|  |  |
| --- | --- |
| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | IBP Site notification formIndustrial By-Product (IBP) ProgramDoc Type: Notification |

## Guidance on page 6.

**Submittal instructions:** This form must be completed in full and submitted for each land application site proposed to be utilized. Attach to this form: copies of required written notifications to city, township, and county officials; copies of all laboratory analysis results used to make application rate calculations in Part 3 of this form, and maps as described in item 6 of Part 3. This form and any attachments must be submitted by email to wq.submittals.mpca@state.mn.us along with the [Water Quality Submittals form](https://www.pca.state.mn.us/sites/default/files/wq-wwprm7-71.docx) found on the Minnesota Pollution Control Agency’s (MPCA) website at [https://www.pca.state.mn.us/water/discharge-monitoring-reports](https://www.pca.state.mn.us/water/discharge-monitoring). The email subject should be “WQ Submittal – [insert your Permit No.].” Save the completed form to your computer in a location where you can easily find it..

**Part 1: General information**

## Facility information

|  |  |  |  |
| --- | --- | --- | --- |
| Permittee name: |       | Existing Permit number: | MN       |
| Facility contact name: |       | Facility contact phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip code: |       |

## Preparer information (person who prepared this form)

|  |  |
| --- | --- |
| Name: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone: |       | Fax: |       | Email: |       |
| Class IV certification number: |       | Expiration date (mm/dd/yyyy): |       |
| Description of the industrial by-product(s) to be land applied at the sites identified on this notification form: |
|       |

**Part 2 Site information** (Complete the following information for each site.)

## Site 1

|  |  |  |
| --- | --- | --- |
| 1. | Site name or code: |       |
| 2. | Landowner name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 3. | Land occupier name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 4. | County name: |       | Total suitable acreage: |       |
| 5. | Legal description: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Township** (26-71 or 101-168) | **Range** (1-51) | **Section** (1-36) | **¼ Section** (NW, NE, SW, SE) | **¼ of ¼ Section**(NW, NE, SW, SE) |
| T       N | R       [ ]  E [ ]  W |       |       |       |
| **Latitude** | **Longitude** | **Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |

***Optional:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UTM Northing** | **UTM Easting** | **UTM Zone** | **UTM Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |       |

1. Attach a soils map obtained from the Natural Resources Conservation Service or a comparable map prepared by a Soil Scientist Licensed with the state of Minnesota or other qualified person. Delineate the following on the map submitted:
* Boundaries of each site with unique site code identifying the location.
* Locations of any long-term dewatered industrial by-product storage areas.
* Location of all tile lines and inlets (transfer tile location data to soils map).
* Areas which will **not** be used for application (identify by coloring or crosshatching).

|  |  |
| --- | --- |
| 7. | List all highly permeable soils (This information can be provided by the Natural Resource Conservation Service or MPCA.) |
|  |       |
| 8. | Tile drainage: | [ ]  Yes [ ]  No | Tile spacing: |       feet | Tile depth: |       feet |
| 9. | **Soil analysis results** |
|  | Sampling date (mm/dd/yyyy): |       | Texture (USDA): | [ ]  Course [ ]  Medium [ ]  Fine | Organic matter %: |       |
|  | Exchangeable potassium (ppm): |       | Extractable phosphorus (ppm): |       |
|  | pH (SU): |       | Soluble salts (mmhos/cm): |       | Other: |       |
| 10. | Application method *(check all that apply)*: [ ]  Injection [ ]  Incorporation w/in 48 hrs [ ]  Surface applied |

 ***Note: If surface applied, the maximum slope at the site used during these events must be less than 6%. The maximum slope at sites used for winter application events (during December, January, February, or March) is limited to 2%.***

|  |  |
| --- | --- |
| 11. | If there are any other by-products, manures, or biosolids applied to the sites identified in this application, describe the by-products and include a copy of any contracts or agreements the landowner holds for each material land applied. If permits or approvals are required for these land application activities, provide the regulatory contact person's name, address, and telephone number. |
|  |  |
| 12. | County contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 13. | City or township contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |

## Site 2

|  |  |  |
| --- | --- | --- |
| 1. | Site name or code: |       |
| 2. | Landowner name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 3. | Land occupier name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 4. | County name: |       | Total suitable acreage: |       |
| 5. | Legal description: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Township** (26-71 or 101-168) | **Range** (1-51) | **Section** (1-36) | **¼ Section** (NW, NE, SW, SE) | **¼ of ¼ Section**(NW, NE, SW, SE) |
| T       N | R       [ ]  E [ ]  W |       |       |       |
| **Latitude** | **Longitude** | **Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |

***Optional:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UTM Northing** | **UTM Easting** | **UTM Zone** | **UTM Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |       |

1. Attach a soils map obtained from the Natural Resources Conservation Service or a comparable map prepared by a Soil Scientist Licensed with the state of Minnesota or other qualified person. Delineate the following on the map submitted:
* Boundaries of each site with unique site code identifying the location.
* Locations of any long-term dewatered industrial by-product storage areas.
* Location of all tile lines and inlets (transfer tile location data to soils map).
* Areas which will **not** be used for application (identify by coloring or crosshatching).

|  |  |
| --- | --- |
| 7. | List all highly permeable soils (This information can be provided by the Natural Resource Conservation Service or MPCA.) |
|  |       |
| 8. | Tile drainage: | [ ]  Yes [ ]  No | Tile spacing: |       feet | Tile depth: |       feet |
| 9. | **Soil analysis results** |
|  | Sampling date (mm/dd/yyyy): |       | Texture (USDA): | [ ]  Course [ ]  Medium [ ]  Fine | Organic matter %: |       |
|  | Exchangeable potassium (ppm): |       | Extractable phosphorus (ppm): |       |
|  | pH (SU): |       | Soluble salts (mmhos/cm): |       | Other: |       |
| 10. | Application method *(check all that apply)*: [ ]  Injection [ ]  Incorporation w/in 48 hrs [ ]  Surface applied |

***Note: If surface applied, the maximum slope at the site used during these events must be less than 6%. The maximum slope at sites used for winter application events (during December, January, February, or March) is limited to 2%.***

|  |  |
| --- | --- |
| 11. | If there are any other by-products, manures, or biosolids applied to the sites identified in this application, describe the by-products and include a copy of any contracts or agreements the landowner holds for each material land applied. If permits or approvals are required for these land application activities, provide the regulatory contact person's name, address, and telephone number. |
|  |  |
| 12. | County contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 13. | City or township contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |

## Site 3

|  |  |  |
| --- | --- | --- |
| 1. | Site name or code: |       |
| 2. | Landowner name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 3. | Land occupier name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 4. | County name: |       | Total suitable acreage: |       |
| 5. | Legal description: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Township** (26-71 or 101-168) | **Range** (1-51) | **Section** (1-36) | **¼ Section** (NW, NE, SW, SE) | **¼ of ¼ Section**(NW, NE, SW, SE) |
| T       N | R       [ ]  E [ ]  W |       |       |       |
| **Latitude** | **Longitude** | **Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |

***Optional:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UTM Northing** | **UTM Easting** | **UTM Zone** | **UTM Datum** | **Coordinate collection method** | **Date coordinate collected** |
|       |       |       |       |       |       |

1. Attach a soils map obtained from the Natural Resources Conservation Service or a comparable map prepared by a Soil Scientist Licensed with the state of Minnesota or other qualified person. Delineate the following on the map submitted:
* Boundaries of each site with unique site code identifying the location.
* Locations of any long-term dewatered industrial by-product storage areas.
* Location of all tile lines and inlets (transfer tile location data to soils map).
* Areas which will **not** be used for application (identify by coloring or crosshatching).

|  |  |
| --- | --- |
| 7. | List all highly permeable soils (This information can be provided by the Natural Resource Conservation Service or MPCA. |
|  |       |
| 8. | Tile drainage: | [ ]  Yes [ ]  No | Tile spacing: |       feet | Tile depth: |       feet |
| 9. | **Soil analysis results** |
|  | Sampling date (mm/dd/yyyy): |       | Texture (USDA): | [ ]  Course [ ]  Medium [ ]  Fine | Organic matter %: |       |
|  | Exchangeable potassium (ppm): |       | Extractable phosphorus (ppm): |       |
|  | pH (SU): |       | Soluble salts (mmhos/cm): |       | Other: |       |
| 10. | Application method *(check all that apply)*: [ ]  Injection [ ]  Incorporation w/in 48 hours [ ]  Surface applied |

***Note: If surface applied, the maximum slope at the site used during these events must be less than 6%. The maximum slope at sites used for winter application events (during December, January, February, or March) is limited to 2%.***

|  |  |
| --- | --- |
| 11. | If there are any other by-products, manures, or biosolids applied to the sites identified in this application, describe the by-products and include a copy of any contracts or agreements the landowner holds for each material land applied. If permits or approvals are required for these land application activities, provide the regulatory contact person's name, address, and telephone number. |
|  |  |
| 12. | County contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |
| 13. | City or township contact name: |       | Phone number: |       |
| Mailing address: |       |
| City: |       | State: |       | Zip: |       |

**Part 3 Cropping and site management information** (Complete the following information for each site.)

Complete this information for crop rotations and application rates for each site. Identify crops most likely to be grown, realistic yield goals, Factors limiting application rate as applicable: Maximum Allowable Nitrogen Application Rates (MANA) liming rate, etc. **Attach copy of analysis used for these calculations.**

|  |  |  |
| --- | --- | --- |
| **Site code:** |       | **Identify any factor, other than nitrogen, used to calculate application rates below.** |
| Crop grown | Realistic yield goal (per acre\*) | MANA rate or other factor limiting application rate, (lb/acre) | Maximum industrial by-product application rate allowed (per acre\*\*) |
| MANA rate | Other |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| *(\*Select one: [ ]  bushel [ ]  lb [ ]  tons per acre)* |  |  | *(\*\*Select one: [ ]  gallons [ ]  wet tons [ ]  dry tons)* |
| Indicate the months that the site will be used for application: | [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  1 [ ]  2[ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8[ ]  All |
| For sites used during months 12, 1, 2, or 3 (winter), is the maximum slope at the site used during application less than 2%?Will there be short-term storage on this site? Will there be long-term storage on this site?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Site code:** |       | **Identify any factor, other than nitrogen, used to calculate application rates below.** |
| Crop grown | Realistic yield goal (per acre\*) | MANA rate or other factor limiting application rate, (lb/acre) | Maximum industrial by-product application rate allowed (per acre\*\*) |
| MANA rate | Other |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| *(\*Select one: [ ]  bushel [ ]  lb [ ]  tons per acre)* |  |  | *(\*\*Select one: [ ]  gallons [ ]  wet tons [ ]  dry tons)* |
| Indicate the months that the site will be used for application: | [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  1 [ ]  2[ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8[ ]  All |
| For sites used during months 12, 1, 2, or 3 (winter), is the maximum slope at the site used during application less than 2%?Will there be short-term storage on this site? Will there be long-term storage on this site?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
| **Site code:** |       | **Identify any factor, other than nitrogen, used to calculate application rates below.** |
| Crop grown | Realistic yield goal (per acre\*) | MANA rate or other factor limiting application rate, (lb/acre) | Maximum industrial by-product application rate allowed (per acre\*\*) |
| MANA rate | Other |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| *(\*Select one: [ ]  bushel [ ]  lb [ ]  tons per acre)* |  |  | *(\*\*Select one: [ ]  gallons [ ]  wet tons [ ]  dry tons)* |
| Indicate the months that the site will be used for application: | [ ]  9 [ ]  10 [ ]  11 [ ]  12 [ ]  1 [ ]  2[ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7 [ ]  8[ ]  All |
| For sites used during months 12, 1, 2, or 3 (winter), is the maximum slope at the site used during application less than 2%?Will there be short-term storage on this site? Will there be long-term storage on this site?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |

**Guidance**

**Legal description *(example)***

**Site name or code:** *Blue Lake Facility or SD002*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Township** (26-71 or 101-168) | **Range** (1-51) | **Section** (1-36) | **¼ Section** (NW, NE, SW, SE) | **¼ of ¼ Section**(NW, NE, SW, SE) |
| *T 109 N* | *R 28 [ ]  E [ ]  W* | *5* | *NW* | *NW* |
| **Latitude** | **Longitude** | **Datum** | **Coordinate collection method** | **Date coordinate collected** |
| *44.279510* | *-94.228549* | *NAD83* | *DOQ (aerial photo)* | *4/27/2009* |

***Optional:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UTM Northing** | **UTM Easting** | **UTM Zone** | **UTM Datum** | **Coordinate collection method** | **Date coordinate collected** |
| *401978.10090* | *4903661.23061* | *15N* | *NAD83* | *DOQ (aerial photo)* | *4/27/2009* |

UTM coordinates are not required.

A datum for Latitude/Longitude and UTM should be specified. For latitude/longitude coordinates, this will either be NAD83 or WGS84 (the default on most GPS units). For UTM, this will likely be NAD83 or NAD27. NAD83 is preferred.

For latitude/longitude and UTM indicate the method of collection and the date of collection. Methods of collection include:

GPS – Survey Quality

GPS – Recreational Receiver WAAS enabled (Real Time Differential Corrected)

GPS – Recreational Receiver Uncorrected

GPS – Unknown

Digitized – Web Map Google/Yahoo/Microsoft

Digitized – Digital Raster Graph (DRG) (USGS 7.5 min topographic map 1:24,000 scale)

Digitized – Digital Ortho Quad (DOQ) (USGS aerial photo 1:24,000 scale)

## Definitions of acronyms:

USDA U.S. Department of Agriculture

ppm parts per million

pH potential of Hydrogen

SU standard unit

mmhos/cm millimhos per centimeter

lb pound

UTM Universal Transverse Mercator

GPS Global Positioning System

WAAS Wide Area Augmentation System

USGS U.S. Geological Survey