

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

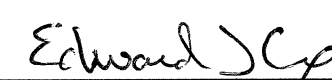
FACILITY LOCATION ROCK FALLS, CITY OF
 101 CLEARWATER DR.
 ROCK FALLS, IL 61071

MONITORING PERIOD
 FROM 04 01 18 TO 04 30 18

ATTN: WILLIAM WESCOTT

*** 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 | ***** | ***** | | 9 | 8.1 | 8.0 | (12) | 00 | 250 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 5.5 MO AV MN | 4.0 MN WK AV | 3.5 DAILY MN | SU | | 3 DAYS WEEK | GRAB |
| PH 00400 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 8.1 | (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 | 27 | 52 | (26) | ***** | 2 | 4 | (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 |
| Oil & Grease 00556 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.0 | (19) | 00 | 360 | DC |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | MG/L | | See Permit | Comp24 |
| 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 | 1 | 1 | (26) | ***** | 0.040 | 0.070 | (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 | 0.5 | ***** | (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 violations. |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | | DATE | | |
| | | | 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

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PERMIT NUMBER

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FACILITY LOCATION ROCK FALLS, CITY OF
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ROCK FALLS, IL 61071

MONITORING PERIOD
FROM 04 01 18 TO 04 30 18

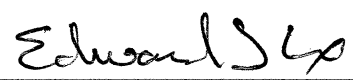
MAJOR (SUBR 01)
STP OUTFALL
EXTERNAL OUTFALL

ATTN: WILLIAM WESCOTT

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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 | | | |
| PHOSPHORUS, TOTAL (as P) | SAMPLE MEASUREMENT | 3 | ***** | (26) | ***** | 0.25 | ***** | | 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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.460 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | | | 815 | 622-1125 | 18 | 05 | 02 |
| TYPED OR PRINTED | | | 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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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
FROM MM DD YYYY TO MM DD YYYY
04 01 18 TO 04 30 18

ATTN: WILLIAM WESCOTT

***NO DISCHARGE ***
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 | | | | |
| Chromium, Hexavalent (as Cr) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.030 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (19) | 00 | 360 | DC | |
| 01055 1 0 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | Req. Mon. DAILY MX | MG/L | | See Permit | COMP24 | |
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| William Wescott Mayor | | | | | | | | 815 622-1125 | | 18 | 05 | 02 |
| 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

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
 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 |
| 04 | 01 | 18 | | 04 | 30 | 18 |

*** NO DISCHARGE ***

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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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.023 | (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 | ***** | ***** | | ***** | ***** | 0.001 | (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 | ***** | ***** | | ***** | ***** | 0.012 | (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 | 1.483 | 1.690 | (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 |

| | | | | | | | |
|--|---|---|-----------|----------|------|----|-----|
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| William Wescott Mayor | | | AREA CODE | NUMBER | YEAR | MO | DAY |
| TYPED OR PRINTED | | | 815 | 622-1125 | 18 | 05 | 02 |

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

NAME ROCK FALLS, CITY OF
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 DISCHARGE MONITORING REPORT (DMR)

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DMR Mailing ZIP CODE: 61071
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| MONITORING PERIOD | | | | | | |
|-------------------|----|------|----|----|----|------|
| MM | DD | YYYY | TO | MM | DD | YYYY |
| 04 | 01 | 18 | | 04 | 30 | 18 |

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| 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 | | | |
| Mercury, Total (as Hg) 71900 1 0 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 0.813 | (19) | 00 | 360 | DC |
| | PERMIT REQUIREMENT | ***** | ***** | **** **** | ***** | ***** | Req. Mon. DAILY MX | MG/L | | See Permit | COMP24 |
| BOD, Carbonaceous 05 DAY, 20C 80082 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 14 | 22 | (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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| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | AREA CODE | NUMBER | YEAR | MO | DAY |
| | | | | | | |

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ATTN: WILLIAM WESCOTT

IL0078301
 PERMIT NUMBER

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| MONITORING PERIOD | | | | | |
|-------------------|----|------|----|----|------|
| MM | DD | YYYY | MM | DD | YYYY |
| 04 | 01 | 18 | 04 | 30 | 18 |

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

*** NO DISCHARGE ***

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| PARAMETER <small>(32-37)</small> | X | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX <small>(62-63)</small> | 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) | ***** | 100 | ***** | (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) | ***** | 213 | ***** | (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 | 1.643 | 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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| | | 815 622-1125 | 18 05 02 | AREA CODE | NUMBER | YEAR |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | |

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