

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

IL0078301
 PERMIT NUMBER

INF-L
 DISCHARGE NUMBER

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
11	01	20	11	30	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)	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)	*****	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)	*****	135	*****	(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	1.275	1.960	(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	12	04
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)

NAME ROCK FALLS, CITY OF
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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

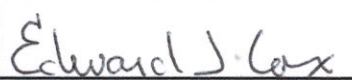
DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
 STP OUTFALL
 EXTERNAL OUTFALL

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
11	01	20		11	30	20

***NO DISCHARGE ***

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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	7.8	7.6	(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	*****	*****	*****	*****	7.8	*****	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	*****	*****	*****	(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
Oil & Grease 00556 1 0 Effluent Gross Value	*****	*****	*****	**** ****	*****	*****	2.1	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	Comp24
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	**** ****	*****	4.10	*****	(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	*****	*****	*****	(26)	*****	0.018	0.050	(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	*****	*****	*****	(26)	*****	0.0	*****	(19)	00	250	CP
	PERMIT REQUIREMENT	626 WK AV	*****	LBS/DY	*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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
11	01	20	TO	11	30	20

ATTN: WILLIAM WESCOTT

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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				
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	0	*****	(26)	*****	0.03	*****		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	*****	*****		*****	*****	0.000	(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	*****	*****		*****	*****	0.000	(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	*****	*****		*****	*****	0.340	(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	*****	*****		*****	*****	0.000	(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	*****	*****		*****	*****	0.000	(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	*****	*****		*****	*****	0.000	(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		20	12	04
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
 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)
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Chromium, Hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01032 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01034 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Copper, Total (as Cu)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01042 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Total (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01046 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Iron, Dissolved (as Fe)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01046 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Lead, Total (as Pb)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01051 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Manganese, Total (as Mn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01055 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	20	12	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

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MAJOR (SUBR 01)
STP OUTFALL
EXTERNAL OUTFALL

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

MONITORING PERIOD					
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FROM

TO

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, Total (as Ni)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01067 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Silver, Total (as Ag)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01077 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.020	(19)	00	360	DC
01092 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Selenium, Total (as Se)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
01147 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
Phenolics, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	(19)	00	360	DC
32730 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.140	1.490	(03)	*****	*****	*****		00	105	CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
Chlorine, Total Residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	(19)	00	500	GR
50060 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	.05 DAILY MX	MG/L		Chlorination/Disinfection	GRAB

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		815	622-1125	20	12	04		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward J Cox</i>		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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FACILITY LOCATION ROCK FALLS, CITY OF
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ATTN: WILLIAM WESCOTT

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

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FROM

TO

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

***NO DISCHARGE ***

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Mercury, Total (as Hg) 71900 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.020	(19)	00	360	DC
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8	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		
	PERMIT REQUIREMENT										
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