



**Minnesota Pollution  
Control Agency**

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

# Industrial By-Product (IBP) Annual Report

## Industrial Wastewater Program

Doc Type: Permitting Annual Report

### Instructions on Page 4

This form must be completed and submitted annually by **December 31st** following cropping year. Report only on this form, transcribing from other forms and reports as necessary. Remember to report in the units of measure indicated on this form, converting values from lab sheet as necessary. Attach to this form a copy of the laboratory waste analysis sheets. Mail the completed form to Water Quality Submittal Center at the address above.

Cropping year: **September 1,** \_\_\_\_\_ **through August 31,** \_\_\_\_\_

### Facility Information

Facility name: \_\_\_\_\_ NPDES or SDS  
Permit number: \_\_\_\_\_

Form prepared by: \_\_\_\_\_ Preparer's phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check here if industrial by-products were not land applied or transferred during this cropping year: ☐

### Total Quantity of IBP Land Applied or Transferred to Certified or Approved Storage

IBP waste stream code (ex. WS30X)	Total - IBP quantity for waste code	Units	Destination	Certified or approved storage site name or description only (Do not list separate LA station applications.)
		<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> Transferred to <input type="checkbox"/> Land applied	
		<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> Transferred to <input type="checkbox"/> Land applied	
		<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> Transferred to <input type="checkbox"/> Land applied	
		<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> Transferred to <input type="checkbox"/> Land applied	
		<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> Transferred to <input type="checkbox"/> Land applied	

### Comments

---

---

---

---

---

## IBP Analysis

IBP waste stream code (i.e., WS301): \_\_\_\_\_ Required sampling frequency: \_\_\_\_\_

	Sample #	Sample #	Sample #	Sample #	Sample #	Sample #	Average
<b>Dates of sampling</b>							
<b>Date sent to lab</b>							
<b>Chloride (mg/kg)</b>							
<b>Ammonia Nitrogen (%)</b>							
<b>Kjeldahl Nitrogen (%)</b>							
<b>Oil and grease (mg/kg)</b>							
<b>pH, SU</b>							
<b>Phosphorus (%)</b>							
<b>Sodium (mg/kg)</b>							
<b>Total solids (%)</b>							
<b>Total Volatile Solids (%)</b>							
List results of other parameters required by permit							

IBP waste stream code (i.e., WS301): \_\_\_\_\_ Required sampling frequency: \_\_\_\_\_

	Sample #	Sample #	Sample #	Sample #	Sample #	Sample #	Average
<b>Dates of sampling</b>							
<b>Date sent to lab</b>							
<b>Chloride (mg/kg)</b>							
<b>Ammonia Nitrogen (%)</b>							
<b>Kjeldahl Nitrogen (%)</b>							
<b>Oil and grease (mg/kg)</b>							
<b>pH, SU</b>							
<b>Phosphorus (%)</b>							
<b>Sodium (mg/kg)</b>							
<b>Total solids (%)</b>							
<b>Total Volatile Solids (%)</b>							
List results of other parameters required by permit							

IBP waste stream code (i.e., WS301): \_\_\_\_\_ Required sampling frequency: \_\_\_\_\_

	Sample #	Sample #	Sample #	Sample #	Sample #	Sample #	Average
<b>Dates of sampling</b>							
<b>Date sent to lab</b>							
<b>Chloride (mg/kg)</b>							
<b>Ammonia Nitrogen (%)</b>							
<b>Kjeldahl Nitrogen (%)</b>							
<b>Oil and grease (mg/kg)</b>							
<b>pH, SU</b>							
<b>Phosphorus (%)</b>							
<b>Sodium (mg/kg)</b>							
<b>Total solids (%)</b>							
<b>Total Volatile Solids (%)</b>							
List results of other parameters required by permit							

## Site Specific Information

Site name (ex. Olson – 4A)			
MPCA Site Code (i.e., LA301)			
Land occupier:			
Actual acreage used for application:			
Crop grown:			
Realistic yield goal (yield/ac):			
Crop grown previous year:			
MANA rate (lbs./acre):			
Info provided to end user:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Soil Test Information

Sample number:	_____ of _____	_____ of _____	_____ of _____
Date sampled (mm/dd/yyyy):			
Texture (coarse, medium, fine)			
Organic matter (percent)			
Phosphorus, extractable in soil (ppm)	<input type="checkbox"/> Bray <input type="checkbox"/> Olson	<input type="checkbox"/> Bray <input type="checkbox"/> Olson	<input type="checkbox"/> Bray <input type="checkbox"/> Olson
Potassium, NH4AC, exchangeable in soil (ppm)			
pH (SU)			
Salts, water soluble in soil (mmhos/cm)			
Other:			

## Application Rates and Methods (used to be nutrient loading)

Sample number(s) used in following calculations:			
Gals <b>or</b> wet tons of IBP applied <b>per acre</b> this year:	<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> gals <input type="checkbox"/> wet tons	<input type="checkbox"/> gals <input type="checkbox"/> wet tons
Months IBP were land applied (check all that apply):	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8
Application method (check all that apply):	<input type="checkbox"/> Surface <input type="checkbox"/> Injection <input type="checkbox"/> Incorporation (0-48 hrs)	<input type="checkbox"/> Surface <input type="checkbox"/> Injection <input type="checkbox"/> Incorporation (0-48 hrs)	<input type="checkbox"/> Surface <input type="checkbox"/> Injection <input type="checkbox"/> Incorporation (0-48 hrs)
For sites used during months = 12, 1, 2, or 3 (winter), is the maximum slope at the site used during application less than 2%?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Nitrogen applied (pounds/acre)

Available Nitrogen applied in IBP this year:			
Carry-over Nitrogen from one year ago:			
Nitrogen applied from other sources:			
<b>Total Nitrogen applied (lb/ac):</b>			
Carryover Nitrogen for next year:			
<b>Phosphorus Applied (lb/ac):</b>			
<b>Sodium applied (lb/ac)</b>			
<b>Additional Analyte name:</b>			
Annual Loading rate (lb/ac):			
Cumulative loading rate (if required) (lb/ac):			

## Certification

I certify that I am familiar with the information contained in this report, and that to the best of my knowledge and belief 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.

### Principal Executive Officer/Authorized Agent

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

### Type IV Certified Operator

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(mm/dd/yyyy)

### Type IV Information:

Telephone number: \_\_\_\_\_

Certification number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Certification expiration date: \_\_\_\_\_  
(mm/dd/yyyy)

## Instructions for IBP Annual Report Form

1. **Total Quantity of IBP Land Applied or Transferred.** Use the waste code in your permit or the description of your waste from your permit to detail how much IBP was land applied and/or transferred for each waste stream. On this page, only state the location if IBP transferred to storage, not the location of the land application site (ex. LA30X).
2. **IBP Analysis.** Complete the table for each IBP. Make sure to record the analysis in the units specified on the Form. Include the lab data sheets for waste analysis with the Annual Report. See Appendix 1, Table 1 and 2 of your permit for sampling parameters and frequency requirements.
3. **Site Specific Information.** Soil sampling should a minimum of one composite mixture of 15-20 discrete samples taken every 40 acres.
4. **Site Specific Information.** Complete one column for each site/crop combinations used for land application during a given crop year. If more than one crop is grown in a crop year, complete one column for each crop grown.
5. **Application Rates and Methods.** Remember to calculate the loading rates of any additional parameters included in your permit.
6. **Certification.** Your permit requires that all land application activities be done by or under the direction of a Type IV certified operator. Have your certified operator and a duly authorize agent sign the Annual Report.