

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

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

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

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	GRAB	
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	GRAB	
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	COMPOS	
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 Y	COMPOS	
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	COMPOS	
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	COMPOS	
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	COMPOS	

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. Cox*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 815 622-1125  
 DATE 15 10 05  
 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

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

MAJOR (SUBR 01)  
STP OUTFALL  
EXTERNAL OUTFALL

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PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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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 

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 ROCK FALLS, IL 61071

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

ATTN: WILLIAM WESCOTT

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 DISCHARGE MONITORING REPORT (DMR)

IL0078301  
 PERMIT NUMBER

INF-L  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

MAJOR  
 (SUBR 01)


INFLUENT MONITORING AND REPORTING  
 INFLUENT STRUCTURE

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

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

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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		
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	SAMPLE MEASUREMENT								00		
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	PERMIT REQUIREMENT										

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			815	622-1125	15	10	05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

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