

**DMR Copy of Record**

|                    |                         |                    |   |
|--------------------|-------------------------|--------------------|---|
| <b>Permit</b>      |                         |                    |   |
| Permit #:          | IL0028321               | Permittee:         | DECATUR SD MAIN STP   |
| Major:             | Yes                     | Permittee Address: | 501 DIPPER LANE<br>DECATUR, IL 62522                        |
| Facility:          |                         | Facility Location: | DECATUR SD MAIN STP<br>501 DIPPER LANE<br>DECATUR, IL 62522 |
| Permitted Feature: | 001<br>External Outfall | Discharge:         | 001-0<br>STP OUTFALL  |

|                                  |                           |               |          |
|----------------------------------|---------------------------|---------------|----------|
| <b>Report Dates &amp; Status</b> |                           |               |          |
| Monitoring Period:               | From 05/01/14 to 05/31/14 | DMR Due Date: | 06/15/14 |
| Status:                          | NetDMR Validated          |               |          |

**Considerations for Form Completion**  
DMF LOAD LIMITS DISPLAYED.

|                                    |        |            |                    |
|------------------------------------|--------|------------|--------------------|
| <b>Principal Executive Officer</b> |        |            |                    |
| First Name:                        | Monte  | Title:     | Executive Director |
| Last Name:                         | Cherry | Telephone: | 217-422-6931       |

**No Data Indicator (NODI)**  
Form NODI: --

| Code   | Parameter Name                           | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |                |         |                  | Quality or Concentration |           |             |              |              | # of Ex.      | Frequency of Analysis     | Sample Type               |                           |             |
|--------|--|---------------------|----------|-------------|---------------------|---------|----------------|---------|------------------|--------------------------|-----------|-------------|--------------|--------------|---------------|---------------------------|---------------------------|---------------------------|-------------|
|        |  |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2    | Value 2 | Units            | Qualifier 1              | Value 1   | Qualifier 2 | Value 2      | Qualifier 3  |               |                           |                           | Value 3                   | Units       |
| 00300  | Oxygen, dissolved [DO]                   | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  | =                        | 7.87      |             |              |              |               | 19 - mg/L                 | 0                         | 02/DA - 2 Days Every Week | GR - GRAB   |
|        |  |                     |          |             | Permit Req.         |         |                |         |                  | >=                       | 6 MINIMUM |             |              |              | 19 - mg/L     |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 00400  | pH                                       | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  | =                        | 7.89      |             | =            | 8.15         | 12 - SU       | 0                         | 02/DA - 2 Days Every Week | GR - GRAB                 |             |
|        |  |                     |          |             | Permit Req.         |         |                |         |                  | >=                       | 6 MINIMUM |             | <=           | 9 MAXIMUM    | 12 - SU       |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 00530  | Solids, total suspended                  | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 1386           | =       | 1977             | 26 - lb/d                |           | =           | 5            | =            | 6             | 19 - mg/L                 | 0                         | 02/DA - 2 Days Every Week | CP - COMPOS |
|        |  |                     |          |             | Permit Req.         | <=      | 26063 MO AVG   | <=      | 46913 WKLY AVG   | 26 - lb/d                |           | <=          | 25 MO AVG    | <=           | 45 WKLY AVG   | 19 - mg/L                 |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| X00610 | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 4        | --          | Sample              | =       | 274            | =       | 988              | 26 - lb/d                |           | =           | 1.2          | =            | 5.1           | 19 - mg/L                 | 1                         | 02/DA - 2 Days Every Week | CP - COMPOS |
|        |  |                     |          |             | Permit Req.         | <=      | 1564 MO AVG    | <=      | 3128 DAILY MX    | 26 - lb/d                |           | <=          | 1.5 MO AVG   | <=           | 3 DAILY MX    | 19 - mg/L                 |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 01067  | Nickel, total [as Ni]                    | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 3.4            |         |                  | 26 - lb/d                |           | =           | 0.014        |              | 19 - mg/L     | 0                         | 05/DW - 5 Days Every Week | CP - COMPOS               |             |
|        |  |                     |          |             | Permit Req.         | <=      | 16 MO AVG      |         |                  | 26 - lb/d                |           | <=          | .015 MO AVG  |              | 19 - mg/L     |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 01092  | Zinc, total [as Zn]                      | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 5.1            | =       | 7.7              | 26 - lb/d                |           | =           | 0.02         | =            | 0.024         | 19 - mg/L                 | 0                         | 05/DW - 5 Days Every Week | CP - COMPOS |
|        |  |                     |          |             | Permit Req.         | <=      | 78 MO AVG      | <=      | 434 DAILY MX     | 26 - lb/d                |           | <=          | .075 MO AVG  | <=           | .416 DAILY MX | 19 - mg/L                 |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 50050  | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 30.02          | =       | 50.7             | 03 - MGD                 |           |             |              |              |               | 0                         | 99/99 - Continuous        |                           |             |
|        |  |                     |          |             | Permit Req.         |         | Req Mon MO AVG |         | Req Mon DAILY MX | 03 - MGD                 |           |             |              |              |               |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 50060  | Chlorine, total residual                 | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |           | =           | 0.015        | 19 - mg/L    | 0             | 09/99 - See Permit        | GR - GRAB                 |                           |             |
|        |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |           | <=          | .05 DAILY MX | 19 - mg/L    |               |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 74055  | Coliform, fecal general                  | 1 - Effluent Gross  | 0        | --          | Sample              |         |                |         |                  |                          |           | =           | 62           | 13 - #/100mL | 0             | 02/DA - 2 Days Every Week | GR - GRAB                 |                           |             |
|        |  |                     |          |             | Permit Req.         |         |                |         |                  |                          |           | <=          | 400 DAILY MX | 13 - #/100mL |               |                           |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |
| 80082  | BOD, carbonaceous, 05 day, 20 C          | 1 - Effluent Gross  | 0        | --          | Sample              | =       | 877            | =       | 1120             | 26 - lb/d                |           | =           | 3            | =            | 5             | 19 - mg/L                 | 0                         | 02/DA - 2 Days Every Week | CP - COMPOS |
|        |  |                     |          |             | Permit Req.         | <=      | 20850 MO AVG   | <=      | 41700 WKLY AVG   | 26 - lb/d                |           | <=          | 20 MO AVG    | <=           | 40 WKLY AVG   | 19 - mg/L                 |                           |                           |             |
|        |  |                     |          |             | Value NODI          |         |                |         |                  |                          |           |             |              |              |               |                           |                           |                           |             |

**Submission Note**  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

| <b>Edit Check Errors</b> |                                |                     |   |      |  |             |
|--------------------------|--------------------------------|---------------------|---|------|--|-------------|
| Code                     | Parameter Name                 | Monitoring Location | Field                                   | Type | Description  | Acknowledge |
| 00610                    | Nitrogen, ammonia total [as N] | 1 - Effluent Gross  | Quality or Concentration Sample Value 3 | Soft | The provided sample value is outside the permit limit. (Error Code: 1) | Yes         |

**Comments**  
Zinc and Nickel limits not in effect due to variance granted in PCB-2009-125.

| <b>Attachments</b>   |      |        |
|----------------------|------|--------|
| Name                 | Type | Size   |
| May_2014_DMR_NON.pdf | pdf  | 210372 |

**Report Last Saved By**

User: timk@sddcleanwater.org

Date/Time:

2014-06-12 12:13 (Time Zone: -05:00)

Name: Tim Kluge

E-Mail: timk@sddcleanwater.org

**DMR Copy of Record**

|                    |                         |                    |   |
|--------------------|-------------------------|--------------------|---|
| <b>Permit</b>      |                         |                    |   |
| Permit #:          | IL0028321               | Permittee:         | DECATUR SD MAIN STP   |
| Major:             | Yes                     | Permittee Address: | 501 DIPPER LANE<br>DECATUR, IL 62522                        |
| Permitted Feature: | 003<br>External Outfall | Discharge:         | 003-0<br>TREATED CSO-OAKLAND AVENUE                         |
| Facility:          |                         | Facility Location: | DECATUR SD MAIN STP<br>501 DIPPER LANE<br>DECATUR, IL 62522 |

|                                  |                           |               |          |
|----------------------------------|---------------------------|---------------|----------|
| <b>Report Dates &amp; Status</b> |                           |               |          |
| Monitoring Period:               | From 05/01/14 to 05/31/14 | DMR Due Date: | 06/15/14 |
| Status:                          | NetDMR Validated          |               |          |

**Considerations for Form Completion**  
RECEIVING WATER: SANGAMON RIVER NUMBER OF DAYS OF DISCHARGE:GF

|                                    |        |            |                    |
|------------------------------------|--------|------------|--------------------|
| <b>Principal Executive Officer</b> |        |            |                    |
| First Name:                        | Monte  | Title:     | Executive Director |
| Last Name:                         | Cherry | Telephone: | 217-422-6931       |

**No Data Indicator (NODI)**  
Form NODI: --

| Code  | Parameter Name          | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |             |         |       | Quality or Concentration |              |             |         |             | # of Ex. | Frequency of Analysis          | Sample Type                    |           |           |
|-------|-------------------------|---------------------|----------|-------------|---------------------|---------|-------------|---------|-------|--------------------------|--------------|-------------|---------|-------------|----------|--------------------------------|--------------------------------|-----------|-----------|
|       |                         |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1              | Value 1      | Qualifier 2 | Value 2 | Qualifier 3 |          |                                |                                | Value 3   | Units     |
| 00310 | BOD, 5-day, 20 deg. C   | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |         |       |                          | =            | 100         |         |             |          | 19 - mg/L                      | DL/DS - Daily When Discharging | GR - GRAB |           |
|       |                         |                     |          |             | Permit Req.         |         |             |         |       |                          |              |             |         |             |          | 19 - mg/L                      |                                |           |           |
|       |                         |                     |          |             | Value NODI          |         |             |         |       |                          |              |             |         |             |          |                                |                                |           |           |
| 00400 | pH                      | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |         |       |                          | =            | 6.76        |         |             |          | 12 - SU                        | DL/DS - Daily When Discharging | GR - GRAB |           |
|       |                         |                     |          |             | Permit Req.         |         |             |         |       |                          | >=           | 6 MINIMUM   |         |             |          | <=                             |                                |           | 9 MAXIMUM |
|       |                         |                     |          |             | Value NODI          |         |             |         |       |                          |              |             |         |             |          |                                |                                |           |           |
| 00530 | Solids, total suspended | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |         |       |                          | =            | 333         |         |             |          | 19 - mg/L                      | DL/DS - Daily When Discharging | GR - GRAB |           |
|       |                         |                     |          |             | Permit Req.         |         |             |         |       |                          |              |             |         |             |          | 19 - mg/L                      |                                |           |           |
|       |                         |                     |          |             | Value NODI          |         |             |         |       |                          |              |             |         |             |          |                                |                                |           |           |
| 82220 | Flow, total             | 1 - Effluent Gross  | 0        | --          | Sample              |         |             | =       | 3.2   | 80 - Mgal/mo             |              |             |         |             |          | DL/DS - Daily When Discharging | CN - CONTIN                    |           |           |
|       |                         |                     |          |             | Permit Req.         |         |             |         |       | Req Mon MO TOTAL         | 80 - Mgal/mo |             |         |             |          |                                |                                |           |           |
|       |                         |                     |          |             | Value NODI          |         |             |         |       |                          |              |             |         |             |          |                                |                                |           |           |

**Submission Note**  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**  
No errors.

**Comments**  
Number of days of discharge: 3

**Attachments**  
No attachments.

**Report Last Saved By**  
**DECATUR SD MAIN STP**

|         |                        |            |                                      |
|---------|------------------------|------------|--------------------------------------|
| User:   | timk@sddcleanwater.org | Date/Time: | 2014-06-12 12:22 (Time Zone: -05:00) |
| Name:   | Tim Kluge              |            |                                      |
| E-Mail: | timk@sddcleanwater.org |            |                                      |

## DMR Copy of Record

| Parameter  |                           | Monitoring Location | Season #                             | Param. NODI | Quantity or Loading |         |               | Quality or Concentration             |                               |                                      |           |             |         | # of Ex.    | Frequency of Analysis | Sample Type |   |                                |             |  |  |
|--|---------------------------|---------------------|--------------------------------------|-------------|---------------------|---------|---------------|--------------------------------------|-------------------------------|--------------------------------------|-----------|-------------|---------|-------------|-----------------------|-------------|---|--------------------------------|-------------|--|--|
| Code   | Name                      |                     |                                      |             | Qualifier 1         | Value 1 | Qualifier 2   | Value 2                              | Units                         | Qualifier 1                          | Value 1   | Qualifier 2 | Value 2 | Qualifier 3 | Value 3               | Units       |   |                                |             |  |  |
| <b>Permit</b>  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| Permit #:  | IL0028321                 | Permittee:          | DECATUR SD MAIN STP                  |             |                     |         |               |                                      | Facility:                     | DECATUR SD MAIN STP                  |           |             |         |             |                       |             |   |                                |             |  |  |
| Major:   | Yes                       | Permittee Address:  | 501 DIPPER LANE<br>DECATUR, IL 62522 |             |                     |         |               |                                      | Facility Location:            | 501 DIPPER LANE<br>DECATUR, IL 62522 |           |             |         |             |                       |             |   |                                |             |  |  |
| Permitted Feature:   | 004<br>External Outfall   | Discharge:          | 004-0<br>TREATED CSO-SOUTH EDWARD ST |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Report Dates &amp; Status</b>   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 |                     |                                      |             |                     |         | DMR Due Date: | 06/15/14                             |                               |                                      |           |             |         | Status:     | NetDMR Validated      |             |   |                                |             |  |  |
| <b>Considerations for Form Completion</b>  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| RECEIVING WATER: SANGAMON RIVER NUMBER OF DAYS OF DISCHARGE:GF   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Principal Executive Officer</b>   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| First Name:  | Monte                     |                     |                                      |             |                     |         | Title:        | Executive Director                   |                               |                                      |           |             |         | Telephone:  | 217-422-6931          |             |   |                                |             |  |  |
| Last Name:   | Cherry                    |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>No Data Indicator (NODI)</b>  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| Form NODI:   | --                        |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| 00310  | BOD, 5-day, 20 deg. C     | 1 - Effluent Gross  | 0                                    | --          | Sample              |         |               |                                      |                               | =                                    | 29        |             |         |             |                       | 19 - mg/L   | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Permit Req.         |         |               |                                      |                               |                                      |           |             |         |             |                       | 19 - mg/L   | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Value NODI          |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| 00400  | pH                        | 1 - Effluent Gross  | 0                                    | --          | Sample              |         |               |                                      |                               | =                                    | 7.36      |             |         | =           | 7.36                  | 12 - SU     | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Permit Req.         |         |               |                                      |                               | >=                                   | 6 MINIMUM |             |         | <=          | 9 MAXIMUM             | 12 - SU     | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Value NODI          |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| 00530  | Solids, total suspended   | 1 - Effluent Gross  | 0                                    | --          | Sample              |         |               |                                      |                               | =                                    | 185       |             |         |             |                       | 19 - mg/L   | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Permit Req.         |         |               |                                      |                               |                                      |           |             |         |             |                       | 19 - mg/L   | 0 | DL/DS - Daily When Discharging | GR - GRAB   |  |  |
|  |                           |                     |                                      |             | Value NODI          |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| 82220  | Flow, total               | 1 - Effluent Gross  | 0                                    | --          | Sample              |         | =             | 4.2                                  | 80 - Mgal/mo                  |                                      |           |             |         |             |                       |             | 0 | DL/DS - Daily When Discharging | CN - CONTIN |  |  |
|  |                           |                     |                                      |             | Permit Req.         |         |               |                                      | Req Mon MO TOTAL 80 - Mgal/mo |                                      |           |             |         |             |                       |             | 0 | DL/DS - Daily When Discharging | CN - CONTIN |  |  |
|  |                           |                     |                                      |             | Value NODI          |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Submission Note</b>   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Edit Check Errors</b>   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| No errors.   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Comments</b>  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| Number of days of discharge: 1   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Attachments</b>   |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| No attachments.  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| <b>Report Last Saved By</b>  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| DECATUR SD MAIN STP  |                           |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| User:  | timk@sddcleanwater.org    |                     |                                      |             |                     |         | Date/Time:    | 2014-06-12 12:25 (Time Zone: -05:00) |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| Name:  | Tim Kluge                 |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |
| E-Mail:  | timk@sddcleanwater.org    |                     |                                      |             |                     |         |               |                                      |                               |                                      |           |             |         |             |                       |             |   |                                |             |  |  |

**DMR Copy of Record**

|                    |                         |                    |                                      |
|--------------------|-------------------------|--------------------|--------------------------------------|
| <b>Permit</b>      |                         |                    |                                      |
| Permit #:          | IL0028321               | Permittee:         | DECATUR SD MAIN STP                  |
| Major:             | Yes                     | Permittee Address: | 501 DIPPER LANE<br>DECATUR, IL 62522 |
| Permitted Feature: | 007<br>External Outfall | Discharge:         | 007-0<br>TREATED CSO-MCKINLEY AVENUE |
| Facility:          |                         | Facility:          | DECATUR SD MAIN STP                  |
|                    |                         | Facility Location: | 501 DIPPER LANE<br>DECATUR, IL 62522 |

|                                  |                           |               |          |
|----------------------------------|---------------------------|---------------|----------|
| <b>Report Dates &amp; Status</b> |                           |               |          |
| Monitoring Period:               | From 05/01/14 to 05/31/14 | DMR Due Date: | 06/15/14 |
| Status:                          | NetDMR Validated          |               |          |

**Considerations for Form Completion**  
RECEIVING WATER: SANGAMON RIVER NUMBER OF DAYS OF DISCHARGE:GF

|                                    |        |            |                    |
|------------------------------------|--------|------------|--------------------|
| <b>Principal Executive Officer</b> |        |            |                    |
| First Name:                        | Monte  | Title:     | Executive Director |
| Last Name:                         | Cherry | Telephone: | 217-422-6931       |

**No Data Indicator (NODI)**  
Form NODI: --

| Code  | Parameter Name          | Monitoring Location | Season # | Param. NODI | Quantity or Loading |         |             | Quality or Concentration |              |             | # of Ex.  | Frequency of Analysis | Sample Type |           |                                |           |                                |             |           |                                |             |
|-------|-------------------------|---------------------|----------|-------------|---------------------|---------|-------------|--------------------------|--------------|-------------|-----------|-----------------------|-------------|-----------|--------------------------------|-----------|--------------------------------|-------------|-----------|--------------------------------|-------------|
|       |                         |                     |          |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2                  | Units        | Qualifier 1 |           |                       |             | Value 1   | Qualifier 2                    | Value 2   | Qualifier 3                    | Value 3     | Units     |                                |             |
| 00310 | BOD, 5-day, 20 deg. C   | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |                          |              | =           | 26        |                       |             | 19 - mg/L | DL/DS - Daily When Discharging | GR - GRAB |                                |             |           |                                |             |
|       |                         |                     |          |             | Permit Req.         |         |             |                          |              |             |           |                       |             |           |                                | 19 - mg/L | DL/DS - Daily When Discharging | GR - GRAB   |           |                                |             |
|       |                         |                     |          |             | Value NODI          |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             |           |                                |             |
| 00400 | pH                      | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |                          |              | =           | 6.99      |                       |             | =         | 7.5                            | 12 - SU   | DL/DS - Daily When Discharging | GR - GRAB   |           |                                |             |
|       |                         |                     |          |             | Permit Req.         |         |             |                          |              | >=          | 6 MINIMUM |                       |             | <=        | 9 MAXIMUM                      | 12 - SU   | DL/DS - Daily When Discharging | GR - GRAB   |           |                                |             |
|       |                         |                     |          |             | Value NODI          |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             |           |                                |             |
| 00530 | Solids, total suspended | 1 - Effluent Gross  | 0        | --          | Sample              |         |             |                          |              | =           | 133       |                       |             |           |                                | 19 - mg/L | DL/DS - Daily When Discharging | GR - GRAB   |           |                                |             |
|       |                         |                     |          |             | Permit Req.         |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             | 19 - mg/L | DL/DS - Daily When Discharging | GR - GRAB   |
|       |                         |                     |          |             | Value NODI          |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             |           |                                |             |
| 82220 | Flow, total             | 1 - Effluent Gross  | 0        | --          | Sample              |         | =           | 6.5                      | 80 - Mgal/mo |             |           |                       |             |           |                                |           | DL/DS - Daily When Discharging | CN - CONTIN |           |                                |             |
|       |                         |                     |          |             | Permit Req.         |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             |           | DL/DS - Daily When Discharging | CN - CONTIN |
|       |                         |                     |          |             | Value NODI          |         |             |                          |              |             |           |                       |             |           |                                |           |                                |             |           |                                |             |

**Submission Note**  
If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**  
No errors.

**Comments**  
Number of days of discharge: 3

**Attachments**  
No attachments.

**Report Last Saved By**  
**DECATUR SD MAIN STP**

|         |                        |            |                                      |
|---------|------------------------|------------|--------------------------------------|
| User:   | timk@sddcleanwater.org | Date/Time: | 2014-06-12 12:28 (Time Zone: -05:00) |
| Name:   | Tim Kluge              |            |                                      |
| E-Mail: | timk@sddcleanwater.org |            |                                      |

**DMR Copy of Record**

| <b>Permit</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
|--|---|--------------------|-------------|---------------------|---------|-------------|--------------------------|-------|-------------|-----------|-----------------------|-------------|-------------|-----------|-----------|---|--------------------------------|-------------|
| Permit #: <b>IL0028321</b>   | Permittee: DECATUR SD MAIN STP                          |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Major: Yes   | Permittee Address: 501 DIPPER LANE<br>DECATUR, IL 62522 |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Permitted Feature: 008<br>External Outfall   | Discharge: <b>008-0</b><br>TREATED CSO-SEVENTH WARD     |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Facility: DECATUR SD MAIN STP  | Facility Location: 501 DIPPER LANE<br>DECATUR, IL 62522 |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Report Dates &amp; Status</b>   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Monitoring Period: <b>From 05/01/14 to 05/31/14</b>  | DMR Due Date: <b>06/15/14</b>                           |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Status: <b>NetDMR Validated</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Considerations for Form Completion</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| RECEIVING WATER: SANGAMON RIVER<br>NUMBER OF DAYS OF DISCHARGE:GF  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Principal Executive Officer</b>   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| First Name: Monte  | Title: Executive Director                               |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Last Name: Cherry  | Telephone: 217-422-6931                                 |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>No Data Indicator (NODI)</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Form NODI: --  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Parameter  | Monitoring Location                                     | Season #           | Param. NODI | Quantity or Loading |         |             | Quality or Concentration |       |             | # of Ex.  | Frequency of Analysis | Sample Type |             |           |           |   |                                |             |
| Code   | Name  |                    |             | Qualifier 1         | Value 1 | Qualifier 2 | Value 2                  | Units | Qualifier 1 | Value 1   | Qualifier 2           | Value 2     | Qualifier 3 | Value 3   | Units     |   |                                |             |
| 00310  | BOD, 5-day, 20 deg. C                                   | 1 - Effluent Gross | 0           | --                  |         |             |                          |       |             | =         | 86                    |             |             |           | 19 - mg/L |   | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| 00400  | pH  | 1 - Effluent Gross | 0           | --                  |         |             |                          |       | =           | 7.19      |                       |             | =           | 7.46      | 12 - SU   |   | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       | >=          | 6 MINIMUM |                       |             | <=          | 9 MAXIMUM | 12 - SU   | 0 | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| 00530  | Solids, total suspended                                 | 1 - Effluent Gross | 0           | --                  |         |             |                          |       |             |           |                       |             |             |           | 19 - mg/L |   | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           | 19 - mg/L | 0 | DL/DS - Daily When Discharging | GR - GRAB   |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| 82220  | Flow, total   | 1 - Effluent Gross | 0           | --                  |         |             |                          |       |             |           |                       |             |             |           |           |   | DL/DS - Daily When Discharging | CN - CONTIN |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   | DL/DS - Daily When Discharging | CN - CONTIN |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
|  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Submission Note</b>   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Edit Check Errors</b>   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| No errors.   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Comments</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Number of days of discharge: 3   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Attachments</b>   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| No attachments.  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| <b>Report Last Saved By</b>  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| DECATUR SD MAIN STP  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| User: timk@sddcleanwater.org   | Date/Time: 2014-06-12 12:32 (Time Zone: -05:00)         |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| Name: Tim Kluge  |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |
| E-Mail: timk@sddcleanwater.org   |   |                    |             |                     |         |             |                          |       |             |           |                       |             |             |           |           |   |                                |             |

## DMR Copy of Record

| Permit   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
|--|---------------------------|--------------------|-------------|-------------------------------|---|-------------|------------------|-----------|--------------------------|--------------------------------------|-------------|---------|-------------|----------|-----------------------|-------------|--|--|
| Permit #:  | IL0028321                 |                    |             | Permittee:                    | DECATUR SD MAIN STP                     |             |                  |           | Facility:                | DECATUR SD MAIN STP                  |             |         |             |          |                       |             |  |  |
| Major:   | Yes                       |                    |             | Permittee Address:            | 501 DIPPER LANE<br>DECATUR, IL 62522    |             |                  |           | Facility Location:       | 501 DIPPER LANE<br>DECATUR, IL 62522 |             |         |             |          |                       |             |  |  |
| Permitted Feature:   | A03<br>External Outfall   |                    |             | Discharge:                    | A03-0<br>CSO-OAKLAND AV TRT BYPAS(003A) |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Report Dates & Status  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 |                    |             | DMR Due Date:                 | 06/15/14                                |             |                  |           | Status:                  | NetDMR Validated                     |             |         |             |          |                       |             |  |  |
| Considerations for Form Completion   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| RECEIVING WATER:SANGAMON RIVERGF   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Principal Executive Officer  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| First Name:  | Monte                     |                    |             | Title:                        | Executive Director                      |             |                  |           | Telephone:               | 217-422-6931                         |             |         |             |          |                       |             |  |  |
| Last Name:   | Cherry                    |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| No Data Indicator (NODI)   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Form NODI:   | --                        |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Parameter Code   | Monitoring Location       | Season #           | Param. NODI | Quantity or Loading           |   |             |                  |           | Quality or Concentration |                                      |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |  |  |
|  |                           |                    |             | Qualifier 1                   | Value 1                                 | Qualifier 2 | Value 2          | Units     | Qualifier 1              | Value 1                              | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |             |  |  |
| 74071  | Flow                      | 1 - Effluent Gross | 0           |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             | Sample Permit Req. Value NODI |   |             | Opt Mon MO TOTAL | 4K - #/mo |                          |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             |                               |   |             | C - No Discharge |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Submission Note  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Edit Check Errors  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| No errors.   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Comments   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Attachments  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| No attachments.  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Report Last Saved By   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| DECATUR SD MAIN STP  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| User:  | timk@sddcleanwater.org    |                    |             | Date/Time:                    | 2014-06-12 12:34 (Time Zone: -05:00)    |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| Name:  | Tim Kluge                 |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |
| E-Mail:  | timk@sddcleanwater.org    |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |  |

## DMR Copy of Record

| Permit   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
|--|---------------------------|--------------------|-------------|-------------------------------|---|-------------|------------------|-----------|--------------------------|--------------------------------------|-------------|---------|-------------|----------|-----------------------|-------------|--|
| Permit #:  | IL0028321                 |                    |             | Permittee:                    | DECATUR SD MAIN STP                     |             |                  |           | Facility:                | DECATUR SD MAIN STP                  |             |         |             |          |                       |             |  |
| Major:   | Yes                       |                    |             | Permittee Address:            | 501 DIPPER LANE<br>DECATUR, IL 62522    |             |                  |           | Facility Location:       | 501 DIPPER LANE<br>DECATUR, IL 62522 |             |         |             |          |                       |             |  |
| Permitted Feature:   | A04<br>External Outfall   |                    |             | Discharge:                    | A04-0<br>CSO-S EDWARD ST TRT BYPS(004A) |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Report Dates & Status  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 |                    |             | DMR Due Date:                 | 06/15/14                                |             |                  |           | Status:                  | NetDMR Validated                     |             |         |             |          |                       |             |  |
| Considerations for Form Completion   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| RECEIVING WATER:SANGAMON RIVERGF   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Principal Executive Officer  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| First Name:  | Monte                     |                    |             | Title:                        | Executive Director                      |             |                  |           | Telephone:               | 217-422-6931                         |             |         |             |          |                       |             |  |
| Last Name:   | Cherry                    |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| No Data Indicator (NODI)   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Form NODI:   | --                        |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Parameter Code   | Monitoring Location       | Season #           | Param. NODI | Quantity or Loading           |   |             |                  |           | Quality or Concentration |                                      |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |  |
|  |                           |                    |             | Qualifier 1                   | Value 1                                 | Qualifier 2 | Value 2          | Units     | Qualifier 1              | Value 1                              | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |             |  |
| 74071  | Flow                      | 1 - Effluent Gross | 0           |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             | Sample Permit Req. Value NODI |   |             | Opt Mon MO TOTAL | 4K - #/mo |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             |                               |   |             | C - No Discharge |           |                          |                                      |             |         |             |          |                       |             |  |
| Submission Note  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Edit Check Errors  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| No errors.   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Comments   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Attachments  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| No attachments.  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Report Last Saved By   |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| DECATUR SD MAIN STP  |                           |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| User:  | timk@sddcleanwater.org    |                    |             | Date/Time:                    | 2014-06-12 12:36 (Time Zone: -05:00)    |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| Name:  | Tim Kluge                 |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |
| E-Mail:  | timk@sddcleanwater.org    |                    |             |                               |   |             |                  |           |                          |                                      |             |         |             |          |                       |             |  |



**DMR Copy of Record**

| <b>Permit</b>  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
|--|---------------------------|--------------------|--------------------------------------|--------------------|--------------------------------------|---------------------|---------|-------------|------------------|--------------------------|-------------|---------|-------------|---------|-------------|----------|-----------------------|-------------|--|--|--|
| Permit #:  | IL0028321                 | Permittee:         | DECATUR SD MAIN STP                  | Facility:          | DECATUR SD MAIN STP                  |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Major:   | Yes                       | Permittee Address: | 501 DIPPER LANE<br>DECATUR, IL 62522 | Facility Location: | 501 DIPPER LANE<br>DECATUR, IL 62522 |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Permitted Feature:   | A06<br>External Outfall   | Discharge:         | A06-0<br>CSO-FAIRVIEW PARK           |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Report Dates &amp; Status</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 | DMR Due Date:      | 06/15/14                             | Status:            | NetDMR Validated                     |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Considerations for Form Completion</b>  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK GF   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Principal Executive Officer</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| First Name:  | Monte                     | Title:             | Executive Director                   | Telephone:         | 217-422-6931                         |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Last Name:   | Cherry                    |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>No Data Indicator (NODI)</b>  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Form NODI:   | --                        |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Parameter Code   | Monitoring Location       | Season #           | Param. NODI                          | Sample Permit Req. | Value NODI                           | Quantity or Loading |         |             |                  | Quality or Concentration |             |         |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |  |  |  |
|  |                           |                    |                                      |                    |                                      | Qualifier 1         | Value 1 | Qualifier 2 | Value 2          | Units                    | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |             |  |  |  |
| 74071  | Flow                      | 1 - Effluent Gross | 0                                    | --                 |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
|  |                           |                    |                                      |                    |                                      |                     |         |             | Opt Mon MO TOTAL | 4K - #/mo                |             |         |             |         |             |          |                       |             |  |  |  |
|  |                           |                    |                                      |                    |                                      |                     |         |             | C - No Discharge |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Submission Note</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Edit Check Errors</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| No errors.   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Comments</b>  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
|  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Attachments</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| No attachments.  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>Report Last Saved By</b>  |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| <b>DECATUR SD MAIN STP</b>   |                           |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| User:  | timk@sddcleanwater.org    | Date/Time:         | 2014-06-12 12:37 (Time Zone: -05:00) |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| Name:  | Tim Kluge                 |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |
| E-Mail:  | timk@sddcleanwater.org    |                    |                                      |                    |                                      |                     |         |             |                  |                          |             |         |             |         |             |          |                       |             |  |  |  |

## DMR Copy of Record

| Permit   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
|--|---------------------------|--------------------|-------------|---------------------|---|-------------|---------|------------------|--------------------------------------|--------------------------------------|-------------|---------|-------------|----------|-----------------------|-------------|--|--|
| Permit #:  | IL0028321                 |                    |             | Permittee:          | DECATUR SD MAIN STP                     |             |         |                  | Facility:                            | DECATUR SD MAIN STP                  |             |         |             |          |                       |             |  |  |
| Major:   | Yes                       |                    |             | Permittee Address:  | 501 DIPPER LANE<br>DECATUR, IL 62522    |             |         |                  | Facility Location:                   | 501 DIPPER LANE<br>DECATUR, IL 62522 |             |         |             |          |                       |             |  |  |
| Permitted Feature:   | A07<br>External Outfall   |                    |             | Discharge:          | A07-0<br>CSO-MCKINLEY AV TR BYPAS(007A) |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Report Dates & Status  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 |                    |             | DMR Due Date:       | 06/15/14                                |             |         |                  | Status:                              | NetDMR Validated                     |             |         |             |          |                       |             |  |  |
| Considerations for Form Completion   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| RECEIVING WATER:UNNAMED TRIB OF SPRING CREEKGF   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Principal Executive Officer  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| First Name:  | Monte                     |                    |             | Title:              | Executive Director                      |             |         |                  | Telephone:                           | 217-422-6931                         |             |         |             |          |                       |             |  |  |
| Last Name:   | Cherry                    |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| No Data Indicator (NODI)   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Form NODI:   | --                        |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Parameter Code   | Monitoring Location       | Season #           | Param. NODI | Quantity or Loading |   |             |         |                  | Quality or Concentration             |                                      |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |  |  |
|  |                           |                    |             | Qualifier 1         | Value 1                                 | Qualifier 2 | Value 2 | Units            | Qualifier 1                          | Value 1                              | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |             |  |  |
| 74071  | Flow                      | 1 - Effluent Gross | 0           |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             | Sample Permit Req.  |   |             |         | Opt Mon MO TOTAL | 4K - #/mo                            |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             | Value NODI          |   |             |         | C - No Discharge |                                      |                                      |             |         |             |          |                       |             |  |  |
| Submission Note  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Edit Check Errors  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| No errors.   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Comments   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
|  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Attachments  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| No attachments.  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| Report Last Saved By   |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| DECATUR SD MAIN STP  |                           |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| User:  | timk@sddcleanwater.org    |                    |             |                     |   |             |         | Date/Time:       | 2014-06-12 12:43 (Time Zone: -05:00) |                                      |             |         |             |          |                       |             |  |  |
| Name:  | Tim Kluge                 |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |
| E-Mail:  | timk@sddcleanwater.org    |                    |             |                     |   |             |         |                  |                                      |                                      |             |         |             |          |                       |             |  |  |

## DMR Copy of Record

| Permit   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
|--|---------------------------|--------------------|-------------|-------------------------------|---|-------------|---------|----------------------------|--------------------------|--------------------------------------|-------------|---------|-------------|----------|-----------------------|-------------|--|
| Permit #:  | IL0028321                 |                    |             | Permittee:                    | DECATUR SD MAIN STP                     |             |         |                            | Facility:                | DECATUR SD MAIN STP                  |             |         |             |          |                       |             |  |
| Major:   | Yes                       |                    |             | Permittee Address:            | 501 DIPPER LANE<br>DECATUR, IL 62522    |             |         |                            | Facility Location:       | 501 DIPPER LANE<br>DECATUR, IL 62522 |             |         |             |          |                       |             |  |
| Permitted Feature:   | A08<br>External Outfall   |                    |             | Discharge:                    | A08-0<br>CSO-SEVENTH WARD TR BYPS(008A) |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Report Dates & Status  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14 |                    |             | DMR Due Date:                 | 06/15/14                                |             |         |                            | Status:                  | NetDMR Validated                     |             |         |             |          |                       |             |  |
| Considerations for Form Completion   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| RECEIVING WATER:SANGAMON RIVERGF   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Principal Executive Officer  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| First Name:  | Monte                     |                    |             | Title:                        | Executive Director                      |             |         |                            | Telephone:               | 217-422-6931                         |             |         |             |          |                       |             |  |
| Last Name:   | Cherry                    |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| No Data Indicator (NODI)   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Form NODI:   | --                        |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Parameter Code   | Monitoring Location       | Season #           | Param. NODI | Quantity or Loading           |   |             |         |                            | Quality or Concentration |                                      |             |         |             | # of Ex. | Frequency of Analysis | Sample Type |  |
|  |                           |                    |             | Qualifier 1                   | Value 1                                 | Qualifier 2 | Value 2 | Units                      | Qualifier 1              | Value 1                              | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |             |  |
| 74071  | Flow                      | 1 - Effluent Gross | 0           |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             | Sample Permit Req. Value NODI |   |             |         | Opt Mon MO TOTAL 4K - #/mo |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             |                               |   |             |         | C - No Discharge           |                          |                                      |             |         |             |          |                       |             |  |
| Submission Note  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Edit Check Errors  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| No errors.   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Comments   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
|  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Attachments  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| No attachments.  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Report Last Saved By   |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| DECATUR SD MAIN STP  |                           |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| User:  | timk@sddcleanwater.org    |                    |             | Date/Time:                    | 2014-06-12 12:44 (Time Zone: -05:00)    |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| Name:  | Tim Kluge                 |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |
| E-Mail:  | timk@sddcleanwater.org    |                    |             |                               |   |             |         |                            |                          |                                      |             |         |             |          |                       |             |  |

## DMR Copy of Record

| Permit   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
|--|--|-------------------------|--------------------------------------|--------------------|--------------------------------------|---------|----------------|---------|------------------|--------------------------|---------|-------------|---------|-------------|----------|-----------------------|---------------------------|-------------|--|
| Permit #:  | IL0028321                                | Permittee:              | DECATUR SD MAIN STP                  | Facility:          | DECATUR SD MAIN STP                  |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Major:   | Yes                                      | Permittee Address:      | 501 DIPPER LANE<br>DECATUR, IL 62522 | Facility Location: | 501 DIPPER LANE<br>DECATUR, IL 62522 |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Permitted Feature:   | INF<br>Influent Structure                | Discharge:              | INF-L<br>INFLUENT REPORTING          |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Report Dates & Status  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Monitoring Period:   | From 05/01/14 to 05/31/14                | DMR Due Date:           | 06/15/14                             | Status:            | NetDMR Validated                     |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Considerations for Form Completion   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| GF   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Principal Executive Officer  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| First Name:  | Monte                                    | Title:                  | Executive Director                   | Telephone:         | 217-422-6931                         |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Last Name:   | Cherry                                   |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| No Data Indicator (NODI)   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Form NODI:   | --                                       |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Code   | Parameter Name                           | Monitoring Location     | Season #                             | Param. NODI        | Quantity or Loading                  |         |                |         |                  | Quality or Concentration |         |             |         |             | # of Ex. | Frequency of Analysis | Sample Type               |             |  |
|  |  |                         |                                      |                    | Qualifier 1                          | Value 1 | Qualifier 2    | Value 2 | Units            | Qualifier 1              | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                 |                           |             |  |
| 00310  | BOD, 5-day, 20 deg. C                    | G - Raw Sewage Influent | 0                                    | --                 | Sample                               |         |                |         |                  | =                        | 98      |             |         |             |          | 19 - mg/L             | 02/DA - 2 Days Every Week | CP - COMPOS |  |
|  |  |                         |                                      |                    | Permit Req.                          |         |                |         |                  |                          |         |             |         |             |          | 19 - mg/L             | 02/DA - 2 Days Every Week | CP - COMPOS |  |
|  |  |                         |                                      |                    | Value NODI                           |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| 00530  | Solids, total suspended                  | G - Raw Sewage Influent | 0                                    | --                 | Sample                               |         |                |         |                  | =                        | 168     |             |         |             |          | 19 - mg/L             | 02/DA - 2 Days Every Week | CP - COMPOS |  |
|  |  |                         |                                      |                    | Permit Req.                          |         |                |         |                  |                          |         |             |         |             |          | 19 - mg/L             | 02/DA - 2 Days Every Week | CP - COMPOS |  |
|  |  |                         |                                      |                    | Value NODI                           |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| 50050  | Flow, in conduit or thru treatment plant | G - Raw Sewage Influent | 0                                    | --                 | Sample                               | =       | 27.17          | =       | 46.23            | 03 - MGD                 |         |             |         |             |          |                       | 99/99 - Continuous        | RT - RCOTOT |  |
|  |  |                         |                                      |                    | Permit Req.                          |         | Req Mon MO AVG |         | Req Mon DAILY MX | 03 - MGD                 |         |             |         |             |          |                       | 99/99 - Continuous        | RT - RCOTOT |  |
|  |  |                         |                                      |                    | Value NODI                           |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Submission Note  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Edit Check Errors  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| No errors.   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Comments   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
|  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Attachments  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| No attachments.  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Report Last Saved By   |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| DECATUR SD MAIN STP  |  |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| User:  | timk@sddcleanwater.org                   | Date/Time:              | 2014-06-12 12:46 (Time Zone: -05:00) |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| Name:  | Tim Kluge                                |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |
| E-Mail:  | timk@sddcleanwater.org                   |                         |                                      |                    |                                      |         |                |         |                  |                          |         |             |         |             |          |                       |                           |             |  |