

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME ROCK FALLS, CITY OF  
 ADDRESS 603 W 10TH ST  
 ROCK FALLS, IL 61071

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

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

IL0078301 PERMIT NUMBER  
 INF-L DISCHARGE NUMBER

MONITORING PERIOD  
 MM DD YYYY TO MM DD YYYY  
 05 01 20 TO 05 31 20


PARAMETER (32-37)	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-Day (20 DEG. C) 00310 1 0	*****	(26)	*****	46	(19)	*****	00	250	CP
RAW SEW / INFLUENT	*****	LBS/DY	*****	Req. Mon. MO AVG	MGL	*****		3 DAYS WEEK	COMPOS
Solids, Total Suspended 00530 1 0	*****	(26)	*****	110	(19)	*****	00	250	CP
Raw Sew / Influent	*****	LBS/DY	*****	Req. Mon. MO AVG	MGL	*****		3 DAYS WEEK	COMPOS
Flow, In Conduit or Thru Treatment Plant 50050 1 0	2.868	(03)	4.300	*****		*****	00	105	CN
RAW SEW / INFLUENT	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTIN
SAMPLE MEASUREMENT							00		
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 William Wescott  
 Mayor

TYPED OR PRINTED

TELEPHONE  
 815 622-1125

DATE  
 20 06 03

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


AREA CODE NUMBER  
 815 622-1125

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

1 of 1







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 05 01 20 TO 05 31 20

DMR Mailing ZIP CODE: 61071  
 MAJOR (SUBR 01)  
 STP OUTFALL  
 EXTERNAL OUTFALL  
 \*\*\*NO DISCHARGE\*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
PHOSPHORUS, TOTAL (as P)	PERMIT REQUIREMENT	0	*****	*****	*****	0.02	*****	*****	*****	00	250	CP
00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	63	*****	*****	*****	1	*****	*****	*****		3 DAYS WEEK	COMPOS
Cyanide, weak acid, dissociable	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
00718 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	GRAB
Cyanide, Total (as CN)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
00720 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	GRAB
Fluoride, Total (as F)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
00951 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	Comp24
Arsenic, Total (as As)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
01002 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	Comp24
Barium, Total (as Ba)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
01007 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	Comp24
Cadmium, Total (as Cd)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	00	0	0
01027 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		See Permit	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 William Wescott  
 Mayor  
 TYPED OR PRINTED  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Edward J. Cox  
 TELEPHONE  
 815 622-1125  
 AREA CODE NUMBER  
 815 622-1125  
 DATE  
 20 06 03  
 YEAR MO DAY

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



PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chromium, Hexavalent (as Cr)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01032 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Chromium, Total (as Cr)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01034 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Copper, Total (as Cu)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01042 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Iron, Total (as Fe)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01046 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Iron, Dissolved (as Fe)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01046 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Lead, Total (as Pb)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01051 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24
Manganese, Total (as Mn)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	00	0	0
01055 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	MG/L		See Permit	COMP24

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 William Wescott  
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TELEPHONE  
 815 622-1125

DATE  
 20 06 03

AREA CODE NUMBER  
 815 622-1125

YEAR MO DAY  
 20 06 03

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

PERMIT NUMBER  
 ILO078301  
 DISCHARGE NUMBER  
 001-0

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Nickel, Total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	00	0	0
	PERMIT REQUIREMENT	*****	*****	*****			0
01067 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
01077 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
01092 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
Selenium, Total (as Se)	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
01147 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
Phenolics, Total Recoverable	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
32730 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	00	See Permit	COMP24
	PERMIT REQUIREMENT	*****	*****	*****			0
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.428	4.050	*****	00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****		CONTINUOUS	CONTIN
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	00	500	GR
	PERMIT REQUIREMENT	*****	*****	*****		Normal on/	GRAB
Chlorine, Total Residual	SAMPLE MEASUREMENT	*****	*****	*****	00	500	GR
	PERMIT REQUIREMENT	*****	*****	*****		Normal on/	GRAB
50060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	00	500	GR
	PERMIT REQUIREMENT	*****	*****	*****		Normal on/	GRAB

TELEPHONE: 815 622-1125  
 AREA CODE: 815  
 NUMBER: 622-1125  
 DATE: 06 20 03  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Edward J. Cy...*  
 TYPED OR PRINTED: William Wescott, Mayor

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



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 ADDRESS 603 W 10TH ST  
 ROCK FALLS, IL 61071

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

MONITORING PERIOD  
 FROM 05 01 20 TO 05 31 20

PARAMETER (32-37)  
 Mercury, Total (as Hg)  
 71900 1 0  
 Effluent Gross Value  
 BOD, Carbonaceous  
 05 DAY, 20C  
 80082 1 0  
 EFFLUENT GROSS VALUE

ATTN: WILLIAM WESCOTT

PERMIT NUMBER: IL0078301  
 DISCHARGE NUMBER: 001-0

NO. EX (62-63): 00  
 FREQUENCY OF ANALYSIS: 0  
 SAMPLE TYPE: 0

UNITS: (19)  
 VALUE: 1.450  
 MG/L

UNITS: (26)  
 VALUE: 1  
 MO AVG


UNITS: LBS/DY  
 VALUE: 1251  
 DAILY MIX

UNITS: 00  
 VALUE: 250  
 3 DAYS WEEK  
 COMPOS

PARAMETER (32-37)	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	00	0	0
SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	00	See Permit	COMP24
SAMPLE MEASUREMENT REQUIREMENT	19	28	19	1	1	1	00	250	CP
SAMPLE MEASUREMENT REQUIREMENT	626 MO AVG	1251 DAILY MIX	626 MO AVG	10 MO AVG	20 DAILY MIX	10 MO AVG	00	3 DAYS WEEK	COMPOS
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
SAMPLE MEASUREMENT REQUIREMENT							00		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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TELEPHONE  
 815 622-1125

DATE  
 20 06 03

AREA CODE NUMBER  
 815 622-1125

YEAR MO DAY  
 20 06 03

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

5 of 5



PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
 NAME ROCK FALLS, CITY OF  
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DMR Mailing ZIP CODE: 61071  
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IL0078301 PERMIT NUMBER  
 001-0 DISCHARGE NUMBER

MONITORING PERIOD  
 MM DD YYYY TO MM DD YYYY  
 05 01 20 TO 05 31 20

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	2.428	4.050	*****	*****	*****	*****	*****	*****	00	105	CN
	Req. Mon. MO AVG	Req. Mon. DAILY MX	*****	*****	*****	*****	*****	*****		CONTINUOUS	CONTIN
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	00	500	GR
Chlorine, Total Residual	*****	*****	*****	*****	*****	*****	*****	*****		Chlorinatio	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	00	250	GR
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	*****	*****	*****		3 DAYS WEEK	GRAB
EFFLUENT GROSS VALUE	19	28	*****	*****	*****	*****	*****	*****	00	250	CP
BOD, Carbonaceous 05 DAY, 20C	626	1251	*****	*****	*****	*****	*****	*****		3 DAYS WEEK	COMPOS
EFFLUENT GROSS VALUE									00		
									00		
									00		
									00		
									00		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 William Wescott  
 Mayor

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 815 622-1125

DATE  
 20 06 04

AREA CODE NUMBER

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

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.