NAME ROCK FALLS, CITY OF

ADDRESS 603 W 10TH ST

ROCK FALLS, IL 61071

FACILITY ROCK FALLS, CITY OF LOCATION 101 CIEARWATER DR.

ROCK FALLS, IL 61071

IL0078301 PERMIT NUMBER

MM DD YYYY

01

12

FROM

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

MONITORING PERIOD

18 TO 12

INF-L DISCHARGE NUMBER

MM DD YYYY

31

18

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			Q	QUANTITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	ANALYSIS	TYPE
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	( 26)	*****	52	*****	( 19)	00	250	СР
	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	Req. Mon. MO AVG	*****	MG/L		3 DAYS WEEK	COMPO
Solids, Total Suspended 00530 1 0 Raw Sew / Influent	SAMPLE MEASUREMENT	*****	*****	( 26)	*****	207	*****	(19)	00	250	СР
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	*****			3 DAYS WEEK	COMPOS
Flow, In Conduit or Thru Treatment Plant 50050 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	1.779	2.150	( 03) MGD	*****	****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		*****	*****	*****	**** ****		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT	A pro-									
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OF	I Certify under		rument and all attachments were designed to assure that qualified					TELEPHO	NE	D,	ATE
William Wescott evaluate the in system, or tho to the best of a		nformation submitted. Bas se persons directly responsi my knowledge and belief, tr	besigned to assure that qualificated on my inquiry of the perso ble for gathering the information ue, accurate, and complete. I am including the possibility of fine	n or persons who n, the information aware that there:	o manage the submitted is, are significant to for knowing	vard SC	<del>~~~</del>	315 622-1	125	19 (	01 02
TYPED OR PRINTED violations.			SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE NUMBER							YEAR	MO DAY

NAME ROCK FALLS, CITY OF

ADDRESS 603 W 10TH ST

FACILITY

ROCK FALLS, IL 61071

ROCK FALLS, CITY OF LOCATION 101 CIEARWATER DR.

ROCK FALLS, IL 61071 ATTN: WILLIAM WESCOTT

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

TO 12

IL0078301 PERMIT NUMBER

MM DD YYYY

01

18

12

FROM

001-0 DISCHARGE NUMBER

MM DD YYYY

31

**MONITORING PERIOD** 

18

DMR Mailing ZIP CODE: **MAJOR** 

61071

(SUBR 01) STP OUTFALL EXTERNAL OUTFALL

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	ANALYSIS	TYPE
Oxygen, Dissolved (DO)	SAMPLE MEASUREMENT	*****	*****		8.6	8.3	8.2	( 19)	00	250	GR
00300 1 1 Effluent Gross Value	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	*****	*****		7.6	*****	7.9	( 12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	S∪		3 DAYS WEEK	GRAB
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13	43	(26)	*****	1	3	( 19)	00	250	СР
	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	*****	*****		*****	8.70	*****	( 19)	00	285	СР
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	1	2	(26)	*****	0.099	0.150	( 19)	00	250	СР
00610 1 3 Effluent Gross Value	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	SAMPLE MEASUREMENT	1.3	*****	(26)	*****	0.1	*****	( 19)	00	250	СР
Other Treatment, Process Complete	PERMIT REQUIREMENT	626 WK AV	****	LBS/DY	*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	3.0	*****	(26)	****	0.23	*****	( 19)	00	250	СР
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify under	penalty of law that this d	ocument and all attachments w designed to assure that quali	rere prepared under m	y direction or			TELEPHO	VE.	D	ATE
William Wescott Mayor	evaluate the ir system, or tho to the best of	nformation submitted. B se persons directly respon my knowledge and belief.	assed on my inquiry of the possible for gathering the informative, accumbe, and complete. In, including the possibility of f	erson or persons who ation, the information am aware that there	o manage the submitted is, are significant for knowing	Llyson	81	5 622-1 <sup>-</sup>	125	19	01 02
TYPED OR PRINTED	violations.	- W			SIGNA	ATURE OF PRINCIPAL E FICER OR AUTHORIZE		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 ROCK FALLS, CITY OF 101 CIEARWATER DR. LOCATION

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

\*\*\*NO DISCHARGE \*\*\*
NOTE: Read instructions before completing this form.

MONITORING PERIOD DD YYYY MM DD YYYY ROCK FALLS, IL 61071 FROM 12 01 18 TO 12 31 18 ATTN: WILLIAM WESCOTT

ATTN: WILLIAM WESCOTT							NOTE: Read instruc	ctions before	compl	eting this f	orm.
PARAMETER (22.27)		QUANTITY OR LOADING			QUA	QUANTITY OR CONCENTRATION			NO.	FREQUENCY OF	SAMPLE
(32-37)		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX (62-63)	· ANALYSIS	ITPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.587	1.880	( 03)	*****	*****	*****		00		CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	**** ****		CONTIN	
Chlorine, Total Residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	0	( 19)	00		GR
50060 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	.05 DAILY MX	MG/L		Chlorinati on/	ti GRAB
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	14	28	( 26)	*****	1	2	( 19)	00		СР
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	· 中国 (1966年) (1966年) (1966年) (1966年)
	SAMPLE MEASUREMENT								00		
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	SAMPLE MEASUREMENT	·			, and the second				00		
	PERMIT REQUIREMENT	Paradas Caraca									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify unde		r penalty of law that this doc	ocument and all attachments were designed to assure that qualified	e prepared under m	ny direction or			TELEPHON	NE DATE		ATE
William Wescott Mayor	evaluate the in system, or thos to the best of n	information submitted. Base ose persons directly responsib f my knowledge and belief, tru	designed to assure that quantied is do n my inquiry of the perso is the for gathering the information time, accurate, and complete. I am in including the possibility of fine	son or persons who on, the information m aware that there :	the manage the on submitted is, a are significant on for knowing	hol	815	5 622-11	125	19 (	01 02
TYPED OR PRINTED	violations.		•	-	SIGN	NATURE OF PRINCIPAL E OFFICER OR AUTHORIZED		EA NUMBER		YEAR I	MO DAY
COMMENTS AND EXPLANATION OF ANY	V VIOLATIONS (Referen	nce all attachments he	are)					<u> </u>			

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