

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

IL0078301 INF-L
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM 01 01 18 TO 01 31 18

DMR Mailing ZIP CODE: 61071
 MAJOR (SUBR 01)
 INFLUENT MONITORING AND REPORTING
 INFLUENT STRUCTURE

*** 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)	*****	101	*****	(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)	*****	180	*****	(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	1.361	1.510	(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	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			18	02	05
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					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

MONITORING PERIOD						
MM	DD	YYYY	MM	DD	YYYY	
01	01	18	TO	01	31	18

FROM

TO

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

***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				
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	10.0	8.8	9.6	(19)	00	250	GR	
	PERMIT REQUIREMENT	*****	*****		5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L		3 DAYS WEEK	GRAB	
PH 00400 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	**** ****	7.7	*****	8.0	(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	12	25	(26)	*****	1	3	(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	*****	*****	**** ****	*****	6.00	*****	(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	1	1	(26)	*****	0.065	0.120	(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	
Total (as N) 00610 8 6 Other Treatment, Process Complete	SAMPLE MEASUREMENT	0.7	*****	(26)	*****	0.1	*****	(19)	00	250	CP	
	PERMIT REQUIREMENT	626 WK AV	*****	LBS/DY	*****	10.0 WK AV	*****	MG/L		3 DAYS WEEK	COMPOS	
PHOSPHORUS, TOTAL (as P) 00665 1 0 Effluent Gross Value	SAMPLE MEASUREMENT	1.0	*****	(26)	*****	0.09	*****	(19)	00	250	CP	
	PERMIT REQUIREMENT	63 MO AVG	*****	LBS/DY	*****	1 MO AVG	*****	MG/L		3 DAYS WEEK	COMPOS	
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		18	02	05
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

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
 MAJOR (SUBR 01)
 STP OUTFALL
 EXTERNAL OUTFALL

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

MONITORING PERIOD						
MM	DD	YYYY	TO	MM	DD	YYYY
01	01	18		01	31	18


FROM

TO

*** NO DISCHARGE ***

ATTN: WILLIAM WESCOTT

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.214	1.530	(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	16	27	(26)	*****	2	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										
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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
William Wescott Mayor				815	622-1125	18	02	05			

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