

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

GF

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 12/01/2010 TO 12/31/2010

No Discharge

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|----------|------------|--------------------------|---------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | UNITS | VALUE | | | |
| Oxygen, dissolved (DO) | MEASUREMENT PERMIT | 8.2 | ***** | ***** | mg/L | ***** | 0 | 2 Days Every Week | GRAB |
| Effluent Gross pH | SAMPLE PERMIT | 6 | MINIMUM | ***** | mg/L | ***** | 0 | 2 Days Every Week | GRAB |
| Effluent Gross Solids, total suspended | MEASUREMENT PERMIT | 7.6 | ***** | ***** | SU | ***** | 0 | 2 Days Every Week | GRAB |
| Effluent Gross Nitrogen, ammonia total (as N) | MEASUREMENT PERMIT | 6 | MINIMUM | ***** | SU | ***** | 0 | 2 Days Every Week | GRAB |
| Effluent Gross Nitrogen, ammonia total (as N) | MEASUREMENT PERMIT | 4 | ***** | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross Nickel, total (as Ni) | MEASUREMENT PERMIT | 45 | WEEKLY AVG | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross Nickel, total (as Ni) | MEASUREMENT PERMIT | 0.25 | ***** | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross Zinc, total (as Zn) | MEASUREMENT PERMIT | 3 | DAILY MAX | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross Zinc, total (as Zn) | MEASUREMENT PERMIT | 0.019 | ***** | ***** | mg/L | ***** | 0 | 5 Days Every Week | COMPOS |
| Effluent Gross Flow, in conduit or thru treatment plant | MEASUREMENT PERMIT | 0.15 | WEEKLY AVG | ***** | mg/L | ***** | 0 | 5 Days Every Week | COMPOS |
| Effluent Gross Chlorine, total residual | MEASUREMENT PERMIT | 0.034 | ***** | ***** | mg/L | ***** | 0 | 5 Days Every Week | COMPOS |
| Effluent Gross Chlorine, total residual | MEASUREMENT PERMIT | 0.075 | WEEKLY AVG | ***** | mg/L | ***** | 0 | 5 Days Every Week | COMPOS |
| Effluent Gross Coliform, fecal general | MEASUREMENT PERMIT | 434 | DAILY MAX | ***** | ***** | ***** | 0 | Continuous | GRAB |
| Effluent Gross Coliform, fecal general | MEASUREMENT PERMIT | 42.98 | ***** | ***** | ***** | ***** | 0 | Continuous | GRAB |
| Effluent Gross Coliform, fecal general | MEASUREMENT PERMIT | Reg: Mon | ***** | ***** | ***** | ***** | 0 | See Permit | GRAB |
| Effluent Gross Coliform, fecal general | MEASUREMENT PERMIT | 0.05 | DAILY MAX | ***** | ***** | ***** | 0 | See Permit | GRAB |
| Effluent Gross BOD, carbonaceous, 05 day, 20 C | MEASUREMENT PERMIT | 400 | DAILY MAX | ***** | #/100ml | ***** | 0 | 2 Days Every Week | GRAB |
| Effluent Gross BOD, carbonaceous, 05 day, 20 C | MEASUREMENT PERMIT | 3 | ***** | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross BOD, carbonaceous, 05 day, 20 C | MEASUREMENT PERMIT | 40 | WEEKLY AVG | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |
| Effluent Gross BOD, carbonaceous, 05 day, 20 C | MEASUREMENT PERMIT | 20850 | WEEKLY AVG | ***** | mg/L | ***** | 0 | 2 Days Every Week | COMPOS |

| | | |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Monte Cherry | (217) 422-6931 | 11/14/2011 |
| TYPED OR PRINTED | 217 | 422-8931 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| <i>Monte Cherry</i> | | |

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 3230-1 (Rev. 01/08) Previous editions may be used. Page 0

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

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

No Discharge

MONITORING PERIOD
 FROM 12/01/2010 TO 12/31/2010

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---------------------|-------|--------------------------|-------|-------|-------|------------------------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | 44 | ***** | ***** | mg/L | Daily When Discharging | CP | |
| 00310 10 Effluent Gross pH | ***** | ***** | Req. Min. MO-ANG | ***** | ***** | mg/L | Daily When Discharging | GRAB | |
| 00400 10 Effluent Gross Solids, total suspended | ***** | ***** | 7.2 | ***** | ***** | SU | Daily When Discharging | CP | |
| 00530 10 Effluent Gross Flow, total | ***** | ***** | MINIMUM | ***** | ***** | SU | Daily When Discharging | GRAB | |
| 82220 10 Effluent Gross | ***** | ***** | 95 | ***** | ***** | mg/L | Daily When Discharging | CP | |
| | ***** | ***** | Req. Min. MO-ANG | ***** | ***** | mg/L | Daily When Discharging | GRAB | |
| | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | CONTIN | |
| | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | CONTIN | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Monte Cherry
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tim Kluge

TELEPHONE NUMBER
 (217) 422-6931

DATE
 1/14/2011

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
 FACILITY: DECATUR SD MAIN STP
 LOCATION: 501 DIPPER LANE
 ATTN: TIM KLUGE

PERMIT NUMBER: IL0028321
 DISCHARGE NUMBER: 004-0

MONITORING PERIOD
 FROM: 12/01/2010 TO: 12/31/2010

MAJOR (SUBR 04) GF
 TREATED CSO-SOUTH EDWARD ST
 External Outfall
 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 | | | | | | | | Daily/When Discharging | GRAB |
| 00310 1 0 Effluent Gross | | | | | | | | | |
| pH | | | | | | | | | |
| 00400 1 0 Effluent Gross | | | | | | | | Daily/When Discharging | GRAB |
| Solids, total suspended | | | | | | | | | |
| 00530 1 0 Effluent Gross | | | | | | | | Daily/When Discharging | GRAB |
| Flow, total | | | | | | | | | |
| 82220 1 0 Effluent Gross | | | | | | | | Daily/When Discharging | CONTIN |

I hereby certify under penalty of law that this document is a true and accurate copy of all measurements made, analyzed, and reported under my direction or supervision. I am not aware of any falsification of data, and I am not aware of any person or persons who manage the system, or those persons directly responsible for publishing the information, that 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.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Signature: *Monte Cherry*
 TYPED OR-PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (217) 422-6931
 AREA Code: 217 NUMBER: 422-6931
 DATE: 11/4/2011

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

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

007-0
 DISCHARGE NUMBER

1L0026321
 PERMIT NUMBER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 12/01/2010 TO 12/31/2010

FROM

No Discharge

| PARAMETER | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|-------|-------|--------------------------|-------|-------|-------|--------|------------------------|-------------|
| | VALUE | UNITS | VALUE | UNITS | VALUE | UNITS | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | CP |
| 00310 1 0 Effluent Gross pH | ***** | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | ***** | ***** | ***** | Daily When Discharging | GRAB |
| 00400 1 0 Effluent Gross Solids, total suspended | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | CP |
| 00630 1 0 Effluent Gross Flow, total | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | GRAB |
| 82220 1 0 Effluent Gross | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | Daily When Discharging | CONTIN |

I certify under penalty of law that the documents 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.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Monte Cherry
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Linda B. Rhee

TELEPHONE: (217) 422-6931
 DATE: 11/17/2011

AREA CODE: 217
 NUMBER: 422-6931
 MIDDYYYY: 11172011

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

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|---------|--------|------------------------|-------------|
| | VALUE | UNITS | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | 49 | mg/L | | Daily When Discharging | CP |
| 00310 1 0 Effluent Gross | ***** | ***** | Req. Min. MO AVG | mg/L | | Daily When Discharging | GRAB |
| pH | ***** | ***** | 7.4 | SU | | Daily When Discharging | CP |
| 00400 1 0 Effluent Gross Solids, total suspended | ***** | ***** | 6 MINIMUM | SU | | Daily When Discharging | GRAB |
| 00530 1 0 Effluent Gross Flow, total | ***** | ***** | 116 | mg/L | | Daily When Discharging | CP |
| 82220 1 0 Effluent Gross | ***** | ***** | Req. Min. MO TOTAL | mg/L | | Daily When Discharging | GRAB |
| | ***** | ***** | 91.4 | Mgal/mo | | Daily When Discharging | CONTIN |
| | ***** | ***** | Req. Min. MO TOTAL | Mgal/mo | | Daily When Discharging | CONTIN |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Monte Charly
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tim Kluge

TELEPHONE NUMBER
 (217) 422-6931

DATE
 1/14/2011

AREA CODE NUMBER
 MMDDYYYY

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

62522

DMR Mailing ZIP CODE:

MAJOR (SUFR 04) GF
CSO-OAKLAND AVE TRT BYPASS (003A)
External Outfall

No Discharge x

A03-0
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY TO
12/01/2010 TO 12/31/2010

IL0028321
PERMIT NUMBER

FROM
MM/DD/YYYY TO
12/01/2010 TO 12/31/2010

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

3. I certify under penalty of law that this document and all attachments were prepared by me or by a person acting on my behalf, and that I am a duly licensed or otherwise qualified person to provide the information submitted. Based on the information submitted, 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 fines and imprisonment for knowing violations.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
Monte Cherry
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Monte Cherry

TELEPHONE NUMBER: (217) 422-6031

DATE: 11/14/2011

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

IL028921
 PERMIT NUMBER
 A04-0
 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY TO
 12/01/2010 12/31/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CFCO-EDWARD ST TRT BYPASS (004A)
 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 | ***** | #/hr | ***** | ***** | ***** | ***** | | | |

| | | |
|---|------------------------------------|---------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry</i> | TELEPHONE <i>(217) 422-6931</i> | DATE <i>1/14/2011</i> |
| TYPED OR PRINTED | AREA CODE <i>217</i> | NUMBER <i>422-6931</i> |
| 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

62522

DMR Mailing ZIP CODE:

| | |
|------------|-------------------|
| IL028321 | PERMIT NUMBER |
| 006-0 | DISCHARGE NUMBER |
| 12/01/2010 | MONITORING PERIOD |
| 12/31/2010 | TO |

| | |
|-----------------|---------------------|
| 501 DIPPER LANE | DECATUR SD MAIN STP |
| 501 DIPPER LANE | DECATUR, IL 62522 |
| 501 DIPPER LANE | DECATUR SD MAIN STP |
| 501 DIPPER LANE | DECATUR, IL 62522 |

ATTN: TIM KLUGE

External Outfall

No 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

| 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 | | | | | | | | | |

| | | |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Monte Cherry TYPED OR PRINTED | (217) 422-6931 | 11/14/2011 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER |
| <i>Monte Cherry</i> | 217 | 422-6931 |

Comments and explanation of any violations (Reference all attachments here)
 RECEIVING WATER: Stevens 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
 ATTN: TIM KLUGE


IL0028321
 PERMIT NUMBER
 MONITORING PERIOD
 MM/DD/YYYY TO
 12/01/2010 TO 12/31/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-MCKINLEY AV TR BYPAS(007A)
 External Outfall
 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 | | | |
| Flow | 74071 1 0 Effluent Gross | | | | | | | | | |

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 included herein. I am aware that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Monte Cherry
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


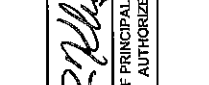
TELEPHONE: (217) 422-6931
 AREA CODE: 217
 NUMBER: 422-6931

DATE: 1/14/2011
 MM/DD/YYYY

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

| | |
|---------------|------------------|
| IL0028324 | A08-0 |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MM/DD/YYYY | MM/DD/YYYY |
| 12/01/2010 | 12/31/2010 |
| FROM | TO |

| 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 1 0 Effluent Gross | | | | | | | | | |

| | | | |
|--|--|-----------------------------|-------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry</i> TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  | TELEPHONE (217) 422-6931 | DATE 11/4/2011 |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: SANGAMON RIVER | | AREA Code NUMBER | MM/DD/YYYY |


INF-L
 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY
 TO 12/31/2010

IL0028321
 PERMIT NUMBER
 MM/DD/YYYY
 FROM 12/01/2010

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 | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|-----------------------|-------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | 103 | ***** | ***** | 0 | 2 Days Every Week | COMPOS |
| 00310 G 0 Raw Sewage Influent Solids, total suspended | ***** | ***** | ***** | Res. Mon. MO.AVG. | ***** | ***** | 0 | 2 Days Every Week | COMPOS |
| 00550 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant | ***** | ***** | ***** | 181 | ***** | ***** | 0 | 2 Days Every Week | COMPOS |
| 50050 G 0 Raw Sewage Influent | 29.78 | ***** | ***** | Res. Mon. MO.AVG. | ***** | ***** | 0 | 2 Days Every Week | COMPOS |
| | ***** | ***** | ***** | 41.76 | ***** | ***** | 0 | Continuous | RCOTOT |
| | ***** | ***** | ***** | Res. Mon. DAILY MX | ***** | ***** | | Continuous | RCOTOT |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Marie Cherry
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
 (217) 422-8931

DATE
 1/14/2011

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