

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

IL0078301 PERMIT NUMBER
001-0 DISCHARGE NUMBER

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

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

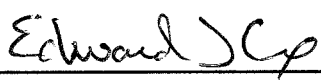
MONITORING PERIOD
FROM 04 01 18 TO 04 30 18

ATTN: WILLIAM WESCOTT

***NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	9	8.1	8.0	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****		5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	SU		3 DAYS WEEK	GRAB
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	7.7	*****	8.1	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27	52	(26)	*****	2	4	(19)	00	250	CP
	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Oil & Grease 00556 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	0.0	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	0.00	*****	(19)	00	285	CP
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHLY
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	SAMPLE MEASUREMENT	1	1	(26)	*****	0.040	0.070	(19)	00	250	CP
	PERMIT REQUIREMENT	250 MO AVG	726 DAILY MX	LBS/DY	*****	4.0 MO AVG	11.6 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	0.5	*****	(26)	*****	0.1	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	626 WK AV	*****	LBS/DY	*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
William Wescott Mayor			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			815	622-1125	18	05	02

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

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 ADDRESS 603 W 10TH ST
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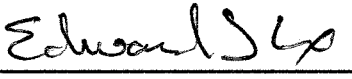
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PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	3	*****	(26)	*****	0.25	*****		00	250	CP	
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	**** ****		3 DAYS WEEK	COMPOS	
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
00718 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB	
Cyanide, Total (as CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
00720 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB	
Fluoride, Total (as F)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.460	(19)	00	360	DC	
00951 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Arsenic, Total (as As)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
01002 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Barium, Total (as Ba)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
01007 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Cadmium, Total (as Cd)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
01027 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

IL0078301
 PERMIT NUMBER

001-0
 DISCHARGE NUMBER

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
04	01	18	04	30	18

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, Hexavalent (as Cr)		*****	*****		*****	*****	0.030	(19)	00	360	DC
01032 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Chromium, Total (as Cr)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01034 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Copper, Total (as Cu)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01042 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Total (as Fe)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01046 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Dissolved (as Fe)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01046 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Lead, Total (as Pb)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01051 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Manganese, Total (as Mn)		*****	*****		*****	*****	0.001	(19)	00	360	DC
01055 1 0 Effluent Gross Value		*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
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William Wescott Mayor							815 622-1125		18	05	02
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									

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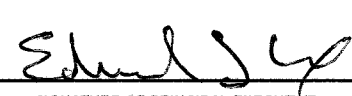
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Nickel, Total (as Ni)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01067 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Silver, Total (as Ag)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01077 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.023	(19)	00	360	DC
01092 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Selenium, Total (as Se)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01147 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Phenolics, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.012	(19)	00	360	DC
32730 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.483	1.690	(03)	*****	*****	*****		00	105	CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTIN
Chlorine, Total Residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(19)	00	500	GR
50060 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.06 DAILY MX	MG/L		Continuation/ Occurrence	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 William Wescott
 Mayor
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, Total (as Hg) 71900 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.813	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14	22	(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										
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	PERMIT REQUIREMENT										

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IL0078301
 PERMIT NUMBER

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DMR Mailing ZIP CODE: 61071

MAJOR (SUBR 01)
 INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

FACILITY LOCATION ROCK FALLS, CITY OF
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BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	100	*****	(19)	00	250	CP
	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)	00	250	CP
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
Flow, In Conduit or Thru Treatment Plant 50050 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	1.643	1.860	(03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
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	PERMIT REQUIREMENT										

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