ADDRESS: 501 DIPPER LA DECATUR, IL 62522									COMMENTS:				
DECATUR, IL 62522	2								0011111211121				
									TREATED				_
PHONE: 422-6931					ı					OUTFALI	_ #00	3	
1 HONE: 422-0931	-				l			Number of	Days of Dischar	raa:	1	1	
IL 0028321					1			runiber of	Days of Discha	igc.	1	J	
			LATITUDE	LONGWEIDE	ļ				www NO DIGG	TI A D.CE		***	
PERMIT #			LATITUDE	LONGITUDE					*** NO DISC	CHARGE		***	
REPORTING PERIOD	FROM	2010	2	1		ТО	2010	2	28				
		YEAR	MO	DAY			YEAR	MO	DAY				
			QUANTITY					CONCENTRA	TION			FREQUENCY	7
PARAMETER									•			OF	SAMPLE
		DAILY AVE	WEEK AVE	MONTH AVE	UNITS	_	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	1	TYPE
EL OW	DEDODEED	****	****	2.10		EX	****	****	****		EX	1	NT/A
FLOW	REPORTED	****	****	3.18		L	****	****	****		<u> </u>	CONT	N/A
82220 BOD5	PERMIT	****	****	Total *****	MGAI	ر 1		****	****			Daily DL/DC	Contin
BOD5	REPORTED	****	****	****	11. ~ /D		83 ****	****	****	/1	<u> </u>	DL/DS	CP
00310 SUSPENDED SOLIDS	PERMIT	****	****	****	lbs/D	,	276	****	****	mg/l	┝	DLY WH	GRAB
	REPORTED	****	****	****	l lbs/D		2/ <b>0</b> ****	****	****	/I	-	DL/DS	СР
	PERMIT REPORTED	****	****	****	IDS/D	1	7.8 MIN	****	7.8 MAX	mg/l STD.	<u> </u>	DL/DS	GRAB CP
00400	PERMIT	****	****	****	-		6.0-9.0	****	6.0-9.0	UNITS	-		GRAB
	REPORTED						0.0-3.0		0.0-2.0	UNIIS	<u> </u>	DLY WH	GRAB
	PERMIT												
	REPORTED												
	PERMIT				+								<del>                                     </del>
	REPORTED										<u> </u>		
	PERMIT												
	REPORTED												
	PERMIT												
NAME OF PRINCIPAL EXECUTIVE	E OFFICER		TITLE OF THE	E OFFICER			DATE	X	•			•	1
CHERRY MONTE	A		EXECUTIVE I	DIRECTOR			3/8/2010	SI	GNATURE OF I	PRINCIPLE	E EXI	ECUTIVE	
LAST FIRST	MI		TITLE			AVE BE	RSONALLY EXAMINE	AND AN FAMILIA	OFFICER OR A		ZED A	AGENT	
Receiving Water: Sangamon River			SUBMITTED HEREI THE INFORMATION THERE ARE SIGNII	IN; AND BASED ON I, I BELIEVE THE SU FICANT PENALTIES J.S.C & 1001 AND 33 U.S.C.	MY INQU JMMII IE FOR SUI	IIRY OF D INFO BMITTIN	THOSE INDIVIDUALS RMATION IS TRUE, AG NG FALSE INFORMAT r thes statues may include fines to	IMMEDIATELY RES CCURATE AND COM ION, INCLUDING TH	SPONSIBLE FOR OB MPETE. I AM AWARE HE POSSIBILITY OF F	TAINING : THAT		Page 6 of	6

PERMITTEE NAME: SAM	- NITARY DI	STRICT OF I	DECATUR		7				COMMENTS:				
ADDRESS: 501 DIPPER I DECATUR, IL 625									LINCOLN P				_
PHONE: 422-6931	_				_						.L #∪	04	
IL 0028321	<u> </u>	1 [		T	7			Number of Day	ys of Discharge:		]		
PERMIT #			LATITUDE	LONGITUDE	1				*** NO DISCI	HARGE	X	***	
REPORTING PERIOD	FROM	<b>2010</b> YEAR	<b>2</b> MO	1 DAY		ТО	<b>2010</b> YEAR	<b>2</b> MO	<b>28</b> DAY				
			QUANTITY					CONCENTRAT	ION			FREQUENCY	
PARAMETER		DAILY AVE	WEEK AVE	MONTH AVE	EUNITS		MONTH AVE	WEEK AVE	DAILY MAX	UNITS			SAMPLE TYPE
ELOW		ماد ماد ماد ماد	****	0.00	+	EX	****	10 10 10 10 10 10	ماد ماد ماد ماد	<u> </u>	EX		NT/A
FLOW	REPORTED	*****	*****	0.00	   , , , ,		*****	*****	*****	1	<u> </u>	CONT	N/A
82220	PERMIT			*****	MG	igspace				<b>_</b>		Daily Dr. (D.C.	Contin
BOD5	REPORTED	*****	*****	*****	ļ., "	إلـــا ِ	****	*****	*****	ļ "	Ļ	DL/DS	CP
00310	PERMIT	*****	*****	*****	lbs/D	<u>'</u> —		*****	*****	mg/l	⊢	DLY WH	GRAB
SUSPENDED SOLIDS	REPORTED				ļ., "c	إلـــا ِ	****			<b>↓</b>	Ļ	DL/DS	CP
OO530	PERMIT	****	*****	****	lbs/D	<u>'</u> —		****	*****	mg/l	⊢	DLY WH	GRAB
рН	REPORTED	****		****	4		0.0 MIN	****	0.0 MAX	STD.	<u> </u>	DL/DS	CP
00400	PERMIT	****	****	****	—	$\coprod$	6.0-9.0	****	6.0-9.0	UNITS	<u> </u>	DLY WH	GRAB
	REPORTED	ļI	<del></del>	<b>↓</b>	4				<b></b>	1	L	<u> </u>	ļ
	PERMIT	ļ	<u> </u>	<b></b>	$\downarrow$	Ш			<b></b>	<u> </u>		<u> </u>	<b></b>
	REPORTED		<u> </u>	<u> </u>	_				<u> </u>	_	<u> </u>	<u> </u>	<u> </u>
	PERMIT		<u> </u>		↓	Ш				<u> </u>		<u> </u>	<u> </u>
	REPORTED	ļ	<u> </u>	<b></b>	-	Щ			<b></b>	4	<u>_</u>	<u> </u>	<u> </u>
	PERMIT		<u> </u>		↓					<u> </u>		<u> </u>	
	REPORTED				_	Щ				<u> </u>	L		
	PERMIT					Ш						:	
NAME OF PRINCIPAL EXECUTIV	VE OFFICER		TITLE OF THE	OFFICER			DATE	X					
CHERRY MONTE		1	EXECUTIVE D	IRECTOR	1		3/8/2010	SIGNA	ATURE OF PRIN	CIPLE EX	ECU	TIVE	
LAST FIRST	M.		TITLE	=	<u> </u>		YY/MM/DD	-	ICER OR AUTHO		<b>GEN</b>	ĮT	
Receiving Water: Sangamon River			SUBMITTED HEREIN THE INFORMATION, THERE ARE SIGNIFI	N; AND BASED ON M , I BELIEVE THE SU ICANT PENALTIES I .S.C & 1001 AND 33 U.S.C. &	MY INQUIF IMMITTED FOR SUBI	RY OF T INFORM MITTING	HOSE INDIVIDUALS IN MATION IS TRUE, ACC	MMEDIATELY RESPO CURATE AND COMPE IN, INCLUDING THE P	THE INFORMATIONSIBLE FOR OBTAININGTE. I AM AWARE THA	NG AT		Page 5 of	6

PERMITTEE NAME: SA ADDRESS: 501 DIPPER		STRICT OF	DECATUR		]				COMMENTS:	:			
DECATUR, IL 625									McKINLEY	OUTFAI			-
PHONE: 422-6931	_	_			<u> </u> -			Number of da	ays discharged	1			
IL 0028321	1	[ [											
PERMIT	#		LATITUDE	LONGITUDE	-				*** NO DISCI	HARGE		***	
REPORTING PERIOD	FROM	<b>2010</b> YEAR	_	1 DAY		ТО	<b>2010</b> YEAR		28 DAY				
			QUANTITY					CONCENTRAT	ION			FREQUENCY	
PARAMETER				T	- p uma				T = 1.07.77.77.77	Tanama		OF	SAMPLE
	1	DAILY MAX	WEEK AVE	MONTH AVE	UNITS	NO EX	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO EX	ANAYSIS	TYPE
FLOW	REPORTED	****	****	15.20	<del>                                     </del>	ĽΛ	****	****	****	-	ĽΛ	CONT	N/A
82220	PERMIT	****	****	Total	MG	H	****	****	****	1		Daily	Contin
BOD5	REPORTED	****	****	****	1710		23	****	****	<del>                                     </del>	H	DL/DS	CP
00310	PERMIT	****	****	****	lbs/D	М	****	****	****	mg/l		DLY WH	GRAB
SUSPENDED SOLIDS	REPORTED	****	****	****	2.0.0.		121	****	****	<del>8</del>	<u> </u>	DL/DS	СР
00530	PERMIT	****	****	****	lbs/D		****	****	****	mg/l		DLY WH	GRAB
pН	REPORTED	****	****	****			7.6 MIN	****	7.6 MAX	STD.	Ė	DL/DS	СР
00400	PERMIT	****	*****	****	1 '		6.0-9.0	****	6.0-9.0	UNITS	;	DLY WH	GRAB
	REPORTED												
	PERMIT				1					1			
	REPORTED												
	PERMIT									1			
	REPORTED												
	PERMIT									1			
	REPORTED												
	PERMIT									1			
NAME OF PRINCIPAL EXECUT	IVE OFFICER		TITLE OF THE	OFFICER			DATE	X		•			,
CHERRY MONTE	A		EXECUTIVE D	IRECTOR	1		3/10/2010		URE OF PRINCIP	LE EXEC	CUTI	VE	
LAST FIRST	MI		TITLE		1 '		YY/MM/DD		CER OR AUTHO				
Receiving Water: Sangamon Rive	· ·		SUBMITTED HEREIN THE INFORMATION, THERE ARE SIGNIFIC	N; AND BASED ON M , I BELIEVE THE SUN ICANT PENALTIES F	IY INQUIKY VIIVII I LU IN FOR SUBMI	OF IF	SONALLY EXAMINED A HUSE INDIVIDUALS IM HATION IS TRUE, ACCU FALSE INFORMATION es statues may include fines up to	IMEDIATELY RESPON UKATE AND COMPET N, INCLUDING THE PC	E. TAM AWAKE THAT			Page 3 of 6	6

PERMITTEE NAME: SA		ISTRICT OF	DECATUR						COMMENTS	:		
ADDRESS: 501 DIPPER DECATUR, IL 625									7TH WARD	CSO DI		_
PHONE: 422-6931	_			-	]							
		Ī		1	7			Number of da	ays discharged			
IL 0028321										_		
PERMIT #	#		LATITUDE	LONGITUDE					*** NO DISC	HARGE	x ***	
REPORTING PERIOD	FROM	<b>2010</b> YEAR		1 DAY		ТО	<b>2010</b> YEAR		<b>28</b> DAY			
			QUANTITY					CONCENTRAT	ION		FREQUENC	CY
PARAMETER											OF	SAMPLE
		DAILY MAX	WEEK AVE	MONTH AVE	UNITS		MONTH AVE	WEEK AVE	DAILY MAX		NO ANAYSIS	TYPE
FLOW	DEDODÆED	****	****	0.00		EX	****	****	****	1	CONT	N/A
82220	REPORTED PERMIT	****	****	0.00 Total	MG	<b>.</b>	****	****	****	1 1	CONT Daily	Contin
BOD5	REPORTED	****	****	*****	MG	1	0	****	****	<del>   </del>	Daily DL/DS	COILLI
00310	PERMIT	****	****	****	lbs/D		****	****	****	mg/l	DL/DS DLY WH	GRAB
SUSPENDED SOLIDS	REPORTED	****	****	****	103/10	1	0	****	****	IIIg/I	DL/DS	СР
00530	PERMIT	****	****	****	lbs/D		****	****	****	mg/l	DLY WH	GRAB
рН	REPORTED	****	****	****	100/2	1	0.0 MIN	****	0.0 MAX	STD.	DL/DS	CP
00400	PERMIT	****	****	****	İ		6.0-9.0	****	6.0-9.0		DLY WH	GRAB
	REPORTED					1				i i		<u> </u>
	PERMIT				•					1		
	REPORTED											
	PERMIT									1 🗄	:::	1
	REPORTED											
	PERMIT									] [		
	REPORTED											
	PERMIT									]		
NAME OF PRINCIPAL EXECUT	IVE OFFICER		TITLE OF THE	OFFICER			DATE	X				
CHERRY MONTE	A		EXECUTIVE D	IRECTOR			3/8/2010	SIGNA	TURE OF PRINC	IPLE EXEC	CUTIVE	
LAST FIRST	MI		TITLE	-	<u>[</u>		YY/MM/DD	_	ICER OR AUTH		SENT	
			SUBMITTED HEREIN THE INFORMATION, THERE ARE SIGNIFI	I; AND BASED ON M I BELIEVE THE SUM CANT PENALTIES F S.C & 1001 AND 33 U.S.C. &	IY INQUIR MITTED I OR SUBM	Y OF T INFORM IITTING	SONALLY EXAMINED A HOSE INDIVIDUALS IN MATION IS TRUE, ACCI FALSE INFORMATION es statues may include fines up to	IMEDIATELY RESPO URATE AND COMPETA N, INCLUDING THE PO	NSIBLE FOR OBTAININ TE. I AM AWARE THA	IG Г		
Receiving Water: Sangamon River	r										Page 4 of	f 6

PERMITTEE NAME: SA		DISTRICT (	OF DECA	TUR				COMMENTS:
ADDRESS: 501 DIPPER DECATUR, IL 625								TREATMENT PLANT EFFLUENT
PHONE: 422-6931								
IL 0028321		] [						
PERMIT #		I	LATITUDE	LONGITUDE				*** NO DISCHARGE ***
REPORTING PERIOD	FROM	<b>2010</b> YEAR	<b>2</b> MO	<b>1</b> DAY	ТО	<b>2010</b> YEAR	<b>2</b> MO	28 DAY

			QUANTITY					CONCENTRA	ATION	CONCENTRATION						
PARAMETER													SAMPLE			
		MONTH AVE	WEEK AVE	DAILY MAX	UNITS		MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	TYPE			
						EX					EX					
FLOW	REPORTED	43.77	****	80.92			****	*****	****			CONTINU	JOUS			
50050	PERMIT	****	****	****	MGD		****	****	*****			CONTINU	JOUS			
CBOD5	REPORTED	815	924	****			2	3	****			2/7	<b>24HC</b>			
80082	PERMIT	20850	41700	****	lbs/D		20	40	*****	mg/l		2/7	<b>24HC</b>			
SUSPENDED SOLIDS	REPORTED	1393	1733	****			4	5	*****			2/7	<b>24HC</b>			
OO530	PERMIT	26063	46913	****	lbs/D		25	45	*****	mg/l		2/7	<b>24HC</b>			
pН	REPORTED	****	****	****			7.7 MIN	****	8.0 MAX	STD.		2/7	grab			
00400	PERMIT	****	****	****			6.0-9.0	****	6.0-9.0	UNITS		2/7	grab			
AMMONIA NITROGEN	REPORTED	66	****	121			0.18	****	0.18			2/7	<b>24HC</b>			
00610	PERMIT	1564	****	3128	lbs/D		1.5	****	3.0	mg/l		2/7	<b>24HC</b>			
CHLORINE RESIDUAL	REPORTED	****	****	****			****	****	*****			****	****			
<b>50060</b>	PERMIT	****	****	****			****	****	****	mg/l		2/7	grab			
FECAL COLIFORM	REPORTED	****	****	****			****	****	****	n/		****	****			
74055	PERMIT	****	****	****			*****	****	****	100 ml		2/7	grab			
DISSOLVED OXYGEN	REPORTED	****	****	****			****	****	8.42			****	****			
	PERMIT	****	****	****			****	****	MIN 6.0	mg/l		2/7	grab			
NAME OF PRINCIPAL EXECU	ΓΙVE OFFICEI	₹	TITLE OF TH	E OFFICER			DATE	X								
CHERRY MONTE	A		EXECUTIVE	DIRECTOR			3/8/2010	SIGN	ATURE OF PRI	NCIPLE EX	KECU	TIVE				
AST FIRST MI TITLE							YY/MM/DD		OFFICER OR A		ED AC	GENT				
			SUBMITTED HERE THE INFORMATIO THERE ARE SIGN	EIN; AND BASED ( DN, I BELIEVE THE IIFICANT PENALTT BU.S.C & 1001 AND 33 U.	ON MY IN SUMMIT ES FOR	TED IN	OF THOSE INDIVID NFORMATION IS TRU	UALS IMMEDIATEL JE, ACCURATE AN RMATION, INCLUDI	LY RESPONSIBLE FO D COMPETE. I AM A NG THE POSSIBILIT	OR OBTAINING WARE THAT						
Receiving Water: Sangamon Riv	er	Number of Day	ys of Discharge	<u>:</u>								Page 2 of 6	,			

PERMITTEE NAME: SANITA ADDRESS: 501 DIPPER LANE		CICT OF DECA	ATUR		1			COMMENT	TS:
DECATUR, IL 62522								TREAT	MENT PLANT INFLUENT
PHONE: 422-6931					]				
IL 0028321		Ţ	ATITUDE	LONGITUDE	]		*** NO	DISCHARGE	***
PERMIT #		L	ATITUDE	LONGITUDE					
REPORTING PERIOD	FROM	<b>2010</b> YEAR	<b>2</b> MO	1 DAY	ТО	<b>2010</b> YEAR	<b>2</b> MO	28	

			QUANTITY					CONCENTRA	TION		]	FREQUENCY	<i>T</i>
PARAMETER												OF	SAMPLE
		MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANAYSIS	TYPE
						EX					EX		
FLOW	REPORTED	42.42	*****	80.73			****	****	****			CONT.	REC.
50050	PERMIT	****	*****	****	MGD		****	****	****				TOTAL
BOD5	REPORTED	****	*****	****			97	****	****			2/7	24-C
00310	PERMIT	****	*****	****			****	****	****	mg/l		2/7	24-C
SUSPENDED SOLIDS	REPORTED	****	*****	****			222	****	****			2/7	24-C
OO530	PERMIT	****	*****	****			****	****	****	mg/l		2/7	24-C
	REPORTED												
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	REPORTED												
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	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
NAME OF PRINCIPAL EXECUTIVE OF	FFICER		TITLE OF THE	E OFFICER			DATE	X					
CHERRY MONTE	A		EXECUTIVE I	DIRECTOR	]			SIGNATURE (				Е	
LAST FIRST	M.		TITLE	DENIAL IV OF LAW	I HALLHA	/E DEL	YY/MM/DD RSONALLY EXAMINED	OFFICER OR			Т		

TCERTIFY UNDER PENALTY OF LAW THAT I THAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUMMITTED INFORMATION IS TRUE, ACCURATE AND COMPETE. TAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND MPRISONMENT. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. Penalties under thes statues may include fines up to \$10,000 and or maximum imprisonment of between 6 monts and 5 years.

Page 1 of 6