

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

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

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
07	01	17		07	31	17

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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			
BOD, 5-Day (20 DEG. C) 00310 1 0 RAW SEW / INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	80	*****	(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)	*****	120	*****	(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	1.778	2.900	(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. Cox
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 815 622-1125
 DATE 17 08 01
 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)

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ATTN: WILLIAM WESCOTT

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

IL0078301
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001-0
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MONITORING PERIOD					
MM	DD	YYYY	MM	DD	YYYY
07	01	17	07	31	17

FROM

TO

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

*** NO DISCHARGE ***

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	7.2	6.7	(19)	00	250	GR	
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	6.0 MN WK AV	5.0 DAILY MN	MG/L		3 DAYS WEEK	GRAB	
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9	(12)	00	250	GR	
	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB	
Solids, Total Suspended 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	38	112	(26)	*****	2	5	(19)	00	250	CP	
	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	*****	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS	
NITROGEN, TOTAL 00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	*****	(19)	00	285	CP	
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	Req. Mon. MO AVG	*****	MG/L		MONTHLY	COMPOS	
Nitrogen, Ammonia Total (as N) 00610 1 3 Effluent Gross Value	SAMPLE MEASUREMENT	0	1	(26)	*****	0.028	0.040	(19)	00	250	CP	
	PERMIT REQUIREMENT	94 MO AVG	313 DAILY MX	LBS/DY	*****	1.5 MO AVG	5.0 DAILY MX	MG/L		3 DAYS WEEK	COMPOS	
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	0.4	*****	(26)	*****	0.0	*****	(19)	00	250	CP	
	PERMIT REQUIREMENT	238 WK AV	*****	LBS/DY	*****	3.8 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS	
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	8.5	*****	(26)	*****	0.55	*****	(19)	00	250	CP	
	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS	
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TYPED OR PRINTED											SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
William Wescott Mayor						Edward J. Coy		815	622-1125	17	08	01

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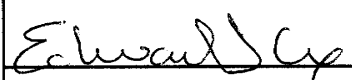
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FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.879	3.340	(03) MGD	*****	*****	*****		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	0	(19) MG/L	00	500	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	.05 DAILY MX				
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	**** ****	*****	*****	0	(12) #/100ML	00	250	GR
	PERMIT REQUIREMENT	*****	*****		*****	*****	400 DAILY MX				
BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18	42	(26) LBS/DY	*****	1	3	(19) MG/L	00	250	CP
	PERMIT REQUIREMENT	626 MO AVG	1251 DAILY MX		*****	10 MO AVG	20 DAILY MX				
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								00		
	PERMIT REQUIREMENT										
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William Wescott Mayor			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			815	622-1125	17	08	01

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