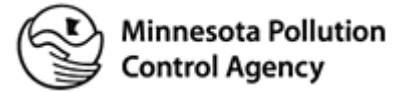


Release Sampling Report



Facility Name/Address:		Permittee Name/Address:
	Duty Officer Report No.:	

1.	Receiving waters:	
2.	Release start date:	
3.	Release start time:	
4.	Release discovery date:	
5.	Release discovery time:	
6.	Release anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Location of release:	
8.	Release related to wet weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Comments:

The definition of an “anticipated bypass” is a known equipment shutdown.

Report the sampling data for this release on the back side of this form.

Release Sampling Report



Facility Name/Address:		Permittee Name/Address:
	Duty Officer Report No.:	

The following parameters are commonly required for facilities with domestic flow. For permitted facilities, the permit may require you to sample for additional parameters or multiple samples. Either add them at the bottom of this page or make additional copies of this page.

Parameter	Value measured	Unit	Sample date (MM/DD/YYYY)	Sample time
Precipitation [00193]		inches		
Flow [50050]		MG		
CBOD (20 Deg C) [80082]		mg/L		
TSS [00530]		mg/L		
pH [00400]		SU		
Phosphorus, Total (as P) [00665]		mg/L		
Fecal Coliform, MPN/Membrane Fltr 44.5C [48201]		#/100ml		
Discharge Duration [81381]		hours		
Discharge Duration [81381]		day/mo		

Send immediately upon completion of form (no later than 30 days after the release) to:

Minnesota Pollution Control Agency
 520 Lafayette Rd N
 St. Paul, Mn 55155-4194
 Attn: WQ Submittals – Release Sampling Report

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, complete, and accurate.

_____ Signature of principal executive officer or authorized agent	_____ Date
_____ Signature of chief operator	_____ Date
_____ Phone number	_____ Certification #