

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

IL0028324
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 06/01/2011 TO 06/30/2011
 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	PERMIT	VALUE	UNITS	PERMIT			
Oxygen dissolved (DO)	7.05			6	MINIMUM		0	2 Days Every Week	GRAB
Effluent Gross	7.6			8.0			0	2 Days Every Week	GRAB
Effluent Gross	2910			6			0	2 Days Every Week	GRAB
Effluent Gross	2087			11			0	2 Days Every Week	GRAB
Effluent Gross	26053			25			0	2 Days Every Week	GRAB
Effluent Gross	64			0.19			0	2 Days Every Week	GRAB
Effluent Gross	1335			1.3			0	2 Days Every Week	GRAB
Effluent Gross	5.1			0.015			0	2 Days Every Week	GRAB
Effluent Gross	16			0.015			0	2 Days Every Week	GRAB
Effluent Gross	8.8			0.028			0	2 Days Every Week	GRAB
Effluent Gross	78			0.043			0	2 Days Every Week	GRAB
Effluent Gross	42.20			0.011			0	2 Days Every Week	GRAB
Effluent Gross	420			0.011			0	2 Days Every Week	GRAB
Effluent Gross	732			2			0	2 Days Every Week	GRAB
Effluent Gross	811			2			0	2 Days Every Week	GRAB
Effluent Gross	20850			2			0	2 Days Every Week	GRAB
Effluent Gross	41700			2			0	2 Days Every Week	GRAB
Effluent Gross	20850			2			0	2 Days Every Week	GRAB
Effluent Gross	41700			2			0	2 Days Every Week	GRAB
Effluent Gross	20850			2			0	2 Days Every Week	GRAB
Effluent Gross	41700			2			0	2 Days Every Week	GRAB
Effluent Gross	20850			2			0	2 Days Every Week	GRAB
Effluent Gross	41700			2			0	2 Days Every Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Morrie Cherry
 TYPED OR PRINTED

I certify under penalty of perjury that the data and information reported herein were prepared under my direct supervision or control, and that the data and information were obtained from the monitoring system in accordance with the permit conditions. 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
 422-8931
 DATE
 07/13/2011

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.

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

IL028321
 PERMIT NUMBER
 003-0
 DISCHARGE NUMBER
 MONITORING PERIOD
 MIMDDYYYY TO MIMDDYYYY
 06/01/2011 TO 06/30/2011

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

PARAMETER	MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	MEASUREMENT	REQUIREMENT	PERMIT			
BOD-5day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00310 10	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
pH	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 10	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
00530 10	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
Flow, total	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****
82220 10	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark Chern, Exec. Dir.
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 (217) 422-6931
 DATE
 07/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 5

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 KLUSE

L0028321
 PERMIT NUMBER
 DISCHARGE NUMBER
 004-0
 MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 06/01/2011 TO 06/30/2011

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 TREATED CSO-SOUTH: EDWARD ST
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT 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 MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
Effluent Gross	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
pH	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
Flow, total	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP
82220 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT	*****	*****	*****	*****	*****	*****	*****	*****	CP

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE NUMBER
 (217) 422-6931

DATE
 07/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: **2**

EPA Form 3320-1 (Rev. 1/10) Previous editions may be used.

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

110028321
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 06/01/2011 TO 06/30/2011
 DISCHARGE NUMBER
 007-0

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

PARAMETER	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	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
Flow, total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP
82220 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	D/DS	CP

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

1. Verify under penalty of law that the documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information reported by the parties to the permit and that the information is true, accurate, and complete. I am not providing this information in reliance on any other source. I am not aware of any false or misleading information or any omissions or material errors in this report. I am not aware of any other information that may be material to the permit application. I am not aware of any other information that may be material to the permit application. I am not aware of any other information that may be material to the permit application.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 (617) 922-8931 07/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 6

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
 M/M/D/YYYY TO M/M/D/YYYY
 06/01/2011 TO 06/30/2011

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	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
00310 10 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
pH	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
00400 10 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
00630 10 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
Flow, total	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP
82220 10 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mark Levy, Exec. Director
 TYPED OR PRINTED
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 4
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE: (217) 422-6931
 DATE: 07/13/2011

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

IL0028321
 PERMIT NUMBER
 MONITORING PERIOD
 M/M/D/YYYY
 06/01/2011 TO 06/30/2011
 DISCHARGE NUMBER
 A03-0

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Monte Cherry, Esq., Director

TELEPHONE DATE

(217) 22-6931 07/13/2011

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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
 FACILITY: DECATUR, IL 62522
 LOCATION: 501 DIPPER LANE
 DECATUR, IL 62522
 ATTN: TIM KLUGE

PERMIT NUMBER: IL0028321
 DISCHARGE NUMBER: A04-0
 MONITORING PERIOD: 06/01/2011 TO 06/30/2011

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	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Flow 74071 1 0 Effluent Gross		*****			*****					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Montgomery, Exec. Director</i>	IDENTIFY specific points of flow that the Receiver and its authorized personnel are required under any permits or regulations to monitor. Provide a description of the monitoring program designed to assess the quality of the effluent and ensure the information is available for the permittee to manage the system, or other persons directly responsible for applying 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 AREA NUMBER NUMBER 271 422 6931	DATE 07/13/2011
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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
 ATTN: TIM KLUGE

L0028321
 PERMIT NUMBER
 M06/01/2011
 MONITORING PERIOD
 06/01/2011 TO 06/30/2011

A06-0
 DISCHARGE NUMBER
 M06/01/2011

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-FAIRVIEW PARK
 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	VALUE	UNITS		
Flow									
74071 1 0									
Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark 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 reported. Based on my inquiry of the person who prepared the system, or this person directly responsible for gathering the information, the information contained hereon is true and correct. I declare under penalty of perjury that the information is true and correct. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Stevens Creek

TELEPHONE NUMBER
 217 722-6931

DATE
 07/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER FROM SPRINGS 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

IL0028321
 PERMIT NUMBER
 MONITORING PERIOD
 MM/DD/YYYY
 FROM 06/01/2011 TO 06/30/2011

AD7-0
 DISCHARGE NUMBER
 MM/DD/YYYY
 DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-MCKINLEY AV TR BYPAS(007A)
 External Outfall
 No Discharge

ATTN: TIM KLUGE

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark Cherny, Exec Director
 TYPED OR PRINTED

INFORM under penalty of law that the documents and all attachments were prepared under my direct supervision or immediate supervision with a system designed to assure that qualified personnel properly gather and analyze the information disclosed; that I am a duly licensed professional person in the State of Illinois; and that I am not providing false or misleading information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 (27) 722-6931
 TELEPHONE NUMBER

DATE
 07/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK

NAME: DECATUR SD MAIN STP
ADDRESS: 801 DIPPER LANE
 DECATUR, IL 62522
FACILITY: DECATUR SD MAIN STP
LOCATION: 801 DIPPER LANE
 DECATUR, IL 62522

IL028321
PERMIT NUMBER
MONITORING PERIOD
 FROM 06/01/2011 TO 06/30/2011
DISCHARGE NUMBER
 A08-0
MM/DD/YYYY
MM/DD/YYYY

DNR Mailing ZIP CODE: 62522
MAJOR (SUBR 04)
 CSO-SEVENTH WARD TR BYPS(008A)
 External Outfall
No Discharge

ATTN: TMM KLUGE

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Walter Jerny, 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 included. Based on my inquiry of the person or persons who manage the system, or their personal direct responsibility 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 supplying information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 AREA CODE: 217, NUMBER: 422-6981

DATE
 MM/DD/YYYY: 07/13/2011

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

ILLINOIS DISCHARGE NUMBER
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 06/01/2011 TO 06/30/2011

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 INFLUENT REPORTING
 Influent Structure

ATTN: TIM KLUGE

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	*****	*****	*****	95	mg/L	*****	0	2 Days Every Week	COMPOS
00310 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO. AVG	mg/L	*****	0	2 Days Every Week	COMPOS
Solids, total suspended	*****	*****	*****	237	mg/L	*****	0	2 Days Every Week	COMPOS
00630 G 0 Raw Sewage Influent	*****	*****	*****	Req. Mon. MO. AVG	mg/L	*****	0	2 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	40.18	Mgd/d	72.86	Mgd/d	*****	*****	0	Continuous	RCOTOT
60050 G 0 Raw Sewage Influent	Req. Mon. MO. AVG	Req. Mon. DAILY MAX	Mgd/d	*****	*****	*****	0	Continuous	RCOTOT

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 Monte Cherry
 TYPED OR PRINTED

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

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 analyze the information included herein, that the information is true and accurate, that the information is presented fairly, in objectivity, and that the information is presented in a manner that is not misleading, and that I am a duly licensed professional person in the State of Illinois. I understand that any false, fictitious or fraudulent statements or omissions, or any attempt or conspiracy to commit such an offense, are prohibited by law and may constitute a criminal offense.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: (217) 422-6931
 DATE: 07/13/2011