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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Notification to Land Apply  IBP without a Permit  Industrial By-Product (IBP) Program  *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 form via email to the [Water Quality Submittal Center](mailto:wq.submittals.mpca@state.mn.us) for MPCA review. Attach to the form copies of laboratory analytical reports for IBP samples. The MPCA will respond within 30 days of receipt with either an approval, denial, or determination that a permit or additional information is required. Land application of IBP without a permit must be conducted in accordance with the MPCA’s [10-step guide to land applying small amounts of industrial by-product generated from food, beverage, and agro-industrial processing facilities](https://www.pca.state.mn.us/sites/default/files/wq-lndapp2-04.pdf) (wq-lndapp2-04).

**Facility Information**

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| **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: | | |  | | | | Email: |  | | | | | | | | | |
| **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 optional 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**

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| **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. | | | |
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| **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 |

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|  | **If yes to any of questions 6 to 9,** explain any treatment or management that will be used to control these problems: |
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| **10.** | **Testing of IBP.** Complete the following table with analytical results from a sample that is representative of the IBP that will be land applied. The following are baseline analytes that must be analyzed for each IBP to be land applied. Attach the laboratory analytical reports for all analyses.  **Note:** *Facilities not in the food, beverage, or agro-industrial processing industry must contact the MPCA to determine appropriate sampling parameters.* |
|  | IBP from the **Food, Beverage, and Agro-Industrial Processing Industries** should be sampled for the parameters below. |

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| **Analyte** | **Date of analysis** | **Reporting unit1** | **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 |  |
| Other2: |  |  |  |

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

2 If other contaminants (metals, volatile organic compounds, polychlorinated biphenyls, etc.) present in the IBP are not included here, include the analysis results with a permit application. Contact the MPCA for assistance in making this determination.

*SU = standard units**mg = milligrams kilograms = kg*

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| **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:** | | | | | | |
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**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.”

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| Print name: |  | Title: |  | |
| Signature: |  | Date (mm/dd/yyyy): | |  |