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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | Water quality submittals formWastewater Permit Program |

## Instructions:All water quality submittals should be submitted electronically. Please completely fill out the permittee information below and describe the document(s) you will be submitting. To submit this form electronically, save this form to your computer and send this form to the Minnesota Pollution Control Agency by attaching the form to an email message, using *WQ Submittal – [insert your Permit number]* as the subject line. Attach this completed form and the water quality submittal to your email message and send to: wq.submittals.mpca@state.mn.us. **Documents will not be deemed as received if this form is not electronically signed.** If you have any questions, please contact your assigned data manager.

## Permittee information

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| Permit name: |       | Permit number: |       |
| Permit address: |       |
| City: |       | State: |       | Zip code: |       |
| Person submitting water quality submittal: |       | Phone number: |       |

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| **Description of water quality submittal attached and/or additional information:** |
|       |

Authorized 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. I certify that 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 civil and criminal penalties.*

*By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form and attachments.*

Authorized Representative

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| Name: |       | Title: |       |
|  | *(This document has been electronically signed.)* | Date: | Select date. |