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

MONITORING PERIOD	MM	DD	YYYY		MM	DD	YYYY
FROM	04	01	16	TO	04	30	16

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	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION 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)	******	74	******	(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)	******	126	******	(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	1.636	1.810	(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 Cox	815	622-1125	16	05	06
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*)

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

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ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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	04	01	16	TO	04	30	16

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

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PARAMETER (32-37)		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, Dissolved (DO) 00300 1 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******			7.7	7.3	(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	******	******		7.6	******	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	18	50	(26)	******	1	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	******	******		******	1.00	******	(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	2	(26)	******	0.055	0.130	(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	0.8	******	(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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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ROCK FALLS, IL 61071

ATTN: WILLIAM WESCOTT

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	04	01	16	TO	04	30	16

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

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PHOSPHORUS, TOTAL (as P)	SAMPLE MEASUREMENT	7	******	(26)	******	0.47	******		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	******	******		******	******	0.000	(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	******	******		******	******	0.000	(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	******	******		******	******	0.370	(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	******	******		******	******	0.002	(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	******	******		******	******	0.056	(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	******	******		******	******	0.000	(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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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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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	04	01	16	TO	04	30	16

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

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PARAMETER (32-37)		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION VALUE	QUANTITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Chromium, Hexavalent (as Cr)	SAMPLE MEASUREMENT	******	******		******	******	0.000	(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	******	******		******	******	0.000	(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	******	******		******	******	0.003	(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	******	******		******	******	0.040	(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	******	******		******	******	0.022	(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	******	******		******	******	0.000	(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	******	******		******	******	0.004	(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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DISCHARGE MONITORING REPORT (DMR)

IL0078301	001-0
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PARAMETER (32-37)		QUANTITY OR LOADING VALUE	VALUE	UNITS	QUANTITY OR CONCENTRATION VALUE	VALUE	VALUE	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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	******	******		******	******	0.000	(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	******	******		******	******	0.017	(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	******	******		******	******	0.000	(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	******	******		******	******	0.000	(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	1.661	1.990	(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		Chlorination/ Occurance	GRAB

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IL0078301	001-0
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MONITORING PERIOD	MM	DD	YYYY		MM	DD	YYYY
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MAJOR
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Mercury, Total (as Hg)	SAMPLE MEASUREMENT	******	******		******	******	0.000	(19)	00	360	DC
71900 1 0 Effluent Gross Value	PERMIT REQUIREMENT	******	******	**** ****	******	******	Req. Mon. DAILY MX	MG/L		See Permit	COMP24
BOD, Carbonaceous 05 DAY, 20C	SAMPLE MEASUREMENT	15	24	(26)	******	1	2	(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		
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