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 CIEARWATER 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

MONITORING PERIOD	MM	DD	YYYY		MM	DD	YYYY
FROM	09	01	20	TO	09	30	20

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)		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	UNITS	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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)	******	160	******	(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	1.436	2.060	(03)	******	******	******		00	105	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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			TELEPHONE		DATE		
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.	Edward J Cy	815	622-1125	20	10	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*)

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

IL0078301	001-0
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MM	DD	YYYY		MM	DD	YYYY
FROM	09	01	20	TO	09	30	20

DMR Mailing ZIP CODE: 61071
MAJOR
(SUBR 01)
STP OUTFALL
EXTERNAL OUTFALL
***NO DISCHARGE ☐ ***

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Oxygen, Dissolved (DO)	SAMPLE MEASUREMENT	******	******		7.6	7.2	7.2	(19)	00	250	GR
00300 1 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	**** ****	5.5 MO AV MN	4.0 MN WK AV	3.5 DAILY MN	MG/L		3 DAYS WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.8	******	8.1	(12)	00	250	GR
00400 1 0 Effluent Gross Value	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		3 DAYS WEEK	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	20	58	(26)	******	2	5	(19)	00	250	CP
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	751 MO AVG	1501 DAILY MX	LBS/DY	******	12 MO AVG	24 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
NITROGEN, TOTAL	SAMPLE MEASUREMENT	******	******		******	4.10	******	(19)	00	285	CP
00600 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	Req. Mon. MO AVG	******	MG/L		MONTHLY	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	0	0	(26)	******	0.008	0.030	(19)	00	250	CP
00610 1 3 Effluent Gross Value	PERMIT REQUIREMENT	94 MO AVG	394 DAILY MX	LBS/DY	******	1.5 MO AVG	6.3 DAILY MX	MG/L		3 DAYS WEEK	COMPOS
Total (as N) 00610 8 6	SAMPLE MEASUREMENT	0.1	******	(26)	******	0.0	******	(19)	00	250	CP
Other Treatment, Process Complete	PERMIT REQUIREMENT	238 WK AV	******	LBS/DY	******	3.8 WK AV	******	MG/L		3 DAYS WEEK	COMPOS
PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	0.4	******	(26)	******	0.02	******	(19)	00	250	CP
00665 1 0 Effluent Gross Value	PERMIT REQUIREMENT	63 MO AVG	******	LBS/DY	******	1 MO AVG	******	MG/L		3 DAYS WEEK	COMPOS

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FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.419	2.230	(03)	******	******	******		00	105	CN
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	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		Chlorinati on/	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	******	0	(12)	00	250	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	400 DAILY MX	#/ 100ML		3 DAYS WEEK	GRAB
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	7	10	(26)	******	1	1	(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										

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