Release Sampling Report
Water Treatment Plants

Duty Officer Report No: ________________

Send immediately upon completion of form (no later than 30 days after the release). Please make a photocopy for your records. Attach any additional sheets you may need.

Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Facility Information
1. Facility name: ____________________________________________________________
   Mailing address: __________________________________________________________
   City: __________________________ State: ____________ Zip: ________________

2. Permittee name: _________________________________________________________
   Mailing address: _________________________________________________________
   City: __________________________ State: ____________ Zip: ________________

3. Facility location:

Release Information
1. Receiving waters: __________________________________________________________
2. Release start date: _________________________________________________________
3. Release start time: _________________________________________________________
4. Release discovery date: ___________________________________________________
5. Release discovery time: ___________________________________________________
6. Release anticipated? ☐ Yes ☐ No
7. Location of release: ________________________________________________________
8. Release related to wet weather? ☐ Yes ☐ No ☐ Unknown

Comments: ________________________________________________________________

Note: The definition of an “anticipated bypass” is a known equipment shutdown.
The following parameters are commonly required for water treatment plants. 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.

**Parameters Samples**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value measured</th>
<th>Unit</th>
<th>Sample date</th>
<th>Sample time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow [50050]</td>
<td></td>
<td>MG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSS [00530]</td>
<td>[00530]</td>
<td>mg/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pH [00400]</td>
<td></td>
<td>SU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphorus, total (as P) [00665]</td>
<td></td>
<td>mg/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge duration [81381]</td>
<td></td>
<td>hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discharge duration [81381]</td>
<td></td>
<td>MG</td>
<td></td>
<td>day/mo</td>
</tr>
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</tr>
</tbody>
</table>

MG = milligrams
mg/L = milligrams per liter
SU = standard units
TSS = total suspended solids

**Certification** (Please print)

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, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Principal executive officer/authorized agent: _______________________________  Type IV Certified Operator: _______________________________

Title: _______________________________ Date _______________  Title: _______________________________ Date: _______________

Signature: _______________________________  Signature: _______________________________

Phone: _______________________________  Phone: _______________________________