

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

INF-L
DISCHARGE NUMBER

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
10	01	20	10	31	20	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)		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)	*****	94	*****	(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)	*****	203	*****	(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	1.300	1.980	(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										

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	11	04
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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
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DMR Mailing ZIP CODE: 61071

MAJOR

(SUBR 01)

STP OUTFALL

EXTERNAL OUTFALL

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

FROM

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
10	01	20	10	31	20

TO

NO DISCHARGE ☐

ATTN: WILLIAM WESCOTT

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS															
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.8	7.7	7.6	(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	*****	*****		7.8	*****	8.0	(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	10	30	(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	*****	*****		*****	4.70	*****	(19)	00	285	CP												
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y	COMPOS												
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	SAMPLE MEASUREMENT	0	1	(26)	*****	0.019	0.080	(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	0.2	*****	(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) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	0.1	*****	(26)	*****	0.01	*****	(19)	00	250	CP												
	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS												
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TYPED OR PRINTED																							
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY											
		Edward J. Cox						815	622-1125	20	11	04											

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.182	1.790	(03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTIN UOUS	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		Chlorinati on/	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	9	13	(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		
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