



**Minnesota Pollution  
Control Agency**

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

# 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.**

**Return application to:** Water Quality Submittals – Release Sampling Report  
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:**

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**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

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

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: \_\_\_\_\_