

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					
MM	DD	YYYY	MM	DD	YYYY
09	01	20	09	30	20

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)	*****	80	*****	( 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)	*****	160	*****	( 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	1.436	2.060	( 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	20	10	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)

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ATTN: WILLIAM WESCOTT

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IL0078301  
 PERMIT NUMBER

001-0  
 DISCHARGE NUMBER

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
09	01	20		09	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)	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	*****	*****		7.6	7.2	7.2	(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	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.1	(12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20	58	(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		3 DAYS WEEK	COMPOS
NITROGEN, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.10	*****	(19)	00	285	CP
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHLY	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	SAMPLE MEASUREMENT	0	0	(26)	*****	0.008	0.030	(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	0.1	*****	(26)	*****	0.0	*****	(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)	SAMPLE MEASUREMENT	0.4	*****	(26)	*****	0.02	*****	(19)	00	250	CP
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS

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William Wescott Mayor		815 622-1125		20	10	05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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STP OUTFALL  
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FROM TO

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.419	2.230	(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	7	10	(26)	*****	1	1	(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										
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	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 10 05			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward J Cy</i>		AREA CODE	NUMBER	YEAR MO DAY

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