

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

PERMITTEE NAME: SANITARY DISTRICT OF DECATUR

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

COMMENTS:

TREATMENT PLANT EFFLUENT

PHONE: 422-6931

IL 0028321

PERMIT #

LATITUDE LONGITUDE

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010 7 1** TO **2010 7 31**
YEAR MO DAY YEAR MO DAY

PARAMETER	QUANTITY					CONCENTRATION					FREQUENCY		
	REPORTED	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	OF ANALYSIS	SAMPLE TYPE
FLOW 50050	REPORTED	39.97	*****	68.95		EX	*****	*****	*****		EX	CONTINUOUS	
	PERMIT	*****	*****	*****	MGD	*****	*****	*****		*****	*****	CONTINUOUS	
CBOD5 80082	REPORTED	726	1068	*****			2	3	*****			2/7	24HC
	PERMIT	20850	41700	*****	lbs/D		20	40	*****	mg/l		2/7	24HC
SUSPENDED SOLIDS 00530	REPORTED	1523	3217	*****			4	8	*****			2/7	24HC
	PERMIT	26063	46913	*****	lbs/D		25	45	*****	mg/l		2/7	24HC
pH 00400	REPORTED	*****	*****	*****			7.5 MIN	*****	7.8 MAX	STD.		2/7	grab
	PERMIT	*****	*****	*****			6.0-9.0	*****	6.0-9.0	UNITS		2/7	grab
AMMONIA NITROGEN 00610	REPORTED	63	*****	155			0.19	*****	0.27			2/7	24HC
	PERMIT	1564	*****	3128	lbs/D		1.5	*****	3.0	mg/l		2/7	24HC
CHLORINE RESIDUAL 50060	REPORTED	*****	*****	*****			*****	*****	*****			*****	*****
	PERMIT	*****	*****	*****			*****	*****	*****	mg/l		2/7	grab
FECAL COLIFORM 74055	REPORTED	*****	*****	*****			*****	*****	*****	n/		*****	*****
	PERMIT	*****	*****	*****			*****	*****	*****	100 ml		2/7	grab
DISSOLVED OXYGEN	REPORTED	*****	*****	*****			*****	*****	6.59			*****	*****
	PERMIT	*****	*****	*****			*****	*****	MIN 6.0	mg/l		2/7	grab

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
CHERRY MONTE A	EXECUTIVE DIRECTOR	8/10/2010	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YY/MM/DD	

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.

**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

COMMENTS:

TREATMENT PLANT INFLUENT

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010** **7** **1** TO **2010** **7** **31**
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	
FLOW 50050	REPORTED	37.50	*****	66.77	MGD	EX	*****	*****	*****		EX	CONT.	REC.
	PERMIT	*****	*****	*****			*****	*****	*****				
BOD5 00310	REPORTED	*****	*****	*****			107	*****	*****	mg/l		2/7	24-C
	PERMIT	*****	*****	*****			*****	*****	*****				2/7
SUSPENDED SOLIDS 00530	REPORTED	*****	*****	*****			287	*****	*****	mg/l		2/7	24-C
	PERMIT	*****	*****	*****			*****	*****	*****				2/7
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		X						
CHERRY	MONTE	A	EXECUTIVE DIRECTOR			8/10/2010	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT						
LAST	FIRST	M.	TITLE			YY/MM/DD							

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**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: **2**

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010 7 1** TO **2010 7 31**
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	
FLOW 82220	REPORTED	*****	*****	12.51			*****	*****	*****			CONT	N/A
	PERMIT	*****	*****	Total	MGAL		*****	*****	*****			Daily	Contin
BOD5 00310	REPORTED	*****	*****	*****			60	*****	*****			DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		DLY WH	GRAB
SUSPENDED SOLIDS 00530	REPORTED	*****	*****	*****			205	*****	*****			DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		DLY WH	GRAB
pH 00400	REPORTED	*****	*****	*****			7.3 MIN	*****	7.4 MAX	STD.		DL/DS	CP
	PERMIT	*****	*****	*****			6.0-9.0	*****	6.0-9.0	UNITS		DLY WH	GRAB
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
CHERRY MONTE	EXECUTIVE DIRECTOR	8/10/2010	
LAST FIRST MI	TITLE	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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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:

LINCOLN PARK South Edward
OUTFALL #004

Number of Days of Discharge:

IL 0028321

PERMIT #

LATITUDE LONGITUDE

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010** **7** **1** TO **2010** **7** **31**
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	
FLOW 82220	REPORTED	*****	*****	330.00	MG	EX	*****	*****	*****		EX	CONT	N/A
	PERMIT	*****	*****	Total		*****	*****	*****	*****		Daily	Contin	
BOD5 00310	REPORTED	*****	*****	*****	lbs/D		22	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****		*****	*****	*****	*****		DLY WH	GRAB	
SUSPENDED SOLIDS 00530	REPORTED	*****	*****	*****	lbs/D		89	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****		*****	*****	*****	*****		DLY WH	GRAB	
pH 00400	REPORTED	*****	*****	*****			7.2 MIN	*****	7.3 MAX	STD.		DL/DS	CP
	PERMIT	*****	*****	*****		*****	6.0-9.0	*****	6.0-9.0		UNITS	DLY WH	GRAB
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
CHERRY MONTE	EXECUTIVE DIRECTOR	8/10/2010	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST M.	TITLE	YY/MM/DD	

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Receiving Water: Sangamon River

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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 **2**

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010 7 1** TO **2010 7 31**
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	ANAYSIS			
FLOW 82220	REPORTED	*****	*****	127.80			*****	*****	*****			EX		CONT	N/A
	PERMIT	*****	*****	Total	MG		*****	*****	*****					Daily	Contin
BOD5 00310	REPORTED	*****	*****	*****			17	*****	*****					DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****			mg/l		DLY WH	GRAB
SUSPENDED SOLIDS 00530	REPORTED	*****	*****	*****			69	*****	*****					DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****			mg/l		DLY WH	GRAB
pH 00400	REPORTED	*****	*****	*****			7.3 MIN	*****	7.4 MAX			STD.		DL/DS	CP
	PERMIT	*****	*****	*****			6.0-9.0	*****	6.0-9.0			UNITS		DLY WH	GRAB
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
CHERRY MONTE A	EXECUTIVE DIRECTOR	8/10/2010	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

Number of days discharged

IL 0028321

PERMIT #

LATITUDE LONGITUDE

*** NO DISCHARGE ***

REPORTING PERIOD FROM **2010** **7** **1** TO **2010** **7** **31**
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				
FLOW 82220	REPORTED	*****	*****	56.87			*****	*****	*****			EX			CONT	N/A
	PERMIT	*****	*****	Total	MG		*****	*****	*****						Daily	Contin
BOD5 00310	REPORTED	*****	*****	*****			26	*****	*****						DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****						DLY WH	GRAB
SUSPENDED SOLIDS 00530	REPORTED	*****	*****	*****			388	*****	*****						DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****						DLY WH	GRAB
pH 00400	REPORTED	*****	*****	*****			7.3 MIN	*****	7.3 MAX					STD.	DL/DS	CP
	PERMIT	*****	*****	*****			6.0-9.0	*****	6.0-9.0					UNITS	DLY WH	GRAB
	REPORTED															
	PERMIT															
	REPORTED															
	PERMIT															
	REPORTED															
	PERMIT															

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
CHERRY MONTE LAST FIRST MI	EXECUTIVE DIRECTOR TITLE	8/10/2010 YY/MM/DD	

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.