

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
 FROM 11 01 19 TO 11 30 19

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)	*****	66	*****	(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)	*****	111	*****	(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	1.600	1.860	(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		19	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)

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IL0078301
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001-0
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MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
11	01	19	11	30	19

FROM

TO

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

*** NO DISCHARGE ***

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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	*****	*****	**** ****	9	8.1	8.3	(12)	00	250	GR
	PERMIT REQUIREMENT	*****	*****		5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	SU		3 DAYS WEEK	GRAB
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	7.7	*****	8.1	(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	8	24	(26) LBS/DY	*****	1	2	(19)	00	250	CP
	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX		*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Oil & Grease 00556 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	3.1	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	5.90	*****	(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	0	(26) LBS/DY	*****	0.009	0.030	(19)	00	250	CP
	PERMIT REQUIREMENT	250 MO AVG	726 DAILY MX		*****	4.0 MO AVG	11.6 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	0.1	*****	(26) LBS/DY	*****	0.0	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	626 WK AV	*****		*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS

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William Wescott Mayor		815	622-1125	19	12	03
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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MM	DD	YYYY	TO	MM	DD	YYYY
11	01	19		11	30	19

DMR Mailing ZIP CODE: 61071
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 EXTERNAL OUTFALL

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PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	1	*****	(26)	*****	0.09	*****		00	250	CP
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	**** ****		3 DAYS WEEK	COMPOS
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
00718 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB
Cyanide, Total (as CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
00720 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	GRAB
Fluoride, Total (as F)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.420	(19)	00	360	DC
00951 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
Arsenic, Total (as As)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01002 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
Barium, Total (as Ba)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01007 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
Cadmium, Total (as Cd)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
01027 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
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William Wescott Mayor							815 622-1125		19	12	03
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					Edward J. Cy				

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STP OUTFALL
EXTERNAL OUTFALL

FACILITY LOCATION ROCK FALLS, CITY OF
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MONITORING PERIOD
MM DD YYYY TO MM DD YYYY
11 01 19 TO 11 30 19

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Chromium, Hexavalent (as Cr) 01032 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Copper, Total (as Cu) 01042 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Iron, Total (as Fe) 01046 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Iron, Dissolved (as Fe) 01046 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Lead, Total (as Pb) 01051 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
Manganese, Total (as Mn) 01055 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24	
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William Wescott Mayor								815 622-1125		19	12	03
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, Total (as Ni) 01067 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Silver, Total (as Ag) 01077 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Zinc, Total (as Zn) 01092 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.019	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Selenium, Total (as Se) 01147 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Phenolics, Total Recoverable 32730 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.463	1.670	(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

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		815	622-1125	19	12	03
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward J. Cup</i>	AREA CODE	NUMBER	YEAR	MO	DAY

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DMR Mailing ZIP CODE: 61071
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Mercury, Total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.001	(19)	00	360	DC
71900 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	12	21	(26)	*****	1	2	(19)	00	250	CP
80082 1 0 EFFLUENT GROSS VALUE	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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William Wescott Mayor		Eckman J G	815	622-1125	19	12
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