Permit

IL0028321 Permit #:

Permittee: SANITARY DISTRICT OF DECATUR Permittee Address:

Yes Major:

501 DIPPER LANE

Facility Location:

Facility:

Status:

DECATUR, IL 62522

501 DIPPER LANE DECATUR, IL 62522

Discharge: **Permitted Feature:** 001 External Outfall

001-0 STP OUTFALL

Report Dates & Status

DMR Due Date: From 04/01/23 to 04/30/23 05/25/23 **Monitoring Period:**

NetDMR Validated

SANITARY DISTRICT OF DECATUR MAIN STP

Considerations for Form Completion

W1150150004; DMF LOAD LIMITS DISPLAYED.

Principal Executive Officer

Title: Telephone: Kent 217-422-6931 First Name: **Executive Director**

Newton Last Name:

oriii r	IODI:																			
	Parameter	Monitoring	Season	Param.				ntity or Lo								or Concentration		# of	Frequency of Analysis	Sample 1
ode	Name	Location	#	NODI		Qualifier 1	Value 1	Qualifier 2	r Value 2	Units Qu	ualifier 1	Value 1	Qualifie 2	r Value 2	Qualifi 3	er Value 3	Units	Ex.		
					Sample								=	7.94	=	7.84	19 - mg/L		02/DA - 2 Days Every Week	GR - GR
300	Oxygen, dissolved [DO]	1 - Effluent	0		Permit								>=	6.25 MN WK AV	>=	5.0 DAILY MN	19 - mg/L	0	02/DA - 2 Days Every Week	GR - GR
	7,000 / 100 100 100 100 100 100 100 100 10	Gross			Req. Value												mg/L		, ,	
					NODI Sample					=		7.69			=	8.08	12 - SU		02/DA - 2 Days Every Week	GR - GI
		1 - Effluent			Permit					>=		6.0			<=	9.0 MAXIMUM	12 - SU			
400	pH	Gross	0		Req. Value							MINIMUM						0		
					NODI												19 -			CP -
					Sample	=	1252.0	=		26 - lb/d			=	5.0	=	6.0	mg/L		02/DA - 2 Days Every Week	COMPO
530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.	<=	26063.0 MO AVO	G <=	46913.0 WKLY AVG	26 - Ib/d			<=	25.0 MO AVG	<=	45.0 WKLY AVG	19 - mg/L	0	02/DA - 2 Days Every Week	CP - COMPO
					Value NODI															
					Sample								=	10.8	=	10.8	19 - mg/L		01/30 - Monthly	CP - COMPO
600	Nitrogen, total [as N]	1 - Effluent	0		Permit									Req Mon MO		Req Mon DAILY MX	19 -		01/30 - Monthly	CP -
		Gross			Req. Value									AVĠ		· ·	mg/L		,	COMPO
					NODI												19 -			CP -
		1 Effluent			Sample	=	30.0	=	36.0	26 - lb/d			=	0.12	=	0.12	mg/L		02/DA - 2 Days Every Week	CP - COMPO
610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	3		Req.	<=	1564.0 MO AVG	<=	3128.0 DAILY MX	26 - lb/d			<=	1.5 MO AVG	<=	3.0 DAILY MX	19 - mg/L	0	02/DA - 2 Days Every Week	CP - COMP
					Value NODI															
					Sample								=	17.6	=	20.0	19 - mg/L		02/DA - 2 Days Every Week	CP - COMPO
665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - COMPO
		Gross			Value									AVG			IIIg/L			COMPC
					NODI											540.0	19 -		04/00 M 41	CP -
		1 - Effluent			Sample Permit										=	510.0	mg/L 19 -		01/30 - Monthly	COMPC
940	Chloride [as Cl]	Gross	0		Req.											Req Mon DAILY MX	mg/L		01/30 - Monthly	COMPO
					Value NODI															
					Sample										=	497.0	19 - mg/L		01/30 - Monthly	CP - COMPO
945	Sulfate, total [as SO4]	1 - Effluent	0		Permit											Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - COMPO
	,	Gross			Req. Value												IIIg/L			COIVIF
					NODI		4.0			20 11-7-1				0.040			19 -		00/DA 0 Davis Franciski	CP -
		1 - Effluent			Sample Permit		4.6			26 - lb/d			=	0.019			19 - mg/L 19 -		02/DA - 2 Days Every Week	CP - COMPO
067	Nickel, total [as Ni]	Gross	0		Req.	<=	40.0 MO AVG		1	26 - lb/d			<=	0.0381 MO AVG			19 - mg/L	0	02/DA - 2 Days Every Week	CP - COMPC
					Value NODI															

				Sample =	=	30.78	=	41.66	03 - MGD								99/99 - Continuous	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	 Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	
				Value NODI														
				Sample														
50060	Chlorine, total residual	1 - Effluent	1	 Permit Req.									<=	0.05 DAILY MX	19 - mg/L		CL/OC - Chlorination/Occurances	GR - GRAB
00000	onionio, total rootata	Gross		Value NODI										9 - Conditional Monitoring - Not Required This Period				
				Sample	=	493.0	=	581.0	26 - lb/d		=	2.0	=	2.0	19 - mg/L		02/DA - 2 Days Every Week	CP - COMPOS
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	 Permit Req.	<=	20850.0 MO AVG	<=	41700.0 WKLY AVG	26 - lb/d		<=	20.0 MO AVG	<=	40.0 WKLY AVG	19 - mg/L	0	02/DA - 2 Days Every Week	CP - COMPOS
				Value NODI														

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments
No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd
Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:26 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

DMR Copy of Record Permit IL0028321 Permit #: Major: Yes **Permitted Feature:** 002 Report Dates & Status **Monitoring Period: Considerations for Form Completion** W0430350001 **Principal Executive Officer** First Name: Last Name: No Data Indicator (NODI) Form NODI: **Submission Note Edit Check Errors** No errors. Comments No discharge during the month. Attachments No attachments.

Permittee: SANITARY DISTRICT OF DECATUR

> Permittee Address: 501 DIPPER LANE

DECATUR, IL 62522

Facility: SANITARY DISTRICT OF DECATUR MAIN STP

Facility Location: 501 DIPPER LANE DECATUR, IL 62522

Discharge: 002-0

External Outfall EMERGENCY HIGH LEVEL OVERFLOW BYPASS

DMR Due Date: Status: From 04/01/23 to 04/30/23 05/25/23 **NetDMR Validated**

Kent Title: **Executive Director** Telephone: 217-422-6931

Newton

	Parameter	Monitoring Location	Season #	Param. NODI				Quantity of	or Loading				(Quality o	r Concentra	tion		# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.										C	pt Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAI
	, , , , , , , , , , , , , , , , , , , ,				Value NODI											C - No Discharge				
					Sample															
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.										C	pt Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRA
					Value NODI											C - No Discharge				
					Sample															
74055	Coliform, fecal general	1 - Effluent Gross	0		Permit Req.										C	pt Mon DAILY MX	13 - #/100ml	_	DL/DS - Daily When Discharging	GR - GRAE
	, 3				Value NODI											C - No Discharge				
					Sample															
74071	Flow	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo									DL/DS - Daily When Discharging	
					Value NODI				C - No Discharge											

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd Keith Richard Name:

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:27 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

Permit

Major:

IL0028321 Permit #:

Yes

Newton

SANITARY DISTRICT OF DECATUR Permittee:

501 DIPPER LANE **Permittee Address:**

DECATUR, IL 62522

Facility Location:

Facility:

Status:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE

DECATUR, IL 62522

Permitted Feature:

003 External Outfall Discharge:

Title:

003-0 TREATED CSO-OAKLAND AVENUE

Report Dates & Status

Monitoring Period: From 04/01/23 to 04/30/23 **DMR Due Date:** 05/25/23 **NetDMR Validated**

Considerations for Form Completion

W1150150004; RECEIVING WATER: SANGAMON RIVERNUMBER OF DAYS OF DISCHARGE:GF

Principal Executive Officer

First Name: Kent **Executive Director**

Telephone:

217-422-6931

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI				Quantity	or Loading				Qı	uality or Concentra	ation		# (of Ex.	Frequency of Analysis	Sample Ty
Code	Name					Qualifier 1	Value 1			Units	Qualifier '	Value 1	Qualifier 2		Qualifier 3	Value 3	Units			
					Sample															
0310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.											Req Mon DAILY MX	19 - mg/L	DI	L/DS - Daily When Discharging	GR - GRA
					Value NODI											C - No Discharge				
					Sample															
0400	pH	1 - Effluent Gross	0		Permit Req.							Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU	DI	L/DS - Daily When Discharging	g GR - GRA
					Value NODI							C - No Discharge				C - No Discharge				
					Sample											Reg Mon DAILY MX	40/1		I/DC Deily When Discharging	· CD CDA
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.												-	DI	L/DS - Daily When Discharging	J GR - GRA
					Value NODI											C - No Discharge				
					Sample															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0		Permit Req.											Req Mon DAILY MX	-	וט	L/DS - Daily When Discharging	g GR - GRAI
					Value NODI											C - No Discharge				
					Sample															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	DI	L/DS - Daily When Discharging	GR - GRAE
					Value NODI									C - No Discharg	je	C - No Discharge				
					Sample															
82220	Flow, total	1 - Effluent Gross	0		Permit Req.			ı	Req Mon MO TO	TAL 80 - Mgal/m	0							DI	L/DS - Daily When Discharging	CN - CONT
					Value NODI				C - No Dischar	ae										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No discharge during the month.

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:27 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit

Major:

IL0028321 Permit #:

Yes

SANITARY DISTRICT OF DECATUR Permittee:

501 DIPPER LANE **Permittee Address:**

DECATUR, IL 62522

Facility Location:

SANITARY DISTRICT OF DECATUR MAIN STP

Facility:

Status:

501 DIPPER LANE DECATUR, IL 62522

Permitted Feature:

004

External Outfall

Discharge:

Title:

004-0 TREATED CSO-LINCOLN PARK

Report Dates & Status

Monitoring Period: From 04/01/23 to 04/30/23 **DMR Due Date:** 05/25/23

NetDMR Validated

Considerations for Form Completion

W1150150004; RECEIVING WATER: SANGAMON RIVERNUMBER OF DAYS OF DISCHARGE:GF

Principal Executive Officer

First Name: Kent

Newton

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NOD	1			Quantit	ty or Loading					Qı	uality or Concenti	ration			# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	2 Value	2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample																
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
	, ,,				Value NODI												C - No Discharge				
					Sample																
00400	pН	1 - Effluent Gross	0		Permit Req.								Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - GRAB
					Value NODI								C - No Discharge				C - No Discharge				
					Sample																
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
	•				Value NODI												C - No Discharge				
					Sample																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	_		DL/DS - Daily When Discharging	GR - GRAB
					Value NODI												C - No Discharge				
					Sample										D M MO AV	2	Day May DAH VAV	40		DI /DO Deile W/e en Die de ensie e	OD ODAD
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.										Req Mon MO AVO	ز	Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI										C - No Dischar	ge	C - No Discharge				
					Sample																
82220	Flow, total	1 - Effluent Gross	0		Permit Req.				Req Mon MO	TOTAL 80	0 - Mgal/mo									DL/DS - Daily When Discharging	CN - CONTI
					Value NODI				C - No Disc	charge											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No discharge during the month.

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:28 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit

Major:

IL0028321 Permit #:

Yes

Newton

SANITARY DISTRICT OF DECATUR Permittee:

501 DIPPER LANE **Permittee Address:**

DECATUR, IL 62522

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

Facility Location:

501 DIPPER LANE DECATUR, IL 62522

Permitted Feature: 007

External Outfall

Discharge:

007-0 TREATED CSO-MCKINLEY AVENUE

Report Dates & Status

Monitoring Period: From 04/01/23 to 04/30/23 **DMR Due Date:** 05/25/23

Title:

Status: **NetDMR Validated**

Considerations for Form Completion

W1150150004; RECEIVING WATER: SANGAMON RIVERNUMBER OF DAYS OF DISCHARGE:GF

Principal Executive Officer

First Name: Kent

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI	1			Quantit	y or Loading					Qu	ality or Concentr	ation			# of Ex.	. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	U	Jnits (Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample																
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
	, a m, , a m, g				Value NODI												C - No Discharge				
					Sample																
00400	pH	1 - Effluent Gross	0		Permit Req.								Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - GRAB
					Value NODI								C - No Discharge				C - No Discharge				
					Sample																
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	19 - mg/L	_	DL/DS - Daily When Discharging	GR - GRAB
	•				Value NODI												C - No Discharge				
					Sample																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0		Permit Req.												Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI												C - No Discharge				
					Sample																
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.										Req Mon MO AVO	6	Req Mon DAILY MX	19 - mg/L	-	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI										C - No Discharg	ge	C - No Discharge				
					Sample																
82220	Flow, total	1 - Effluent Gross	0		Permit Req.				Req Mon MO To	OTAL 80 - N	Mgal/mo									DL/DS - Daily When Discharging	CN - CONTIN
					Value NODI				C - No Discha	arge											

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No discharge during the month.

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:29 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit

IL0028321 Permit #:

Yes Major:

SANITARY DISTRICT OF DECATUR Permittee:

501 DIPPER LANE **Permittee Address:**

DECATUR, IL 62522

Facility: SANITARY DISTRICT OF DECATUR MAIN STP

Facility Location: 501 DIPPER LANE DECATUR, IL 62522

800 **Permitted Feature:**

External Outfall

Discharge: 008-0

TREATED CSO-SEVENTH WARD

Report Dates & Status

DMR Due Date: Status: **Monitoring Period:** From 04/01/23 to 04/30/23 05/25/23 **NetDMR Validated**

Considerations for Form Completion

W1150150004; RECEIVING WATER: SANGAMON RIVERNUMBER OF DAYS OF DISCHARGE:GF

Principal Executive Officer

Kent

Last Name: Newton Title: **Executive Director** Telephone: 217-422-6931

No Data Indicator (NODI)

First Name:

Form NODI:

	Parameter	Monitoring Location	Season	# Param. NOD	I			Quantit	y or Loading				Qu	ality or Concentr	ation			# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Value NOD	ı										C - No Discharge				
					Sample															
00400	рН	1 - Effluent Gross	0		Permit Req							Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - GRAB
	•				Value NOD	ı						C - No Discharge				C - No Discharge				
					Sample															
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Value NOD	ı										C - No Discharge				
					Sample															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0		Permit Req											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Value NOD	ı										C - No Discharge				
					Sample															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Value NOD	ı								C - No Discharç	je	C - No Discharge				
					Sample							_		_						
82220	Flow, total	1 - Effluent Gross	0		Permit Req				Req Mon MO TO	TAL 80 - Mgal/mo)								DL/DS - Daily When Discharging	CN - CONTI
					Value NOD				C - No Discha	rae										

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

No discharge during the month.

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:29 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit #	#:	IL0028321		Perr	nittee:	9	SANITARY DIST	RICT OF DECATU	R			Facility:	SANITAR	Y DISTR	ICT OF	F DECATU	R MAIN S	STP
Major:		Yes		Perr	mittee Addr		501 DIPPER LAN DECATUR, IL 62					Facility Location:	501 DIPP DECATU					
Permitte	ed Feature:	A03 External Outfall		Disc	charge:		A03-0 CSO-OAKLAND	AVENUE CSO TR	EATMEN	IT BYPAS	SS							
Report	Dates & Sta	atus		·														
Monitor	ing Period:	From 04/01/23	to 04/30	/23 DMF	R Due Date:	: (05/25/23					Status:	NetDMR \	Validated	t			
Conside	erations for	Form Completion	7															
W13702	200010 ; RE	CEIVING WATER:	BRIAR C	REEK														
Principa	al Executive	e Officer																
First Na	ıme:	Kent		Title	:	E	Executive Directo	or				Telephone:	217-422-6	931				
Last Na	me:	Newton																
No Data	a Indicator ((NODI)																
Form No	ODI:																	
		Monitoring Location	Season #	Param. NODI				or Loading				Quality or Concentration			Ex. Free	quency of A	alysis Sa	mple Ty
Code	Name				Sample	Qualifier 1	Value 1 Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	1 Qualifier 2 Value 2 Qual	ifier 3 Value 3	Units				
								Opt Mon MO TOTAL	4K - #/mo	,								
74062	Overflows	1 - Effluent Gross	0		Permit Req.			OPENION NO TOTAL	1 1 #/1110									
74062	Overflows	1 - Effluent Gross	0		Value NODI			C - No Discharge	410 #/1110									
		1 - Effluent Gross	0						410 #/1110									
Submis	sion Note				Value NODI	ent Trad	ing, then none of	C - No Discharge			for that	t row: Units, Number o	of Excursions	s, Freque	ency of	Analysis, a	nd Samp	ole Type
Submis If a para	sion Note				Value NODI	ent Trad	ing, then none of	C - No Discharge			for that	t row: Units, Number o	of Excursions	s, Freque	ency of	Analysis, a	nd Samp	ole Type
Submis If a para	esion Note ameter row d eck Errors				Value NODI	ent Trad	ing, then none of	C - No Discharge			for that	t row: Units, Number o	of Excursions	s, Freque	ency of	Analysis, a	nd Samp	ole Type
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Submis If a para Edit Che No error Comme No disch Attachn No attachn Report I SANITA User: Name: E-Mail: Date/Tin Report I	esion Note Immeter row d eck Errors rs. ents narge during ments ments. Last Saved ARY DISTRIC	the month. By CT OF DECATUR	y values	keithrsdd Keith Rick keithr@sdd 2023-05-05	hard Icleanwater.	.org		C - No Discharge			for that	t row: Units, Number o	of Excursions	s, Freque	ency of a	Analysis, a	nd Samp	ole Type
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Permit	#:	IL0028321		Pe	rmittee:		SANIT	TARY DIS	TRICT OF DECAT	ΓUR			Facility:		SAN	IITARY DI	STRI	ICT (OF DECATUR I	MAIN S	STP
Major:		Yes		Pe	rmittee Add	dress:		IPPER LA					Facility L	ocation:		DIPPER L ATUR, IL					
Permitt	ted Feature:	A04 External Outfal	I	Dis	scharge:		A04-0 CSO-l		PARK CSO TREA	ATMENT	BYPASS										
Report	Dates & Sta	ntus		,																	
Monito	ring Period:	From 04/01/23	to 04/30)/23 DN	IR Due Dat	e:	05/25	/23					Status:		Net	OMR Valid	dated	d			
Consid	lerations for	Form Completion	1	,																	
W13702	200010 ; RE0	CEIVING WATER:	BRIAR C	REEK																	
Princip	al Executive	e Officer																			
First Na	ame:	Kent		Tit	le:		Execu	ıtive Direc	tor				Telephor	e:	217-	422-6931					
Last Na	ame:	Newton										•									
No Data	a Indicator (NODI)																			
Form N	IODI:																				
	rameter	Monitoring Location	Season #	Param. NOD					or Loading				Quality or					of Ex.	Frequency of Ana	lysis S	ample Ty
Code	Name				Sample	Qualifier 1	1 Value 1	Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2 Qu	ualifier 3	Value 3 Uni	its				
						-				416 11/											
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo											
Submis	Overflows ssion Note	1 - Effluent Gross oes not contain any			Value NODI		ling, the	n none of	C - No Discharge			for that	t row: Unit	s, Numbe	r of Exc	ursions, F	requ	iency	of Analysis, an	d Sam	iple Type
Submis If a para Edit Ch	ssion Note ameter row d	1 - Effluent Gross oes not contain an			Value NODI		ling, the	n none of	C - No Discharge			for that	t row: Unit	s, Numbe	r of Exc	ursions, F	reque	iency	of Analysis, an	d Sam	ple Type
Submis If a para Edit Ch	ssion Note ameter row d neck Errors ors.				Value NODI		ling, the	en none of	C - No Discharge			for that	t row: Unit	s, Numbe	r of Exc	ursions, F	requ	iency	of Analysis, an	d Sam	ple Type
Submis If a para Edit Ch No erro Comme	ssion Note ameter row do neck Errors ors.	oes not contain an			Value NODI		ling, the	en none of	C - No Discharge			for that	t row: Unit	s, Numbe	r of Exc	ursions, F	requ	ency	of Analysis, an	d Sam	ple Type
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Submis If a para Edit Ch No erro Comme No disc Attachi No attachi Report SANITA User: Name: E-Mail: Date/Tii	ameter row deneck Errors ors. ents charge during ments ments. Last Saved	oes not contain any the month. By CT OF DECATUR		for the Sam keithrsdd Keith Ric keithr@sdc	Value NODI ple nor Efflu hard	uent Trad			C - No Discharge			for that	t row: Unit	s, Numbe	r of Exc	ursions, F	irequu	ency	of Analysis, an	d Sam	ple Type
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Permit																			
Permit	#:	IL0028321			Permittee):	SANITAF	RY DISTRICT OF D	DECATU	₹	Facili	ty:		SANITA	RY DISTE	RICT	OF D	ECATUR MAIN ST	P
Major:		Yes			Permittee	Address:		PER LANE IR, IL 62522			Facili	ty Location	on:		PER LAN JR, IL 625				
Permit	ted Feature:	A06 External Out	fall		Discharg	e:	A06-0 CSO-FAI	RVIEW PARK CS)										
Report	Dates & Sta	atus																	
Monito	ring Period:	From 04/01/2	23 to 04	/30/23	DMR Due	Date:	05/25/23				Statu	s:		NetDMR	Nalidate	d			
Consid	lerations for	Form Completion	1								,								
W1370	200010 ; RE	CEIVING WATER:	BRIAR C	CREEK															
Princip	al Executive	e Officer																	
First N	ame:	Kent			Title:		Executive	e Director			Telep	hone:		217-422	-6931				
Last Na	ame:	Newton									ı								
No Dat	a Indicator ((NODI)																	
Form N	IODI:																		
Pa	rameter	Monitoring Location	Season	# Param. NOD	I			or Loading				Quality or					f Ex.	Frequency of Analysis	s Sample Type
Code	Name				Sample	Qualifier 1 Val	lue 1 Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3 Un	its			
74062	Overflows	1 - Effluent Gross	0		Permit Req.			Opt Mon MO TOTAL	4K - #/mo										
74002	Overnows	1 - Lindent Gloss			Value NODI			C - No Discharge											
Submis	ssion Note								-					ı					
If a para	ameter row d	loes not contain an	y values	for the Sam	ple nor Effl	uent Trading,	, then none of	f the following field:	s will be s	submitted	for that	row: Unit	s, Num	ber of Exc	cursions, F	reque	ency	of Analysis, and Sa	ample Type.
	neck Errors		-																
No erro	ors.																		
Comm	ents																		
No disc	harge during	the month.																	
Attach	ments																		
No attach	ments.																		
Report	Last Saved	By																	
SANITA	ARY DISTRI	CT OF DECATUR																	
User:				keithrsdd															
Name:				Keith Ric															
E-Mail:					dcleanwate														
Date/Ti				2023-05-0	5 07:30 (T	ime Zone: -0	05:00)												
Report	Last Signe	d By																	
User:				TIMSDD89															
Name:				Tim Gord															
E-Mail:					cleanwater.														
Date/Ti	me:			2023-05-09	9 11:15 (T	ime Zone: -0	05:00)												

Permit																		
Permit	#:	IL0028321		Pe	rmittee:		SANIT	TARY DIS	TRICT OF DECAT	UR			Facility:	SANIT	ARY DIS	TRICT	OF DECATUR MA	AIN STP
Major:		Yes		Pe	rmittee Ad	dress:		IPPER LA TUR, IL 6					Facility Location		PPER L/ ΓUR, IL 6			
Permitt	ed Feature:	A07 External Outfall	I	Dis	scharge:		A07-0 CSO-1		Y AVE CSO TREA	TMENT	BYPASS							
Report	Dates & Sta	tus		·														
Monito	ring Period:	From 04/01/23	to 04/30	0/23 DN	/IR Due Dat	e:	05/25/	23					Status:	NetDM	R Valida	ated		
Consid	erations for	Form Completion	1	·														
W13702	200010 ; REC	CEIVING WATER:	BRIAR C	REEK														
Princip	al Executive	Officer																
First Na	ame:	Kent		Tit	le:		Execu	tive Direc	tor				Telephone:	217-42	2-6931			
Last Na	me:	Newton																
No Data	a Indicator (NODI)																
Form N	ODI:																	
	rameter	Monitoring Location	Season #	Param. NOD)I	0	. Value 4		or Loading	I bedde	0	Malara d	Quality or Concentra		0 !!!		. Frequency of Analy	sis Sample Type
Code	Name				Sample	Qualifier	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	value '	1 Qualifier 2 Value 2 G	lualifier 3 Val	ue 3 Units	5		
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo								
					Value NODI				C - No Discharge									
Submis	sion Note																	
If a para	ameter row d	oes not contain any	y values	for the Sam	ple nor Effl	uent Trad	ing, the	n none of	the following field:	s will be s	submitted	for tha	t row: Units, Numbe	er of Excurs	sions, Fr	equenc	y of Analysis, and	Sample Type.
Edit Ch	eck Errors																	
No erro	rs.																	
Comme	ents																	
No disc	harge during	the month.																
Attachi	ments																	
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SANITA	ARY DISTRIC	CT OF DECATUR																
User:				keithrsdd														
Name:				Keith Rid														
E-Mail:					dcleanwate	_												
Date/Tir		_		2023-05-0	5 07:31 (T	ime Zone	e: -05:00	0)										
-	Last Signed	By																
User:				TIMSDD89														
Name:				Tim Gord														
E-Mail:					cleanwater.													
Date/Tir	ne:			2023-05-0	9 11:15 (T	ime Zone	e: -05:00	0)										

Permit																			
Permit #:		IL0028321		Po	ermittee:	ş	SANITA	ARY DIST	RICT OF DECAT	UR			Facility:		SANI	TARY DI	STRIC	T OF DECATUR MA	IN STP
Major:		Yes			ermittee Add			PPER LAI					_	_ocation:		IPPER I			
								ΓUR, IL 62								ATUR, IL			
Permitted F	Feature:	A08 External Outfall		Di	ischarge:		A08-0 CSO-S	SEVENTH	WARD CSO TRE	ATMENT	BYPASS	5							
Report Date	tes & Stat	us		,															
Monitoring I	Period:	From 04/01/23	to 04/30)/23 D	MR Due Date	e: C)5/25/2	23					Status:		NetD	MR Valid	dated		
Considerati	tions for l	Form Completion	1	,								,							
W13702000	010 ; REC	EIVING WATER:E	BRIAR C	REEK															
Principal Ex	xecutive	Officer																	
First Name:):	Kent		Ti	itle:	E	Execut	ive Direct	or				Telephoi	ne:	217-4	22-6931			
Last Name:	:	Newton										·	•						
No Data Ind	dicator (N	IODI)		,															
Form NODI:	l:																		
Paramet		Monitoring Location	Season #	Param. NO	DI				or Loading					Concentration				x. Frequency of Analys	is Sample Type
Code N	Name				Sample	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2 Quali	ifier 3 Va	alue 3 Unit	S		
74062 Ove	erflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo)								
7-002	cinows	1 Ellidelit Gross			Value NODI				C - No Discharge										
Submission	n Note																		
If a paramete	ter row do	es not contain any	/ values	for the Sai	mple nor Efflu	uent Tradin	ng, thei	n none of	the following field	s will be s	submitted	for that	row: Units	s, Number o	of Excur	sions, F	equen	cy of Analysis, and S	Sample Type.
Edit Check	Errors																		
No errors.																			
Comments	3																		
No discharge	ge during t	he month.																	
Attachment	its																		
No attachments.	ts.																		
Report Last	st Saved L	By																	
SANITARY	DISTRIC	T OF DECATUR																	
User:				keithrsdd															
Name:				Keith R															
E-Mail:					ddcleanwater														
Date/Time:				2023-05-0	05 07:31 (T	ime Zone:	-05:00	0)											
Report Last	st Signed	Ву																	
User:				TIMSDD8	39														
Name:																			
Name:				Tim Go	orden														
E-Mail: Date/Time:				timg@sde	orden dcleanwater.c 09 11:15 (T														

Permit IL0028321 Permittee: SANITARY DISTRICT OF DECATUR Facility: SANITARY DISTRICT OF DECATUR MAIN STP Permit #: 501 DIPPER LANE Major: Yes **Permittee Address: Facility Location:** 501 DIPPER LANE DECATUR, IL 62522 DECATUR, IL 62522 INF Discharge: INF-G **Permitted Feature:** Influent Structure INFLUENT FLOW FROM GROUNDWATER DEWATERING SYSTEM Report Dates & Status **DMR Due Date: Monitoring Period:** From 04/01/23 to 04/30/23 05/25/23 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer** First Name: Kent Title: **Executive Director** Telephone: 217-422-6931 Last Name: Newton No Data Indicator (NODI) Form NODI: Monitoring Location Season # Param. NODI # of Ex. Frequency of Analysis Sample Type Quantity or Loading Quality or Concentration Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Code Sample Reg Mon MO AVG Req Mon DAILY MX 99/99 - Continuous 03 - MGD Permit Req. 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Q - Not Quantifiable Q - Not Quantifiable Value NODI **Submission Note** If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. **Edit Check Errors** No errors. Comments Existing infrastructure does not allow for measurement of flow. **Attachments** No attachments. Report Last Saved By SANITARY DISTRICT OF DECATUR User: keithrsdd Name: Keith Richard E-Mail: keithr@sddcleanwater.org Date/Time: 2023-05-05 07:32 (Time Zone: -05:00) Report Last Signed By User: TIMSDD89 Tim Gorden Name: E-Mail: timg@sddcleanwater.org Date/Time: 2023-05-09 11:15 (Time Zone: -05:00)

Permit

Major:

Permit #: IL0028321

Yes

Permittee: SANITARY DISTRICT OF DECATUR

Permittee Address: 501 DIPPER LANE

DECATUR, IL 62522

Facility: SANITARY DISTRICT OF DECATUR MAIN STP

Facility Location: 501 DIPPER LANE

DECATUR, IL 62522

Permitted Feature: INF

Influent Structure

Discharge: INF-L

INFLUENT REPORTING

Executive Director

Report Dates & Status

Monitoring Period: From 04/01/23 to 04/30/23

DMR Due Date: 05/25/23

Title:

Status: NetDMR Validated

Considerations for Form Completion

W1150150004

Principal Executive Officer

First Name: Kent

Last Name: Newton

Telephone: 217-422-6931

No Data Indicator (NODI)

Form NODI: --

Parameter		Monitoring Location	Season #	Param. NOD		Quantity or Loading					Quality or Concentration						# of Ex. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier	1 Value 1 Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units		
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0		Sample							=	102.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Permit Req.								Req Mon MO AVO	3		19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Value NODI													
00530	Solids, total suspended	G - Raw Sewage Influent	0		Sample							=	198.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Permit Req.								Req Mon MO AVG	3		19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Value NODI													
00665	Phosphorus, total [as P]	G - Raw Sewage Influent	0		Sample							=	25.9	=	34.0	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Permit Req.								Req Mon MO AVG	3	Req Mon DAILY MX	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
					Value NODI													
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0		Sample	= 3	1.19	=	39.96	03 - MGD							99/99 - Continuous	RT - RCOTOT
					Permit Req.	R	eq Mon MO AV	/G	Req Mon DAILY MX	03 - MGD							99/99 - Continuous	RT - RCOTOT
					Value NODI													

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

User: keithrsdd
Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-05-05 07:34 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org