

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

IL0078301  
PERMIT NUMBER

INF-L  
DISCHARGE NUMBER

MAJOR (SUBR 01)  
INFLUENT MONITORING AND REPORTING  
INFLUENT STRUCTURE

CITY: ROCK FALLS, CITY OF  
LOCATION: 101 CLEARWATER DR.  
ROCK FALLS, IL 61071  
ATTN: WILLIAM WESCOTT

| MONITORING PERIOD |    |      |    |    |      |
|-------------------|----|------|----|----|------|
| MM                | DD | YYYY | MM | DD | YYYY |
| 10                | 01 | 15   | 10 | 31 | 15   |

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

| PARAMETER<br>(32-37)  | X                  | QUANTITY OR LOADING |                    |        | QUANTITY OR CONCENTRATION |                  |       |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|---------------------------|------------------|-------|--------------|-------------------|-----------------------|-------------|
|   |                    | VALUE               | VALUE              | UNITS  | VALUE                     | VALUE            | VALUE | UNITS        |                   |                       |             |
| BOD, 5-Day<br>(20 DEG. C)<br>0310 1 0<br>RAW SEW / INFLUENT                   | SAMPLE MEASUREMENT | *****               | *****              | ( 26)  | *****                     | 93               | ***** | ( 19)        | 00                | 250                   | CP          |
|   | PERMIT REQUIREMENT | *****               | *****              | LBS/DY | *****                     | Req. Mon. MO AVG | ***** | MG/L         |                   | 3 DAYS WEEK           | COMPOS      |
| Solids, Total<br>Suspended<br>0530 1 0<br>Raw Sew / Influent                  | SAMPLE MEASUREMENT | *****               | *****              | ( 26)  | *****                     | 177              | ***** | ( 19)        | 00                | 250                   | CP          |
|   | PERMIT REQUIREMENT | *****               | *****              | LBS/DY | *****                     | Req. Mon. MO AVG | ***** | MG/L         |                   | 3 DAYS WEEK           | COMPOS      |
| Flow, In Conduit or<br>Thru Treatment Plant<br>0050 1 0<br>RAW SEW / INFLUENT | SAMPLE MEASUREMENT | 1.282               | 1.510              | ( 03)  | *****                     | *****            | ***** |              | 00                | 105                   | CN          |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | MGD    | *****                     | *****            | ***** | ****<br>**** |                   | 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<br>William Wescott<br>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 |          | DATE |    |     |
|   |   | 815       | 622-1125 | 15   | 11 | 05  |
| TYPED OR PRINTED  | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br><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)  
**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     | 001-0            |
| PERMIT NUMBER | DISCHARGE NUMBER |


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

| MONITORING PERIOD |    |      |    |    |    |      |
|-------------------|----|------|----|----|----|------|
| MM                | DD | YYYY | TO | MM | DD | YYYY |
| 10                | 01 | 15   | TO | 10 | 31 | 15   |

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

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| PARAMETER<br>(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)                         | SAMPLE MEASUREMENT                      | *****               | *****            |              | 8.0                       | 7.9                 | 7.7             | (19)  | 00             | 250                   | GR          |
| 00300 1 1<br>Effluent Gross Value              | PERMIT REQUIREMENT                      | *****               | *****            | ****<br>**** | 5.5<br>MO AV MN           | 4.0<br>MN WK AV     | 3.5<br>DAILY MN | MG/L  |                | 3 DAYS<br>WEEK        | GRAB        |
| PH   | SAMPLE MEASUREMENT                      | *****               | *****            |              | 7.7                       | *****               | 7.8             | (12)  | 00             | 250                   | GR          |
| 00400 1 0<br>Effluent Gross Value              | PERMIT REQUIREMENT                      | *****               | *****            | ****<br>**** | 6.0<br>MINIMUM            | *****               | 9.0<br>MAXIMUM  | SU    |                | 3 DAYS<br>WEEK        | GRAB        |
| Solids, Total Suspended                        | SAMPLE MEASUREMENT                      | 16                  | 36               | (26)         | *****                     | 1                   | 3               | (19)  | 00             | 250                   | CP          |
| 00530 1 0<br>EFFLUENT GROSS VALUE              | PERMIT REQUIREMENT                      | 751<br>MO AVG       | 1501<br>DAILY MX | LBS/DY       | *****                     | 12<br>MO AVG        | 24<br>DAILY MX  | MG/L  |                | 3 DAYS<br>WEEK        | COMPOS      |
| NITROGEN, TOTAL                                | SAMPLE MEASUREMENT                      | *****               | *****            |              | *****                     | 5.00                | *****           | (19)  | 00             | 285                   | CP          |
| 00600 1 0<br>EFFLUENT GROSS VALUE              | PERMIT REQUIREMENT                      | *****               | *****            | ****<br>**** | *****                     | Req. Mon.<br>MO AVG | *****           | MG/L  |                | MONTHL<br>Y           | COMPOS      |
| Nitrogen, Ammonia Total (as N)                 | SAMPLE MEASUREMENT                      | 1                   | 5                | (26)         | *****                     | 0.092               | 0.440           | (19)  | 00             | 250                   | CP          |
| 00610 1 3<br>Effluent Gross Value              | PERMIT REQUIREMENT                      | 94<br>MO AVG        | 394<br>DAILY MX  | LBS/DY       | *****                     | 1.5<br>MO AVG       | 6.3<br>DAILY MX | MG/L  |                | 3 DAYS<br>WEEK        | COMPOS      |
| Total (as N)                                   | SAMPLE MEASUREMENT                      | 1.0                 | *****            | (26)         | *****                     | 0.2                 | *****           | (19)  | 00             | 250                   | CP          |
| 00610 8 6<br>Other Treatment, Process Complete | PERMIT REQUIREMENT                      | 238<br>WK AV        | *****            | LBS/DY       | *****                     | 3.8<br>WK AV        | *****           | MG/L  |                | 3 DAYS<br>WEEK        | COMPOS      |
| PHOSPHORUS, TOTAL (as P)                       | SAMPLE MEASUREMENT                      | 4.6                 | *****            | (26)         | *****                     | 0.40                | *****           | (19)  | 00             | 250                   | CP          |
| 00665 1 0<br>Effluent Gross Value              | PERMIT REQUIREMENT                      | 63<br>MO AVG        | *****            | LBS/DY       | *****                     | 1<br>MO AVG         | *****           | MG/L  |                | 3 DAYS<br>WEEK        | COMPOS      |

|   |   |   |           |        |      |    |     |
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|   |   |   | AREA CODE | NUMBER | YEAR | MO | DAY |

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

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|--|--------------------|---------------------|-----------------------|--------------|---------------------------|--------------|-----------------|--------------|-------------------|-----------------------|-------------|
|  |                    | VALUE               | VALUE                 | UNITS        | VALUE                     | VALUE        | VALUE           | UNITS        |                   |                       |             |
| LOW, IN CONDUIT OR<br>THRU TREATMENT PLANT<br>0050 1 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 1.364               | 1.740                 | (03)         | *****                     | *****        | *****           |              | 00                | 105                   | CN          |
|  | PERMIT REQUIREMENT | Req. Mon.<br>MO AVG | Req. Mon.<br>DAILY MX | MGD          | *****                     | *****        | *****           | ****<br>**** |                   | CONTINUOUS            | CONTIN      |
| Chlorine, Total<br>Residual<br>0060 1 1 1<br>EFFLUENT GROSS VALUE              | SAMPLE MEASUREMENT | *****               | *****                 |              | *****                     | *****        | 0               | (19)         | 00                | 500                   | GR          |
|  | PERMIT REQUIREMENT | *****               | *****                 | ****<br>**** | *****                     | *****        | .05<br>DAILY MX | MG/L         |                   | Chlorination/         | GRAB        |
| COLIFORM, FECAL<br>GENERAL<br>0055 1 0 0<br>EFFLUENT GROSS VALUE               | SAMPLE MEASUREMENT | *****               | *****                 |              | *****                     | *****        | 0               | (12)         | 00                | 250                   | GR          |
|  | PERMIT REQUIREMENT | *****               | *****                 | ****<br>**** | *****                     | *****        | 400<br>DAILY MX | #/<br>100ML  |                   | 3 DAYS<br>WEEK        | GRAB        |
| BOD, Carbonaceous<br>5 DAY, 20C<br>0082 1 0<br>EFFLUENT GROSS VALUE            | SAMPLE MEASUREMENT | 12                  | 17                    | (26)         | *****                     | 1            | 2               | (19)         | 00                | 250                   | CP          |
|  | PERMIT REQUIREMENT | 626<br>MO AVG       | 1251<br>DAILY MX      | LBS/DY       | *****                     | 10<br>MO AVG | 20<br>DAILY MX  | MG/L         |                   | 3 DAYS<br>WEEK        | COMPOS      |
|  | SAMPLE MEASUREMENT |                     |                       |              |                           |              |                 |              | 00                |                       |             |
|  | PERMIT REQUIREMENT |                     |                       |              |                           |              |                 |              |                   |                       |             |
|  | SAMPLE MEASUREMENT |                     |                       |              |                           |              |                 |              | 00                |                       |             |
|  | PERMIT REQUIREMENT |                     |                       |              |                           |              |                 |              |                   |                       |             |
|  | SAMPLE MEASUREMENT |                     |                       |              |                           |              |                 |              | 00                |                       |             |
|  | PERMIT REQUIREMENT |                     |                       |              |                           |              |                 |              |                   |                       |             |

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