

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

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

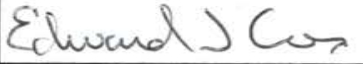
MONITORING PERIOD
 FROM 09 01 15 TO 09 30 15

***NO DISCHARGE ***

ATTN: WILLIAM WESCOTT

NOTE: Read instructions before completing this form.

| 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 | ***** | ***** | **** **** | 7.7 | 7.5 | 7.4 | (19) MG/L | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 5.5 MO AV MN | 4.0 MN WK AV | 3.5 DAILY MN | | | | 3 DAYS WEEK |
| PH 00400 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | **** **** | 7.8 | ***** | 8.0 | (12) SU | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | | 3 DAYS WEEK |
| Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 16 | 40 | (26) LBS/DY | ***** | 1 | 3 | (19) MG/L | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 751 MO AVG | 1501 DAILY MX | | ***** | 12 MO AVG | 24 DAILY MX | | | | 3 DAYS WEEK |
| NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** **** | ***** | 4.00 | ***** | (19) MG/L | 00 | 285 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | Req. Mon. MO AVG | ***** | | | | MONTHLY |
| Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value | SAMPLE MEASUREMENT | 1 | 1 | (26) LBS/DY | ***** | 0.053 | 0.070 | (19) MG/L | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 94 MO AVG | 394 DAILY MX | | ***** | 1.5 MO AVG | 6.3 DAILY MX | | | | 3 DAYS WEEK |
| Total (as N) 00610 8 6 Other Treatment, Process Complete | SAMPLE MEASUREMENT | 0.7 | ***** | (26) LBS/DY | ***** | 0.1 | ***** | (19) MG/L | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 238 WK AV | ***** | | ***** | 3.8 WK AV | ***** | | | | 3 DAYS WEEK |
| PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | 5.6 | ***** | (26) LBS/DY | ***** | 0.42 | ***** | (19) MG/L | 00 | 250 | CP |
| | PERMIT REQUIREMENT | 63 MO AVG | ***** | | ***** | 1 MO AVG | ***** | | | | 3 DAYS WEEK |

| | | | | | | | |
|--|---|---|--------------|--------|------|----|-----|
| 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. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| William Wescott Mayor | | | 815 622-1125 | 15 | 10 | 05 | |
| 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

1L0078301
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
FROM MM DD YYYY TO MM DD YYYY
09 01 15 TO 09 30 15

*** NO DISCHARGE ***

ATTN: WILLIAM WESCOTT

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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 | 1.576 | 2.190 | (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 |
| 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 | 15 | 32 | (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 | | | | | | | | | | |
| 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. | | | | TELEPHONE 815 622-1125 | | | DATE 15 10 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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 ADDRESS: 603 W 10TH ST
 ROCK FALLS, IL 61071
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 ROCK FALLS, IL 61071
 ATTN: WILLIAM WESCOTT

IL0078301
 PERMIT NUMBER

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 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

MAJOR (SUBR 01)
 INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

MONITORING PERIOD
 FROM MM DD YYYY TO MM DD YYYY
 09 01 15 TO 09 30 15

*** NO DISCHARGE ***
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|--|--------------------|---------------------|--------------------|--------|---------------------------|------------------|-------|--------------|-------------------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT | SAMPLE MEASUREMENT | ***** | ***** | (26) | ***** | 82 | ***** | (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) | ***** | 174 | ***** | (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 005050 1 0 RAW SEW / INFLUENT | SAMPLE MEASUREMENT | 1.528 | 2.000 | (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
 William Wescott
 Mayor
 TYPED OR PRINTED

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.

Edward J. Cey
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 815 622-1125
 DATE: 15 10 05
 AREA CODE NUMBER YEAR MO DAY

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