

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

INF-L
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM MM DD YYYY TO MM DD YYYY
 06 01 20 TO 06 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)	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			
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	55	*****	(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)	*****	129	*****	(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	2.244	2.950	(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	07	06
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)

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 06 01 20 TO 06 30 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)	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	*****	*****	**** ****	*****	7.3	7.2	(19)	00	250	GR
	PERMIT REQUIREMENT	*****	*****		*****	6.0 MN WK AV	5.0 DAILY MN		MG/L		3 DAYS WEEK
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	7.7	*****	7.8	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		SU		3 DAYS WEEK
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40	77	(26)	*****	2	5	(19)	00	250	CP
	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX		LBS/DY	*****	12 MO AVG		24 DAILY MX	MG/L	
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	5.00	*****	(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	0	1	(26)	*****	0.022	0.090	(19)	00	250	CP
	PERMIT REQUIREMENT	94 MO AVG	313 DAILY MX		LBS/DY	*****	1.5 MO AVG		5.0 DAILY MX	MG/L	
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	0.3	*****	(26)	*****	0.1	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	238 WK AV	*****		LBS/DY	*****	3.8 WK AV		*****	MG/L	
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	1.2	*****	(26)	*****	0.07	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	63 MO AVG	*****		LBS/DY	*****	1 MO AVG		*****	MG/L	
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											
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)

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
 FROM MM DD YYYY TO MM DD YYYY
 06 01 20 TO 06 30 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)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.961	2.610	(03) MGD	*****	*****	*****	***** *****	00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		*****	*****	*****		*****	CONTINUOUS	CONTIN
Chlorine, Total Residual 50060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	0	(19) MG/L	00	500	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	.05 DAILY MX		Chlorination/	GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	38	(12) #/100ML	00	250	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	400 DAILY MX		3 DAYS WEEK	GRAB	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14	23	(26) LBS/DY	*****	1	1	(19) MG/L	00	250	CP
	PERMIT REQUIREMENT	626 MO AVG	1251 DAILY MX		*****	10 MO AVG	20 DAILY MX		3 DAYS WEEK	COMPOS	
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
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		20	07	06	
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)