

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

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

FACILITY ROCK FALLS, CITY OF
 LOCATION 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
 FROM MM DD YYYY TO MM DD YYYY
 05 01 19 TO 05 31 19

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

*** 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	*****	*****			8.0	7.8	(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	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.1	(12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	95	435	(26)	*****	3	12	(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	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(19)	00	0	0
00556 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
NITROGEN, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	8.40	*****	(19)	00	285	CP
00600 1 0 EFFLUENT GROSS VALUE	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)	*****	0.004	0.020	(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	0.1	*****	(26)	*****	0.0	*****	(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.					TELEPHONE		DATE		
William Wescott Mayor							815 622-1125		19	06	05
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)

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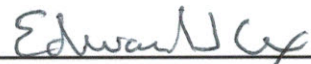
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PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	7	*****	(26)	*****	0.23	*****		00	250	CP	
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	****		3 DAYS WEEK	COMPOS	
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0	
00718 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB	
Cyanide, Total (as CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0	
00720 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB	
Fluoride, Total (as F)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.050	(19)	00	0	0	
00951 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Arsenic, Total (as As)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0	
01002 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Barium, Total (as Ba)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0	
01007 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
Cadmium, Total (as Cd)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0	
01027 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24	
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William Wescott Mayor								AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED								815	622-1125	19	06	05

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MM	DD	YYYY	MM	DD	YYYY
05	01	19	05	31	19

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Chromium, Hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01032 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01034 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Copper, Total (as Cu)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01042 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01046 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Dissolved (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01046 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01051 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Manganese, Total (as Mn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01055 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
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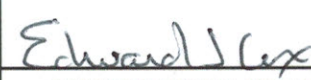
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Nickel, Total (as Ni)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01067 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Silver, Total (as Ag)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01077 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01092 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Selenium, Total (as Se)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
01147 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Phenolics, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	0	0
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	3.189	5.150	(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	*****	*****	**** ****	*****	*****	.05 DAILY MX	MG/L		Chlorination/ Occurrence	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, Total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.020	(19)	00	0	0
71900 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	31	68	(26)	*****	1	2	(19)	00	250	CP
80082 1 0 EFFLUENT GROSS VALUE	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		
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	PERMIT REQUIREMENT										
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DMR Mailing ZIP CODE: 61071

MAJOR (SUBR 01)

INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

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BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	41	*****	(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)	*****	109	*****	(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	3.276	4.570	(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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