

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

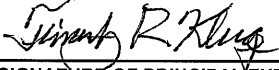
NAME: DECATUR SD MAIN STP
ADDRESS: 501 DIPPER LANE
DECATUR, IL 62522
FACILITY: DECATUR SD MAIN STP
LOCATION: 501 DIPPER LANE
DECATUR, IL 62522
ATTN: TIM KLUGE

IL0028321		0010	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013

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	*****	*****	*****	8.55	*****	*****	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	*****	*****	*****	8.2	*****	8.4	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	875	1207	lb/d	*****	5	6	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	25	34	lb/d	*****	0.13	0.2	mg/L	0	2 Days Every Week	COMPOS
00610 1 6 Effluent Gross	PERMIT REQUIREMENT	1355 MO AVG	3128 DAILY MX	lb/d	*****	1.5 MO AVG	3 DAILY MX	mg/L		2 Days Every Week	COMPOS
Nickel, total (as Ni) 01067 1 0	SAMPLE MEASUREMENT	6.5	*****	lb/d	*****	0.035	*****	mg/L	1	5 Days Every Week	COMPOS
Effluent Gross	PERMIT REQUIREMENT	16 MO AVG	*****	lb/d	*****	0.015 MO AVG	*****	mg/L		5 Days Every Week	COMPOS
Zinc, total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	5.3	11.1	lb/d	*****	0.029	0.066	mg/L	0	5 Days Every Week	COMPOS
Effluent Gross	PERMIT REQUIREMENT	78 MO AVG	434 DAILY MX	lb/d	*****	0.075 MO AVG	0.416 DAILY MX	mg/L		5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	23.41	50.12	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	*****	*****	*****	*****	*****	*****	mg/L	0	0	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.05 DAILY MX	mg/L		See Permit	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	#/100mL	0	0	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	400 DAILY MX	#/100mL		See Permit	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	589	720	lb/d	*****	3	4	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Monte Cherry			(217)-	422-6931	01/14/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DMF LOAD LIMITS DISPLAYED. 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


IL0028321	0030
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 TREATED CSO-OAKLAND AVENUE
 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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	32	*****	mg/L	0	Daily When Discharging	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	7.59	SU	0	Daily When Discharging	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	74	*****	mg/L	0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	0.05	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 Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)- 422-6931		DATE 01/14/2014
			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: 1

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		0040	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 TREATED CSO-SOUTH EDWARD ST
 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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****	mg/L	0	Daily When Discharging	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	Daily When Discharging	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****	mg/L	0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****		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

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

RECEIVING WATER: SANGAMON RIVER NUMBER OF DAYS OF DISCHARGE: 0

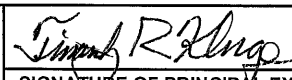
NAME: DECATUR SD MAIN STP
ADDRESS: 501 DIPPER LANE
 DECATUR, IL 62522
FACILITY: DECATUR SD MAIN STP
LOCATION: 501 DIPPER LANE
 DECATUR, IL 62522
ATTN: TIM KLUGE

IL0028321	0070
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 12/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 TREATED CSO-MCKINLEY AVENUE
 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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	19	*****	mg/L	0	Daily When Discharging	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.47	*****	7.47	SU	0	Daily When Discharging	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	47	*****	mg/L	0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****	0.45	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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER NUMBER OF DAYS OF DISCHARGE: 1

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

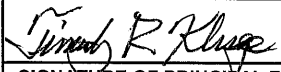
0080
DISCHARGE NUMBER

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

MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
12/01/2013	FROM	TO
		12/31/2013

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	*****	*****	*****	*****		*****	mg/L	0	Daily When Discharging	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU	0	Daily When Discharging	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily When Discharging	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****	mg/L	0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily When Discharging	GRAB
Flow, total	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****	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 Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)-422-6931	DATE 01/14/2014
			AREA Code	NUMBER

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


A030
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 CSO-OAKLAND AV TRT BYPAS(003A)
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)-422-6931		DATE 01/14/2014
			AREA Code	NUMBER	MM/DD/YYYY

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

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

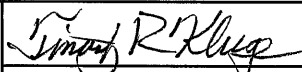
A040
DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)-422-6931		DATE 01/14/2014
			AREA Code	NUMBER	MM/DD/YYYY

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

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


A060
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 CSO-FAIRVIEW PARK
 External Outfall

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013	

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	*****		#/mo	*****	*****	*****	*****	0		
74071 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	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		TELEPHONE	DATE
Monte Cherry			(217)-422-6931	01/14/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

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


A070
DISCHARGE NUMBER

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

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013	

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)-422-6931		DATE 01/14/2014
			AREA Code	NUMBER	MM/DD/YYYY

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

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


A080
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 62522
 MAJOR
 (SUBR 04)
 CSO-SEVENTH WARD TR BYPS(008A)
 External Outfall

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013	

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	*****		#/mo	*****	*****	*****	*****	0		
74071 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Monte Cherry			(217)-422-6931	01/14/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

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


INFL
DISCHARGE NUMBER

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

MONITORING PERIOD				
MM/DD/YYYY			MM/DD/YYYY	
FROM	12/01/2013	TO	12/31/2013	

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	*****	*****	*****	*****	126	*****	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	*****	*****	*****	*****	172	*****	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	22.27	48.14	Mgal/d	*****	*****	*****	*****	0	Continuous	RCOTOT
50050 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Continuous	RCOTOT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (217)-422-6931	DATE 01/14/2014
			AREA Code	NUMBER

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

GF