

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 INF-L  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	17	08	31	17

FROM

TO

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)	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)	*****	70	*****	( 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)	*****	112	*****	( 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	1.595	1.840	( 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		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		17	09	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)

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

IL0078301  
 PERMIT NUMBER

001-0  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071  
 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	MM	DD	YYYY
08	01	17	08	31	17

ATTN: WILLIAM WESCOTT

\*\*\* 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			
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT *****	*****	*****	**** ****	7.5	7.2	7.1	(19)	00	250	GR
	PERMIT REQUIREMENT *****	*****	*****		6.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L			3 DAYS WEEK
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT *****	*****	*****	**** ****	7.7	*****	8.0	(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 *****	34	78	(26) LBS/DY	*****	2	5	(19)	00	250	CP
	PERMIT REQUIREMENT *****	751 MO AVG	1501 DAILY MX		*****	12 MO AVG	24 DAILY MX	MG/L			3 DAYS WEEK
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	**** ****	*****	9.00	*****	(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) LBS/DY	*****	0.031	0.060	(19)	00	250	CP
	PERMIT REQUIREMENT *****	94 MO AVG	313 DAILY MX		*****	1.5 MO AVG	5.0 DAILY MX	MG/L			3 DAYS WEEK
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT *****	0.4	*****	(26) LBS/DY	*****	0.1	*****	(19)	00	250	CP
	PERMIT REQUIREMENT *****	238 WK AV	*****		*****	3.8 WK AV	*****	MG/L			3 DAYS WEEK
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT *****	6.9	*****	(26) LBS/DY	*****	0.50	*****	(19)	00	250	CP
	PERMIT REQUIREMENT *****	63 MO AVG	*****		*****	1 MO AVG	*****	MG/L			3 DAYS WEEK
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		
TYPED OR PRINTED							815 622-1125		17 09 05		
William Wescott Mayor		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY		
TYPED OR PRINTED							815 622-1125		17 09 05		

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

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
08	01	17	08	31	17

\*\*\* 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	1.595	1.860	(03)	*****	*****	*****		00	105	CN	
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN	
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/	GRAB	
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	GRAB	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12	23	(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	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		17	09	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)