



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Notification to Land Apply IBP without a Permit

Industrial By-Product (IBP)

Doc Type: Permit Evaluation

Instructions: In most cases, land application of less than 50,000 gallons or 10 dry tons per year of Industrial By-Product (IBP) can be done without a Minnesota Pollution Control Agency (MPCA) permit. Complete and submit this Notification for MPCA review at least 30 days prior to initiation of land application activities. If the MPCA concurs with your determination that a permit is not required, **a formal response will not be sent**. In addition to Notification, IBPs must be land applied in accordance with the MPCA document, "[Guidelines for Managing Industrial By-Products from Food and Beverage Processing Industries](#)" (wq-Indapp2-03, 1/08).

Mail completed notification form to: Water Quality Submittals Center at the address above.

Facility Information

1. ☐ **Facility owner:** ☐ and/or Operator (Public entity, city, or business firm legally responsible for facility operation)
[see Minn. R. 7001.0050]

Facility name: _____ Type of ownership: ☐ Public ☐ Private
Mailing address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Fax: _____ E-mail: _____
2. **Facility location:** No post office boxes allowed. Actual physical location where IBP is generated (use actual street, highway address, or section/township/range coordinates).

Location address: _____
Facility is located in _____ quarter of the _____ quarter of section _____ township _____
of _____ County. Township # _____ Range # _____ ☐ East ☐ West
City: _____ State: _____ Zip code: _____
Is the facility located on tribal land? ☐ Yes ☐ No If yes, apply to EPA Region V, John Coletti at 312-886-6106.
3. **Land applier information** (information about person, septic pumper, farmer, or Type IV operator land applying IBP)
Name of person, firm, or organization: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Class IV Certification Number: _____ Phone: _____

Industrial By-Product Information

4. **Amount of IBP generated annually:** _____ ☐ gallons ☐ dry ☐ tons ☐ cubic yards (check one)
5. **Description of IBP.** Describe the process(es) resulting in the IBP proposed to be land applied. Describe the physical and chemical characteristics of the IBP and your proposal for land application.

6. **Is the IBP a hazardous waste?** ☐ Yes ☐ No
7. **Does this IBP contain sewage from sanitary waste?** ☐ Yes ☐ No
8. **Does this IBP contain other substances likely to contain pathogens (blood, meat, fish, poultry, eggs, etc)?** ☐ Yes ☐ No
9. **Is this material odorous or attract vectors such as rodents, birds, flies, etc. when stored or land applied?** ☐ Yes ☐ No

If yes to any of questions 6-9, explain any treatment or management that will be used to control these problems:

10. **Testing of IBP.** Complete the following table with analytical results from a sample which is representative of the IBP that will be land applied. The following are baseline analytes that must be analyzed once in each IBP to be land applied, unless the nature of the IBP changes significantly. Attach lab sheets for all analytical data.

Note: If the facility is a vehicle wash, use the analyte list located in the "Land Application of Manual Vehicle Wash Wastewater." Facilities not in the food or beverage industry must contact the MPCA to determine appropriate sampling parameters.

IBP from the **Food and Beverage Industries** should be sampled for the parameters below.

Analyte	Date of analysis	Reporting unit ¹	Results
Total Solids		Percent	
Total Volatile Solids		Percent	
pH		SU	
Total Chloride		mg/kg	
Total Kjeldahl Nitrogen		Percent	
Total Ammonia Nitrogen		Percent	
Total Phosphorus		Percent	
Total Sodium		mg/kg	
Other ²			

¹ Reported on dry weight basis for all parameters other than pH.

² If other contaminants (metals, Volatile Organic Compounds Polychlorinated Biphenyls, etc) are present in the IBP not included here, include the analysis results with the permit application. Contact MPCA for assistance in making this determination.

SU = standard units mg = milligrams kilograms = kg

11. **During which months are IBPs land applied?** (check all that apply)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

12. **Frequency of IBP land application:** (i.e., daily, 1X/week, 2X/year, etc.)

13. **Describe the methods and equipment used for application:**

14. **What options for management does your facility have during bad weather or when field access is restricted?**

15. **What do you anticipate your storage needs to be:** _____ Days _____ Volume.

16. **Do you store dewatered IBPs in the field prior to land application?** ☐ Yes ☐ No

If yes, indicate the length of time IBPs may be stored in the field: _____ days

17. **Do you transfer any wastes to off-site storage structures used to store manure?** ☐ Yes ☐ No

18. **Indicate the type of storage (lagoon, tank, etc.) and describe the liner characteristics:**

Certification

"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 gathered and evaluated 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."

Print name: _____ Title: _____

Signature: _____ Date: _____