

NAME ROCK FALLS, CITY OF  
ADDRESS 603 W 10TH ST  
ROCK FALLS, IL 61071

IL0078301  
PERMIT NUMBER

INF-L  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

FACILITY LOCATION ROCK FALLS, CITY OF  
101 CLEARWATER DR.  
ROCK FALLS, IL 61071

MONITORING PERIOD  
FROM MM DD YYYY TO MM DD YYYY  
02 01 21 TO 02 28 21

MAJOR (SUBR 01)  
INFLUENT MONITORING AND REPORTING  
INFLUENT STRUCTURE

ATTN: WILLIAM WESCOTT

\*\*\*NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

| PARAMETER<br>(32-37)   | X   | QUANTITY OR LOADING |                       |        | QUANTITY OR CONCENTRATION |                     |        |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|-----------------------|--------|---------------------------|---------------------|--------|--------------|-------------------|-----------------------|-------------|
|  |   | VALUE               | VALUE                 | UNITS  | VALUE                     | VALUE               | VALUE  | UNITS        |                   |                       |             |
| BOD, 5-Day<br>(20 DEG. C)<br>00310 1 0<br>RAW SEW / INFLUENT                   | SAMPLE MEASUREMENT  | *****               | *****                 | ( 26)  | *****                     | 102                 | *****  | ( 19)        | 00                | 250                   | CP          |
|  | PERMIT REQUIREMENT  | *****               | *****                 | LBS/DY | *****                     | Req. Mon.<br>MO AVG | *****  | MG/L         |                   | 3 DAYS<br>WEEK        | COMPOS      |
| Solids, Total<br>Suspended<br>00530 1 0<br>Raw Sew / Influent                  | SAMPLE MEASUREMENT  | *****               | *****                 | ( 26)  | *****                     | 198                 | *****  | ( 19)        | 00                | 250                   | CP          |
|  | PERMIT REQUIREMENT  | *****               | *****                 | LBS/DY | *****                     | Req. Mon.<br>MO AVG | *****  | MG/L         |                   | 3 DAYS<br>WEEK        | COMPOS      |
| Flow, In Conduit or<br>Thru Treatment Plant<br>50050 1 0<br>RAW SEW / INFLUENT | SAMPLE MEASUREMENT  | 1.326               | 1.530                 | ( 03)  | *****                     | *****               | *****  |              | 00                | 105                   | CN          |
|  | PERMIT REQUIREMENT  | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD    | *****                     | *****               | *****  | ****<br>**** |                   | CONTIN<br>UOUS        | CONTIN      |
|  | SAMPLE MEASUREMENT  |                     |                       |        |                           |                     |        |              | 00                |                       |             |
|  | PERMIT REQUIREMENT  |                     |                       |        |                           |                     |        |              |                   |                       |             |
|  | SAMPLE MEASUREMENT  |                     |                       |        |                           |                     |        |              | 00                |                       |             |
|  | PERMIT REQUIREMENT  |                     |                       |        |                           |                     |        |              |                   |                       |             |
|  | SAMPLE MEASUREMENT  |                     |                       |        |                           |                     |        |              | 00                |                       |             |
|  | PERMIT REQUIREMENT  |                     |                       |        |                           |                     |        |              |                   |                       |             |
|  | SAMPLE MEASUREMENT  |                     |                       |        |                           |                     |        |              | 00                |                       |             |
|  | PERMIT REQUIREMENT  |                     |                       |        |                           |                     |        |              |                   |                       |             |
| 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 evaluate 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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. |                     |                       |        |                           | TELEPHONE           |        |              | DATE              |                       |             |
| William Wescott<br>Mayor   |   |                     |                       |        |                           | 815 622-1125        |        |              | 21                | 03                    | 03          |
| TYPED OR PRINTED   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  |                     |                       |        |                           | AREA CODE           | NUMBER | YEAR         | MO                | DAY                   |             |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME ROCK FALLS, CITY OF  
 ADDRESS 603 W 10TH ST  
 ROCK FALLS, IL 61071

FACILITY LOCATION ROCK FALLS, CITY OF  
 101 CLEARWATER DR.  
 ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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

IL0078301 PERMIT NUMBER  
 001-0 DISCHARGE NUMBER

| MONITORING PERIOD |    |      |    |    |      |
|-------------------|----|------|----|----|------|
| MM                | DD | YYYY | MM | DD | YYYY |
| 02                | 01 | 21   | 02 | 28 | 21   |

FROM

TO

DMR Mailing ZIP CODE: 61071  
 MAJOR (SUBR 01)  
 STP OUTFALL  
 EXTERNAL OUTFALL

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

| PARAMETER<br>(32-37)  | X                  | QUANTITY OR LOADING   |                  |              | QUANTITY OR CONCENTRATION |                     |                  |  | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS | SAMPLE TYPE |      |
|---|--------------------|---|------------------|--------------|---------------------------|---------------------|------------------|--|-------------------|-----------------------|-------------|------|
|   |                    | VALUE   | VALUE            | UNITS        | VALUE                     | VALUE               | VALUE            | UNITS  |                   |                       |             |      |
| Oxygen, Dissolved (DO)<br>00300 1 1<br>Effluent Gross Value         | SAMPLE MEASUREMENT | *****   | *****            |              | 9.7                       | 9.1                 | 9.0              | (19)   | 00                | 250                   | GR          |      |
|   | PERMIT REQUIREMENT | *****   | *****            | ****<br>**** | 5.5<br>MO AV MN           | 4.0<br>MN WK AV     | 3.5<br>DAILY MN  | MG/L   |                   | 3 DAYS<br>WEEK        | GRAB        |      |
| PH<br>00400 1 0<br>Effluent Gross Value                             | SAMPLE MEASUREMENT | *****   | *****            |              | 7.7                       | *****               | 7.9              | (12)   | 00                | 250                   | GR          |      |
|   | PERMIT REQUIREMENT | *****   | *****            | ****<br>**** | 6.0<br>MINIMUM            | *****               | 9.0<br>MAXIMUM   | SU   |                   | 3 DAYS<br>WEEK        | GRAB        |      |
| Solids, Total Suspended<br>00530 1 0<br>EFFLUENT GROSS VALUE        | SAMPLE MEASUREMENT | 17  | 31               | (26)         | *****                     | 2                   | 3                | (19)   | 00                | 250                   | CP          |      |
|   | PERMIT REQUIREMENT | 751<br>MO AVG   | 1501<br>DAILY MX | LBS/DY       | *****                     | 12<br>MO AVG        | 24<br>DAILY MX   | MG/L   |                   | 3 DAYS<br>WEEK        | COMPOS      |      |
| NITROGEN, TOTAL<br>00600 1 0<br>EFFLUENT GROSS VALUE                | SAMPLE MEASUREMENT | *****   | *****            |              | *****                     | 9.70                | *****            | (19)   | 00                | 285                   | CP          |      |
|   | PERMIT REQUIREMENT | *****   | *****            | ****<br>**** | *****                     | Req. Mon.<br>MO AVG | *****            | MG/L   |                   | MONTHLY               | COMPOS      |      |
| Nitrogen, Ammonia Total (as N)<br>00610 1 3<br>Effluent Gross Value | SAMPLE MEASUREMENT | 0   | 1                | (26)         | *****                     | 0.042               | 0.070            | (19)   | 00                | 250                   | CP          |      |
|   | PERMIT REQUIREMENT | 250<br>MO AVG   | 726<br>DAILY MX  | LBS/DY       | *****                     | 4.0<br>MO AVG       | 11.6<br>DAILY MX | MG/L   |                   | 3 DAYS<br>WEEK        | COMPOS      |      |
| Total (as N)<br>00610 8 6<br>Other Treatment, Process Complete      | SAMPLE MEASUREMENT | 0.4   | *****            | (26)         | *****                     | 0.0                 | *****            | (19)   | 00                | 250                   | CP          |      |
|   | PERMIT REQUIREMENT | 626<br>WK AV  | *****            | LBS/DY       | *****                     | 10.0<br>WK AV       | *****            | MG/L   |                   | 3 DAYS<br>WEEK        | COMPOS      |      |
| PHOSPHORUS, TOTAL (as P)<br>00665 1 0<br>Effluent Gross Value       | SAMPLE MEASUREMENT | 0.4   | *****            | (26)         | *****                     | 0.04                | *****            | (19)   | 00                | 250                   | CP          |      |
|   | PERMIT REQUIREMENT | 63<br>MO AVG  | *****            | LBS/DY       | *****                     | 1<br>MO AVG         | *****            | MG/L   |                   | 3 DAYS<br>WEEK        | COMPOS      |      |
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| William Wescott<br>Mayor  |                    |   |                  |              |                           |                     |                  | 815 622-1125   |                   | 21                    | 03          | 03   |
| TYPED OR PRINTED  |                    |   |                  |              |                           |                     |                  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |                   | AREA CODE             | NUMBER      | YEAR |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ATTN: WILLIAM WESCOTT

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

IL0078301  
 PERMIT NUMBER

001-0  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071  
 MAJOR (SUBR 01)  
 STP OUTFALL  
 EXTERNAL OUTFALL

| MONITORING PERIOD |    |      |    |    |    |      |
|-------------------|----|------|----|----|----|------|
| MM                | DD | YYYY | TO | MM | DD | YYYY |
| 02                | 01 | 21   |    | 02 | 28 | 21   |

\*\*\*NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

| PARAMETER<br>(32-37)  | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING |                    |        | QUANTITY OR CONCENTRATION |           |              |       | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|--------------------|--------|---------------------------|-----------|--------------|-------|-------------------|-----------------------|-------------|
|   |   | VALUE               | VALUE              | UNITS  | VALUE                     | VALUE     | VALUE        | UNITS |                   |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT                      | 1.168               | 1.380              | (03)   | *****                     | *****     | *****        |       | 00                | 105                   | CN          |
|   | PERMIT REQUIREMENT                      | Req. Mon. MO AVG    | Req. Mon. DAILY MX | MGD    | *****                     | *****     | *****        | ****  |                   | CONTINUOUS            | CONTIN      |
| Chlorine, Total Residual<br>50060 1 1 1<br>EFFLUENT GROSS VALUE               | SAMPLE MEASUREMENT                      | *****               | *****              |        | *****                     | *****     | 0            | (19)  | 00                | 500                   | GR          |
|   | PERMIT REQUIREMENT                      | *****               | *****              | ****   | *****                     | *****     | .05 DAILY MX | MG/L  |                   | Chlorination/         | GRAB        |
| BOD, Carbonaceous<br>05 DAY, 20C<br>80082 1 0<br>EFFLUENT GROSS VALUE         | SAMPLE MEASUREMENT                      | 12                  | 16                 | (26)   | *****                     | 1         | 2            | (19)  | 00                | 250                   | CP          |
|   | 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                      |                     |                    |        |                           |           |              |       |                   |                       |             |
|   | SAMPLE MEASUREMENT                      |                     |                    |        |                           |           |              |       | 00                |                       |             |
|   | PERMIT REQUIREMENT                      |                     |                    |        |                           |           |              |       |                   |                       |             |
|   | SAMPLE MEASUREMENT                      |                     |                    |        |                           |           |              |       | 00                |                       |             |
|   | PERMIT REQUIREMENT                      |                     |                    |        |                           |           |              |       |                   |                       |             |
|   | SAMPLE MEASUREMENT                      |                     |                    |        |                           |           |              |       | 00                |                       |             |
|   | PERMIT REQUIREMENT                      |                     |                    |        |                           |           |              |       |                   |                       |             |

|   |   |           |          |      |    |     |
|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>William Wescott<br>Mayor      | 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 evaluate 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 penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE |          | DATE |    |     |
|   |   | 815       | 622-1125 | 21   | 03 | 03  |
| TYPED OR PRINTED  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br><br><i>Edward J. Cox</i>  | AREA CODE | NUMBER   | YEAR | MO | DAY |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) |   |           |          |      |    |     |