


PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)									
00300 1 0 Effluent Gross				7.94			0	2 Days Every Week	GRAB
pH				6	MINIMUM			2 Days Every Week	GRAB
00400 1 0 Effluent Gross				7.56		9	0	2 Days Every Week	GRAB
Solids, total suspended					MINIMUM	MAXIMUM		2 Days Every Week	GRAB
00530 1 0 Effluent Gross	2753	lb/d	4563	8		12	0	2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	28083	lb/d	46813		MO AVG	45		2 Days Every Week	COMPOS
00610 1 7 Effluent Gross	81	lb/d	81		MO AVG	0.21	0	2 Days Every Week	COMPOS
Nickel, total (as Ni)	164	lb/d	3928		MO AVG	3		2 Days Every Week	COMPOS
01087 1 0 Effluent Gross	4.5	lb/d			MO AVG	0.014	0	5 Days Every Week	COMPOS
Zinc, total (as Zn)	16	lb/d			MO AVG	0.030	0	5 Days Every Week	COMPOS
01082 1 0 Effluent Gross	78	lb/d	434		MO AVG	0.075		5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	38.81	Mgal/d	57.21		MO AVG		0	Continuous	
50050 1 0 Effluent Gross		Req. Mon.	Req. Mon.		MO AVG			Continuous	
Chlorine, total residual		Mgal/d	Mgal/d		MO AVG			Continuous	
50060 1 0 Effluent Gross					MO AVG		0	See Permit	GRAB
Coliform, fecal general					MO AVG			See Permit	GRAB
74055 1 0 Effluent Gross	864	lb/d	1429		MO AVG	4	0	2 Days Every Week	GRAB
BOD, carbonaceous, 05 day, 20 C	20850	lb/d	4700		MO AVG	40		2 Days Every Week	GRAB
80062 1 0 Effluent Gross		lb/d			MO AVG			2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Marie Cherry, Executive Director	217-422-6931	4/14/2011
TYPED OR PRINTED	4228831	4/12/2011

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Zinc and Nickel limits not in effect due to variance granted in PCB-2009-125. Chlorine and fecal coliform limits not applicable this month.

EPA Form 3200-1 (Rev. 01/08) Previous editions may be used.

003-0
DISCHARGE NUMBER

IL0028321
PERMIT NUMBER

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

MAJOR GF
 TREATED CSO-OAKLAND AVENUE
 External Outfall

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 03/01/2011 TO 03/31/2011

FROM

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C	*****	*****	34	*****	mg/L	0	Daily When Discharging	CP	
00310 1 0 Effluent Gross pH	*****	*****	Req. Min. MG.AVG	*****	mg/L	0	Daily When Discharging	GRAB	
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	8.0	*****	SU	0	Daily When Discharging	CP	
00530 1 0 Effluent Gross Flow, total	*****	*****	6 MINIMUM	*****	SU	0	Daily When Discharging	GRAB	
8220 1 0 Effluent Gross	*****	*****	80	*****	mg/L	0	Daily When Discharging	CP	
	*****	*****	Req. Min. MG.AVG	*****	mg/L	0	Daily When Discharging	GRAB	
	*****	*****	0.05	*****	*****	0	Daily When Discharging	CONTIN	
	*****	*****	Req. Min. MG.TOTAL	*****	*****	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Cherry, Executive Director	217-422-6931	04/14/2011
TYPED OR PRINTED	AREA CDB NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Monte Cherry</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 1

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 TREATED CSO-SOUTH EDWARD ST
 External Outfall


004-0
 DISCHARGE NUMBER
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 03/01/2011 TO 03/31/2011

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross pH	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
00530 1 0 Effluent Gross Flow, total	*****	*****	*****	*****	*****	*****		Daily When Discharging	GRAB
8220 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily When Discharging	CONTIN

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true and complete and all attachments submitted are true and complete. I am providing this statement for the purpose of certifying the information, including the quality of the data and attachments for bearing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 217-422-6931

DATE
 04/14/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER-SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 0

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

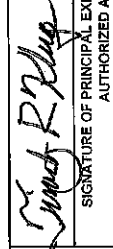
PERMIT NUMBER: 007-0
 DISCHARGE NUMBER: 007-0
 MONITORING PERIOD: MM/DD/YYYY TO MM/DD/YYYY
 FROM: 03/01/2011 TO 03/31/2011

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C				14	mg/L		0	Daily When Discharging	CP
00310 1 0 Effluent Gross pH			7.8	Req. Min. MO AVG	mg/L		0	Daily When Discharging	GRAB
00400 1 0 Effluent Gross Solids, total suspended			6	MINIMUM	SU		0	Daily When Discharging	GRAB
00530 1 0 Effluent Gross Flow, total			76	Req. Min. MO AVG	mg/L		0	Daily When Discharging	CP
82220 1 0 Effluent Gross			25.0	Req. Min. MO TOTAL	mg/L		0	Daily When Discharging	GRAB
								Daily When Discharging	CONTIN
								Daily When Discharging	CONTIN

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, complete, and not misleading. I am providing this information in accordance with the requirements, including the availability of law and requirements for business activities.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER: 217-422-6931
 DATE: 04/14/2011

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C							
00310 1 0 Effluent Gross			Req. Mon. MO AVG	mg/L		Daily When Discharging	GRAB
pH							
00400 1 0 Solids, total suspended			6 MINIMUM	SU		Daily When Discharging	GRAB
00530 1 0 Effluent Gross			Req. Mon. MO AVG	mg/L		Daily When Discharging	GRAB
Flow, total							
82220 1 0 Effluent Gross			Req. Mon. MO TOTAL			Daily When Discharging	CONTIN

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information presented, based on my inquiry of the persons or persons who furnished the information, and that the information gathered, presented, and analyzed is true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Montie Cherry, Executive Director

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Montie Cherry

TELEPHONE NUMBER
 217-422-6931

DATE
 04/14/2011

AREA CODE NUMBER
 MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 0

DMR Meeting ZIP CODE: 62522

AC3-0
DISCHARGE NUMBER

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

IL0028321
PERMIT NUMBER

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 03/01/2011 TO 03/31/2011

MAJOR (SUBR 04) GF
 CSO-OAKLAND AVE TRT BYPASS (003A)
 External Outfall

No Discharge X

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow									
74071.10 Effluent Gross									

SAMPLE MEASUREMENT PERMIT REQUIREMENT

I certify under penalty of law that this document and all attachments were prepared under my direct supervision and are true and accurate. Based on my review of this permit and all attachments, the information provided is true and correct to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Monte Cherry
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 217-422-6931
 NUMBER
 AREA Code
 NMMDDYYYYY

DATE
 04/14/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 0

DMR Mailing ZIP CODE: 62522

A04-0
DISCHARGE NUMBER

IL0028321
PERMIT NUMBER

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

MAJOR (SUBR 04) GF
CSO-EDWARD ST TRT BYPASS (004A)
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
03/01/2011 TO 03/31/2011

FROM

No Discharge x

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	*****		*****	*****	*****	*****			
74071 1 0 Effluent Gross	*****	Opl. Mon. / MO TOTAL	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry, Executive Director TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Timothy R. Kluge</i>	TELEPHONE 217-422-6931	DATE 04/14/2011
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 0		AREA Code	NUMBER

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow									
74071 10 Effluent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry, Executive Director	TELEPHONE 217-422-1931	DATE 04/14/2011
TYPED OR PRINTED	AREA CODE NUMBER	MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tim Kluge</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: STEVENS CREEK. NUMBER OF DAYS OF DISCHARGE: 0

62522

DMR Meeting ZIP CODE:

A07-0

IL0026321

FROM

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

MAJOR (SUBR 04)

DISCHARGE NUMBER

PERMIT NUMBER

TO

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

CSD-MCKINLEY AV TR BYPAS(007A)

MONITORING PERIOD

MM/DD/YYYY

TO

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

External Outfall

MM/DD/YYYY

03/01/2011

TO

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

No Discharge

09/31/2011

03/01/2011

TO

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS			
F10									
74071 1 0 Effluent Gross									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I am satisfied that the system and the person or persons who manage it are capable of gathering, evaluating, and summarizing the information in a manner that is reliable and that the information submitted is true and accurate. I am satisfied that the information submitted is true and accurate. I am satisfied that the information submitted is true and accurate. I am satisfied that the information submitted is true and accurate.

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

DATE
04/14/2011

TELEPHONE
217-422-6931

AREA CODE NUMBER
217-422-6931

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Monte Cherry

MM/DD/YYYY
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK. NUMBER OF DAYS OF DISCHARGE: 0

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

Page 0

DMR Mailing ZIP CODE: 62522

MAJOR (SUBR 04)

A08-0

IL0028321

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

DISCHARGE NUMBER
MONITORING PERIOD
MM/DD/YYYY TO
03/01/2011 03/31/2011

PERMIT NUMBER
MM/DD/YYYY TO
03/01/2011 03/31/2011

DISCHARGE NUMBER
MONITORING PERIOD
MM/DD/YYYY TO
03/01/2011 03/31/2011

External Outfall
No Discharge

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, complete, and correct. I understand that any false, fraudulent, misleading, or incomplete information or statements may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry, Executive Director	TELEPHONE 217-422-6931	DATE 04/14/2011
TYPED OR PRINTED	AREA CODE	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Monte Cherry</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 0

62522

DMR Mailing ZIP CODE:

INF-L

1L0028321

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 04)

No Discharge

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

MONITORING PERIOD
 FROM 03/01/2011 TO 03/31/2011
 MM/DD/YYYY

INFLUENT REPORTING
 Influent Structure

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
BOD, 5-day, 20 deg. C			92		mg/L	0	2 Days Every Week	COMPOS	
00810 G 0 Raw Sewage Influent Solids, total suspended			Req. Mon. MO AVG		mg/L	0	2 Days Every Week	COMPOS	
00530 G 0 Raw Sewage Influent Flow, in conduit or thru treatment plant			201		mg/L	0	2 Days Every Week	COMPOS	
50050 G 0 Raw Sewage Influent	37.43	Mgal/d	Req. Mon. MO AVG			0	Continuous	RCOTOT	
			Req. Mon. DAILY MAX				Continuous	RCOTOT	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Monte Cherry

TELEPHONE
 217-422-6931

DATE
 04/14/2011

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

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