

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 TO MM DD YYYY
09 01 17 TO 09 30 17

ATTN: WILLIAM WESCOTT

*** 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 | ***** | ***** | | 7.7 | 7.5 | 7.4 | (19) | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 5.5 MO AV MN | 4.0 MN WK AV | 3.5 DAILY MN | MG/L | | 3 DAYS WEEK | GRAB |
| PH 00400 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 7.9 | (12) | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | 3 DAYS WEEK | GRAB |
| Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 9 | 31 | (26) | ***** | 1 | 3 | (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 |
| 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 | COMPOS |
| Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value | SAMPLE MEASUREMENT | 1 | 1 | (26) | ***** | 0.074 | 0.110 | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 94 MO AVG | 394 DAILY MX | LBS/DY | ***** | 1.5 MO AVG | 6.3 DAILY MX | MG/L | | 3 DAYS WEEK | COMPOS |
| Total (as N) 00610 8 6 Other Treatment, Process Complete | SAMPLE MEASUREMENT | 0.7 | ***** | (26) | ***** | 0.1 | ***** | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 238 WK AV | ***** | LBS/DY | ***** | 3.8 WK AV | ***** | MG/L | | 3 DAYS WEEK | COMPOS |
| PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | 5.7 | ***** | (26) | ***** | 0.55 | ***** | (19) | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 63 MO AVG | ***** | LBS/DY | ***** | 1 MO AVG | ***** | 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 | | | |
| TYPED OR PRINTED | | | | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |
| William Wescott Mayor | | | | | | 815 622-1125 | | 17 10 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

FACILITY ROCK FALLS, CITY OF
 LOCATION 101 CLEARWATER DR.
 ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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

| | |
|---------------|------------------|
| IL0078301 | 001-0 |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | | | |
|-------------------|----|------|----|----|------|
| MM | DD | YYYY | MM | DD | YYYY |
| 09 | 01 | 17 | 09 | 30 | 17 |

FROM

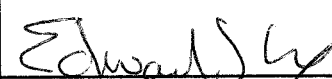
TO

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 / PERMIT REQUIREMENT | 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 | 1.224 | 1.390 | (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 | 11 | 25 | (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 | | | | | | | | | | |

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|--|---|------------------|---|--------------|----|-----|
| 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 | | |
| | | TYPED OR PRINTED |  | 815 622-1125 | 17 | 10 |
| | | 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)

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 ROCK FALLS, IL 61071

FACILITY LOCATION ROCK FALLS, CITY OF
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 ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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

IL0078301
 PERMIT NUMBER

INF-L
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

MAJOR

(SUBR 01)


INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

| MONITORING PERIOD | | | | | | |
|-------------------|----|------|----|----|----|------|
| MM | DD | YYYY | TO | MM | DD | YYYY |
| 09 | 01 | 17 | | 09 | 30 | 17 |

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|--|---|---------------------|--------------------|--------|---------------------------|------------------|-------|--------------|-------------------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | (26) | ***** | 102 | ***** | (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) | ***** | 145 | ***** | (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 | 1.219 | 1.440 | (03) | ***** | ***** | ***** | | 00 | 105 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ***** | ***** | ***** | **** **** | | CONTIN UOUS | CONTIN |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | 00 | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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| | | | AREA CODE | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | | | 815 | 622-1125 | 17 | 10 | 03 |

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