

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

IL0078301  
PERMIT NUMBER

INF-L  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

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

MONITORING PERIOD  
FROM MM DD YYYY TO MM DD YYYY  
11 01 17 TO 11 30 17

MAJOR (SUBR 01)  
INFLUENT MONITORING AND REPORTING  
INFLUENT STRUCTURE

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			
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	( 26)	*****	104	*****	( 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)	*****	188	*****	( 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	1.335	1.440	( 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	12	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)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	17	11	30	17

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

\*\*\* NO DISCHARGE  \*\*\*

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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	1.204	1.380	(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	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10	14	(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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	PERMIT REQUIREMENT											
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ATTN: WILLIAM WESCOTT

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 001-0 DISCHARGE NUMBER

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 FROM MM DD YYYY TO MM DD YYYY  
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DMR Mailing ZIP CODE: 61071  
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PARAMETER (32-37)	SAMPLE MEASUREMENT	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	*****	*****	*****	**** ****	8.8	8.3	8.6	(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	*****	*****	*****	**** ****	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	9	35	(26)	*****	*****	1	4	(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	*****	*****	*****	**** ****	*****	9.00	*****	(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	1	1	(26)	*****	*****	0.057	0.100	(19)	00	250	CP
PERMIT REQUIREMENT	250 MO AVG	726 DAILY MX	LBS/DY		*****	4.0 MO AVG	11.6 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6 Other Treatment, Process Complete	0.6	*****	(26)	*****	*****	0.1	*****	(19)	00	250	CP
PERMIT REQUIREMENT	626 WK AV	*****	LBS/DY		*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	2.9	*****	(26)	*****	*****	0.28	*****	(19)	00	250	CP
PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY		*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
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