

001-0  
 DISCHARGE NUMBER

001-0  
 PERMIT NUMBER

MMDDYYYY  
 05/01/2011

MMDDYYYY  
 05/31/2011

MMDDYYYY  
 05/01/2011

MMDDYYYY  
 05/31/2011

FROM TO

ATTN: TIM KLUGE

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

001-0  
 DISCHARGE NUMBER

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Oxygen, dissolved (DO)	MEASUREMENT PERMIT	7.35	*****	*****	*****	*****	0	2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	6	MINIMUM	*****	*****	*****	0	2 Days Every Week	GRAB
pH	MEASUREMENT PERMIT	7.8	*****	*****	*****	*****	0	2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	6	MINIMUM	*****	*****	*****	0	2 Days Every Week	GRAB
Solids, total suspended	MEASUREMENT PERMIT	2295	lb/d	*****	*****	*****	0	2 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	48933	WIKLY AVG	*****	*****	*****	0	2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	MEASUREMENT PERMIT	157	lb/d	*****	*****	*****	0	2 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	3128	DAILY MX	*****	*****	*****	0	2 Days Every Week	COMPOS
Nickel, total (as Ni)	MEASUREMENT PERMIT	4	*****	*****	*****	*****	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	16	MO AVG	*****	*****	*****	0	5 Days Every Week	COMPOS
Zinc, total (as Zn)	MEASUREMENT PERMIT	8	*****	*****	*****	*****	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	38	MO AVG	*****	*****	*****	0	5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	MEASUREMENT PERMIT	434	DAILY MX	*****	*****	*****	0	5 Days Every Week	COMPOS
Effluent Gross	REQUIREMENT	104.87	Mgal/d	*****	*****	*****	0	Continuous	COMPOS
Chlorine, total residual	MEASUREMENT PERMIT	0.011	*****	*****	*****	*****	0	Continuous	COMPOS
Effluent Gross	REQUIREMENT	0.011	*****	*****	*****	*****	0	Continuous	COMPOS
Coliform, fecal general	MEASUREMENT PERMIT	450	#/100mL	*****	*****	*****	1	2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	400	#/100mL	*****	*****	*****	0	2 Days Every Week	GRAB
BOD, carbonaceous, 05 day, 20 C	MEASUREMENT PERMIT	740	*****	*****	*****	*****	0	2 Days Every Week	GRAB
Effluent Gross	REQUIREMENT	20850	MO AVG	*****	*****	*****	0	2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Montie A. Cherry	TELEPHONE	4228931	DATE	6/13/2011
	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Montie A. Cherry</i>	217	8/9/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Zinc and Nickel limits not in effect due to variance granted in PCS-2008-125.

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

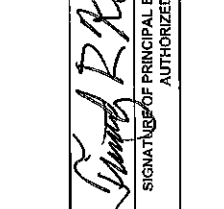
DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBK 04) GF  
 TREATED CSO-OAKLAND AVENUE  
 External Outfall

PERMIT NUMBER: IL0028321  
 DISCHARGE NUMBER: 063-0  
 MONITORING PERIOD: MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2011 TO 05/31/2011

FROM: 05/01/2011 TO: 05/31/2011  
 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	*****	*****	45	*****	mg/L	0	Daily When Discharging	CP	
00310 10 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	Daily When Discharging	GRAB	
pH	*****	*****	7.2	*****	SU	0	Daily When Discharging	CP	
00400 10 Effluent Gross Solids, total suspended	*****	*****	6 MINIMUM	*****	SU	0	Daily When Discharging	GRAB	
00530 10 Effluent Gross Flow, total	*****	*****	192	*****	mg/L	0	Daily When Discharging	CP	
82220 10 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	mg/L	0	Daily When Discharging	GRAB	
	*****	*****	24.6	*****	Mgal/mo	0	Daily When Discharging	CONTIN	
	*****	*****	Req. Mon. MO TOTAL	*****	Mgal/mo	0	Daily When Discharging	CONTIN	

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 217-422-6933  
 AREA Code: 217  
 NUMBER: 422-6933

DATE: 06/13/2011  
 MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 4

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

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

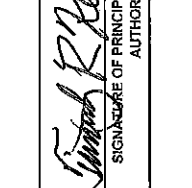
IL0028921  
 PERMIT NUMBER  
 004-0  
 DISCHARGE NUMBER

MONITORING PERIOD  
 MM/DD/YYYY TO  
 05/01/2011 TO 05/31/2011

FROM  
 05/01/2011 TO 05/31/2011

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			
BOD, 5-day, 20 deg. C	00400 1 0	*****	*****	*****	*****	19	*****	*****	*****	0	Daily When Discharging	CP
Effluent Gross pH	00310 1 0	*****	*****	*****	*****	Req. Min. MO AVG	*****	*****	*****	0	Daily When Discharging	GRAB
Effluent Gross Solids, total suspended	00400 1 0	*****	*****	*****	*****	7.2	*****	7.9	SU	0	Daily When Discharging	CP
Effluent Gross Flow, total	00530 1 0	*****	*****	*****	*****	6	MINIMUM	9	SU	0	Daily When Discharging	GRAB
Effluent Gross	82220 1 0	*****	*****	*****	*****	113	*****	*****	*****	0	Daily When Discharging	CP
		*****	*****	*****	*****	Req. Min. MO AVG	*****	*****	*****	0	Daily When Discharging	GRAB
		*****	*****	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	CONTIN
		*****	*****	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	CONTIN

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 217-422-6931

DATE  
 06/13/2011

AREA CODE NUMBER  
 \*\*\*\*\*

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 4

62522

DMR Mailing ZIP CODE:

007-0  
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)

TREATED CSO-MCKINLEY AVENUE

External Outfall

No Discharge

MONITORING PERIOD

MMDDYYYY TO MMDDYYYY

05/01/2011 TO 05/31/2011

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				15	mg/L	0	Daily When Discharging	CP	
00310 1 0 Effluent Gross pH			7.5	Reg. Mon. MO AVG	mg/L	0	Daily When Discharging	GRAB	
00400 1 0 Effluent Gross Solids, total suspended			6	MINIMUM	SU	0	Daily When Discharging	CP	
00530 1 0 Effluent Gross Flow, total	123.5	Mgal/mo	96	Reg. Mon. MO AVG	mg/L	0	Daily When Discharging	GRAB	
82220 1 0 Effluent Gross						0	Daily When Discharging	CONTIN	
							Daily When Discharging	CONTIN	

I certify under penalty of law that this document and all statements 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 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, and complete. 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*

TELEPHONE  
217-422-6931

DATE  
06/13/2011

AREA CODE NUMBER  
MMDDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 4

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

ILO028321  
 PERMIT NUMBER  
 DISCHARGE NUMBER  
 008-0

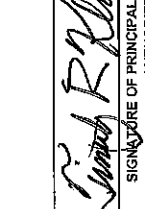
FROM 05/01/2011 TO 05/31/2011  
 MONITORING PERIOD  
 MM/DD/YYYY

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 TREATED CSO-SEVENTH WARD  
 External Outfall  
 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				18	mg/L	0	Daily When Discharging	CP	
00310 10 Effluent Gross pH			Req. Mon. MO AVG	7.6	mg/L	0	Daily When Discharging	GRAB	
00400 1 0 Effluent Gross Solids, total suspended			MINIMUM	6	SU	0	Daily When Discharging	CP	
			MAXIMUM	9	SU	0	Daily When Discharging	GRAB	
00530 1 0 Effluent Gross Flow, total				162	mg/L	0	Daily When Discharging	CP	
			Req. Mon. MO AVG		mg/L	0	Daily When Discharging	GRAB	
82220 1 0 Effluent Gross			25.7		Mgal/mo	0	Daily When Discharging	CONTIN	
			Req. Mon. MO TOTAL		Mgal/mo	0	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 knowledge and belief, the information submitted is true and correct. 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER  
 217-422-6931  
 AREA Code

DATE  
 06/13/2011

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 4  
 Sample not available on two days due to high river level.

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

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04) GF  
 CSO-OAKLAND AVE TRT BYPASS (009A)  
 External Outfall

IL0028321  
 PERMIT NUMBER  
 A03-0  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2011 TO 05/31/2011

FROM

No Discharge  x

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

I certify under penalty of law that this document and all attachments were prepared under my direct supervision and that I am a duly licensed professional engineer or geologist in the State of Illinois. 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*

TELEPHONE: 217-422-6931  
 AREA CODE: 217  
 NUMBER: 422-6931  
 DATE: 06/13/2011  
 MM/DD/YYYY

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:

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

No Discharge

AD-0  
DISCHARGE NUMBER

IL0028321  
PERMIT NUMBER

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
05/01/2011 TO 05/31/2011

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Chery, Executive Director	217-422-6931	06/13/2011
TYPED OR PRINTED	AREA CODE	NUMBER
		MMDDYYYY

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 specified persons properly gather and maintain the information required. I am aware that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages for knowing violations).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Monte Chery*

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

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

DMR Mailing ZIP CODE: 62522  
 MAJOR (SUBR 04)  
 CSO-FAIRVIEW PARK  
 External Outfall

IL0028321  
 PERMIT NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO  
 05/01/2011 TO 05/31/2011

FROM  
 A06-0  
 DISCHARGE NUMBER  
 MM/DD/YYYY  
 TO  
 05/31/2011

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			
FLOW	74071 1 0 Effluent Gross	*****		*****		*****				

I hereby certify that the information and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the 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, and complete. 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Monte Cherry*

TELEPHONE  
 217-422-6931

DATE  
 04/13/2011

AREA CODE NUMBER  
 04132011

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



DMR Mailing ZIP CODE: 62522

MAJOR (SUBR 04)

IL0028321	A07-0
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011
FROM	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

CSO-MCKINLEY AV TR BYPAS(007A)  
 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			
Flow	74071 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry, Executive Director TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Monte Cherry</i>	TELEPHONE NUMBER 217-422-6931	DATE 06/13/2011
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK. NUMBER OF DAYS OF DISCHARGE: 0

PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
FROM	TO
05/01/2011	05/31/2011

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

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	*****	#/mo	*****	*****	*****	*****			

MEASUREMENT PERMIT REQUIREMENT  
 Opt. Mtrc. #/mo  
 MCTOTAL

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 arrange 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, and complete. 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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 217-422-6931

DATE  
 04/3/2011

AREA CODE  
 NUMBER

MMDDYYYY

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Page 0

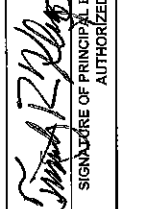
INF-L  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2011 TO 06/31/2011

IL0028321  
 PERMIT NUMBER  
 MM/DD/YYYY TO MM/DD/YYYY  
 05/01/2011 TO 06/31/2011

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

FROM: 05/01/2011 TO 06/31/2011

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C	42.39	Mg/L/d	99	Mg/L	0	2 Days Every Week	COMPOS
00310 G 0 Raw Sewage Influent							
Solids, total suspended							COMPOS
00530 G 0 Raw Sewage Influent							
Flow, in conduit or thru treatment plant							COMPOS
50050 G 0 Raw Sewage Influent							COMPOS
					0	Continuous	RCOTOT
						Continuous	RCOTOT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Cherry, Executive Director	217-422-6931	06/13/2011
TYPED OR PRINTED	217	4228931
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

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