NAME

ROCK FALLS, CITY OF

ADDRESS

603 W 10TH ST

ROCK FALLS, IL 61071

FACILITY LOCATION

ROCK FALLS, CITY OF

101 CIEARWATER DR. ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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

MONITORING PERIOD

TO

07

IL0078301 PERMIT NUMBER

01

FROM

07

DD TYYYY

18

INF-L DISCHARGE NUMBER

18

MM DD YYYY

31

DMR Mailing ZIP CODE: MAJOR

61071

(SUBR 01)

INFLUENT MONITORING AND REPORTING INFLUENT STRUCTURE

*** NO DISCHARGE -***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING				QUANTITY OR CONCENTRATION					NO. EX	FREQUENCY OF		AMPLE
		VALUE	VALUE	UNITS	VALU	JE	VALUE	VALUE		UNITS	(62-63)	ANALYSIS		TYPE
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	****	**	78	****	*	(19)	00	250		CP
	PERMIT REQUIREMENT	*****	*****	LBS/DY	****	**	Req. Mon. MO AVG	*****	*	MG/L		3 DAYS WEEK	Street Street Street	MPO
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	****	(26)	*****		143	*****		(19)	00	250		CP
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****		Req. Mon. MO AVG	*****		MG/L		3 DAYS WEEK	3 A S A S A S A S A S A S A S A S A S A	MPO:
Flow, In Conduit or Thru Treatment Plant 50050 1 0 RAW SEW / INFLUENT F	SAMPLE MEASUREMENT	1.646	1.940	(03) MGD	****	**	*****	****	*	****	00	105	L	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		****	**	*****	*****	* *			CONTIN		NITNC
	SAMPLE MEASUREMENT										00			
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT										00			
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT										00			
	PERMIT REQUIREMENT	Programme Communication Commun												
	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					nd Programme Transfer of the Programme Trans				LEPHON	IE		DATE		
William Wescott Mayor	nformation submitted. Ba se persons directly respons my knowledge and belief, t	sed on my inquiry of the pers ible for gathering the informations, accurate, and complete. I as	on or persons whon, the information on, the information maware that there	no manage the n submitted is, are significant	3	wal	Cp	815	622-11	125	18	80	06	
TYPED OR PRINTED	ubmutting false information, including the possibility of fine and imptisonment for knowing					IATURE OF PRINCIPAL E		AREA CODE	NUMBER		YEAR	MO	DAY	

NAME ROCK FALLS, CITY OF

ADDRESS 603 W 10TH ST

ROCK FALLS, IL 61071

FACILITY ROCK FALLS, CITY OF LOCATION 101 CIEARWATER DR. ROCK FALLS, IL 61071 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

IL0078301 PERMIT NUMBER

001-0 DISCHARGE NUMBER

DMR Mailing ZIP CODE: MAJOR

61071

(SUBR 01) STP OUTFALL EXTERNAL OUTFALL

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

MONITORING PERIOD MM DD YYYY MM DD YYYY 18 TO 07 31 18 FROM 07 01

ATTN: WILLIAM WESCOTT							NOTE: Read instruct	tions before	compi		
PARAMETER		QU	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
(32-37)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	ANALYSIS	1175
Oxygen, Dissolved (DO)	SAMPLE MEASUREMENT	****	*****		*****	7.1	6.9	(19)	00		GR
00300 1 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	6,0	5.0 DAILY MN	MG/L		3 DAYS WEEK	MORE TERMINATE STOCKED
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0	(12)	00		GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	su		3 DAYS WEEK	
Solids, Total Suspended	SAMPLE MEASUREMENT	45	138	(26)	*****	3	10	(19)	00		СР
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	2017 St. 195 (95) 16 (55) (16 (76 a) 2 (20)
NITROGEN, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	7.10	*****	(19)	00		СР
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y	IL COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	0	1	(26)	*****	0.016	0.040	(19)	00		СР
00610 1 3 Effluent Gross Value	PERMIT REQUIREMENT	94 MO AVG	313 DAILY MX	LBS/DY	*****	1.5 MO AVG	5.0 DAILY MX	MG/L		3 DAYS WEEK	
Total (as N) 00610 8 6	SAMPLE MEASUREMENT	0.3	*****	(26)	*****	0.0	*****	(19)	00		СР
Other Treatment, Process Complete	PERMIT REQUIREMENT	238 WK AV	*****	LBS/DY	*****	3.8 WK AV	*****	MG/L		3 DAYS WEEK	CONTRACT TO A STATE OF
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	2.6	*****	(26)	*****	0.19	*****	(19)	00		СР
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	****	1 MO AVG	*****	MG/L		3 DAYS WEEK	(
NAME/TITLE PRINCIPAL EXECUTIVE OF	FFICER I Certify und	er penalty of law that this d	document and all attachments we	vere prepared under r	my direction or			TELEPHON	NE	┸┯	DATE
William Wescott Mayor	supervision in evaluate the ir system, or tho to the best of	information submitted. Ba nose persons directly respons of my knowledge and belief, t	m designed to assure that qualifi Based on my inquiry of the per nsible for gathering the informat , true, accurate, and complete. I a on, including the possibility of fir	person or persons who nation, the information I am aware that there :	on submitted is, the are significant and for knowing	Mary 1	815	5 622-1 ²	125	18	08 06
TYPED OR PRINTED	violations.	TOTTIMENT PART INCOME.	, its manifestant possession,	to make a surple of the surple	SIGNA	NATURE OF PRINCIPAL E OFFICER OR AUTHORIZED		EA NUMBER		YEAR	MO DAY
			4								

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

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ROCK FALLS, CITY OF LOCATION 101 CIEARWATER DR.

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DMR Mailing ZIP CODE:

61071

MAJOR (SUBR 01) STP OUTFALL EXTERNAL OUTFALL

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

ATTN: WILLIAM WESCOTT				1 0 1 1			NOTE: Read instru	ctions before	comp	leting this	form.
PARAMETER		QUANTITY OR LOADING			QU	QUANTITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
(32-37)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	UNITS EX	ANALYSIS	TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.639	2.060	(03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTIN	CONTIN
Chlorine, Total Residual 50060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(19) K MG/L	00	500	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.05 DAILY MX			Chlorina on/	ti GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	25	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	400 DAILY MX	#/ 100ML		3 DAYS WEEK	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11	21	(26)	*****	1	2	(19)	00	250	СР
	PERMIT REQUIREMENT	626 MO AVG	1251 DAILY MX		*****	10 MO AVG	20 DAILY MX	MG/L		3 DAYS	24 - 15 Page 12 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		,						00		
	PERMIT REQUIREMENT				in a state of						
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT	sum i									
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							TELEPHO	NE	1	DATE	
William Wescott Mayor	evaluate the in system, or thos to the best of n	formation submitted. Bas to persons directly responsil my knowledge and belief, to	lesigned to assure that qualitive sed on my inquiry of the per- ple for gathering the information, i.e., accurate, and complete. I a including the possibility of fin	son or persons which, the information in aware that there	no manage the n submitted is, are significant at for knowing	- Rose	81	5 622-1	125	18	08 06
TYPED OR PRINTED	violations.				SIGN	NATURE OF PRINCIPAL OFFICER OR AUTHORIZE		EA NUMBER		YEAR	MO DAY