


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

IL 0028321  
 PERMIT NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY  
 02/01/2011 TO 02/28/2011  
 DISCHARGE NUMBER  
 001-0  
 DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04)  
 STP OUTFALL  
 External Outfall  
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Oxygen, dissolved (DO)	MEASUREMENT	8.20	mg/L	0	mg/L	0	2 Days Every Week	GRAB	
Effluent Gross	MEASUREMENT	MINIMUM	mg/L	0	mg/L	0	2 Days Every Week	GRAB	
pH	MEASUREMENT	7.5	SU	0	SU	0	2 Days Every Week	GRAB	
Effluent Gross	MEASUREMENT	MINIMUM	SU	0	SU	0	2 Days Every Week	GRAB	
Solids, total suspended	MEASUREMENT	11	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Effluent Gross	MEASUREMENT	MAXIMUM	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
00530 1 0	PERMIT	25	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Effluent Gross	PERMIT	45	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Nitrogen, ammonia total (as N)	MEASUREMENT	0.18	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
00610 1 7	PERMIT	1.5	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Effluent Gross	PERMIT	3	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Nickel, total (as Ni)	MEASUREMENT	0.016	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
01067 1 0	PERMIT	0.015	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
Effluent Gross	PERMIT	0.054	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
Zinc, total (as Zn)	MEASUREMENT	0.073	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
01092 1 0	PERMIT	0.16	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
Effluent Gross	PERMIT	0.16	mg/L	0	mg/L	0	5 Days Every Week	COMPOS	
Flow, in conduit or thru treatment plant	MEASUREMENT	4.10	Mgal/d	0	Mgal/d	0	Continuous		
50050 1 0	PERMIT	4.10	Mgal/d	0	Mgal/d	0	Continuous		
Effluent Gross	PERMIT	Req. Mon. MO AVG	Mgal/d	0	Mgal/d	0	Continuous		
Chlorine, total residual	MEASUREMENT	0.05	mg/L	0	mg/L	0	See Permit	GRAB	
50060 1 0	PERMIT	0.05	mg/L	0	mg/L	0	See Permit	GRAB	
Effluent Gross	PERMIT	0.05	mg/L	0	mg/L	0	See Permit	GRAB	
Coliform, fecal general	MEASUREMENT	#/100mL	0	#/100mL	0	0	2 Days Every Week	GRAB	
74056 1 0	PERMIT	#/100mL	0	#/100mL	0	0	2 Days Every Week	GRAB	
Effluent Gross	PERMIT	#/100mL	0	#/100mL	0	0	2 Days Every Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	MEASUREMENT	3	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
80082 1 0	PERMIT	3	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	
Effluent Gross	PERMIT	3	mg/L	0	mg/L	0	2 Days Every Week	COMPOS	

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 this person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted in this report is true, accurate, complete, and correct. I declare under penalty of perjury that the information submitted in this report is true, accurate, complete, and correct. I declare under penalty of perjury that the information submitted in this report is true, accurate, complete, and correct. I declare under penalty of perjury that the information submitted in this report is true, accurate, complete, and correct.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 Morrie Cherry *Spec Dir.*  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
  
 TELEPHONE: 217-422-6931  
 DATE: 03/14/2011

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.

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

IL0028321	003-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011
FROM	TO

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1 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
<i>Monte Cherry, Exec. Director</i>		<i>Tim Kluge</i>	217-422-6931	03/14/2011
TYPED OR PRINTED			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  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 ATTN: TIM KLUGE

L0028321  
 PERMIT NUMBER  
 004-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM 02/01/2011 TO 02/28/2011


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

No Discharge

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Flow, total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	CONTIN
82220 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	CONTIN

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

I certify under penalty of law that this document and all statements 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: 272-422-6931  
 AREA CODE: 272  
 NUMBER: 422-6931  
 DATE: 03/14/2011  
 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 1  
 Discharge not sampled due to control system problem. The problem has been corrected.

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  
 MONITORING PERIOD  
 MM/DD/YYYY  
 02/01/2011 TO 02/28/2011

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 TREATED CSO-MCKINLEY AVENUE  
 External Outfall  
 No Discharge

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

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Tim Kluge*

TELEPHONE: 217-422-6931  
 AREA Code: 217  
 NUMBER: 422-6931  
 DATE: 03/14/2011  
 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  
 FACILITY: DECATUR SD MAIN STP  
 LOCATION: 501 DIPPER LANE  
 ATTN: TIM KLUGE

IL0028321  
 PERMIT NUMBER  
 008-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM 02/01/2011 TO 02/28/2011

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 TREATED CSO-SEVENTH WARD  
 External Outfall  
 No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00630 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Flow, total	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
82220 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Monte Cherry, Exec. Director*  
 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Tim Kluge*

TELEPHONE: 217-422-6931  
 AREA Code: 217  
 NUMBER: 422-6931

DATE: 03/14/2011  
 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 1  
 Sample not available due to high river level.

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

IL0028321	A03-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011
FROM	TO

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 CSO-OAKLAND AVE TRT BYPASS (003A)  
 External Outfall  
 No Discharge

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

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 fines and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>Monte Cherry Exec. Director</i>			<i>Tim Kluge</i>	217-422-6924	03/14/2011
TYPED OR PRINTED				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:

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	A04-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011
FROM	TO

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

No Discharge  X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Monte Cherry, Exec. Director		217-422-1931		03/14/2010	
TYPED OR PRINTED		NUMBER		MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
RECEIVING WATER: SANGAMON RIVER		[Signature]			

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 fines and imprisonment for knowing violations.

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  
 PERMIT NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY  
 FROM 02/01/2011 TO 02/28/2011

A06-0  
 DISCHARGE NUMBER  
 DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04)  
 CSO-FAIRVIEW PARK  
 External Outfall  
 No Discharge

ATTN: TIM KLUGE

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		TELEPHONE		DATE	
Monte Cherry, Exec. Director		217-472-6931		03/14/2011	
TYPED OR PRINTED		NUMBER		MM/DD/YYYY	

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

RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK

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 fines and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent  
 Timothy R. Kluge

AREA Code: 217  
 NUMBER: 472-6931  
 DATE: 03/14/2011



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

ILL0028321  
 PERMIT NUMBER  
 MONITORING PERIOD  
 M/M/DD/YYYY  
 02/01/2011 TO 02/28/2011  
 DISCHARGE NUMBER  
 A07-0

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

ATTN: JIM KLUGE

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		*****	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 fines and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Monte Cherry, Exec Director				<i>Jim Kluge</i>		217-422-6931		02/14/2011	
TYPED OR PRINTED						AREA CODE		NUMBER	
						217		422-6931	


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  
 FACILITY: DECATUR, IL 62522  
 LOCATION: DECATUR SD MAIN STP  
 DECATUR, IL 62522  
 ATTN: TIM KLUGE

IL0028321	A08-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011
FROM	TO

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monke Cherry, Exec. Director</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NUMBER 217-422-6931	DATE 03/14/2011
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: SANGAMON RIVER				
AREA Code	NUMBER	MM/DD/YYYY		

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 02/01/2011 TO 02/28/2011


DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04)  
 INFLUENT REPORTING  
 Influent Structure  
 No Discharge

ATTN: TIM KLUGE

PARAMETER	MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	2 Days Every Week	COMPOS	
00310 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	2 Days Every Week	COMPOS	
00630 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	2 Days Every Week	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT PERMIT REQUIREMENT	38.55	72.21	Mgal/d	*****	*****	*****	0	Continuous	RCOTOT	
50050 G 0 Raw Sewage Influent	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	RCOTOT	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 217-422-6931  
 DATE: 03/14/2011

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