional information or submissions.
- ☐ 4. Section IV has been completed by any facility that discharges storm water.
- ☒ 5. Section V has been completed by any facility that is a Concentrated Animal Feeding Operation (CAFO).
- ☐ 6. Section VI has been completed by any facility that has Cooling Water Intake Structures.
- ☐ 7. A check or money order for the appropriate Application Fee has been made out to the "State of Michigan" and has been included with the Application submittal.
- ☒ 8. E-Mail addresses provided.

SECTION V – Concentrated Animal Feeding Operations (CAFOs)

PLEASE TYPE OR PRINT

FACILITY NAME	NPDES PERMIT NUMBER
Walnutdale Farms, LLC.	MIG010063

A. CONCENTRATED ANIMAL FEEDING OPERATION (CAFO) INFORMATION. **To be completed by CAFOs only**

"CAFO waste" includes, but is not limited to, process wastewater, manure, production area waste, silage leachate and runoff, contaminated runoff, etc.

Applicants are required to submit all of the information requested below:

1. The number of animals expected on-site during the five-year permit period: Average: 1100 Maximum: 1300

2. The type of animals: Dairy Cows, lactating & dry
   NOTE: Animals include, but are not limited to, beef cattle, dairy cows or heifers, veal calves, swine less than or greater than 55 lbs, broilers, layers, and turkeys.

3. The type of housing (i.e., open confinement, under roof, etc.): Under roof with the exeption of walkways and small pasture

4. The type of CAFO waste storage: Storage ponds, Storage Tanks, Slurry Store, pen pack dry manure
   NOTE: CAFO waste storage includes, but is not limited to, roofed storage shed, storage ponds, under-floor pits, above- or below-ground storage tanks, and concrete pads.

5. The total capacity of all waste storage structures in both **Volume:** 6,615,255 / 884,392 ☒ **gallons/** ☒ **cu ft**, and **Time:** 5.23 **months**

6. The CAFO waste storage structure design.
   NOTE: All new CAFO waste storage structures shall, at a minimum, be constructed in accordance with Natural Resource Conservation Service (NRCS) Standard No. 313, Waste Storage Facility. Applicants with existing storage structures at existing CAFOs must submit an evaluation conducted by a licensed engineer. Guidance for the Evaluation of Existing Storage Structures can be found on our Web site or is available in print. See the CAFO general permit for actual requirements.

7. Estimated amounts of CAFO waste generated **per year** (annual avg. over the life of the permit): 3,000 / 15,382,340 ☒ **tons/** ☒ **gallons/** ☐ **cu ft**

8. The total number of acres owned, leased, or otherwise available for land application of CAFO wastes: 2,120 **acres**
   NOTE: Do **not** include the land application sites of CAFO waste that have been sold or transferred to another party. Please include an estimate of any proposed land acquisitions that are in process at the time of this Application.

9. Estimate the amount of CAFO waste sold or transferred to other parties annually: 1,500 / 500,000 ☒ **tons/** ☒ **gallons/** ☐ **cu ft**
   NOTE: Land application of this waste is **not** under the applicant's control.

10. A list and map(s) showing the location of all applicant-controlled land application sites.
    NOTE: Each land application site should be identified by a unique name and/or number, and include the field size in acres. Maps could be plat maps, aerial maps, or soil maps with each land application site highlighted or colored in, and labeled with the appropriate name or number that corresponds to the list or FSA Form # 578 and associated maps.

11. A list of all potential receiving waters for both the production and land application areas.
    NOTE: This list should include rivers, creeks, and major drains where runoff would flow overland or through tiles. Consider slope and tile outlet locations to determine flow pathways. Include maps, if possible, with the waterways highlighted. Provide the name of the receiving water when possible. The map required in Item 10 (above) may be used for highlighting the receiving streams.

12. SIC Code: 241

To access the MDEQ CAFO Web site, go to **http:www.michigan.gov/deq**. In the left column click on WATER, click on Surface Water, click on NPDES Permits, and in the middle column under the Information banner, click on Concentrated Animal Feeding Operation (CAFO).

MIG019000 Permit Application CNMP Checklist

This form is intended to assist applicants and the Department while reviewing CNMPs for completeness prior to the public notice of application materials for coverage under Permit No. MIG019000. The permit references below are as they appear in the Nutrient Management Plan (Part I.A.4.), which provides detailed CNMP content information.

Instructions: Please thoroughly review the CNMP for the items below, fill in the appropriate reference page number(s), and sign the form in the space provided. Submit this form with your application materials. Completing this form does not assure compliance with all permit requirements.

Storage Structures [Part I.A.4.a.]

Page #(s)	
4 + 5	**Volume Design Requirements [Page 5; Part I.A.4.a.1)]:** • Description of how the permittee will comply with this section including subsections a) through c).
5 + Appendix 9	• Records documenting total days of storage capacity and all the following volumes for each storage structure: solids accumulation, design treatment, total design, operational, emergency, and freeboard.
5 + App 9	**Physical Design & Construction Req. [Page 6; Part I.A.4.a.2)]:** • Description of how the permittee will comply with this section, including subsections a) & b).
7 + App 5	**Inspection Requirements [Page 7; Part I.A.4.a.3)]:** • Storage Structure Inspection Plan which describes how the permittee will comply with this section, including subsections a) through c).
7	**Operation and Maintenance Req. [Page 7; Part I.A.4.a.4)]:** • Storage Structure Operation and Maintenance Program which describes how the permittee will comply with this section, including subsections a) through g)

Best Management Practices [Part I.A.4.b.]

8	**Conservation Practices [Page 8; Part I.A.4.b.1)]** • Description of how the permittee will comply with this section.
8	• List of specific conservation practices at both the production area and specific land application sites.
8	**Divert Clean Water [Page 8; Part I.A.4.b.2)]** • Description of structures and management practices used by the permittee to comply with this section.
9	**Prevent Direct Contact of Animals with Waters of the State [Page 8; Part I.A.4.b.3)]** • Description of how the permittee will comply with this section, including a description of controls.
9 + App. 5	**Animal Mortality [Page 9; Part I.A.4.b.4)]** • Description of how the permittee will comply with this section, including general mortality management information

9	**Chemical Disposal [Page 9; Part I.A.4.b.5)]** • Description of how the permittee will comply with this section, including identification of specific practices.
7	**Inspection, Proper Operation and Maintenance [Page 9; Part I.A.4.b.6)]** • Inspection, Operation, and Maintenance Program which describes how the permittee will comply with this section, including subsections a) through d).
10 Appendix 2, 6+8	**Land application of CAFO Waste [Page 9; Part I.A.4.b.7)]** • Field-by-Field Assessments [Part I.A.4.b.7)a)]: Completed assessments for all land application areas which will receive CAFO waste. Includes: Slopes; soil types; tile depth, locations of tile outlets, tile risers, and tile depth; conservation practices; offsite conditions; potential erosion areas; and areas that may receive CAFO waste applications without incorporation when frozen or snow covered.
11	• Field Inspections [Part I.A.4.b.7)b)]: Description of how the permittee will comply with this section, including subsections A) through F).
11	• Field Inspections [Part I.A.4.b.7)b)]: Records demonstrating compliance with sub-sections A) & B) (most recent soil and manure test results).
12+App5	• Maximum Annual Land Application Rates [Part I.A.4.b.7)c)]: Description of how the permittee will comply with this section, including subsections A) through C)
13	• Land Application Log [Part I.A.4.b.7)d)]: Description of how the permittee will comply with this section, including subsections A) through F).
13	• Prohibitions [Part I.A.4.b.7)e)]: Description of how the permittee will comply with this section, including subsections A) through D).
13+14	• Methods [Part I.A.4.b.7)f)]: Description of how the permittee will comply with this section, including subsections A) & B).
14	• Setbacks [Part I.A.4.b.7)g)]: Description of how the permittee will comply with this section, including subsections A) through C).
14+App 2	• Setbacks [Part I.A.4.b.7)g)]: The setbacks identified in subsections A) through C) are shown for each appropriate field.
	Non-Production Area Storm Water Management [Page 14; Part I.A.4.b.8)]
10	• Descriptions and records that demonstrate how the permittee will comply with this section, including identification of items in subsections a) through e)

I have reviewed Permit No. MIG019000, issued March 30, 2010 (Permit) and the CNMP submitted with this application for coverage under the Permit. To the best of my knowledge, judgment, and belief, the submitted CNMP accurately describes the CAFO applying for coverage and meets the minimum requirements identified in the Permit.

(b) (6) [redacted]

Applicant's Signature

7-28-10

Date

Revised 4/13/2010