

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

IL0078301
 PERMIT NUMBER

INF-L
 DISCHARGE NUMBER

| MONITORING PERIOD | | | | | |
|-------------------|----|------|----|----|------|
| MM | DD | YYYY | MM | DD | YYYY |
| 04 | 01 | 20 | 04 | 30 | 20 |

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
 INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE
 *** 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 | | | |
| BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | (26) | ***** | 51 | ***** | (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) | ***** | 168 | ***** | (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 | 2.421 | 2.890 | (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 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|--------------|--------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER William Wescott 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 | | 20 | 05 | 07 |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward J Cox</i> | 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

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 | | | | | |
|-------------------|----|------|----|----|------|
| MM | DD | YYYY | MM | DD | YYYY |
| 04 | 01 | 20 | 04 | 30 | 20 |

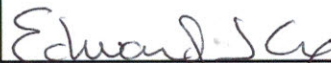
FROM TO

***NO DISCHARGE ***

ATTN: WILLIAM WESCOTT

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 | ***** | ***** | | ***** | 7.8 | 7.6 | (19) | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 6.0 MN WK AV | 5.0 DAILY MN | MG/L | | 3 DAYS WEEK | GRAB |
| PH 00400 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 7.9 | (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 | 28 | 56 | (26) | ***** | 2 | 3 | (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 |
| NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.10 | ***** | (19) | 00 | 285 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | Req. Mon. MO AVG | ***** | MG/L | | MONTHLY | COMPOS |
| Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value | SAMPLE MEASUREMENT | 0 | 1 | (26) | ***** | 0.010 | 0.050 | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 94 MO AVG | 394 DAILY MX | LBS/DY | ***** | 1.5 MO AVG | 6.3 DAILY MX | MG/L | | 3 DAYS WEEK | COMPOS |
| Total (as N) 00610 8 6 Other Treatment, Process Complete | SAMPLE MEASUREMENT | 0.1 | ***** | (26) | ***** | 0.0 | ***** | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 238 WK AV | ***** | LBS/DY | ***** | 3.8 WK AV | ***** | MG/L | | 3 DAYS WEEK | COMPOS |
| PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | 0.3 | ***** | (26) | ***** | 0.02 | ***** | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 63 MO AVG | ***** | LBS/DY | ***** | 1 MO AVG | ***** | MG/L | | 3 DAYS WEEK | COMPOS |

| | | | | | | | |
|--|---|---|-----------|----------|------|----|-----|
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| William Wescott Mayor | | | AREA CODE | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | | | 815 | 622-1125 | 20 | 05 | 07 |

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

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 | 20 | 04 | 30 | 20 |

FROM

TO

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

*** NO DISCHARGE ***

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|---|---|---------------------|--------------------|--------|---------------------------|-----------|--------------|--------------|-------------------|-----------------------|-------------|-----|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 1.979 | 2.350 | (03) | ***** | ***** | ***** | | 00 | 105 | CN | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | **** | | CONTINUOUS | CONTINUOUS | |
| Chlorine, Total Residual 50060 1 1 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0 | (19) | 00 | 500 | GR | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | .05 DAILY MX | MG/L | | Chlorination/ | GRAB | |
| BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 14 | 20 | (26) | ***** | 1 | 1 | (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 | COMPOST | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | | |
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