

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

IL0078301  
PERMIT NUMBER

001-0  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

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

MONITORING PERIOD  
MM DD YYYY TO MM DD YYYY  
FROM 11 01 15 TO 11 30 15


MAJOR (SUBR 01)  
STP OUTFALL  
EXTERNAL OUTFALL

\*\*\*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	*****	*****	**** ****	8	7.6	7.5	(12)	00	250	GR
PH	PERMIT REQUIREMENT	*****	*****		**** ****	5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	SU		3 DAYS WEEK
00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	7.6	*****	8.1	(12)	00	250	GR
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13	33	(26)	*****	1	3	(19)	00	250	CP
Oil & Grease	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
00556 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	1.2	(19)	00	360	DC
NITROGEN, TOTAL	PERMIT REQUIREMENT	*****	*****		**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit
00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	7.00	*****	(19)	00	285	CP
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHL Y
00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	1	1	(26)	*****	0.085	0.110	(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
	SAMPLE MEASUREMENT	1.0	*****	(26)	*****	0.1	*****	(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 violators.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			815 622-1125	15	12	02	
			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  
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 STP OUTFALL  
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FACILITY LOCATION ROCK FALLS, CITY OF  
 101 CLEARWATER DR.  
 ROCK FALLS, IL 61071  
 ATTN: WILLIAM WESCOTT

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
11	01	15		11	30	15

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	4	*****	(26)	*****	0.35	*****		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	*****	*****		*****	*****	0.640	( 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	*****	*****		*****	*****	0.001	( 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	*****	*****		*****	*****	0.078	( 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		Edward Cox	815	622-1125	15	12
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)

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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  
11 01 15 TO 11 30 15

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

ATTN: WILLIAM WESCOTT

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PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX (52-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****		*****	*****	0.002	( 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	*****	*****		*****	*****	0.002	( 19)	00	360	DC
01055 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
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		15	12	02
TYPED OR PRINTED							AREA CODE NUMBER		YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											

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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DMR Mailing ZIP CODE: 61071  
 MAJOR (SUBR 01)  
 STP OUTFALL  
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FACILITY LOCATION ROCK FALLS, CITY OF  
 101 CLEARWATER DR.  
 ROCK FALLS, IL 61071

MONITORING PERIOD  
 FROM MM DD YYYY TO MM DD YYYY  
 11 01 15 TO 11 30 15

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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			
Nickel, Total (as Ni)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.002	( 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	*****	*****		*****	*****	0.026	( 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	1.449	2.130	( 03)	*****	*****	*****		00	105	CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTIN
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/ Occurrence	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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 Mayor  
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*Edward J. Go*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 815 622-1125 15 12 02  
 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

FACILITY ROCK FALLS, CITY OF  
 LOCATION 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	15		11	30	15

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PARAMETER <i>(32-37)</i>	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX <i>(62-63)</i>	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, Total (as Hg)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.000	( 19)	00	360	DC
71900 1 0 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	19	39	( 26)	*****	2	3	( 19)	00	250	CP
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	COMPOS
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										

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			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

INF-L  
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 61071

MAJOR (SUBR 01)

INFLUENT MONITORING AND REPORTING  
 INFLUENT STRUCTURE

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

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
11	01	15		11	30	15

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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)	*****	119	*****	(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)	*****	305	*****	(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	1.285	1.860	(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										

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*Edward J Cox*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 815 622-1125  
 DATE 15 12 02  
 AREA CODE NUMBER YEAR MO DAY

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