DMR Copy of Record

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the <a href="https://www.npde.com/npack-need-to-the-number-or non-business email address)">non-business email address)</a>, confidential business information (e.g., non-business cell phone number or non

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Permit Facility: Permit #: IL0028321 Permittee: SANITARY DISTRICT OF DECATUR SANITARY DISTRICT OF DECATUR MAIN STP Permittee Address: Major: Yes 501 DIPPER LANE **Facility Location:** 501 DIPPER LANE DECATUR, IL 62522 DECATUR, IL 62522 **Permitted Feature:** 001 Discharge: 001-0 **External Outfall** STP OUTFALL Report Dates & Status **DMR Due Date:** 07/25/24 **Monitoring Period:** From 06/01/24 to 06/30/24 Status: **NetDMR Validated Considerations for Form Completion** W1150150004; DMF LOAD LIMITS DISPLAYED. **Principal Executive Officer** First Name: Kent Title: **Executive Director** Telephone: 217-422-6931

No Data Indicator (NODI)

Newton

**Last Name:** 

Code 00300 Ox	DI: Parameter Name  Dxygen, dissolved [DO]	Monitoring Location	Season #	# Param. NODI																
	Name	Monitoring Location	Season #	# Param. NODI	1															
								ntity or Loa						Quality or Conc				# of Ex.	Frequency of Analysis	Sample Type
00300 <b>o</b>	exygen, dissolved [DO]					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	1 Value 1	Qualifier		Qualifier		Units			
00300 <b>O</b>	oxygen, dissolved [DO]				Sample Barreit Barr								=	6.87	=	6.75 5.0 DAILY MN	19 - mg/L 19 - mg/L		02/DA - 2 Days Every Week	
		1 - Effluent Gross	0		Permit Req.								>=	6.25 MN WK AV	>=	5.0 DAILY MIN	19 - mg/L	0	02/DA - 2 Days Every Week 0	SK - GRAB
					Value NODI															
					Sample						=	7.76			=	8.02	12 - SU		02/DA - 2 Days Every Week	GR - GRAB
00400 <b>p</b> ł	Н	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUN	Л		<=	9.0 MAXIMUM	12 - SU	0	02/DA - 2 Days Every Week	GR - GRAB
					Value NODI															
					Sample =	= 807.0	0	=	1152.0	26 - lb/d			=	4.0	=	5.0	19 - mg/L		02/DA - 2 Days Every Week 0	CP - COMPOS
00530 <b>S</b> d	olids, total suspended	1 - Effluent Gross	0		Permit Req. <		3.0 MO AVG		46913.0 WKLY AV	6 26 - lb/d			<=	25.0 MO AVG	<=	45.0 WKLY AVG	19 - mg/L		02/DA - 2 Days Every Week (	
00330	olius, totai suspenueu	1 - Ellidelit Gloss	0		Value NODI													0		
														8.03		8.03	40/		04/00 Marathha	CP - COMPOS
					Sample Permit Req.								=	Req Mon MO AV	= G	Req Mon DAILY M	19 - mg/L		•	CP - COMPOS
00600 <b>Ni</b>	litrogen, total [as N]	1 - Effluent Gross	0											Req Mon MO AV	0	Red MOLL DAILT MI	X 13 - Hig/L	0	51/30 - Worlding	SI - COIVII 00
					Value NODI															
					Sample =	100.0			117.0	26 - lb/d			=	0.46	=	0.58	19 - mg/L		02/DA - 2 Days Every Week	
00610 <b>N</b>	litrogen, ammonia total [as N]	1 - Effluent Gross	5		Permit Req. <	= 1147	7.0 MO AVG	<=	3128.0 DAILY MX	26 - lb/d			<=	1.1 MO AVG	<=	3.0 DAILY MX	19 - mg/L	0	02/DA - 2 Days Every Week	CP - COMPOS
					Value NODI															
					Sample			=	108.0	26 - lb/d					=	0.54	19 - mg/L		02/DA - 2 Days Every Week (	CP - COMPOS
00610 <b>Ni</b>	litrogen, ammonia total [as N]	8 - Other Treatment, Process Complete	0		Permit Req.			<=	2919.0 WKLY AVG	26 - lb/d					<=	2.8 WKLY AVG	19 - mg/L	0	02/DA - 2 Days Every Week 0	CP - COMPOS
00010	introgen, animonia total [a5 14]	o other frediment, Fredess complete			Value NODI															
					Sample								=	18.8		20.6	19 - mg/L		02/DA - 2 Days Every Week (	
00005		4 577 10			Permit Reg.								-	Reg Mon MO AV		Reg Mon DAILY M	-		02/DA - 2 Days Every Week 0	
00665 <b>P</b>	hosphorus, total [as P]	1 - Effluent Gross	0		Value NODI									rtoq Mon Mo 7tv		red Mon By WET Wil	t to mg/L	0	ozibir z bayo zvory wook	31 COM CC
					Sample										=	441.0	19 - mg/L			CP - COMPOS
00940 C	hloride [as CI]	1 - Effluent Gross	0		Permit Req.											Req Mon DAILY M	X 19 - mg/L	0	01/30 - Monthly (	CP - COMPOS
					Value NODI															
					Sample										=	467.0	19 - mg/L		01/30 - Monthly (	CP - COMPOS
00945 <b>S</b> ı	sulfate, total [as SO4]	1 - Effluent Gross	0		Permit Req.											Req Mon DAILY MX	X 19 - mg/L	0	01/30 - Monthly 0	CP - COMPOS
	,		-		Value NODI															
-					Sample =	= 3.1				26 - lb/d			=	0.014			19 - mg/L		02/DA - 2 Days Every Week (	CP - COMPOS
					Permit Req. <		MO AVG			26 - lb/d			- <=	0.0381 MO AVG			19 - mg/L		02/DA - 2 Days Every Week 0	
01067 <b>N</b> i	lickel, total [as Ni]	1 - Effluent Gross	0			.0.0				_0 .5/4								0		

				Value NODI											
				Sample =	26.76	=	43.83	03 - MGD							99/99 - Continuous
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	 Permit Req.	Req Mon MO A	AVG	Req Mon DAILY MX	03 - MGD							99/99 - Continuous
	,			Value NODI											
				Sample								<	0.011	19 - mg/L	02/DA - 2 Days Every Week GR - GRAB
50060	Chlorine, total residual	1 - Effluent Gross	0	 Permit Req.								<=	0.05 DAILY MX	19 - mg/L 0	02/DA - 2 Days Every Week GR - GRAB
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Value NODI											
				Sample								=	88.0	13 - #/100mL	02/DA - 2 Days Every Week GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0	 Permit Req.								<=	400.0 DAILY MX	13 - #/100mL <sub>0</sub>	02/DA - 2 Days Every Week GR - GRAB
	<b>3</b>			Value NODI											
				Sample =	438.0	=	509.0	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 A\	VG <=	41700.0 WKLY AV	26 - lb/d		<=	20.0 MO AVG	<=	40.0 WKLY AVG	19 - mg/L 0	02/DA - 2 Days Every Week CP - COMPOS
2002	,,			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: 2024-07-05 08:57 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

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Permit

Major:

Permit #: IL0028321

Permittee:
Permittee Address:

Title:

Discharge:

**DMR Due Date:** 

SANITARY DISTRICT OF DECATUR

Facility:
Facility Location:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE

DECATUR, IL 62522

501 DIPPER LANE DECATUR, IL 62522

Permitted Feature: 002

External Outfall

Yes

002-0

**EMERGENCY HIGH LEVEL OVERFLOW BYPASS** 

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24

07/25/24

Status:

**NetDMR Validated** 

Considerations for Form Completion

W0430350001

**Last Name:** 

**Principal Executive Officer** 

First Name:

Kent Newton Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI				Quantity	or Loading				Q	uality or Co	oncentrat	ion		# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1 Qual	lifier 2 Va	alue 2 Qua	alifier 3	Value 3	Units			
					Sample															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.										(	Opt Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
	, , , , , , , , , , , , , , , , , , , ,				Value NODI											C - No Discharge				
					Sample															
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.										(	Opt Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Value NODI											C - No Discharge				
					Sample															
74055	Coliform, fecal general	1 - Effluent Gross	0		Permit Req.										(	Opt Mon DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - GRAB
	Jenes, 120 Jenes J				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											

**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: 2024-07-05 08:58 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89

Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

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μ			

Major:

Permit #: IL0028321 Permittee: **Permittee Address:** 

Discharge:

**DMR Due Date:** 

SANITARY DISTRICT OF DECATUR

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522 **Facility Location:** 

501 DIPPER LANE DECATUR, IL 62522

003 **Permitted Feature:** 

**External Outfall** 

003-0

TREATED CSO-OAKLAND AVENUE

Report Dates & Status

**Monitoring Period:** From 06/01/24 to 06/30/24 07/25/24

Status:

**NetDMR Validated** 

**Considerations for Form Completion** 

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

**Principal Executive Officer** 

First Name: **Last Name:** 

Kent

Newton

Yes

Title:

**Executive Director** 

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Quantity	y or Loading				Quali	ty or Concentra	ation		# of Ex	. Frequency of Analysis	Sample Type
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									=	77.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample					=	7.18			=	7.18	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
00400	рH	1 - Effluent Gross	0		Permit Req.						Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI													
					Sample									=	492.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample									=	1.75	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample							= 9.1	7	=	9.17	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.							Re	q Mon MO AVG	i	Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
	· ····································	. Imagin Grees			Value NODI													
					Sample		=	0.71	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
82220	Flow, total	1 - Effluent Gross	0		Permit Req.			Req Mon MO TOTAL	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
5.2.2.0	,				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

One day of discharge

**Attachments** 

No attachments.

Report Last Saved By

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:00 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

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Major:

Permit #: IL0028321

Permittee:
Permittee Address:

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

- -----

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522 **Facility Location:** 

501 DIPPER LANE DECATUR, IL 62522

Permitted Feature: 004

External Outfall

Discharge: 004-0

TREATED CSO-LINCOLN PARK

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24

07/25/24

Status:

NetDMR Validated

**Considerations for Form Completion** 

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

**Principal Executive Officer** 

First Name: Last Name: Kent Newton

Yes

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season # P	aram. NODI		Quantity	or Loading				Qu	uality or Concentra	ion		# c	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 -	· <b>-</b>	Permit Req.								Re	q Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI								С	- No Discharge			
					Sample												
00400	pH	1 - Effluent Gross	0 -	· <b>-</b>	Permit Req.					Req Mon MINIMUM			Re	q Mon MAXIMUM	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI					C - No Discharge			С	- No Discharge			
					Sample												
00530	Solids, total suspended	1 - Effluent Gross	0 -	· <b>-</b>	Permit Req.								Re	q Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI								С	- No Discharge			
					Sample												
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0 -	. <b>-</b>	Permit Req.								Re	q Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI								С	- No Discharge			
					Sample												
00665	Phosphorus, total [as P]	1 - Effluent Gross	0 -	· <b>-</b>	Permit Req.						F	Req Mon MO AVG	Re	q Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
					Value NODI							C - No Discharge	С	- No Discharge			
					Sample												
82220	Flow, total	1 - Effluent Gross	0 -		Permit Req.	F	Req Mon MO TOTAL	80 - Mgal/mo	)							DL/DS - Daily When Discharging	CN - CONTII
					Value NODI		C - No Discharge										

**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

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:01 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

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Major:

Permit #: IL0028321

Permittee:
Permittee Address:

SANITARY DISTRICT OF DECATUR

Facility:
Facility Location:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522

501 DIPPER LANE

DECATUR, IL 62522

Permitted Feature:

007 External Outfall Discharge: 007-0

TREATED CSO-MCKINLEY AVENUE

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24

DMR Due Date: 07/25/24

Status:

NetDMR Validated

**Considerations for Form Completion** 

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

**Principal Executive Officer** 

First Name: Last Name: Kent Newton

Yes

Title:

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

Form N	IODI:																	
	Parameter	Monitoring Location	Season #	Param. NODI			Quantity	or Loading					ity or Concentr	ation		# of Ex.	Frequency of Analysis	Sample Type
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									=	170.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample					=	6.73			=	6.73	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
00400	рН	1 - Effluent Gross	0		Permit Req.						Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
00.00	<b>P</b>	. Indon Gross			Value NODI													
					Sample									=	2814.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.										Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00000	oonao, totai oaoponaoa	. Lindon Gross			Value NODI													
					Sample									=	2.94	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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
00010	ma ogom, ammonia total [ao m]	1 Emdon Gross			Value NODI													
					Sample							= 4.	98	=	4.98	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.							R	eq Mon MO AVO	3	Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00000	r nosphorus, total [us r ]	1 Emdon Cross	o l		Value NODI													
					Sample		= 0	).54	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
82220	Flow, total	1 - Effluent Gross	0		Permit Req.		F	Req Mon MO TOTAL	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
32220		. 23111 01000			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

One day of discharge

Attachments

No attachments.

Report Last Saved By

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:03 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

	m	

Major:

Permit #: IL0028321 Permittee: **Permittee Address:** 

**DMR Due Date:** 

SANITARY DISTRICT OF DECATUR

**Facility Location:** 

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522

Facility:

501 DIPPER LANE DECATUR, IL 62522

Discharge: **External Outfall** 

0-800

TREATED CSO-SEVENTH WARD

Report Dates & Status

**Permitted Feature:** 

**Monitoring Period:** From 06/01/24 to 06/30/24 07/25/24

Status:

**NetDMR Validated** 

**Considerations for Form Completion** 

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

**Principal Executive Officer** 

First Name: **Last Name:** 

Kent Newton

Yes

800

Title:

**Executive Director** 

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Quant	ity or Loading				Qual	ity or Concentra	ation		# of Ex	. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1 Va	alue 1 Qualifier	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
					Sample									=	85.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample					=	6.99			=	6.99	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
00400	рН	1 - Effluent Gross	0		Permit Req.						Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
	<b>P</b> · ·				Value NODI													
					Sample									=	848.0	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample									=	0.62	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
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													
					Sample							= 1.	72	=	1.72	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.							Re	eq Mon MO AVG	6	Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00000					Value NODI													
					Sample		=	0.73	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
82220	Flow, total	1 - Effluent Gross	0		Permit Req.			Req Mon MO TOTAL	80 - Mgal/mo								DL/DS - Daily When Discharging	CN - CONTIN
J					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

One day of discharge

**Attachments** 

No attachments.

Report Last Saved By

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:05 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Permit #: IL0028321 Permittee: SANITARY DISTRICT OF DECATUR Facility: SANITARY DISTRICT OF DECATUR MAIN STP Major: Yes Permittee Address: 501 DIPPER LANE **Facility Location:** 501 DIPPER LANE DECATUR, IL 62522 DECATUR, IL 62522 **Permitted Feature:** A03 Discharge: A03-0 External Outfall CSO-OAKLAND AVENUE CSO TREATMENT BYPASS Report Dates & Status **DMR Due Date:** 07/25/24 **Monitoring Period:** From 06/01/24 to 06/30/24 Status: **NetDMR Validated Considerations for Form Completion** W1370200010 ; RECEIVING WATER:BRIAR CREEK

Principal Executive Officer

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

Last Name: Newton

No Data Indicator (NODI)
Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI				Quantity	or Loading				Quality or	Concentrat	ion			# of Ex.	Frequency of Analysis	Sample Type
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															
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
7 1002	Overnous	1 Emacin Cross			Value NODI				C - No Discharge											

**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: 2024-07-05 09:05 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

Permit #: IL0028321

Yes

Permittee: **Permittee Address:** 

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

501 DIPPER LANE

DECATUR, IL 62522

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

**Facility Location:** 

501 DIPPER LANE

DECATUR, IL 62522

**Permitted Feature:** 

Report Dates & Status

A04 External Outfall Discharge:

A04-0

07/25/24

CSO-LINCOLN PARK CSO TREATMENT BYPASS

Status:

**NetDMR Validated** 

**Monitoring Period:** From 06/01/24 to 06/30/24 **Considerations for Form Completion** 

W1370200010 ; RECEIVING WATER:BRIAR CREEK

**Principal Executive Officer** 

First Name: **Last Name:** 

Kent Newton

**Executive Director** 

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	eason # Param. NODI				Quantity	or Loading				Quality or	Concentrat	ion			# of Ex.	Frequency of Analysis	Sample Type
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															
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
502	0.0000				Value NODI				C - No Discharge											

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 Keith Richard Name:

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:06 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the <a href="https://www.npde.com/npack-need-to-the-number-or non-business email address)">non-business email address)</a>, confidential business information (e.g., non-business cell phone number or non

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

Permit #: IL0028321

Permittee:
Permittee Address:

Discharge:

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

**Facility Location:** 

501 DIPPER LANE DECATUR, IL 62522

Permitted Feature: A06

External Outfall

Yes

Newton

A06-0

CSO-FAIRVIEW PARK CSO

501 DIPPER LANE

DECATUR, IL 62522

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24

07/25/24

Status: NetDMR Validated

**Considerations for Form Completion** 

W1370200010 ; RECEIVING WATER:BRIAR CREEK

**Principal Executive Officer** 

First Name: Kent

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

**Last Name:** 

	Parameter	Monitoring Location	Season #	Season # Param. NODI			Quantity or Loading						Quality or	Concentrat	# of Ex.	Frequency of Analysis	Sample Type			
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															
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
002	o voime ii e	. I I I I I I I I I I I I I I I I I I I			Value NODI				C - No Discharge											

**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: 2024-07-05 09:07 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

Permit #: IL0028321 Permittee: **Permittee Address:** 

Discharge:

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

Facility: **Facility Location:**  SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE

DECATUR, IL 62522

501 DIPPER LANE DECATUR, IL 62522

**Permitted Feature:** A07

External Outfall

Yes

A07-0

CSO-MCKINLEY AVE CSO TREATMENT BYPASS

Report Dates & Status

**Monitoring Period:** From 06/01/24 to 06/30/24 07/25/24

Status: **NetDMR Validated** 

**Considerations for Form Completion** 

W1370200010 ; RECEIVING WATER:BRIAR CREEK

**Principal Executive Officer** 

First Name:

Kent Newton **Executive Director** 

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

**Last Name:** 

	Parameter	Monitoring Location	Season #	Param. NODI				Quantity	or Loading				Quality or	Concentrat	ion			# of Ex.	Frequency of Analysis	Sample Type
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															
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
7 1002	Overnows	1 Lindon Cross			Value NODI				C - No Discharge											

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 Keith Richard Name:

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:07 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

Permit #: IL0028321

Permittee: Permittee Address:

Discharge:

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

**Facility Location:** 

**501 DIPPER LANE** DECATUR, IL 62522

**Permitted Feature:** 

A08 External Outfall

Yes

Newton

A08-0

501 DIPPER LANE

DECATUR, IL 62522

**CSO-SEVENTH WARD CSO TREATMENT BYPASS** 

Report Dates & Status

**Monitoring Period:** From 06/01/24 to 06/30/24 07/25/24

Status: **NetDMR Validated** 

**Considerations for Form Completion** 

W1370200010 ; RECEIVING WATER:BRIAR CREEK

**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				Quality or Concentration						Frequency of Analysis	Sample Type
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															
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
302	0.0000				Value NODI				C - No Discharge											

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 Keith Richard Name:

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:08 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

**Permitted Feature:** 

Report Dates & Status

Permit #: IL0028321

Yes

Permittee: **Permittee Address:**  SANITARY DISTRICT OF DECATUR

501 DIPPER LANE DECATUR, IL 62522

Discharge: Influent Structure

INF-G

INFLUENT FLOW FROM GROUNDWATER DEWATERING SYSTEM

**Monitoring Period:** From 06/01/24 to 06/30/24

INF

**DMR Due Date:** 07/25/24

Status:

Facility:

**Facility Location:** 

**NetDMR Validated** 

501 DIPPER LANE

DECATUR, IL 62522

SANITARY DISTRICT OF DECATUR MAIN STP

**Considerations for Form Completion** 

Principal Executive Officer

First Name:

Kent Newton Title:

**Executive Director** 

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

**Last Name:** 

	Parameter	Monitoring Location	Season #	Param. NODI			(			Quality or	Concentr	# of	x. Frequency of Analysis	Sample Type					
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														
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	
00000	Tion, in conduct of the free free plant	1 Emacin Gross			Value NODI		Q - Not Quantifiable		Q - Not Quantifiable										

**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 Keith Richard Name:

E-Mail: keithr@sddcleanwater.org

Date/Time: 2024-07-05 09:08 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89 Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit

Major:

Permit #: IL0028321

Permittee:
Permittee Address:

Discharge:

**DMR Due Date:** 

Title:

SANITARY DISTRICT OF DECATUR

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522 **Facility Location:** 

501 DIPPER LANE DECATUR, IL 62522

**Permitted Feature:** 

INF Influent Structure

Yes

Newton

INF-L

**INFLUENT REPORTING** 

Report Dates & Status

Monitoring Period: From 06/01/24 to 06/30/24

07/25/24

Status: NetDMR Validated

**Considerations for Form Completion** 

W1150150004

**Last Name:** 

**Principal Executive Officer** 

First Name: Kent

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			G	Quantity or Loadi	ng				Quality or Cond	entration		# 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						-	=	119.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0		Permit Req.								Req Mon MO AVG			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00010	5 252, 5 day, 25 day. 5	C Naw Sewage IIIIdeni			Value NODI													
					Sample						:	=	217.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00530	Solids, total suspended	G - Raw Sewage Influent	0		Permit Req.								Req Mon MO AVG			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00000	oonus, totai suspenueu	5 55./ago iiiidoni			Value NODI													
					Sample						=	-	22.1	= 24	1.6	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00665	Phosphorus, total [as P]	G - Raw Sewage Influent	0		Permit Req.								Req Mon MO AVG	Re	eq Mon DAILY MX	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00000	Thosphorus, total [as 1]	o naw sewage iiiideni			Value NODI													
					Sample	= 2	26.08	= 43	3.44	03 - MGD							99/99 - Continuous	RT - RCOTO
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0		Permit Req.	ı	Req Mon MO AV	G R	eq Mon DAILY MX	03 - MGD							99/99 - Continuous	RT - RCOTO
55550	riow, in conduit or thru treatment plant	G - Kaw Sewage Influent	U		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: 2024-07-05 09:10 (Time Zone: -05:00)

Report Last Signed By

User: TIMSDD89

Name: Tim Gorden

E-Mail: timg@sddcleanwater.org