PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ROCK FALLS, CITY OF

ADDRESS 603 W 10TH ST

ROCK FALLS, IL 61071

ROCK FALLS, CITY OF FACILITY LOCATION 101 CIEARWATER DR.

ROCK FALLS, IL 61071

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

01

IL0078301 PERMIT NUMBER

01

MM

01

FROM

DD YYYY

19

INF-L DISCHARGE NUMBER

19

MM DD YYYY

31

DMR Mailing ZIP CODE: MAJOR

61071

(SUBR 01) INFLUENT MONITORING AND REPORTING INFLUENT STRUCTURE

*** NO DISCHARGE -***

PARAMETER (32-37)		QUANTITY OR LOADING			Q	QUANTITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	ANALYSIS	TYPE
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	76	*****	(19)	00	250	СР
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
Solids, Total Suspended 00530 1 0 Raw Sew / Influent	SAMPLE MEASUREMENT	*****	*****	(26)	*****	213	*****	(19) MG/L	00	250	СР
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****		1100	3 DAYS WEEK	COMPOS
Flow, In Conduit or Thru Treatment Plant 50050 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	1.765	1.870	(03) MGD	*****	*****	*****	**** ****	. 00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		*****	*****	*****			CONTIN	CONTIN
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT						2 1		es i		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 gather and								TELEPHO	NE	DATE	
William Wescott Mayor	evaluate the system, or to to the best of	information submitted. Ba tose persons directly respons if my knowledge and belief, t	designed to assile due, quanto sed on my inquiry of the pers ible for gathering the informatione, actuate, and complete. I are including the possibility of fin-	on or persons whon, the information m aware that there	o manage the submitted is, are significant	2/2	81	5 622-1	125	19	02 05
TYPED OR PRINTED violations.		sommand raise mountagon	, moracons, the bossioms, or ma	e and milynsonmer	sic sic	SIGNATURE OF PRINCIPAL EXECUTIVE ARI				YEAR	MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME ROCK FALLS, CITY OF

ADDRESS 603 W 10TH ST

ROCK FALLS, IL 61071

ROCK FALLS, CITY OF FACILITY

LOCATION 101 CIEARWATER DR. ROCK FALLS, IL 61071

IL0078301 PERMIT NUMBER MONITORING PERIOD

01

FROM

MM DD YYYY

01

19

TO

01

001-0 DISCHARGE NUMBER

19

MM | DD | YYYY

31

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) DMR Mailing ZIP CODE: 61071 MAJOR

(SUBR 01) STP OUTFALL EXTERNAL OUTFALL

*** NO DISCHARGE ***

ATTN: WILLIAM WESCOTT			-				NOTE: Read ins	tructions before	compl	eting this f	orm.
PARAMETER (32-37)		QUANTITY OR LOADING			QUA	QUANTITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	ANALYSIS	TYPE
Oxygen, Dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		9.1	8.9	8.5	(19)	00	250	GR
00300 1 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L		3 DAYS WEEK	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.1	(12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	******	0.0 MUMIXAM	JM SU		3 DAYS WEEK	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	19	40	(26)	*****	1	3	(19)	00	250	СР
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
NITROGEN, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	9.10	*****	(19)	00	285	СР
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	0	0	(26)	*****	0.009	VALUE VALUE 8.9 8.5 4.0 3.5 MN WK AV DAILY MN ****** 8.1 ******* 9.0 MAXIMUM 1 1 3 12 24 MO AVG DAILY MX 9.10 ******* Req. Mon. ******* MO AVG 0.030 4.0 11.6 MO AVG DAILY MX 0.0 ******* 10.0 ******* WK AV 0.23 ******** 815 RE OF PRINCIPAL EXECUTIVE ARE	(19)	00	250	СР
00610 1 3 Effluent Gross Value	PERMIT REQUIREMENT	250 MO AVG	726 DAILY MX	LBS/DY	*****		A CONTRACTOR OF THE STATE OF TH	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6	SAMPLE MEASUREMENT	0.1	*****	(26)	*****	0.0	*****	(19)	00	250	СР
Other Treatment, Process Complete	PERMIT REQUIREMENT	626 WK AV	*****	LBS/DY	*****		*****	MG/L		3 DAYS WEEK	COMPOS
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	3.0	*****	(26)	*****	0.23	*****	(19)	00	250	СР
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****		*****	MG/L		3 DAYS WEEK	COMPOS
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify under	penalty of law that this d	ocument and all attachments we	ere prepared under m	y direction or			TELEPHO	NE	D	ATE
William Wescott Mayor	evaluate the in system, or tho to the best of	nformation submitted. E se persons directly respor my knowledge and belief,	n designed to assure that qualifused on my inquiry of the pensible for gathering the informature, accurate, and complete. I	erson or persons who tion, the information am aware that there	o manage the a submitted is, are significant	Zhoru	90	815 622-1	125	19	02 05
TYPED OR PRINTED		ibmitting talse informatio	n, including the possibility of fi	ine and imprisonmen	SIGN	ATURE OF PRINCIPAL E		AREA NUMBER		YEAR	MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY

LOCATION

ROCK FALLS, IL 61071

ROCK FALLS, CITY OF 101 CIEARWATER DR. ROCK FALLS, IL 61071 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

MM

IL0078301 PERMIT NUMBER

DD YYYY

MM

FROM

001-0 DISCHARGE NUMBER

DD YYYY

DMR Mailing ZIP CODE:

61071

MAJOR (SUBR 01)

EXTERNAL OUTFALL

01 01 19 TO 01 31 19 ***NO DISCHARGE *** NOTE: Read instructions before completing this form.

STP OUTFALL

ATTN: WILLIAM WESCOTT		NOTE: Read instructions before completing this form.									
PARAMETER		QUANTITY OR LOADING			G	QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE
(32-37)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	(62-63)	ANALYSIS	ITPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.561	1.670	(03)	*****	****	*****		00	105	CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTIN UOUS	CONTIN
Chlorine, Total Residual 50060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	****	0	(19)	00	500	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.05 DAILY MX	MG/L		Chlorinat on/	i GRAB
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	17	23	(26)	*****	1	2	(19)	00	250	СР
	PERMIT REQUIREMENT	626 MO AVG	1251 DAILY MX	LBS/DY	*****	10 MO:AVG	20 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT	T. Dogger									
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT	i.									
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT	No. of the second									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 gather and							TELEPHO	NE	D	ATE	
William Wescott Mayor Walnate the information submitted. 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 perallies for submitting false information, including the possibility of fine and imprisonment for knowing						8	15 622-1	125	19	02 05	
TYPED OR PRINTED	violations.	sometik tase momistori	annual are possiblely of the	and improvimen	SI	GNATURE OF PRINCIPAL E OFFICER OR AUTHORIZED	XECUTIVE A	REA NUMBER		YEAR	MO DAY