Permit

Major:

IL0028321 Permit #:

Permittee: SANITARY DISTRICT OF DECATUR

Permittee Address: 501 DIPPER LANE

DECATUR, IL 62522

Facility Location:

Facility:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522

**Permitted Feature:** 

001 External Outfall

Yes

001-0 STP OUTFALL

Report Dates & Status

**Monitoring Period:** From 11/01/23 to 11/30/23 DMR Due Date: 12/25/23

Discharge:

Status: **NetDMR Validated** 

**Considerations for Form Completion** 

W1150150004; DMF LOAD LIMITS DISPLAYED.

**Principal Executive Officer** 

First Name: Kent

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

No Data Indicator (NODI)

Form NODI:

0 1	Parameter	Monitoring Location	season	# Param. NOD			uantity or Lo		11.74			0 ""	Quality or Concent			# of Ex	. Frequency of Analysis	Sample Type
Code	Name				Qualifier 1	Value 1	Qualifier	2 Value 2	Units	Qualifier 1				Qualifie		Units		
					Sample				-		7.00	=	7.55	=	7.51	19 - mg/L	02/DA - 2 Days Every Week	GR - GRAB
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1		Permit Req.				>	>=	6.0 MO AV MN	>=	4.5 MN WK AV	>=	4.0 DAILY MN	19 - mg/L 0	02/DA - 2 Days Every Week	GR - GRAB
					Value NODI													
					Sample				-	=	7.77			=	8.47	12 - SU	02/DA - 2 Days Every Week	GR - GRAB
00400	nu	1 - Effluent Gross	0		Permit Req.				>	>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU 0	02/DA - 2 Days Every Week	GR - GRAB
30400	μn	1 - Elliuelli Gloss	U		Value NODI											U		
					Sample =	1432.0	=	2661.0	26 - lb/d			-	7.0	=	12.0	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPC
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req. <=	26063.0 MO AVG	G <=	46913.0 WKLY AVG	26 - lb/d			<=	25.0 MO AVG	<=	45.0 WKLY AVG	19 - mg/L 0	02/DA - 2 Days Every Week	CP - COMPC
					Value NODI													
					Sample							=	7.6	=	7.6	19 - mg/L	01/30 - Monthly	CP - COMPC
20000	Nitrogen total for NI	1 Fffwant Cross	0		Permit Req.								Req Mon MO AVO		Req Mon DAILY M		01/30 - Monthly	CP - COMPO
00600	Nitrogen, total [as N]	1 - Effluent Gross	U		Value NODI											3 0	, , , ,	
					Sample =	26.0	=	35.0	26 - lb/d			=	0.12	=	0.12	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	10		Permit 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 - COMPO
					Value NODI													
					Sample							=	21.5	_	24.6	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPC
00005	Dhaamhawa tatal (as Di	1 Fffwant Cross	0		Permit Reg.								Req Mon MO AVO	3	Req Mon DAILY M		02/DA - 2 Days Every Week	CP - COMPC
00665	Phosphorus, total [as P]	1 - Effluent Gross	U		Value NODI											1 1 3 mg, 2 0		
					Sample									=	560.0	19 - mg/L	01/30 - Monthly	CP - COMPC
00940	Chloride [as Cl]	1 - Effluent Gross	0		Permit Req.										Req Mon DAILY M	X 19 - mg/L 0	01/30 - Monthly	CP - COMPC
					Value NODI													
					Sample									=	645.0	19 - mg/L	01/30 - Monthly	CP - COMPC
00045	0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4			Permit Reg.										Req Mon DAILY M		01/30 - Monthly	CP - COMPC
00945	Sulfate, total [as SO4]	1 - Effluent Gross	U		Value NODI											3 0	, ,	
					Sample =	3.2			26 - lb/d			=	0.015			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPC
01067	Nickel, total [as Ni]	1 - Effluent Gross	0		Permit Req. <=	40.0 MO AVG			26 - lb/d			<=	0.0381 MO AVG			19 - mg/L 0	02/DA - 2 Days Every Week	CP - COMPC
					Value NODI													
					Sample =	25.4	=	34.51	03 - MGD								99/99 - Continuous	
50050		4 500 10			Permit Reg.	Req Mon MO AV		Reg Mon DAILY MX								0	99/99 - Continuous	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0													0		
					Value NODI													
					Sample									<	0.011	19 - mg/L	CL/OC - Chlorination/Occurance	
50060	Chlorine, total residual	1 - Effluent Gross	1		Permit Req.									<=	0.05 DAILY MX	19 - mg/L 0	CL/OC - Chlorination/Occurance	es GR - GRAB
					Value NODI													
					Sample =	447.0	_	499.0	26 - lb/d			=	2.0	=	2.0	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPC
					Permit Req. <=	20850.0 MO AVG		499.0 41700.0 WKLY AVG				= <=	20.0 MO AVG	= <=	40.0 WKLY AVG	19 - mg/L 19 - mg/L	02/DA - 2 Days Every Week	CP - COMPO
30082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0			20000.0 WO AVG	,	TITOU.U WINE! AVG	20 - ID/U			_	20.0 NO AVG		TO.O WINE! AVG	0	OZIDIN - Z Days Every Week	SI - CONFO
					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: 2023-12-08 08:56 (Time Zone: -06:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

**DMR Copy of Record** Permit SANITARY DISTRICT OF DECATUR SANITARY DISTRICT OF DECATUR MAIN STP Permit #: IL0028321 Permittee: Facility: Facility Location: Major: Yes **Permittee Address: 501 DIPPER LANE 501 DIPPER LANE** DECATUR, IL 62522 DECATUR, IL 62522 002 **Permitted Feature:** Discharge: 002-0 External Outfall **EMERGENCY HIGH LEVEL OVERFLOW BYPASS** Report Dates & Status **Monitoring Period: DMR Due Date:** From 11/01/23 to 11/30/23 12/25/23 Status: **NetDMR Validated Considerations for Form Completion** W0430350001 **Principal Executive Officer** Kent Title: **Executive Director** Telephone: 217-422-6931 **First Name:** Last Name: Newton No Data Indicator (NODI) Form NODI: Monitoring Location Season # Param. NODI Quantity or Loading **Quality or Concentration** # of Ex. Frequency of Analysis Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Code Name Value 2 Value 3 Sample DL/DS - Daily When Discharging GR - GRAB Opt Mon DAILY MX 19 - mg/L Permit Req. 00310 **BOD, 5-day, 20 deg. C** 1 - Effluent Gross 0 C - No Discharge Value NODI Sample Permit Reg. Opt Mon DAILY MX 19 - mg/L DL/DS - Daily When Discharging GR - GRAB 00530 **Solids, total suspended** 1 - Effluent Gross 0 C - No Discharge Value NODI Sample Opt Mon DAILY MX 13 - #/100mL DL/DS - Daily When Discharging GR - GRAB Permit Req. 74055 **Coliform, fecal general** 1 - Effluent Gross 0 C - No Discharge Value NODI Sample Opt Mon MO TOTAL 4K - #/mo Permit Reg. DL/DS - Daily When Discharging 74071 **Flow** 1 - Effluent Gross 0 C - No Discharge 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 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:

2023-12-08 08:57 (Time Zone: -06:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit

IL0028321 Permit #:

Major: Yes Permittee: SANITARY DISTRICT OF DECATUR

501 DIPPER LANE **Permittee Address:** 

DECATUR, IL 62522

**Facility Location:** 

Facility:

Status:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE

DECATUR, IL 62522

003 **Permitted Feature:** 

External Outfall

Discharge:

Title:

003-0 TREATED CSO-OAKLAND AVENUE

Report Dates & Status

**Monitoring Period:** From 11/01/23 to 11/30/23 **DMR Due Date:** 12/25/23

**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:

1 011111	1001.																		
	Parameter	<b>Monitoring Location</b>	Season #	Param. NODI				Quantity	or Loading				Qu	ality or Concent	ration		# of Ex	. Frequency of Analysis	Sample Type
Code	Name					<b>Qualifier 1</b>	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units		
					Sample										=	91.0	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
00010	202, 5 day, 20 dag. 5	1 Ellidelli Oloso	J		Value NODI														
					Sample						=	6.7			=	6.7	12 - SU	DL/DS - Daily When Discharging	GR - GRAB
00400	nH	1 - Effluent Gross	0		Permit Req.							Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU 0	DL/DS - Daily When Discharging	GR - GRAB
00400	pri	1 Ellidelli Oloso	J		Value NODI														
					Sample										=	140.0	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	Conds, total Suspended	1 Emdent Gross			Value NODI														
					Sample										=	1.23	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	Will Ogen, animonia total [as W]	1 - Ellidelli Gloss	O		Value NODI														
					Sample								=	1.92	=	1.92	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		Permit Req.									Req Mon MO AV	/G	Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAB
00003	r nosphorus, total [as r]	1 - Ellidelli Gloss	O		Value NODI														
					Sample			=	0.21	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							0	DL/DS - Daily When Discharging	CN - CONTIN
02220	i iow, total	i - Lindelli Gioss	U		Value NODI												U		

**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

SANITARY DISTRICT OF DECATUR

User: keithrsdd Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-12-08 09:00 (Time Zone: -06:00)

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:** 

Facility:

Status:

SANITARY DISTRICT OF DECATUR MAIN STP

501 DIPPER LANE DECATUR, IL 62522

**Permitted Feature:** 004

External Outfall

Discharge: 004-0

Title:

TREATED CSO-LINCOLN PARK

Report Dates & Status

**Monitoring Period:** From 11/01/23 to 11/30/23 **DMR Due Date:** 12/25/23 **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	<b>Monitoring Location</b>	Season #	Param. NOD	1			Quantity	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	Un	its Qu	ualifier 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 AVG	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 - M	gal/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: 2023-12-08 09:00 (Time Zone: -06:00)

Report Last Signed By

User: TIMSDD89 Tim Gorden Name:

E-Mail: timg@sddcleanwater.org

Permit

Permit #: IL0028321

Permittee:

SANITARY DISTRICT OF DECATUR

Facility: SANITARY DISTRICT OF DECATUR MAIN STP

Major: Yes

Permittee Address:

Facility Location: 501 DIPPER LANE

Permitted Feature: 007

External Outfall

Newton

Discharge: 007-0
TREATED CSO-MCKINLEY AVENUE

Telephone:

DECATUR, IL 62522

Report Dates & Status

Monitoring Period: From 11/01/23 to 11/30/23

to 11/30/23 DMR Due Date: 12/25/23

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** 

501 DIPPER LANE

DECATUR, IL 62522

217-422-6931

No Data Indicator (NODI)

Last Name:

Form NODI:

Parameter Monitoring Location Name
Name

Name

| Composition | Compositi

00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	 Permit Req.								Req Mon DAILY MX	19 - mg/L 0	DL/DS - Daily When Discharging GR - GRAB
				Value NODI										
				Sample			=	6.88			=	6.88	12 - SU	DL/DS - Daily When Discharging GR - GRAB
00400	На	1 - Effluent Gross	0	 Permit Req.				Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU 0	DL/DS - Daily When Discharging GR - GRAB
	•			Value NODI										
				Sample							=	200.0	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 0	DL/DS - Daily When Discharging GR - GRAB
				Value NODI										
				Sample							=	0.74	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 <sub>0</sub>	DL/DS - Daily When Discharging GR - GRAB
				Value NODI										
				Sample					=	1.09	=	1.09	19 - mg/L	DL/DS - Daily When Discharging GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	 Permit Req.						Req Mon MO AV	G	Req Mon DAILY MX	19 - mg/L 0	DL/DS - Daily When Discharging GR - GRAB
				Value NODI										
				Sample	=	0.8	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						0	DL/DS - Daily When Discharging CN - CONTIN
	,			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

SANITARY DISTRICT OF DECATUR

User: keithrsdd
Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-12-08 09:02 (Time Zone: -06:00)

Report Last Signed By

 User:
 TIMSDD89

 Name:
 Tim Gorden

E-Mail: timg@sddcleanwater.org

Permit

IL0028321 Permit #:

Permittee: SANITARY DISTRICT OF DECATUR

Yes

501 DIPPER LANE

**Facility Location:** 

Facility:

Status:

SANITARY DISTRICT OF DECATUR MAIN STP

Major:

Permittee Address: DECATUR, IL 62522 501 DIPPER LANE DECATUR, IL 62522

**Permitted Feature:** 

800 External Outfall

Newton

Discharge: 0-800

**DMR Due Date:** 

Title:

TREATED CSO-SEVENTH WARD

Report Dates & Status

**Monitoring Period:** From 11/01/23 to 11/30/23

12/25/23

**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:

FOITH	NODI.																		
	Parameter	Monitoring	Season	Param.				Quantity or Loa						Quality or Concentration				# of Frequency of Analysis	Sample
Code	Name	Location	#	NODI	Q	Qualifier 1	Value Q	tualifier V 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	Ex.	Туре
					Sample														
00310	BOD, 5-day, 20 deg. C	1 - Effluent	0		Permit Req.											Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRA
00010	5 505, 3-day, 20 deg. 0	Gross			Value NODI											F - Insufficient Flow for Sampling			
					Sample														
00400	) nH	1 - Effluent	0		Permit Req.							Req Mon MINIMUM				Req Mon MAXIMUM	12 - SU	DL/DS - Daily When Discharging	GR - GRA
00100	, p	Gross			Value NODI							F - Insufficient Flow for Sampling				F - Insufficient Flow for Sampling			
					Sample														
00530	Solids, total suspended	1 - Effluent	0		Permit Req.											Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAI
		Gross			Value NODI											F - Insufficient Flow for Sampling			
					Sample														
00610	Nitrogen, ammonia total [as	1 - Effluent	0		Permit Req.											Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRA
000.0	' N]	Gross			Value NODI											F - Insufficient Flow for Sampling			
					Sample														
00665	Phosphorus, total [as P]	1 - Effluent	0		Permit Req.								F	Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	DL/DS - Daily When Discharging	GR - GRAE
30000	sspirorus, total [as 1]	Gross			Value NODI									F - Insufficient Flow for Sampling		F - Insufficient Flow for Sampling			
					Sample		=	0.19		80 - //gal/mo								DL/DS - Daily When Discharging	CN - CONTIN
82220	Flow, total	1 - Effluent Gross	0		Permit Req.			Req Mo	on MO	80 - //gal/mo								DL/DS - Daily When Discharging	CN - CONTIN
		2.000			Value NODI			121/12		J									

**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. Due to low flow out of the swirl concentrator, the amount of sample collected by the automatic sampler was insufficient to conduct lab analysis.

Attachments

No attachments.

Report Last Saved By

SANITARY DISTRICT OF DECATUR

keithrsdd User:

Name: Keith Richard

E-Mail: keithr@sddcleanwater.org

Date/Time: 2023-12-08 09:09 (Time Zone: -06:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org

Permit											_						
Permit #:	IL0028321		Per	mittee:	,	SANITARY DIST	RICT OF DECATU	JR			Facility:	SANITA	RY DIS	STRICT	OF DECAT	JR MAIN	STP
Major:	Yes		Per	mittee Add		501 DIPPER LAN DECATUR, IL 62					Facility Location:	501 DIP DECATI					
	A03 External Outfall		Disc	charge:		<b>A03-0</b> CSO-OAKLAND	AVENUE CSO TR	EATMEN	IT BYPAS	SS							
Report Dates & Status	s																
Monitoring Period:	From 11/01/23	to 11/30	/23 DM	R Due Date	e: '	12/25/23					Status:	NetDMF	R Valid	ated			
Considerations for Fo	orm Completion	1															
W1370200010; RECEI	IVING WATER:E	BRIAR C	REEK														
Principal Executive O	Officer																
First Name:	Kent		Title	e:	ı	Executive Directo	r				Telephone:	217-422	-6931				
Last Name:	Newton																
No Data Indicator (NO	ODI)																
Form NODI:																	
	onitoring Location	Season #	Param. NOD	1			or Loading				Quality or Concentration			# of Ex.	Frequency of	Analysis S	ample Ty
Code Name				Sample	Qualifier 1	Value 1 Qualifier 2	Value 2	Units	Qualifier 1	Value 1	1 Qualifier 2 Value 2 Qua	lifier 3 Value	3 Units				
74062 Overflows 1	- Effluent Gross	0		Permit Req.			Opt Mon MO TOTAL	4K - #/mo	)								
74002 Overnows 1	- Lindent Gross	0		Value NODI			C - No Discharge										
Edit Check Errors No errors.																	
Comments																	
No discharge during the	e month.																
Attachments																	
No attachments.																	
Report Last Saved By																	
SANITARY DISTRICT User:	OF DECATOR		keithrsdd														
Name:			Keith Ric	shard													
E-Mail:				dcleanwate	r ora												
L IVIGII.			Notifi w 300		_												
Date/Time:			2023-12-0	8 09:10 /7	Time Zone	s06·00)											
Date/Time:  Report Last Signed B	₿v		2023-12-0	8 09:10 (T	Γime Zone	e: -06:00)											
Report Last Signed B	Ву			·	Fime Zone	e: -06:00)											
Report Last Signed B	3 <i>y</i>		TIMSDD89	9	Γime Zone	e: -06:00)											
Report Last Signed B	3y		TIMSDD89	9		: -06:00)											

Permit																					
Permit :	#:	IL0028321		Pe	ermittee:		SANIT	TARY DIS	TRICT OF DECAT	UR			Facility:		SANIT	TARY DI	STRIC	T OF	DECATUR	R MAIN	STP
Major:		Yes		Pe	ermittee Ad	dress:		IPPER LA					Facility Loc	cation:		IPPER L TUR, IL		<u>!</u>			
Permitt	ed Feature:	A04 External Outfal	I	Di	scharge:		<b>A04-0</b> CSO-l		PARK CSO TREA	TMENT	BYPASS										
Report	Dates & Sta	tus		·																	
Monitor	ring Period:	From 11/01/23	to 11/30	0/23 DI	MR Due Dat	te:	12/25/	/23					Status:		NetDN	MR Valid	dated				
Consid	erations for	Form Completion	1	·									•								
W13702	200010 ; REC	CEIVING WATER:	BRIAR C	REEK																	
Princip	al Executive	Officer																			
First Na	ame:	Kent		Tit	tle:		Execu	itive Direc	tor				Telephone:	;	217-42	22-6931					
Last Na	me:	Newton																			
No Data	a Indicator (	NODI)																			
Form N	ODI:																				
	rameter	Monitoring Location	Season #	Param. NOD	)I	0	. Value 4	Quantity Qualifier 2	or Loading	Hadis-	0	V-l	Quality or Co			0 !!!		Ex. Fre	equency of A	nalysis	Sample Type
Code	Name				Sample	Qualifier	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	value	1 Qualifier 2 Va	alue 2 Qual	ifier 3 Va	alue 3 Uni	ts				
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	nple nor Effl	uent Trad	ing, the	n none of	the following fields	s will be s	submitted	for tha	t row: Units, I	Number c	of Excur	sions, F	requen	ncy of	Analysis,	and San	nple Type.
Edit Ch	eck Errors																				
No erro	rs.																				
Comme	ents																				
No discl	harge during	the month.																			
Attachr	ments																				
No attachi																					
	Last Saved																				
SANITA	ARY DISTRIC	CT OF DECATUR																			
User:				keithrsdd																	
Name:				Keith Rid																	
E-Mail:					dcleanwate																
Date/Tir				2023-12-0	8 09:11 (T	Time Zone	e: -06:00	0)													
-	Last Signed	l By																			
User:				TIMSDD89																	
Name:				Tim Gor																	
E-Mail:					cleanwater.																
Date/Tir	me:			2023-12-0	8 09:38 (T	ime Zone	e: -06:00	0)													

Permit	<u> </u>																		
Permit	#:	IL0028321			Permittee	<b>:</b> :	SANITAR	RY DISTRICT OF D	DECATUR	र	Facili	ty:		SANITA	RY DISTR	ICT C	OF D	ECATUR MAIN ST	<b>)</b>
Major:		Yes			Permittee			PER LANE IR, IL 62522			Facili	ty Location	on:		PER LANI JR, IL 625				
Permit	ted Feature:	: A06 External Out	fall		Discharge		A06-0 CSO-FAI	RVIEW PARK CS	)										
Report	t Dates & St	atus																	
Monito	ring Period	From 11/01/	23 to 11	/30/23	DMR Due	Date:	12/25/23				Statu	s:		NetDMR	Validate	d			
Consid	derations fo	r Form Completion	1								ļ								
W1370	200010 ; RE	CEIVING WATER:	BRIAR C	CREEK															
Princip	oal Executiv	e Officer																	
First N	lame:	Kent			Title:		Executive	e Director			Telep	hone:		217-422	-6931				
Last N	ame:	Newton									Ų								
No Da	ta Indicator	(NODI)																	
Form I	NODI:																		
Pa	arameter	Monitoring Location	Season	# Param. NOD				or Loading				Quality or					Ex. I	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1 Value 1	Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3 Uni	ts			
74000		4 577 . 0			Sample Permit Req.			Opt Mon MO TOTAL	4K - #/mo										
74062	Overflows	1 - Effluent Gross	0		Value NODI			C - No Discharge											
Submi	ission Note																		
If a par	ameter row o	does not contain an	y values	for the Sam	ple nor Efflu	uent Trading, the	n none of	f the following fields	s will be s	ubmitted	for that	row: Unit	s, Num	ber of Exc	ursions, F	reque	ency	of Analysis, and Sa	mple Type.
	heck Errors					J.		o o					,		,	•		,	, ,,
No erro																			
Comm																			
	charge during	the month.																	
Attach		,																	
No attack																			
Repor	t Last Saved	l By																	
SANIT	ARY DISTRI	CT OF DECATUR																	
User:				keithrsdd															
Name:				Keith Ric	hard														
E-Mail:				keithr@sdc	dcleanwater	org.													
Date/T	ime:			2023-12-08	3 09:11 (T	ime Zone: -06:0	0)												
Report	t Last Signe	d By																	
User:				TIMSDD89															
Name:				Tim Gord	len														
E-Mail:				timg@sddd	leanwater.	org													
Date/T	ime:					ime Zone: -06:0	0)												

Permit SANITARY DISTRICT OF DECATUR Facility: SANITARY DISTRICT OF DECATUR MAIN STP Permit #: IL0028321 Permittee: Yes 501 DIPPER LANE Facility Location: 501 DIPPER LANE Major: Permittee Address: DECATUR, IL 62522 DECATUR, IL 62522 A07 Discharge: A07-0 Permitted Feature: External Outfall CSO-MCKINLEY AVE CSO TREATMENT BYPASS Report Dates & Status **DMR Due Date:** Status: Monitoring Period: From 11/01/23 to 11/30/23 12/25/23 **NetDMR Validated Considerations for Form Completion** W1370200010; RECEIVING WATER:BRIAR CREEK **Principal Executive Officer** Kent Title: **Executive Director** Telephone: 217-422-6931 First Name: Last Name: Newton No Data Indicator (NODI) Form NODI: Monitoring Location Season # Param. NODI # of Ex. Frequency of Analysis Sample Type Parameter 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 Name Sample Opt Mon MO TOTAL 4K - #/mo Permit Req. 74062 **Overflows** 1 - Effluent Gross 0 C - No Discharge 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 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: 2023-12-08 09:12 (Time Zone: -06:00) Report Last Signed By User: TIMSDD89 Tim Gorden Name: E-Mail: timg@sddcleanwater.org Date/Time: 2023-12-08 09:38 (Time Zone: -06:00)

Permit #																				
Permit i	#:	IL0028321		Pe	rmittee:		SANIT	ARY DIST	TRICT OF DECAT	UR			Facility:	SA	NITARY I	DISTRIC	CT OF	DECATU	IR MAIN	STP
Major:		Yes		Pe	rmittee Add	dress:		PPER LA TUR, IL 62					Facility Location		1 DIPPER CATUR,		2			
Permitte	ed Feature:	A08 External Outfall		Di	scharge:		<b>A08-0</b> CSO-S	SEVENTH	WARD CSO TREA	ATMENT	BYPASS									
Report	Dates & Sta	tus		·																
Monitor	ring Period:	From 11/01/23	to 11/30	)/23 DI	/IR Due Date	e:	12/25/2	23					Status:	Ne	tDMR Va	idated				
Consid	erations for	Form Completion	1	·																
W13702	200010 ; REC	CEIVING WATER:	BRIAR C	REEK																
Princip	al Executive	Officer																		
First Na	ame:	Kent		Ti	:le:		Execut	tive Direct	or				Telephone:	217	7-422-693	1				
Last Na	ıme:	Newton											•							
No Data	a Indicator (I	NODI)		ļ																
Form N	ODI:																			
		<b>Monitoring Location</b>	Season #	Param. NO	DI				or Loading				Quality or Concent				Ex. Fred	quency of A	Analysis	Sample Type
Code	Name				Sample	Qualifier	1 Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2 Value 2	Qualifier 3	3 Value 3 Ui	nits				
74062	Overflows	1 - Effluent Gross	0		Permit Req.				Opt Mon MO TOTAL	4K - #/mo										
74002	Overnows	1 Emacin Gross			Value NODI				C - No Discharge											
Submis	ssion Note																			
If a para	ameter row do	oes not contain an	, values	f = - 4h = 0 = -															and Ca	
			y values	for the Sar	npie nor Ettii	uent Trac	ding, the	n none of	the following fields	will be s	submitted f	for that	t row: Units, Numl	er of Ex	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Lype.
East Ch	eck Errors		y values	for the Sar	npie nor Effi	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	oer of Ex	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Type.
No error			y values	for the Sar	npie nor Etti	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Ex	cursions,	Frequen	ncy of a	Analysis,	and Sar	nple Type.
	rs.		y values	for the Sar	npie nor ⊑ttii	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Ex	cursions,	Frequen	ncy of i	Anaiysis,	and Sar	nple Type.
No error	rs. ents		y values	for the Sar	npie nor Επι	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Ex	cursions,	Frequen	ncy of A	Analysis,	and Sar	nple Type.
No error	rs. ents harge during		y values	for the Sar	nple nor Επι	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Ex	cursions,	Frequen	ncy of a	Analysis,	and Sar	nple Type.
No error Comme No disch	rs. ents harge during ments		y values	for the Sar	nple nor Επι	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of a	Analysis,	and Sar	nple Type.
No error Comme No disch Attachn	rs. ents harge during ments	the month.	y values	for the Sar	nple nor Επι	uent Trac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Ex	cursions,	Frequen	ncy of A	Analysis,	and Sar	npie Type.
No error Comme No disch Attachn No attachn Report	rs. ents harge during ments ments. Last Saved	the month.	y values	for the Sar	nple nor Επι	uent Irac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Analysis,	and Sar	nple Type.
No error Comme No disch Attachn No attachn Report	rs. ents harge during ments ments. Last Saved	the month.	y values	keithrsdd	nple nor Επι	uent Irac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of a	Anaiysis,	and Sar	npie Type.
No error Comme No disch Attachn No attachn Report SANITA	rs. ents harge during ments ments. Last Saved	the month.	y values			uent Irac	ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	npie Type.
No error Comme No disch Attachn No attachn Report SANITA User:	rs. ents harge during ments ments. Last Saved	the month.	y values	keithrsdd Keith R			ding, the	n none of	the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Analysis,	and Sar	nple Type.
No error Comme No disch Attachn No attachn Report SANITA User: Name:	rs. ents harge during ments ments. Last Saved	the month.	y values	keithrsdd Keith R keithr@sc	chard	r.org			the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Type.
No error Comme No disch Attachn No attachn Report SANITA User: Name: E-Mail: Date/Tir	rs. ents harge during ments ments. Last Saved	the month.  By CT OF DECATUR	y values	keithrsdd Keith R keithr@sc	chard ldcleanwatel	r.org			the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Type.
No error Comme No disch Attachn No attachn Report SANITA User: Name: E-Mail: Date/Tir	rs. ents harge during ments ments. Last Saved ARY DISTRIC	the month.  By CT OF DECATUR	y values	keithrsdd Keith R keithr@sc	chard Idcleanwatei 08 09:12 (T	r.org			the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Type.
No error Comme No disch Attachn No attachn Report SANITA User: Name: E-Mail: Date/Tin Report	rs. ents harge during ments ments. Last Saved ARY DISTRIC	the month.  By CT OF DECATUR	y values	keithrsdd Keith Ri keithr@sc 2023-12-0	chard Idcleanwatei 18 09:12 (T	r.org			the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	npie Type.
No error Comme No disch Attachn No attachn Report SANITA User: Name: E-Mail: Date/Tin Report User:	rs. ents harge during ments ments. Last Saved ARY DISTRIC	the month.  By CT OF DECATUR	y values	keithrsdd Keith Ri keithr@sc 2023-12-0 TIMSDD8 Tim Go	chard Idcleanwatei 18 09:12 (T	r.org ⁻ime Zon			the following fields	s will be s	submitted f	for that	t row: Units, Numl	per of Exc	cursions,	Frequen	ncy of A	Anaiysis,	and Sar	nple Type.

Permit Facility: IL0028321 Permittee: SANITARY DISTRICT OF DECATUR 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 11/01/23 to 11/30/23 12/25/23 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: 2023-12-08 09:13 (Time Zone: -06:00) Report Last Signed By User: TIMSDD89 Tim Gorden Name: E-Mail: timg@sddcleanwater.org Date/Time: 2023-12-08 09:38 (Time Zone: -06:00)

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

Report Dates & Status

Monitoring Period: From 11/01/23 to 11/30/23

DMR Due Date: 12/25/23

Title:

Status: NetDMR Validated

**Considerations for Form Completion** 

W1150150004

**Principal Executive Officer** 

First Name: Kent

Last Name: Newton

Executive Director

Telephone:

217-422-6931

No Data Indicator (NODI)

Form NODI: --

	Parameter	Monitoring Location	Season	# Param. NOD			Qua	ntity or Loa	ding					Quality or Cond	entration		# of E	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								=	133.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0		Permit Req.									Req Mon MO AVG	i		19 - mg/L <sub>0</sub>	02/DA - 2 Days Every Week	CP - COMPOS
	,				Value NODI														
					Sample								=	205.0			19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
00530	Solids, total suspended	G - Raw Sewage Influent	0		Permit Req.									Req Mon MO AVG	1		19 - mg/L <sub>0</sub>	02/DA - 2 Days Every Week	CP - COMPOS
00000	Contact Cacponaca	C rian comago mindoni			Value NODI														
					Sample								=	25.4	= 27	7.7	19 - mg/L	02/DA - 2 Days Every Week	CP - COMPOS
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 - COMPOS
00000	· Hoophorus, total fac : 1	C rian comago mindoni			Value NODI														
					Sample	= 2	26.59	=	37.37	3 - MGD								99/99 - Continuous	RT - RCOTOT
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	3 - MGD							0	99/99 - Continuous	RT - RCOTOT
23000	, , , , , , , , , , , , , ,				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: 2023-12-08 09:15 (Time Zone: -06:00)

Report Last Signed By

User: TIMSDD89
Name: Tim Gorden

E-Mail: timg@sddcleanwater.org