



**Minnesota Pollution
Control Agency**

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

Release Sampling Report

Wastewater Treatment Program

Doc Type: Discharge Monitoring Reports

Instructions: Report the sampling data for this release on the back side of this form, and submit this form electronically as an attachment to the Discharge Monitoring Report (DMR).

Facility name: _____ Facility address: _____

Duty Officer Report No.: _____ Permit No: _____

Release Information

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:

Note: 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: _____ Facility address: _____

Duty Officer Report No.: _____ Permit 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		

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