

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

IL0028321	001-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 08/01/2010	TO 08/31/2010

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
STP OUTFALL
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	6.45	*****	*****	mg/L	0	2 Days Every Week	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	mg/L		2 Days Every Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.1	SU	0	2 Days Every Week	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		2 Days Every Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1263	2280	lb/d	*****	5	8	mg/L	0	2 Days Every Week	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	26063 MO AVG	46913 WKLY AVG	lb/d	*****	25 MO AVG	45 WKLY AVG	mg/L		2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	49	52	lb/d	*****	0.18	0.18	mg/L	0	2 Days Every Week	COMPOS
00610 1 7 Effluent Gross	PERMIT REQUIREMENT	1355 MO AVG	3128 DAILY MX	lb/d	*****	1.3 MO AVG	3 DAILY MX	mg/L		2 Days Every Week	COMPOS
Nickel, total (as Ni)	SAMPLE MEASUREMENT	12	*****	lb/d	*****	0.044	*****	mg/L	0	5 Days Every Week	COMPOS
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	16 MO AVG	*****	lb/d	*****	.015 MO AVG	*****	mg/L		5 Days Every Week	COMPOS
Zinc, total (as Zn)	SAMPLE MEASUREMENT	15	31	lb/d	*****	0.054	0.112	mg/L	0	5 Days Every Week	COMPOS
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	78 MO AVG	434 DAILY MX	lb/d	*****	.075 MO AVG	.416 DAILY MX	mg/L		5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.38	48.73	Mgal/d	*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.011	mg/L	0	2 Days Every Week	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		See Permit	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	56	#/100mL	0	2 Days Every Week	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	400 DAILY MX	#/100mL		2 Days Every Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	591	619	lb/d	*****	2	2	mg/L	0	2 Days Every Week	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	20850 MO AVG	41700 WKLY AVG	lb/d	*****	20 MO AVG	40 WKLY AVG	mg/L		2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		217 422-6931 9/13/2010

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.

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

IL0028321
PERMIT NUMBER

003-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
 TREATED CSO-OAKLAND AVENUE
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	60	*****	mg/L	0	Daily When Discharging	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	Daily When Discharging	CP
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	162	*****	mg/L	0	Daily When Discharging	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	2.24	Mgal/mo	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Daily When Discharging	CONTIN

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			AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 2

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

IL0028321
PERMIT NUMBER

004-0
DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2010	TO	08/31/2010

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	*****	mg/L	0	Daily When Discharging	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	Daily When Discharging	CP
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	83	*****	mg/L	0	Daily When Discharging	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	33	Mgal/mo	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Daily When Discharging	CONTIN

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			AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 2

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

IL0028321
PERMIT NUMBER

007-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
 TREATED CSO-MCKINLEY AVENUE
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	*****	mg/L	0	Daily When Discharging	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	Daily When Discharging	CP
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	*****	mg/L	0	Daily When Discharging	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	28.4	Mgal/mo	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Daily When Discharging	CONTIN

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: 2

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

IL0028321
PERMIT NUMBER

008-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
TREATED CSO-SEVENTH WARD
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	31	*****	mg/L	0	Daily When Discharging	CP
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	Daily When Discharging	CP
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	207	*****	mg/L	0	Daily When Discharging	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	39.8	Mgal/mo	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	Mgal/mo	*****	*****	*****	*****		Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 2

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

IL0028321
PERMIT NUMBER

A03-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
 CSO-OAKLAND AVE TRT BYPASS (003A)
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2010	TO	08/31/2010

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow		*****			*****	*****	*****	*****			
74071 1 0 Effluent Gross		*****	Opt. Mon. MO TOTAL	#/mo	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. 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 KLUGE

IL0028321
PERMIT NUMBER

A04-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
 CSO-EDWARD ST TRT BYPASS (004A)
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

FROM TO

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow		*****			*****	*****	*****	*****			
74071 1 0 Effluent Gross		*****	Opt. Mon. MO TOTAL	#/mo	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER

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

IL0028321
PERMIT NUMBER

A04-0
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04) GF
 CSO-EDWARD ST TRT BYPASS (004A)
 External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

FROM TO

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow		*****			*****	*****	*****	*****			
74071 1 0 Effluent Gross		*****	Opt. Mon. MO TOTAL	#/mo	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER

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

IL0028321		A07-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2010	TO	08/31/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-MCKINLEY AV TR BYPAS(007A)
 External Outfall

No Discharge

ATTN: TIM KLUGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****	*****	*****	*****			
74071 1 0 Effluent Gross		*****	Opt. Mon. MO TOTAL	#/mo	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK

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

IL0028321		A07-0	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2010	TO	08/31/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-MCKINLEY AV TR BYPAS(007A)
 External Outfall

No Discharge

ATTN: TIM KLUGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****			*****	*****	*****	*****			
74071 1 0 Effluent Gross		*****	Opt. Mon. MO TOTAL	#/mo	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK

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

IL0028321		INF-L	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	08/01/2010	TO	08/31/2010

DMR Mailing ZIP CODE: 62522
MAJOR
 (SUBR 04)
INFLUENT REPORTING
 Influent Structure

No Discharge

ATTN: TIM KLUGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	112	*****	mg/L	0	2 Days Every Week	COMPOS
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		2 Days Every Week	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	296	*****	mg/L	0	2 Days Every Week	COMPOS
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		2 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	32.79	46.75		*****	*****	*****	*****	0	Continuous	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	RCOTOT

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Monte Cherry						
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		217	422-6931	9/13/2010

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