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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Pre-Season Implementation Plan (PIP)Annual compliance planning reportMinnesota River Basin General Phosphorus Permit – Phase IDoc Type: Permit Application |

Instructions: Facilities which are listed in Appendix B (Permittees) of the Minnesota River Basin General Phosphorus Permit – Phase I (Permit) are required to submit this Pre-Season Implementation Plan (PIP) by April 30 annually, unless they are eligible for an exclusion from their 5-month mass phosphorus limit, as allowed by the Permit (Chapter 5, item 2). Permittees without exclusion must submit a PIP annually by April 30. In addition, if a Permittee is trading phosphorus (i.e., buying or selling Jordan Trading Units), the Permittee shall submit a PIP by April 30. The PIP must include the information requested in this form. The terms used in this form have the same meaning and definitions as used in the Permit. Submit the PIP and any attachments electronically to the Water Quality Submittal Center via email at wq.submittals.mpca@state.mn.us. Please follow instructions as described on the Minnesota Pollution Control Agency (MPCA) Discharge Monitoring Report website at [www.pca.state.mn.us/water/discharge-monitoring-reports](http://www.pca.state.mn.us/water/discharge-monitoring-reports).

**General information**

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| Year covered by PIP (use one form per year): 20 |    |  |
| Permittee name: |       | MN River Basin Permit No.: MNG4200 |       |

**Facility information**

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| Provide the information requested below regarding the Permittee’s facility for the upcoming May 1 to September 30 period of the year covered by this report. |
| 1. Provide a description of how the Permittee intends to meet its 5-month mass phosphorus limit: |
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| 2. Provide the Permittee’s actual May to September phosphorus discharge data for the previous two years: |

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| **Two-years ago** | **One-year ago** | **Two-year average** |
| **Month** | **Phosphorus discharged (kg)** | **Month** | **Phosphorus discharged (kg)** | **Month** | **Phosphorus discharged (kg)** |
| May |       | May |       | May |       |
| June |       | June |       | June |       |
| July |       | July |       | July |       |
| August |       | August |       | August |       |
| September |       | September |       | September |       |
| **Total:** |       | **Total:** |       | **Total:** |       |

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| 3. Provide an estimate of the Permittee’s May to September total phosphorus discharge for the year covered by this PIP: kilograms. |
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| 4. Will the Permittee be trading phosphorus (i.e., buying or selling Jordan Trading Units) during the year covered by this report?  |
| [ ]  Yes [ ]  No |
| 5. If the answer to question number 5 is Y*es*, indicate whether the Permittee will be a buyer or seller and the amount of phosphorus that it will trade:  |
| [ ]  Buyer [ ]  Seller | Amount: |       | kg |
| 7. **Attach** a copy of each Legal Contract to Trade that the Permittee has already entered into for the upcoming May to September period. |
| 8. Is the Permittee a member of a Trade Association for the year covered by this report? | [ ]  Yes [ ]  No |
| *If yes, be sure to* ***attach*** *a copy of your Trade Association Internal Legal Contract to trade to this PIP.* |

**Certification and signature**

I certify under penalty of law that this document and any 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 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.

***By typing/signing my name below,*** *I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Authorized Representative

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| Signature: |       | Title: |       |
|  | *(This document has been electronically signed.)* | Date (mm/dd/yyyy): |       |