

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	2252	lb/d	6	8	mg/L	0	2 Days Every Week	GRAB	
003000 1 0 Effluent Gross pH	28083 MO.AVG	lb/d	MINIMUM	MINIMUM	mg/L	0	2 Days Every Week	GRAB	
004000 1 0 Effluent Gross Solids, total suspended	2252	lb/d	6	8	mg/L	0	2 Days Every Week	GRAB	
005000 1 0 Effluent Gross Nitrogen, ammonia total (as N)	48813 MO.AVG	lb/d	26	45	mg/L	0	2 Days Every Week	COMPOS	
00610 1 7 Effluent Gross Nickel, total (as Ni)	195 MO.AVG	lb/d	0.42	1.79	mg/L	0	2 Days Every Week	COMPOS	
01087 1 0 Effluent Gross Zinc, total (as Zn)	5.2 MO.AVG	lb/d	0.014	0.030	mg/L	0	5 Days Every Week	COMPOS	
01082 1 0 Effluent Gross Flow, in conduit or thru treatment plant	18 MO.AVG	lb/d	0.024	0.030	mg/L	0	5 Days Every Week	COMPOS	
50050 1 0 Effluent Gross Chlorine, total residual	78 MO.AVG	lb/d	0.015	0.016	mg/L	0	5 Days Every Week	COMPOS	
50060 1 0 Effluent Gross Coliform, fecal general	47.63 MO.AVG	Mgal/d	0.015	0.016	mg/L	0	5 Days Every Week	COMPOS	
74055 1 0 Effluent Gross BOD, carbonaceous, 05 day, 20 C	842 MO.AVG	lb/d	2	3	mg/L	0	2 Days Every Week	COMPOS	
80082 1 0 Effluent Gross	20860 MO.AVG	lb/d	20	40	mg/L	0	2 Days Every Week	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Cherry	217-422-6831	5/13/2011
TYPED OR PRINTED	217	422-6831
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Timothy R. Kluge</i>		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information reported by the monitoring system, and that the information reported herein is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Zinc and Nickel limits not in effect due to variance granted in PCB-2009-125. Chlorine and fecal coliform limits not applicable this month.

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

003-0  
DISCHARGE NUMBER

IL0028821  
PERMIT NUMBER

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

MAJOR (SUJR 04)  
 GF  
 TREATED CSO-OAKLAND AVENUE  
 External Outfall

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 04/01/2011 TO 04/30/2011

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
SAMPLE MEASUREMENT PERMIT REQUIREMENT									
BOD, 5-day, 20 deg. C			42		mg/L		0	Daily When Discharging	CP
00310 1 0 Effluent Gross pH			Reg. Mon. MO.AVG		mg/L			Daily When Discharging	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT			7.5		SU	8	0	Daily When Discharging	CP
00400 1 0 Effluent Gross Solids, total suspended			MINIMUM		SU	MAXIMUM	0	Daily When Discharging	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT			136		mg/L		0	Daily When Discharging	CP
00530 1 0 Effluent Gross Flow, total			Reg. Mon. MO.AVG		mg/L			Daily When Discharging	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT			14.2		Mgal/mo		0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross			Reg. Mon. MO.TOTAL		Mgal/mo			Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Monte Cherry, Exec. Director</i>	217-422-6931	5/13/2011
TYPED OR PRINTED	AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Monte Cherry</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 7  
 Note: Automatic composite sampler failed to activate on one of the days of discharge.

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 TREATED CSO-SOUTH EDWARD ST  
 External Outfall


004-0  
 DISCHARGE NUMBER  
 PERMIT NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 04/01/2011 TO 04/30/2011

FROM  
 04/01/2011 TO 04/30/2011

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C								Daily When Discharging	CP
00310 10 Effluent Gross			21				0	Daily When Discharging	CP
pH				7.6			0	Daily When Discharging	GRAB
00400 10 Effluent Gross				MINIMUM 6			0	Daily When Discharging	CP
Solids, total suspended			110				0	Daily When Discharging	GRAB
00530 10 Effluent Gross							0	Daily When Discharging	CP
Flow, total		162.1					0	Daily When Discharging	CONTIN
82220 10 Effluent Gross							0	Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 TYPED OR PRINTED  
 Monte Cherry, Exec. Director

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 217-422-6931

DATE  
 5/13/2011

AREA CODE NUMBER  
 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 5  
 Note: Automatic composite sampler failed to activate on two days of discharge.

007-0  
DISCHARGE NUMBER

IL0028321  
PERMIT NUMBER

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

MAJOR (SUBR 04) GF  
 TREATED CSO-MCKINLEY AVENUE  
 External Outfall

MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 04/01/2011 TO 04/30/2011

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C	*****	*****	16	*****	mg/L	*****	0	Daily When Discharging	CP
00310 1 0 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	mg/L	*****		Daily When Discharging	GRAB
pH	*****	*****	7.5	*****	SU	7.9	0	Daily When Discharging	CP
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	*****	SU	9 MAXIMUM		Daily When Discharging	GRAB
00530 1 0 Flow, total	*****	*****	206.2	*****	mg/L	*****	0	Daily When Discharging	CP
82220 1 0 Effluent Gross	*****	*****	Req. Mon. MO TOTAL	*****	mg/L	*****		Daily When Discharging	GRAB
	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
	*****	*****	*****	*****	*****	*****		Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry, Exec. Director</i>	TELEPHONE NUMBER 217-422-6931	DATE 5/13/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tim Kluge</i>	AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 7  
 Note: Automatic composite sampler failed to activate on one of the days of discharge.

62522

DMR Mailing ZIP CODE: 62522

008-0  
DISCHARGE NUMBER

1L0028321  
PERMIT NUMBER

NAME: DECATUR SD MAIN STP  
ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522  
FACILITY: DECATUR SD MAIN STP  
LOCATION: 501 DIPPER LANE  
DECATUR, IL 62522  
ATTN: TIM KLUGE

MAJOR (SUBR 04) GF  
TREATED CSO-SEVENTH WARD  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2011 TO 04/30/2011

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C				42	mg/L		0	Daily When Discharging	CP
00310 1 0 Effluent Gross pH			7.8	Reqd. Min. MO AVG	mg/L		0	Daily When Discharging	GRAB
00400 1 0 Solids, total suspended			6	MINIMUM	SU	MAXIMUM	0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross			624	Reqd. Min. MO AVG	mg/L		0	Daily When Discharging	CP
Flow, total		31.12			mgal/mo		0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross					mgal/mo		0	Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Monte Cherry, Exec. Director</i>	217-422-6931	5/13/2011
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Timothy R. Kluge</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 4  
Sample not available on three days due to high river level.

62522

DMR Mailing ZIP CODE:

MAJOR (SUBR 04) GF  
CSC-OAKLAND AVE TRT BYPASS (003A)  
External Outfall

No Discharge  x

A03-0  
DISCHARGE NUMBER

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2011 TO 04/30/2011

IL0028321  
PERMIT NUMBER

FROM  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2011 TO 04/30/2011

NAME: DECATUR SD MAIN STP  
ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522  
FACILITY: DECATUR SD MAIN STP  
LOCATION: 501 DIPPER LANE  
DECATUR, IL 62522  
ATTN: TIM KLUGE

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT		QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow									
74071 1 0 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry Exec. Director</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Monte Cherry</i>	TELEPHONE 217-422-6931	DATE 5/13/2011
		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (References all attachments here)  
RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 0

MAJOR (SUBR 04) GF  
CSC-EDWARD ST TRT BYPASS (004A)  
External Outfall

DISCHARGE NUMBER

PERMIT NUMBER

ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522  
FACILITY: DECATUR SD MAIN STP  
LOCATION: 501 DIPPER LANE  
DECATUR, IL 62522  
ATTN: TIM KLUGE

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2011 TO 04/30/2011

FROM

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Flow														
74071.1 0 Effluent Gross														

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry, Exec. Director</i>	TELEPHONE 217-422-6931	DATE 5/13/2011
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tim Kluge</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
RECEIVING WATER: SANGAMON RIVER. Number of days of discharge: 0

62522

DMR Mailing ZIP CODE:

A06-0
DISCHARGE NUMBER
MONITORING PERIOD
MM/DD/YYYY
TO
04/30/2011

IL0028321
PERMIT NUMBER
MM/DD/YYYY
FROM
04/01/2011

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

MAJOR (SUBR 04)  
 CSO-FAIRVIEW PARK  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	74071.10								
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Monte Cherry, Exec. Director</i>	217-422-6931	5/13/2011
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by someone with a system designed to ensure that qualified personnel properly gather and evaluate the information reported. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering, reviewing, and certifying the information, and on my knowledge of the data collection system, and the methods and systems that have been used to gather, review, and certify the information, including the possibility of bias and inaccuracies for bearing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: STEVENS CREEK. Number of days of discharge: 0



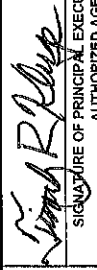
NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLLUGE

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04)  
 CSO-MCKINLEY AV TR BYPAS(007A)  
 External Outfall  
 No Discharge

IL0028821  
 PERMIT NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO  
 04/01/2011 TO 04/30/2011

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow	74071.10									
Effluent Gross										

Crk. Mio. #/mo  
 MGD TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry, Exec. Director</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NUMBER 217-422-6931	DATE 5/13/2011
		AREA CODE 217	MM/DD/YYYY 5/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK. Number of days of discharge: 0

DMR Mailing ZIP CODE: 62522

A08-0
DISCHARGE NUMBER
MONITORING PERIOD
MM/DD/YYYY
TO
04/30/2011

IL0028324
PERMIT NUMBER
MM/DD/YYYY
FROM
04/01/2011

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

62522

MAJOR (SUBR 04)

CSO-SEVENTH WARD TR.BYPS(008A)

External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow									
74071 1 0									
Effluent Gross									

SAMPLE MEASUREMENT PERMIT REQUIREMENT

Dist. Mins. NO. TOTAL #/mo

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Cherry, Exec. Director	217-422-6931	5/13/2011
TYPED OR PRINTED	AREA CODE	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Monte Cherry</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. Number of days of discature: 0

INF-L  
DISCHARGE NUMBER  
MONITORING PERIOD  
MM/DD/YYYY  
TO  
04/30/2011

IL8028321  
PERMIT NUMBER  
MM/DD/YYYY  
FROM  
04/01/2011

NAME: DECATUR SD MAIN STP  
 ADDRESS: 501 DIPPER LANE  
 DECATUR, IL 62522  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

MAJOR (SUBR 04)

INFLUENT REPORTING

Influent Structure

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C	83	mg/L	83	mg/L	0	2 Days Every Week	COMPOS		
00310 G 0 Raw Sewage Influent Solids, total suspended	136	mg/L	Req. Mon. MO AVG	mg/L	0	2 Days Every Week	COMPOS		
00530 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant	91.82	Mgal/d	Req. Mon. MO AVG	mg/L	0	2 Days Every Week	COMPOS		
50050 G 0 Raw Sewage Influent	45.23	Mgal/d	Req. Mon. DAILY MAX	mg/L	0	Continuous	RCOTOT		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Monte Cherry

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*

TELEPHONE  
217-422-6931

DATE  
5/13/2011

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