

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

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

COMMENTS:

**TREATMENT PLANT EFFLUENT**

**PHONE: 422-6931**

**IL 0028321**

LATITUDE LONGITUDE

PERMIT #

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010 5 1** TO **2010 5 31**  
YEAR MO DAY YEAR MO DAY

PARAMETER	QUANTITY					CONCENTRATION					FREQUENCY		
	REPORTED	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	SAMPLE TYPE
<b>FLOW</b> <b>50050</b>	REPORTED	<b>39.92</b>	*****	<b>66.09</b>		EX	*****	*****	*****				
	PERMIT	*****	*****	*****	MGD		*****	*****	*****				<b>CONTINUOUS</b>
<b>CBOD5</b> <b>80082</b>	REPORTED	<b>746</b>	<b>846</b>	*****			<b>2</b>	<b>3</b>	*****			<b>2/7</b>	<b>24HC</b>
	PERMIT	<b>20850</b>	<b>41700</b>	*****	lbs/D		<b>20</b>	<b>40</b>	*****	mg/l		<b>2/7</b>	<b>24HC</b>
<b>SUSPENDED SOLIDS</b> <b>00530</b>	REPORTED	<b>1125</b>	<b>1403</b>	*****			<b>3</b>	<b>4</b>	*****			<b>2/7</b>	<b>24HC</b>
	PERMIT	<b>26063</b>	<b>46913</b>	*****	lbs/D		<b>25</b>	<b>45</b>	*****	mg/l		<b>2/7</b>	<b>24HC</b>
<b>pH</b> <b>00400</b>	REPORTED	*****	*****	*****			<b>7.6 MIN</b>	*****	<b>7.9 MAX</b>	STD.		<b>2/7</b>	<b>grab</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>	UNITS		<b>2/7</b>	<b>grab</b>
<b>AMMONIA NITROGEN</b> <b>00610</b>	REPORTED	<b>60</b>	*****	<b>99</b>			<b>0.18</b>	*****	<b>0.18</b>			<b>2/7</b>	<b>24HC</b>
	PERMIT	<b>1564</b>	*****	<b>3128</b>	lbs/D		<b>1.5</b>	*****	<b>3.0</b>	mg/l		<b>2/7</b>	<b>24HC</b>
<b>CHLORINE RESIDUAL</b> <b>50060</b>	REPORTED	*****	*****	*****			*****	*****	*****			*****	*****
	PERMIT	*****	*****	*****			*****	*****	*****	mg/l		<b>2/7</b>	<b>grab</b>
<b>FECAL COLIFORM</b> <b>74055</b>	REPORTED	*****	*****	*****			*****	*****	*****	n/		*****	*****
	PERMIT	*****	*****	*****			*****	*****	*****	100 ml		<b>2/7</b>	<b>grab</b>
<b>DISSOLVED OXYGEN</b>	REPORTED	*****	*****	*****			*****	*****	<b>7.16</b>			*****	*****
	PERMIT	*****	*****	*****			*****	*****	<b>MIN 6.0</b>	mg/l		<b>2/7</b>	<b>grab</b>
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		X						
<b>CHERRY MONTE A</b>		EXECUTIVE DIRECTOR			<b>6/10/2010</b>		SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT						
LAST FIRST MI		TITLE			YY/MM/DD								
<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C &amp; 1001 AND 33 U.S.C. &amp; 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.</small>													

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

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

**PHONE: 422-6931**

COMMENTS:

**TREATMENT PLANT INFLUENT**

**IL 0028321**  
PERMIT #

LATITUDE LONGITUDE

\*\*\* NO DISCHARGE \*\*\*

REPORTING PERIOD FROM **2010** **5** **1** TO **2010** **5** **31**  
YEAR MO DAY YEAR MO

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE
		MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	OF ANAYSIS		
<b>FLOW 50050</b>	REPORTED	<b>37.66</b>	*****	<b>64.47</b>	MGD	EX	*****	*****	*****		EX	<b>CONT.</b>	<b>REC.</b>	
	PERMIT	*****	*****	*****		*****	*****	*****	*****		*****			<b>TOTAL</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>93</b>	*****	*****	mg/l		<b>2/7</b>	<b>24-C</b>	
	PERMIT	*****	*****	*****		*****	*****	*****	*****		*****	<b>2/7</b>	<b>24-C</b>	
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>208</b>	*****	*****	mg/l		<b>2/7</b>	<b>24-C</b>	
	PERMIT	*****	*****	*****		*****	*****	*****	*****		*****	<b>2/7</b>	<b>24-C</b>	
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
	REPORTED													
	PERMIT													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		X							
<b>CHERRY MONTE</b>		<b>EXECUTIVE DIRECTOR</b>			<b>6/10/2010</b>		SIGNATURE OF PRINCIPLE EXECUTIVE							
LAST	FIRST	M.	TITLE			YY/MM/DD		OFFICER OR AUTHORIZED AGENT						

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

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

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

**PHONE: 422-6931**

COMMENTS:

**TREATED CSO-OAKLAND AVE  
OUTFALL #003**

**IL 0028321**  
PERMIT #

LATITUDE LONGITUDE

Number of Days of Discharge:

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010 5 1** TO **2010 5 31**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY		SAMPLE TYPE
		DAILY AVE	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>2.71</b>			*****	*****	*****			<b>CONT</b>	<b>N/A</b>
	PERMIT	*****	*****	<b>Total</b>	MGAL		*****	*****	*****			<b>Daily</b>	<b>Contin</b>
<b>BOD5 00310</b>	REPORTED	*****	*****	*****			<b>72</b>	*****	*****			<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		<b>DLY WH</b>	<b>GRAB</b>
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****			<b>198</b>	*****	*****			<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	lbs/D		*****	*****	*****	mg/l		<b>DLY WH</b>	<b>GRAB</b>
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>7.2 MIN</b>	*****	<b>7.9 MAX</b>	STD.		<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>	UNITS		<b>DLY WH</b>	<b>GRAB</b>
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>6/10/2010</b>	
LAST FIRST MI	TITLE	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

Receiving Water: Sangamon River

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

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

**PHONE: 422-6931**

COMMENTS:

**LINCOLN PARK South Edward**  
OUTFALL #004

Number of Days of Discharge:

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010** **5** **1** TO **2010** **5** **31**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				CONCENTRATION					FREQUENCY		SAMPLE TYPE
		DAILY AVE	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS	
<b>FLOW 82220</b>	REPORTED	*****	*****	<b>3.00</b>	MG	EX	*****	*****	*****		EX	CONT	N/A
	PERMIT	*****	*****	<b>Total</b>			*****	*****	*****			DLY WH	DL/DS
<b>BOD5 00310</b>	REPORTED	*****	*****	*****	lbs/D		<b>37</b>	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****			*****	*****	*****			DLY WH	DL/DS
<b>SUSPENDED SOLIDS 00530</b>	REPORTED	*****	*****	*****	lbs/D		<b>125</b>	*****	*****	mg/l		DL/DS	CP
	PERMIT	*****	*****	*****			*****	*****	*****			DLY WH	DL/DS
<b>pH 00400</b>	REPORTED	*****	*****	*****			<b>7.2 MIN</b>	*****	<b>7.2 MAX</b>	STD.		DL/DS	CP
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>		UNITS		DLY WH
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												
	REPORTED												
	PERMIT												

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	EXECUTIVE DIRECTOR	<b>6/10/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST M.	TITLE	YY/MM/DD	

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Receiving Water: Sangamon River

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DISCHARGE MONITORING REPORT**

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

**PHONE: 422-6931**

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

LATITUDE LONGITUDE

COMMENTS:

**McKINLEY CSO DISCHARGE**  
OUTFALL #007

Number of days discharged **4**

\*\*\* NO DISCHARGE \*\*\*

REPORTING PERIOD FROM **2010** **5** **1** TO **2010** **5** **31**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE	
		DAILY MAX	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANAYSIS			
<b>FLOW</b> <b>82220</b>	REPORTED	*****	*****	<b>34.30</b>			*****	*****	*****			EX		<b>CONT</b>	<b>N/A</b>
	PERMIT	*****	*****	<b>Total</b>	<b>MG</b>		*****	*****	*****					<b>Daily</b>	<b>Contin</b>
<b>BOD5</b> <b>00310</b>	REPORTED	*****	*****	*****			<b>57</b>	*****	*****					<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>		*****	*****	*****			<b>mg/l</b>		<b>DLY WH</b>	<b>GRAB</b>
<b>SUSPENDED SOLIDS</b> <b>00530</b>	REPORTED	*****	*****	*****			<b>299</b>	*****	*****					<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****	<b>lbs/D</b>		*****	*****	*****			<b>mg/l</b>		<b>DLY WH</b>	<b>GRAB</b>
<b>pH</b> <b>00400</b>	REPORTED	*****	*****	*****			<b>7.3 MIN</b>	*****	<b>7.6 MAX</b>			<b>STD.</b>		<b>DL/DS</b>	<b>CP</b>
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>			<b>UNITS</b>		<b>DLY WH</b>	<b>GRAB</b>
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	<b>EXECUTIVE DIRECTOR</b>	<b>6/10/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YY/MM/DD	

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Receiving Water: Sangamon River

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

**PERMITTEE NAME: SANITARY DISTRICT OF DECATUR**

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

**PHONE: 422-6931**

COMMENTS:

**7TH WARD CSO DISCHARGE**  
OUTFALL #008

Number of days discharged

**IL 0028321**

PERMIT #

LATITUDE LONGITUDE

\*\*\* NO DISCHARGE  \*\*\*

REPORTING PERIOD FROM **2010** **5** **1** TO **2010** **5** **31**  
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY					CONCENTRATION					FREQUENCY		SAMPLE TYPE	
		DAILY MAX	WEEK AVE	MONTH AVE	UNITS	NO	MONTH AVE	WEEK AVE	DAILY MAX	UNITS	NO	ANALYSIS			
<b>FLOW</b> <b>82220</b>	REPORTED	*****	*****	<b>60.30</b>			*****	*****	*****				EX	CONT	N/A
	PERMIT	*****	*****	<b>Total</b>	MG	:::	*****	*****	*****				EX	Daily	Contin
<b>BOD5</b> <b>00310</b>	REPORTED	*****	*****	*****			<b>57</b>	*****	*****					DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D	:::	*****	*****	*****					DLY WH	GRAB
<b>SUSPENDED SOLIDS</b> <b>00530</b>	REPORTED	*****	*****	*****			<b>235</b>	*****	*****					DL/DS	CP
	PERMIT	*****	*****	*****	lbs/D	:::	*****	*****	*****					DLY WH	GRAB
<b>pH</b> <b>00400</b>	REPORTED	*****	*****	*****			<b>7.0 MIN</b>	*****	<b>7.5 MAX</b>				STD.	DL/DS	CP
	PERMIT	*****	*****	*****			<b>6.0-9.0</b>	*****	<b>6.0-9.0</b>				UNITS	DLY WH	GRAB
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														
	REPORTED														
	PERMIT														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	X
<b>CHERRY MONTE</b>	EXECUTIVE DIRECTOR	<b>6/9/2010</b>	SIGNATURE OF PRINCIPLE EXECUTIVE OFFICER OR AUTHORIZED AGENT
LAST FIRST MI	TITLE	YY/MM/DD	

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