

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

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

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

IL0078301			INF-L			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
05	01	17	TO	05	31	17

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
 INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

FACILITY LOCATION ROCK FALLS, CITY OF
 101 CLEARWATER DR.
 ROCK FALLS, IL 61071
 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			
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	54	*****	(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)	*****	103	*****	(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	2.140	2.620	(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

TYPED OR PRINTED

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.

Edward J. Coy

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

815 622-1125

AREA CODE

NUMBER

DATE

17 06 05

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

1L0078301 PERMIT NUMBER
001-0 DISCHARGE NUMBER

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 FROM 05 01 17 TO 05 31 17

***NO DISCHARGE ***
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ATTN: WILLIAM WESCOTT

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			
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	7.6 6.0 MN WK AV	7.5 5.0 DAILY MN	(19) MG/L	00	250	GR GRAB
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	7.6 6.0 MINIMUM	***** *****	7.8 9.0 MAXIMUM	(12) SU	00	250	GR GRAB
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	24 751 MO AVG	47 1501 DAILY MX	(26) LBS/DY	***** *****	1 12 MO AVG	3 24 DAILY MX	(19) MG/L	00	250	CP COMPOS
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	**** ****	***** *****	4.00 Req. Mon. MO AVG	***** *****	(19) MG/L	00	285	CP COMPOS
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0 94 MO AVG	1 394 DAILY MX	(26) LBS/DY	***** *****	0.015 1.5 MO AVG	0.030 6.3 DAILY MX	(19) MG/L	00	250	CP COMPOS
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.3 238 WK AV	***** *****	(26) LBS/DY	***** *****	0.0 3.8 WK AV	***** *****	(19) MG/L	00	250	CP COMPOS
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3.7 63 MO AVG	***** *****	(26) LBS/DY	***** *****	0.21 1 MO AVG	***** *****	(19) MG/L	00	250	CP COMPOS

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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 ADDRESS 603 W 10TH ST
 ROCK FALLS, IL 61071

FACILITY LOCATION ROCK FALLS, CITY OF
 101 CLEARWATER DR.
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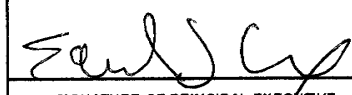
ATTN: WILLIAM WESCOTT

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

IL0078301			001-0		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
05	01	17	05	31	17

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
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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	2.069	2.610	(03)	*****	*****	*****		00	105	CN	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONT	
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	GRA	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(12)	00	250	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	400 DAILY MX	#/100ML		3 DAYS WEEK	GRA	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20	29	(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	COMP	
	SAMPLE MEASUREMENT								00			
	PERMIT REQUIREMENT											
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William Wescott Mayor								815 622-1125	17	06	0	
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