

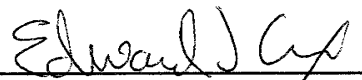
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME ROCK FALLS, CITY OF  
 ADDRESS 603 W 10TH ST  
 ROCK FALLS, IL 61071  
 FACILITY LOCATION ROCK FALLS, CITY OF  
 101 CLEARWATER DR.  
 ROCK FALLS, IL 61071  
 ATTN: WILLIAM WESCOTT

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

IL0078301		INF-L	
PERMIT NUMBER		DISCHARGE NUMBER	
<b>MONITORING PERIOD</b>			
MM	DD	YYYY	MM DD YYYY
01	01	17	01 31 17

DMR Mailing ZIP CODE: 61071  
 MAJOR (SUBR 01)  
 INFLUENT MONITORING AND REPORTING  
 INFLUENT STRUCTURE  
 \*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

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			
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	( 26)	*****	86	*****	( 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)	*****	135	*****	( 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	1.506	2.850	( 03)	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	CONTINUOUS
	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	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		
			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			815	622-1125	17	02	01

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 LOCATION ROCK FALLS, CITY OF  
 101 CIEARWATER DR.  
 ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

IL0078301 PERMIT NUMBER  
 001-0 DISCHARGE NUMBER

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

MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
01	01	17	01	31	17

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	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	*****	*****	*****	**** ****	9.7	9.1	8.7	(19)	00	250	GR			
PH	*****	*****	*****		5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L		3 DAYS WEEK	GRAB			
00400 1 0 Effluent Gross Value	*****	*****	*****	**** ****	7.7	*****	7.8	(12)	00	250	GR			
00530 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB			
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	**** ****	15	32	(26)	*****	1	2	(19)	00	250	CP
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	*****	*****	*****	**** ****	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6 Other Treatment, Process Complete	*****	*****	*****	**** ****	*****	5.00	*****	(19)	00	285	CP			
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	*****	*****	*****	**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHLY	COMPOS			
	*****	*****	*****	**** ****	1	1	(26)	*****	0.070	0.120	(19)	00	250	CP
	*****	*****	*****	**** ****	250 MO AVG	726 DAILY MX	LBS/DY	*****	4.0 MO AVG	11.6 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
	*****	*****	*****	**** ****	0.9	*****	(26)	*****	0.1	*****	(19)	00	250	CP
	*****	*****	*****	**** ****	626 WK AV	*****	LBS/DY	*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS
	*****	*****	*****	**** ****	0.8	*****	(26)	*****	0.07	*****	(19)	00	250	CP
	*****	*****	*****	**** ****	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS
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William Wescott Mayor								815 622-1125		17	02	01		
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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MONITORING PERIOD						
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01	01	17	01	31	17	TO

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.552	3.070	( 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	
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	19	27	( 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											
	SAMPLE MEASUREMENT								00			
	PERMIT REQUIREMENT											
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