ease print or type in the unshaded areas only
ill—(in areas are spaced for elite type, i.e., 12 characters/inch).

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Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F D

LABEL ITEMS

I. EPA I.D. NUMBER

II. FACILITY NAME

III. FACILITY MAILING ADDRESS

IV. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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.

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" 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

1 SKIP RYAN BRADY FARM

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 BRADY RYAN OWNER	757 824 4349

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 32304 GRETA RD POBOX 416	4 ATLANTIC	VA	23303

RECEIVED – DEQ
DEC 09 2010
Tidewater Regional Office

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5 SAME	ACCOMACK

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 ATLANTIC	VA	23303	

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
C 7 (specify)	C 7 (specify)
C. THIRD	**D. FOURTH**
C 7 (specify)	C 7 (specify)

VIII. OPERATOR INFORMATION

A. NAME: C 8 RYAN LEE BRADY

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other", specify.)*: F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC *(other than federal or state)*, O = OTHER *(specify)*: P (specify)

D. PHONE *(area code & no.)*: C A 757 624 4349

E. STREET OR P.O. BOX: 32304 GRETA RD PO BOX 416

F. CITY OR TOWN: C B ATLANTIC

G. STATE: VA

H. ZIP CODE: 23303

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*: C T I 9 N	D. PSD *(Air Emissions from Proposed Sources)*: C T I 9 P
B. UIC *(Underground Injection of Fluids)*: C T I 9 U	E. OTHER *(specify)*: C T I 9 VP 6250107 (specify)
C. RCRA *(Hazardous Wastes)*: C T I 9 R	E. OTHER *(specify)*: C T I 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)*

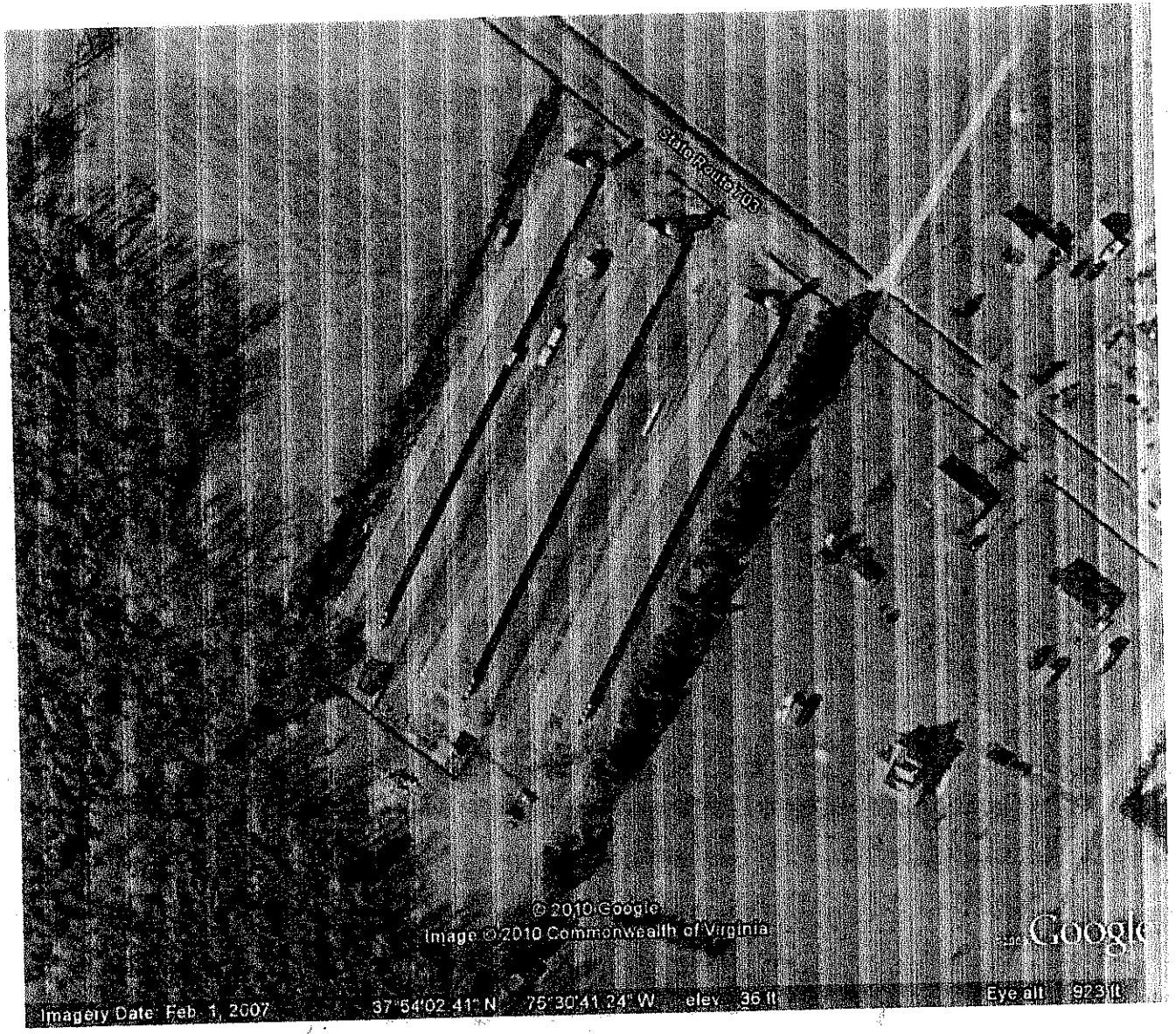
XIII. CERTIFICATION *(see instructions)*

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.

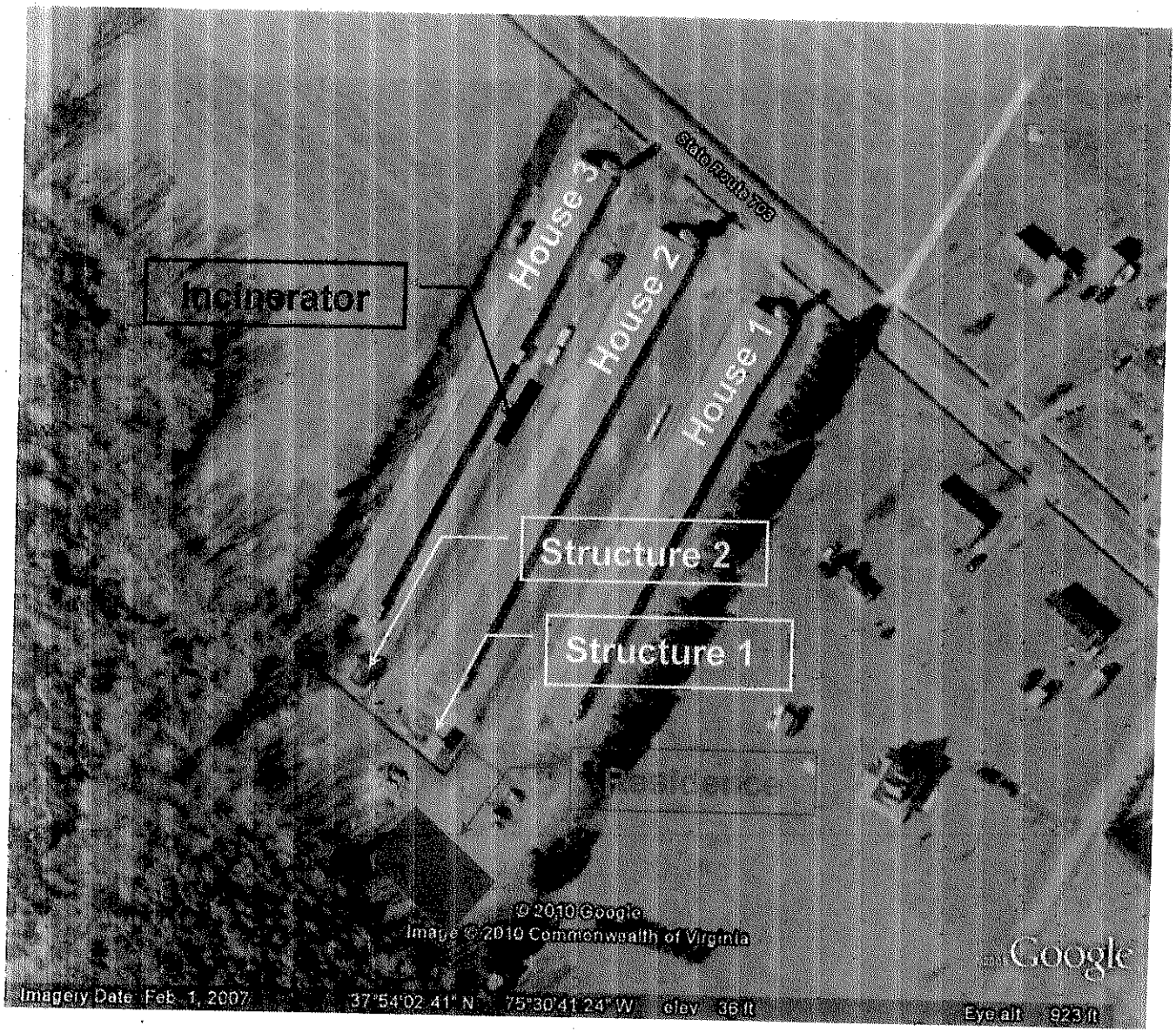
A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Ryan Lee Brady	Ryan L. Brady	12-6-10

COMMENTS FOR OFFICIAL USE ONLY

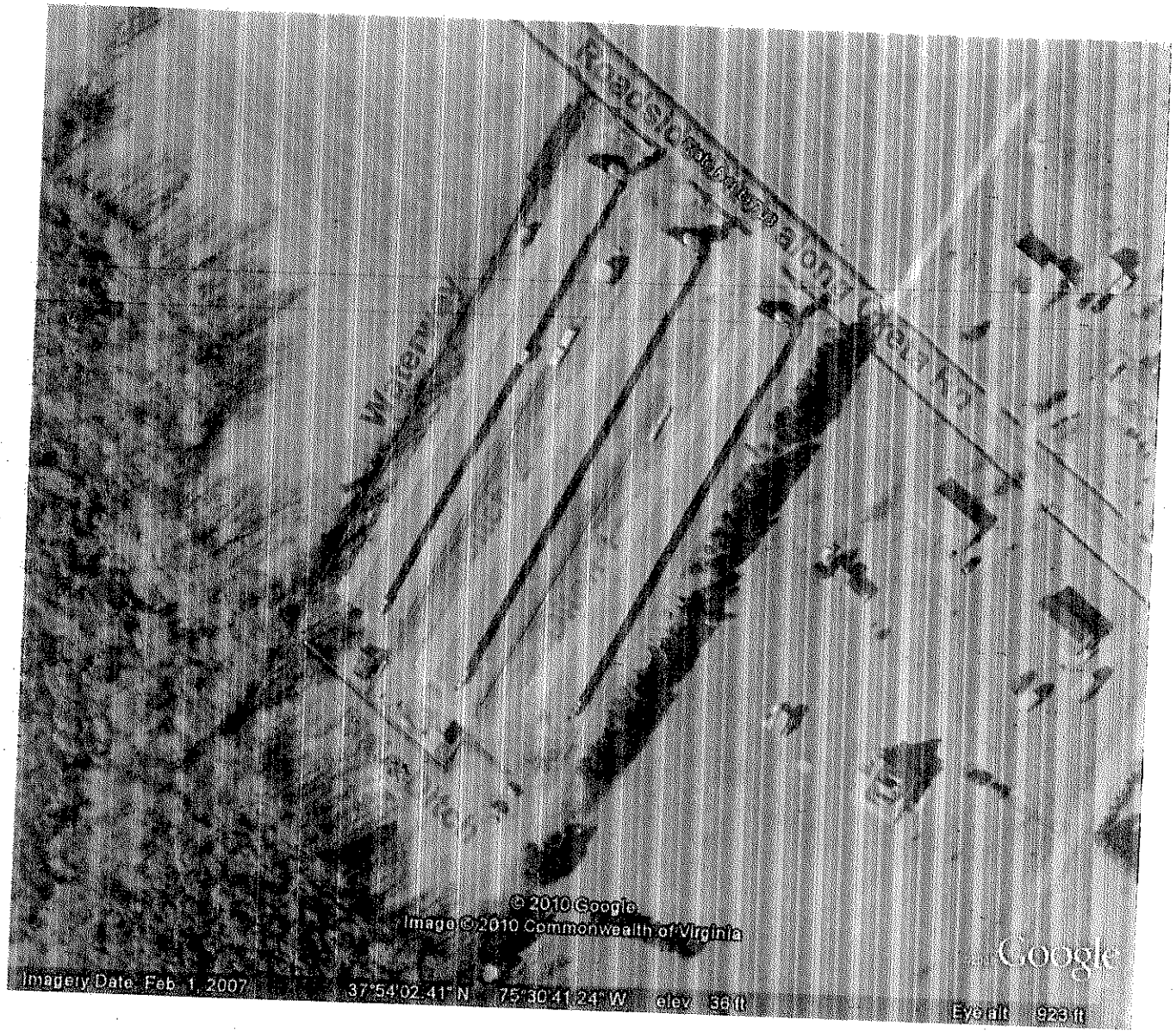
C


State Route 703
© 2010 Google
Image © 2010 Commonwealth of Virginia
Google
Imagery Date: Feb 1, 2007
37°54'02.41" N 75°30'41.24" W elev 36 ft
Eye alt 923 ft

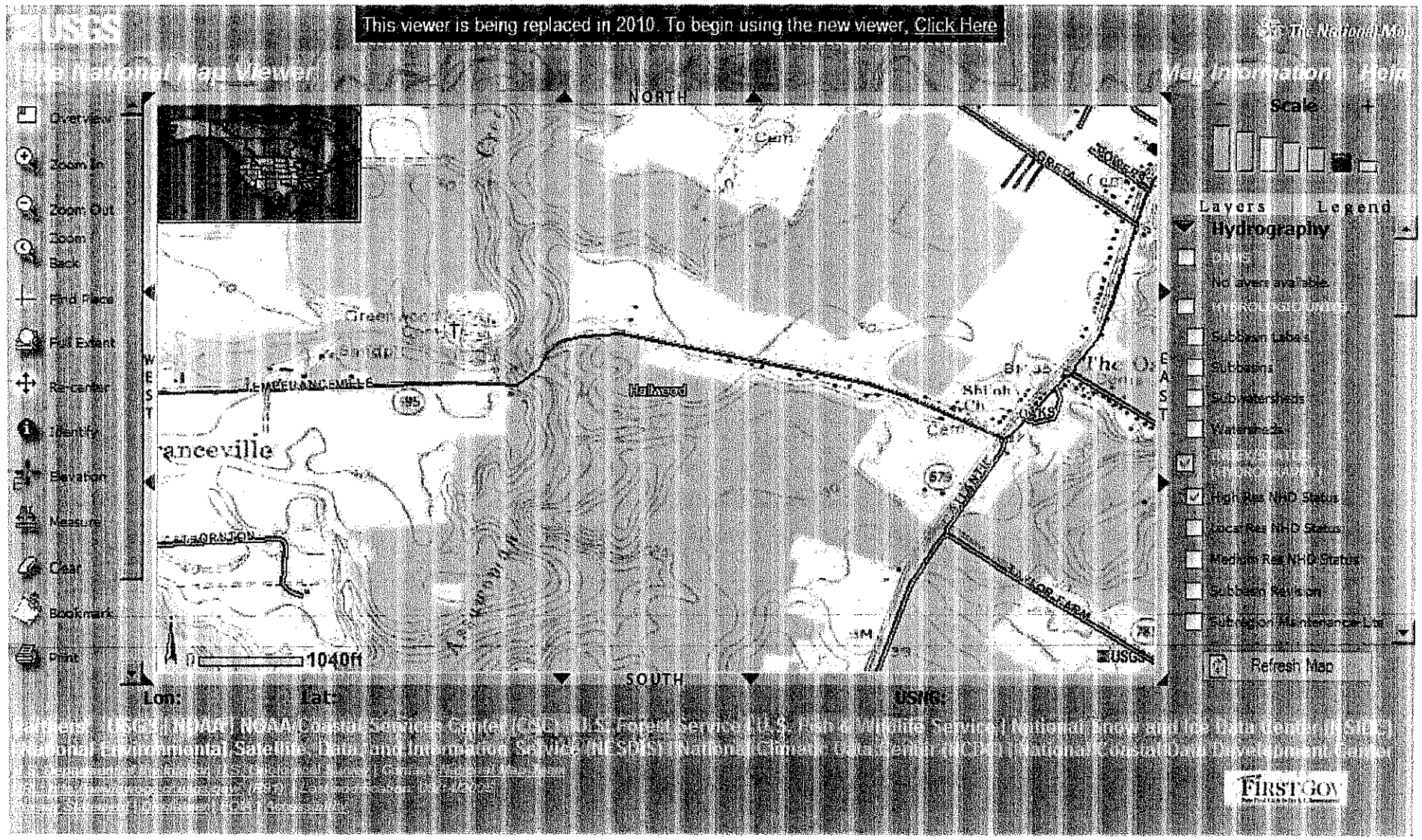
Site Map 1


Incinerator
House 3
House 2
House 1
State Route 705
Structure 2
Structure 1
© 2010 Google
Image © 2010 Commonwealth of Virginia
Google
Imagery Date: Feb 1, 2007
37°54'02.41" N 75°30'41.24" W elev 36 ft
Eye alt 923 ft

Site Map 2


© 2010 Google
Image © 2010 Commonwealth of Virginia
Google
Imagery Date: Feb 1, 2007
37°54'02.41" N 75°30'41.24" W elev 36 ft
Eye alt 923 ft

Site Map 3


This viewer is being replaced in 2010. To begin using the new viewer, Click Here
The National Map
Map Information
Help
NORTH
SOUTH
WEST
EAST
Overview
Zoom In
Zoom Out
Zoom 1
Back
Find Place
Full Extent
Re-center
Identify
Elevation
Measure
Clear
Bookmark
Print
Scale
Layers
Legend
Hydrography
No layers available
Subbasins
Subwatersheds
Watersheds
High Res NHD Status
Local Res NHD Status
Medium Res NHD Status
Subregion Railroad
Subregion Maintenance Line
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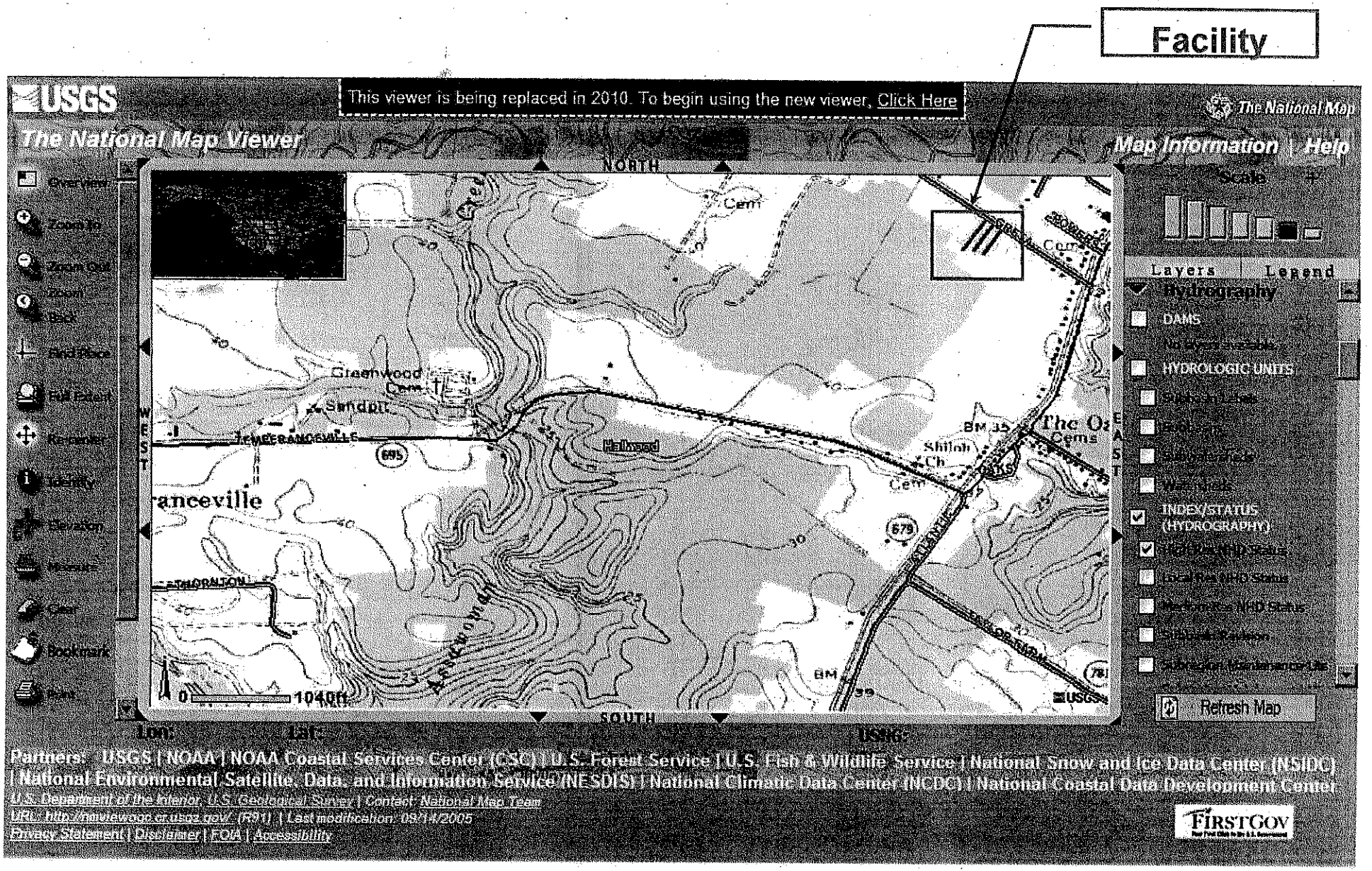
Lat:
USNG:
FirstGov

Site Map 4


Facility
USGS
This viewer is being replaced in 2010. To begin using the new viewer, Click Here
The National Map
The National Map Viewer
Map Information | Help
Overview
Zoom In
Zoom Out
Zoom
Back
Find Place
Full Extent
Re-center
Identify
Elevation
Measure
Clear
Bookmark
Print
NORTH
SOUTH
WEST
Scale
Layers
Legend
Hydrography
DAMS
HYDROLOGIC UNITS
INDEX/STATUS (HYDROGRAPHY)
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Greenwood Cem
Sandpit
Railroad
Shiloh Ch
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BM 35
BM 39
ranceville
THORNTON
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1040ft
Lon:
Lat:
USNG:
Partners: USGS | NOAA | NOAA Coastal Services Center (CSC) | U.S. Forest Service | U.S. Fish & Wildlife Service | National Snow and Ice Data Center (NSIDC) | National Environmental Satellite, Data, and Information Service (NESDIS) | National Climatic Data Center (NCDC) | National Coastal Data Development Center
U.S. Department of the Interior, U.S. Geological Survey | Contact: National Map Team
URL: http://nmiviewer.cr.usgs.gov/ (R91) | Last modification: 08/14/2005
Privacy Statement | Disclaimer | FOIA | Accessibility
FIRSTGOV

Site Map 5

Facility
Ballast Tump
Dock
Wallops Island
Bloxom
Roman Rock
Assawoman Island
Parksley
13
316
176
©2010 Google
©2010 Europa Technologies
Image ©2010 Commonwealth of Virginia
Data SIO, NOAA, U.S. Navy, NGA, GEBCO
Google
Imagery Date: Feb 1, 2007
37°49'56.41" N 75°30'14.40" W elev 2 ft
Eye alt 12.71 mi

Form Approved
OMB No. 2040-0250

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 ☒ Coverage Under General Permit ☐

A. TYPE OF BUSINESS	B. CONTACT INFORMATION	C. FACILITY OPERATION STATUS
☒ 1. Concentrated Animal Feeding Operation (complete items B, C, D, and section II) ☐ 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)	Owner/or Operator Name: Ryan lee Brady Telephone: (757) 824-4349 Address: PO Box 416 Facsimile: ( ) City: Atlantic State: VA Zip Code: 23303	☒ 1. Existing Facility ☐ 2. Proposed Facility

D. FACILITY INFORMATION

Name: Ryan Brady Farm Telephone: (757) 8244349
Address: 32304 Greenard Facsimile: (302) 258 5946
City: Atlantic State: VA Zip Code: 23303
County: Accomack Latitude: 37.900010° Longitude: -75.511581°

If contract operation: Name of Integrator: Mountaire Farms
Address of Integrator: PO Box 1320 Millsboro DE 19966

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE AND NUMBER OF ANIMALS

1. TYPE	2. ANIMALS NO. IN OPEN CONFINEMENT	2. ANIMALS NO. HOUSED UNDER ROOF
☐ Mature Dairy Cows		
☐ Dairy Heifers		
☐ Veal Calves		
☐ Cattle (not dairy or veal calves)		
☐ Swine (55 lbs. or over)		
☐ Swine (under 55 lbs.)		
☐ Horses		
☐ Sheep or Lambs		
☐ Turkeys		
☒ Chickens (Broilers)		63,000
☐ Chickens (Layers)		
☐ Ducks		
☐ Other: Specify _____		
3. TOTAL ANIMALS		

B. MANURE, LITTER, AND/OR WASTEWATER PRODUCTION AND USE

1. How much manure, litter, and wastewater is generated annually by the facility? 254 tons _____ 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? 0 acres
3. How many tons of manure or litter, or gallons of waste-water produced by the CAFO will be transferred annually to other persons? 254 tons _____ gallons

[redacted]

Form Approved
OMB No. 2040-0250

C. ☒ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
☐ Lagoon	
☐ Holding Pond	
☐ Evaporation Pond	
☒ Other: Specify No onsite storage	

2. Report the total number of acres contributing drainage: less than 4 acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
☐ Anaerobic Lagoon		
☐ Storage Lagoon		
☐ Evaporation Pond		
☐ Aboveground Storage Tanks		
☐ Belowground Storage Tanks		
☐ Roofed Storage Shed		
☐ Concrete Pad		
☐ Impervious Soil Pad		
☒ Other: Specify No on site storage		

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. ☐ Yes ☒ No

2. If no, please explain: A copy is already on File

3. Is a nutrient management plan being implemented for the facility? ☒ Yes ☐ No

4. The date of the last review or revision of the nutrient management plan. Date: June 2010

5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:
All manure is handled by a broker

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:

☒ Buffers ☐ Setbacks ☐ Conservation tillage ☐ Constructed wetlands ☒ Infiltration field ☒ Grass filter ☐ Terrace

Form Approved
OMB No. 2040-0250

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 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*)	B. Telephone
Ryan lee Brady (owner)	(757) 824 4349
C. Signature	D. Date Signed
Ryan L Brady	6-Dec-10