

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 KLUISE

IL0028321  
 PERMIT NUMBER  
 MMD/YYYY  
 01/01/2011  
 MONITORING PERIOD  
 MMD/YYYY  
 01/31/2011  
 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	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE PERMIT	7.82	mg/L	0	2 Days Every Week	GRAB	0	2 Days Every Week	GRAB
00300 1 0	REQUIREMENT	6	MINIMUM					2 Days Every Week	GRAB
Effluent Gross	SAMPLE PERMIT	7.6	SU	0	2 Days Every Week	GRAB	0	2 Days Every Week	GRAB
00400 1 0	MEASUREMENT	6	MINIMUM					2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	9	MAXIMUM					2 Days Every Week	GRAB
Solids, total suspended	SAMPLE PERMIT	25	mg/L	0	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
00530 1 0	MEASUREMENT	45	WKL AVG	0.18	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	46	WKL AVG	0.18	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE PERMIT	1.5	mg/L	0	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
00810 1 7	MEASUREMENT	3	DAILY MX	0.081	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	4.8	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Nickel, total (as Ni)	SAMPLE PERMIT	0.019	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
01087 1 0	MEASUREMENT	0.016	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	14	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Zinc, total (as Zn)	SAMPLE PERMIT	0.075	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
01092 1 0	MEASUREMENT	0.068	mg/L	0	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	78	MO AVG	0.081	5 Days Every Week	COMPOS	0	5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE PERMIT	434	DAILY MX	0	Continuous	GRAB	0	Continuous	GRAB
00050 1 0	MEASUREMENT	30.34	MGAL/D	0	Continuous	GRAB	0	Continuous	GRAB
Effluent Gross	REQUIREMENT	Req. Mon. DAILY MX	MGAL/D	0	Continuous	GRAB	0	Continuous	GRAB
Chlorine, total residual	SAMPLE PERMIT	0.5	mg/L	0	See Permit	GRAB	0	See Permit	GRAB
00060 1 0	MEASUREMENT	0.5	DAILY MX	0	See Permit	GRAB	0	See Permit	GRAB
Effluent Gross	REQUIREMENT	0	DAILY MX	0	See Permit	GRAB	0	See Permit	GRAB
Coliform, fecal general	SAMPLE PERMIT	400	#/100mL	0	2 Days Every Week	GRAB	0	2 Days Every Week	GRAB
74055 1 0	MEASUREMENT	400	DAILY MX	0	2 Days Every Week	GRAB	0	2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	617	mg/L	0	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
BOD, carbonaceous, 05 day, 20 C	SAMPLE PERMIT	924	mg/L	0	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
80082 1 0	MEASUREMENT	20850	MO AVG	40	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	41700	WKL AVG	40	2 Days Every Week	COMPOS	0	2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Month Cherry

TYPED OR PRINTED

Signature of Principal Executive Officer or Authorized Agent

TELEPHONE: 217-432-6931

DATE: 2/14/2011

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

I hereby certify that the information and data contained herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to give such certification. I am aware that false information, including the falsification of data, is a violation of the Clean Water Act and may result in civil and criminal penalties.

EPA Form 3320-1 (Rev.01/08) Previous editions may be used.

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

1L0028321  
 PERMIT NUMBER  
 003-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY  
 FROM 01/01/2011 TO 01/31/2011

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

PARAMETER	SAMPLE 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	SAMPLE PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00310 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
pH	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00400 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Solids, total suspended	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00530 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Flow, total	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	
82220 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	
Effluent Gross	SAMPLE REQUIREMENT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	

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

I certify under penalty of law that the data and information were prepared under the direct supervision and control of the person whose name appears on this report, or that the person whose name appears on this report is a duly licensed professional engineer, architect, or other person duly licensed for engineering, architecture, or other profession authorized by law to the best of my knowledge and belief, and that the data and information are true and correct to the best of my knowledge and belief, and that 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  
*Monte Cherry*

TELEPHONE AREA CODE NUMBER DATE  
 217-422-6931 02/14/2011

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

IL0026921  
 PERMIT NUMBER  
 MONITORING PERIOD  
 FROM 01/01/2011 TO 01/31/2011  
 DISCHARGE NUMBER  
 004-0  
 MM/DD/YYYY  
 MM/DD/YYYY

DMR Mailing ZIP CODE: 62522  
 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	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
00310 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
pH	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
00400 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
Flow, total	*****	*****	*****	*****	*****	*****		Daily When Discharging	COXTN
82220 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily When Discharging	COXTN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Monte Cherry, Exec Director*  
 TYPED OR PRINTED  
 I hereby make primary or best and best knowledge of all activities, very proposed under this permit or discharge. I certify that the information provided in this permit or discharge is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment for causing pollution.  
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 0  
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*  
 TELEPHONE AREA CODE NUMBER NUMBER  
 217-422-6831  
 DATE MM/DD/YYYY  
 02/14/2011

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

IL0023321  
 PERMIT NUMBER  
 MONITORING PERIOD  
 FROM 01/01/2011 TO 01/31/2011  
 DISCHARGE NUMBER  
 007-0  
 MMD/YYYYY  
 MMD/YYYYY

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Monte Cherry, Exec. Director*  
 TYPED OR PRINTED  
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 0

TELEPHONE: 217-422-6931  
 DATE: 02/14/2011  
 AREA CODE: 217  
 NUMBER: 422-6931  
 MMD/YYYYY: 02/14/2011


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

IL0028321  
 PERMIT NUMBER  
 008-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY  
 MM/DD/YYYY  
 FROM 01/01/2011 TO 01/31/2011

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

PARAMETER	SAMPLING METHOD	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	SAMPLE PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00310 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
pH	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00400 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Solids, total suspended	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
00530 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Effluent Gross	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	GRAB	
Flow, total	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	
82220 1 0	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	
Effluent Gross	MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Mark Cherry, Exec. Director*  
 TYPED OR PRINTED  
 I certify under penalty of law that this statement 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. Based on my inquiry of the persons who prepared the information and my review of the information and the original data upon which it is based, I am aware that there are no significant omissions or misstatements of material and that the information is true 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: 02/14/2011

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

IL0028321  
 PERMIT NUMBER  
 A03-0  
 DISCHARGE NUMBER  
 MAMDD/YYYY  
 MONITORING PERIOD  
 01/01/2011 TO 01/31/2011

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

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. NO. TOTAL	VALUE	UNITS	VALUE			
Flow										
74071 10 Effluent Gross										

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
*Monte Cherny, Exec Director*  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 217-422-8931  
 AREA CODE: 217  
 NUMBER: 422-8931

DATE: 02/14/2011  
 MAMDDYYYY


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  
 404-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 01/01/2011 TO 01/31/2011

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 CSO-EDWARD ST TRT BYPASS (004A)  
 External Outfall  
 No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS		
Flow							
74071 10 Effluent Gross			Qrt Mon. NO TOTAL				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Monte Cherry, Exec. Director</i> TYPED OR PRINTED	I hereby 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 reported. Based on my review of the report or reports this document is true, correct, and complete. I am not aware of any falsification of information or any attempt to influence the reporting of information. I understand that any falsification of information or any attempt to influence the reporting of information is a violation of law and may be subject to criminal and civil penalties, including the possibility of fines and imprisonment for knowing violations.	TELEPHONE 217-422-6931	DATE 02/14/2011
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA CODE 217	NUMBER 422-6931

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

RECEIVING WATER: SANGAMON RIVER

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 A06-0  
 PERMIT NUMBER DISCHARGE NUMBER  
 MONITORING PERIOD  
 M/M/D/YYYY M/M/D/YYYY  
 FROM 01/01/2011 TO 01/31/2011

DMR Mailing ZIP CODE: 02522  
 MAJOR (SUBR 04)  
 CSO-FAIRVIEW PARK  
 External Outfall

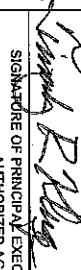
No Discharge  X

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

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

TELEPHONE  
 AREA CODE NUMBER  
 217-422-8931

DATE  
 M/M/D/YYYY  
 02/14/2011

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


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

ATTN: TIM KLUGE

PERMIT NUMBER	MONITORING PERIOD	DISCHARGE NUMBER
LM028921	MM/DD/YYYY	MM/DD/YYYY
	FROM	TO
	01/01/2011	01/31/2011

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Monte Cherny, Exec Director</i>	217-422-6931	02/14/2011
TYPED OR PRINTED	AREA CODE	MMDDYYYY
	NUMBER	

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


ILL028321  
 PERMIT NUMBER  
 MMD/YY  
 MONITORING PERIOD  
 01/01/2011 TO 01/31/2011  
 DISCHARGE NUMBER  
 MMD/YY  
 DISCHARGE PERIOD  
 01/31/2011

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUFR 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		*****	Opt. Min. NO TOTAL	*****	#/mo	*****				

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

I hereby make good faith and best effort to certify that the information reported in this discharge report is true and correct to the best of my knowledge and belief. 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  
 217-422-6931  
 AREA CODE NUMBER

DATE  
 02/19/2011  
 MMD/YY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER

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  
 MONITORING PERIOD  
 MIDDYYYYY MIDDYYYYY  
 FROM 01/01/2011 TO 01/31/2011  
 DISCHARGE NUMBER  
 MIDDYYYYY  
 TO 01/31/2011

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

ATTN: TIM KLUGE

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg C	*****	*****	*****	107	*****	mg/L	0	2 Days Every Week	COMPOS
00310 G O	*****	*****	*****	Req. Mon. MD AVG	*****	mg/L	0	2 Days Every Week	COMPOS
Raw Sewage Influent (Solids, total suspended)	*****	*****	*****	219	*****	mg/L	0	2 Days Every Week	COMPOS
00530 G O	*****	*****	*****	Req. Mon. MD AVG	*****	mg/L	0	2 Days Every Week	COMPOS
Raw Sewage Influent	*****	*****	*****	*****	*****	*****	0	Continuous	ROOTOT
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	ROOTOT
50050 G O	*****	*****	*****	*****	*****	*****	0	Continuous	ROOTOT
Raw Sewage Influent	*****	*****	*****	*****	*****	*****	0	Continuous	ROOTOT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1. I certify under penalty of perjury that the above is a true and correct rendering of the information submitted. 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>Timothy Kluge</i>	217-422-6181	02/14/2011
TYPED OR PRINTED			AREA CODE NUMBER	MIDDYYYYY

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