

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM COMMENTS  
DISCHARGE MONITORING REPORT**

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

**ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522**

**PHONE: 422-6931**

COMMENTS:

**TREATED CSO-OAKLAND AVE  
OUTFALL #003**

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

Number of Days of Discharge:

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010 2 1** TO **2010 2 28**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY		SAMPLE TYPE
		DAILY AVE	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>3.18</b>			*****	*****	*****			<b>CONT</b>	<b>N/A</b>
	PERMIT	*****	*****	<b>Total</b>	MGAL		*****	*****	*****			<b>Daily</b>	<b>Contin</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>83</b>	*****	*****			<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		<b>DLY WH</b>	<b>GRAB</b>
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>276</b>	*****	*****			<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		<b>DLY WH</b>	<b>GRAB</b>
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>7.8 MIN</b>	*****	<b>7.8 MAX</b>	STD.		<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>	UNITS		<b>DLY WH</b>	<b>GRAB</b>
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>3/8/2010</b>	
LAST FIRST MI	TITLE	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE 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 SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

Receiving Water: Sangamon River

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM COMMENTS  
DISCHARGE MONITORING REPORT**

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

**ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522**

**PHONE: 422-6931**

COMMENTS:

**LINCOLN PARK South Edward**  
OUTFALL #004

Number of Days of Discharge:

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010** **2** **1** TO **2010** **2** **28**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY		SAMPLE TYPE
		DAILY AVE	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>0.00</b>	MG	EX	*****	*****	*****		EX	CONT	N/A
	PERMIT	*****	*****	<b>Total</b>		*****	*****	*****	*****		Daily	Contin	
<b>BOD5 00310</b>	REPORTED	*****	*****	*****	lbs/D		<b>0</b>	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****		*****	*****	*****	*****		DLY WH	GRAB	
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****	lbs/D		<b>0</b>	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****		*****	*****	*****	*****		DLY WH	GRAB	
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>0.0 MIN</b>	*****	<b>0.0 MAX</b>	STD.		DL/DS	CP
	PERMIT	*****	*****	*****		*****	*****	<b>6.0-9.0</b>	*****		<b>6.0-9.0</b>	UNITS	DLY WH
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	EXECUTIVE DIRECTOR	<b>3/8/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST M.	TITLE	YY/MM/DD	

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Receiving Water: Sangamon River

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM COMMENTS  
DISCHARGE MONITORING REPORT**

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

**ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522**

**PHONE: 422-6931**

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

LATITUDE LONGITUDE

COMMENTS:

**McKINLEY CSO DISCHARGE**  
OUTFALL #007

Number of days discharged **1**

\*\*\* NO DISCHARGE \*\*\*

REPORTING PERIOD FROM **2010 2 1** TO **2010 2 28**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE	
		DAILY MAX	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	OF ANALYSIS			
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>15.20</b>			*****	*****	*****			EX		<b>CONT</b>	<b>N/A</b>
	PERMIT	*****	*****	<b>Total</b>	<b>MG</b>		*****	*****	*****					<b>Daily</b>	<b>Contin</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>23</b>	*****	*****					<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>		*****	*****	*****			<b>mg/l</b>		<b>DLY WH</b>	<b>GRAB</b>
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>121</b>	*****	*****					<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>		*****	*****	*****			<b>mg/l</b>		<b>DLY WH</b>	<b>GRAB</b>
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>7.6 MIN</b>	*****	<b>7.6 MAX</b>			<b>STD.</b>		<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>			<b>UNITS</b>		<b>DLY WH</b>	<b>GRAB</b>
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE A</b>	<b>EXECUTIVE DIRECTOR</b>	<b>3/10/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YY/MM/DD	

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Receiving Water: Sangamon River

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM COMMENTS  
DISCHARGE MONITORING REPORT**

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

**ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522**

**PHONE: 422-6931**

COMMENTS:

**7TH WARD CSO DISCHARGE**  
OUTFALL #008

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

LATITUDE LONGITUDE

Number of days discharged

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010** **2** **1** TO **2010** **2** **28**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE	
		DAILY MAX	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS			
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>0.00</b>				*****	*****	*****				<b>CONT</b>	<b>N/A</b>
	PERMIT	*****	*****	<b>Total</b>	<b>MG</b>	EX	*****	*****	*****					<b>Daily</b>	<b>Contin</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>0</b>	*****	*****	*****				<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>	EX	*****	*****	*****	<b>mg/l</b>				<b>DLY WH</b>	<b>GRAB</b>
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>0</b>	*****	*****	*****				<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>	EX	*****	*****	*****	<b>mg/l</b>				<b>DLY WH</b>	<b>GRAB</b>
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>0.0 MIN</b>	*****	<b>0.0 MAX</b>	<b>STD.</b>				<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>	<b>UNITS</b>				<b>DLY WH</b>	<b>GRAB</b>
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
<b>CHERRY MONTE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>3/8/2010</b>	
LAST FIRST MI	TITLE	YY/MM/DD	

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**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

**ADDRESS: 501 DIPPER LANE  
DECATUR, IL 62522**

**PHONE: 422-6931**

COMMENTS:

**TREATMENT PLANT INFLUENT**

**IL 0028321**  
PERMIT #

LATITUDE LONGITUDE

\*\*\* NO DISCHARGE \*\*\*

REPORTING PERIOD FROM **2010** **2** **1** TO **2010** **2** **28**  
YEAR MO DAY YEAR MO

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE
		MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	OF ANAYSIS		
						EX					EX			
<b>FLOW 50050</b>	REPORTED	<b>42.42</b>	*****	<b>80.73</b>			*****	*****	*****			<b>CONT.</b>	<b>REC.</b>	
	PERMIT	*****	*****	*****	<b>MGD</b>		*****	*****	*****					<b>TOTAL</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>97</b>	*****	*****			<b>2/7</b>	<b>24-C</b>	
	PERMIT	*****	*****	*****			*****	*****	*****	<b>mg/l</b>		<b>2/7</b>	<b>24-C</b>	
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>222</b>	*****	*****			<b>2/7</b>	<b>24-C</b>	
	PERMIT	*****	*****	*****			*****	*****	*****	<b>mg/l</b>		<b>2/7</b>	<b>24-C</b>	
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER					DATE	X						
<b>CHERRY</b>	<b>MONTE</b>	<b>A</b>	<b>EXECUTIVE DIRECTOR</b>					<b>3/8/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE					
LAST	FIRST	M.	TITLE					YY/MM/DD	OFFICER OR AUTHORIZED AGENT					

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