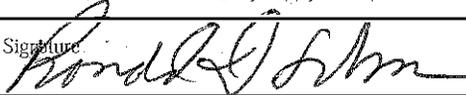


EPA I.D. NUMBER (copy from Item 1 of Form 1)

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 checked="" 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>Horizon Organic Dairy LLC</u> Telephone: (<u>208</u>) <u>438-8450</u> Address: <u>2577 East 500 South</u> Facsimile: (<u>208</u>) <u>438-8452</u> City: <u>Paul</u> State: <u>ID</u> Zip Code: <u>83347</u>	<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility	
II. FACILITY INFORMATION Name: <u>Horizon Organic Dairy LLC</u> Telephone: (<u>208</u>) <u>438-8450</u> Address: <u>2577 East 500 South</u> Facsimile: (<u>208</u>) <u>438-8452</u> City: <u>Paul</u> State: <u>ID</u> Zip Code: <u>83347</u> County: <u>Jerome</u> Latitude: <u>42 40 38.48</u> Longitude: <u>113 58 49.85</u> If contract operation: Name of Integrator: _____ Address of Integrator: _____			
III. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS			
A. TYPE AND NUMBER OF ANIMALS		B. Manure, Litter and/or Wastewater Production and Use	
2. ANIMALS		1) How much manure, litter and wastewater is generated annually by the facility? <u>88563</u> tons <u>855E06</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>8,266</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? tons/gallons (circle one) _____ 0 gallons	
1. TYPE	NO. IN OPEN CONFINEMENT		NO. HOUSED UNDER ROOF
<input checked="" type="checkbox"/> Mature Dairy Cows	1,370		1,330
<input checked="" type="checkbox"/> Dairy Heifers	2,000		
<input type="checkbox"/> Veal Calves			
<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			

APPENDIX A
Notice of Intent – NPDES Form 2B

<input type="checkbox"/> Chickens (Broilers)			
<input type="checkbox"/> Chickens (Layers)			
<input type="checkbox"/> Ducks			
<input type="checkbox"/> Other Specify _____			
3. TOTAL ANIMALS	3,370	1,330	
C. <input checked="" type="checkbox"/> TOPOGRAPHIC MAP			
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY			
1. Type of Containment	Total Capacity (in gallons)		
<input checked="" type="checkbox"/> Lagoon	74,062,614		
<input type="checkbox"/> Holding Pond			
<input type="checkbox"/> Evaporation Pond			
<input checked="" type="checkbox"/> Other: Specify Berms	226,120,400		
2. Report the total number of acres contributing drainage: _____ 32,000 acres			
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)	
<input type="checkbox"/> Anaerobic Lagoon			
<input checked="" type="checkbox"/> Storage Lagoon	180	74,062,614	
<input type="checkbox"/> Evaporation Pond			
<input type="checkbox"/> Aboveground Storage Tanks			
<input type="checkbox"/> Belowground Storage Tanks			
<input type="checkbox"/> Roofed Storage Shed			
<input type="checkbox"/> Concrete Pad			
<input type="checkbox"/> Impervious Soil Pad			
<input type="checkbox"/> Other: Specify Berms	180	226,120,400	
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. <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4. The date of the last review or revision of the nutrient management plan. Date <u>06/21/12</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 checked="" 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 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) Ronald Schnur, Vice President, Dairy Supply and Operations, WhiteWave Foods Company			B. Phone No. () 303-635-4359			
C. Signature 			D. Date Signed 8/6/12			

INSTRUCTIONS

<p>GENERAL This form must be completed by all applicants who check "yes" to Item II-B in Form 1. Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size. See the description of these statutory and regulatory exclusions in the General Instructions that accompany Form 1. For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (for cold water species). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (for warm water fish) are not required to have a permit. Refer to the Form 1 instructions to determine where to file this form.</p> <p>Item I-A See the note above and the General Instructions which accompany Form 1 to be sure that your facility is a "concentrated animal feeding operation" (CAFO).</p> <p>Item I-B Use this space to give owner/operator contact information.</p> <p>Item I-C Check "proposed" if your facility is not now in operation or is expanding to meet the definition of a CAFO in accordance with the information found in the General Instructions that accompany Form 1.</p> <p>Item I-D Use this space to give a complete legal description of your facility's location including name, address, and latitude/longitude. Also, the if a contract grower, the name and address of the integrator.</p> <p>Item II Supply all information in item II if you checked (1) in item I-A.</p> <p>Item II-A Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.</p> <p>Item II-B Provide the total amount of manure, litter and wastewater generated annually by the facility. Identify if manure, litter and wastewater generated by the facility is to be land applied and the number of acres, under the control of the CAFO operator, suitable for land application. If the answer to question 3 is yes, provide the estimated annual quantity of manure, litter and wastewater that the applicant plans to transfer off-site.</p> <p>Item II-C Check this box if you have submitted a topographic map of the geographic area in which the CAFO is located showing the specific location of the production area.</p>	<p>Item II-D 1. Provide information on the type of containment and the capacity of the containment structure (s). 2. The number of acres that are drained and collected in the containment structure (s). 3. Identify the type of storage for the manure, litter and/or wastewater. Give the capacity of this storage in days and gallons or tons.</p> <p>Item II-E Provide information concerning the status of submitting a nutrient management plan for the facility to complete the application. In those cases where the nutrient management plan has not been submitted, provide an explanation. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).</p> <p>Item II-F Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.</p> <p>Item III Supply all information in Item III if you checked (2) in Item I-A.</p> <p>Item III-A Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average flow is the average of measured daily flows over a calendar year.</p> <p>Item III-B Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.</p> <p>Item III-C Use names for receiving water and source of water which correspond to the map submitted in Item XI of Form 1.</p> <p>Item III-D The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.</p> <p>Item III-E The value given for maximum monthly pounds of food should be representative of your normal operation.</p> <p>Item IV The Clean Water Act provides for severe penalties for submitting false information on this application form. Section 309(C)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."</p>
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<p>Federal regulations require the certification to be signed as follows:</p> <ul style="list-style-type: none"> A. For corporation, by a principal executive officer of at least the level of vice president B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official 	<p>Paper Reduction Act Notice The Public reporting burden for this collection of information estimated to average 4 hours per response. The estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, marked Attention: Desk Officer for EPA.</p>
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