

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
 M/M/D/YYYY
 11/01/2010 TO 11/30/2010
 DISCHARGE NUMBER
 001-0

DNR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 STP OUTFALL
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE		VALUE	VALUE				
Oxygen dissolved (DO)	PERMIT	7.1					mg/L	0	2 Days Every Week	GRAB
00300 1.0 Effluent Gross	PERMIT	MINIMUM					mg/L	0	2 Days Every Week	GRAB
pH	PERMIT	7.7					SU	0	2 Days Every Week	GRAB
00400 1.0 Effluent Gross	PERMIT	MINIMUM					SU	0	2 Days Every Week	GRAB
Scuds, total suspended	PERMIT	0					SU	0	2 Days Every Week	GRAB
00530 1.0 Effluent Gross	PERMIT	0					mg/L	0	2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	PERMIT	0.16					mg/L	0	2 Days Every Week	COMPOS
00610 1.7 Effluent Gross	PERMIT	0.16					mg/L	0	2 Days Every Week	COMPOS
Nickel, total (as Ni)	PERMIT	0.021					mg/L	0	5 Days Every Week	COMPOS
01067 1.0 Effluent Gross	PERMIT	0.16					mg/L	0	5 Days Every Week	COMPOS
Zinc, total (as Zn)	PERMIT	0.036					mg/L	0	5 Days Every Week	COMPOS
01092 1.0 Effluent Gross	PERMIT	0.048					mg/L	0	5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	PERMIT	33.03	55.14	Magid			MGAL	0	Continuous	
50080 1.0 Effluent Gross	PERMIT	Req. Mon	Req. Mon	Magid			mg/L	0	Continuous	GRAB
Chlorine, total residual	PERMIT	0.05					mg/L	0	See Permit	GRAB
50080 1.0 Effluent Gross	PERMIT	0.05					mg/L	0	See Permit	GRAB
Coliform, fecal general	PERMIT	0					CFU/100mL	0	2 Days Every Week	GRAB
74055 1.0 Effluent Gross	PERMIT	0					mg/L	0	2 Days Every Week	COMPOS
BOD, carbonaceous, 05 day, 20 C	PERMIT	610	713	Ibd			mg/L	0	2 Days Every Week	COMPOS
80082 1.0 Effluent Gross	PERMIT	20960	4170	Ibd			mg/L	0	2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Monte A. Cherry
 TYPED OR PRINTED

DATE: 12/14/2010

TELEPHONE: 422-8831

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Tim Kluge*

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Zinc and Nickel limits not in effect due to variance granted in PCS-2006-125. Chlorine and fecal coliform limits not applicable this month.

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

IL028321
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 11/01/2010 TO 11/31/2010
 DISCHARGE NUMBER
 003-0

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

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
BOD 5-day, 20 deg. C	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	GP	
00310 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	GP	
00400 10 Solids, total suspended	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	GP	
00530 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	GP	
Flow, total	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	CONTIN	
82220 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Waste Cherry
 TYPED OR PRINTED

TELEPHONE
 217-422-6981

DATE
 12/14/2010

RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 3

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 3

STATE OF ILLINOIS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER QUALITY

PERMIT NO. IL028321
 MONITORING PERIOD FROM 11/01/2010 TO 11/31/2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 WASTE CHERRY

TELEPHONE
 217-422-6981

DATE
 12/14/2010

RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 3

STATE OF ILLINOIS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER QUALITY

PERMIT NO. IL028321
 MONITORING PERIOD FROM 11/01/2010 TO 11/31/2010

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 WASTE CHERRY

TELEPHONE
 217-422-6981

DATE
 12/14/2010

RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 3

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

L0028321	004-0
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MAMDYYYY	MAMDYYYY
11/01/2010	11/30/2010
FROM	TO

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	MEASUREMENT	PERMIT	MEASUREMENT			
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	45	*****	0	Daily When Discharging	CP	
0031010 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Real Mon. MO. AVG	*****	0	Daily When Discharging	GPAS	
pH	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7	*****	0	Daily When Discharging	CP	
0040010 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	0	Daily When Discharging	GPAS	
0063010 Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	121	*****	0	Daily When Discharging	CP	
0063010 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Real Mon. MO. AVG	*****	0	Daily When Discharging	GPAS	
Flow, total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	25	*****	0	Daily When Discharging	CONTIN	
8222010 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Real Mon. MO. TOTAL	*****	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
<i>Mark Perry</i>	274-226-931	12/14/2010
TYPED/POR PRINTED	AGEA CODE	NUMBER
		MAMDYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 3

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMIT NUMBER: L10028321
 MONITORING PERIOD: 11/01/2010 TO 11/30/2010
 DISCHARGE NUMBER: 007-0

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

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
BOD, 5-day, 20 deg. C	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	20	mg/L	0	Daily When Discharging	CP	
00310 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	mg/L	0	Daily When Discharging	GRAB	
pH	MEASUREMENT PERMIT REQUIREMENT	*****	*****	7.1	*****	SU	0	Daily When Discharging	CP	
00400 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	SU	0	Daily When Discharging	GRAB	
Solids, total suspended	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	71	mg/L	0	Daily When Discharging	CP	
00530 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	mg/L	0	Daily When Discharging	GRAB	
Flow, total	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	74.1	Mgal/mo	0	Daily When Discharging	CONTIN	
82220 1 0 Effluent Gross	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO TOTAL	Mgal/mo	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark Chern
 TYPED OR PRINTED
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SPRING CREEK, NUMBER OF DAYS OF DISCHARGE: 3

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tim Kluge

TELEPHONE: 217-422-6931
 NUMBER: 12192010
 DATE: 12/19/2010

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

IL0029321
 PERMIT NUMBER
 008-0
 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 11/01/2010 TO 11/30/2010

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

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	37	mg/L	0	Daily When Discharging	CP	
000310 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO. AVG.	mg/L	0	Daily When Discharging	GRAB	
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7	SU	0	Daily When Discharging	CP	
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	SU	0	Daily When Discharging	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	198	mg/L	0	Daily When Discharging	CP	
00630 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO. AVG.	mg/L	0	Daily When Discharging	GRAB	
Flow, total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	67.9	Mgal/mo	0	Daily When Discharging	CONTIN	
82220 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO. AVG.	mg/L	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Typed or Printed
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 AREA CODE NUMBER
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments 1049)
 RECEIVING WATER: SANGAMON RIVER, NUMBER OF DAYS OF DISCHARGE: 3
 Sample not obtained during 11/24/10 discharge due to equipment failure.


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
 A03-0
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 11/01/2010 TO 11/30/2010

DNR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GE
 CSO-OAKLAND AVE TRT BYPASS (003A)
 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			
Flow								
74071 1 0								
Effluent Gross								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Monte Cherry
 TYPED OR PRINTED

VERIFY AND SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 217-422-0931
 AREA CODE NUMBER

DATE
 12/14/2010
 MM/DD/YYYY

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

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

IL028321
 PERMIT NUMBER
 A04-0
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM 11/01/2010 TO 11/30/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 CSO-EDWARD ST TRT BYPASS (004A)
 External Outfall

No Discharge X

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

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED: *Mike Cherry*
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Tim Kluge*

TELEPHONE: 271-22-6931
 AREA CODE: 12114
 NUMBER: 2010
 DATE: 12/14/2010

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

IL0028321
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 11/01/2010 TO 11/30/2010
 DISCHARGE NUMBER
 MM/DD/YYYY
 MM/DD/YYYY

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-FARVIEW PARK
 External Outfall
 No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Monte Cherry
 TYPED OR PRINTED

2. certify under penalty of law that the document and all enclosures were prepared under my direct supervision or participation. I am a duly licensed professional engineer, architect, or other professional. Based on my knowledge and belief, the information furnished 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 providing false information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Monte Cherry

TELEPHONE
 AREA CODE NUMBER
 217-422-6831

DATE
 MM/DD/YYYY
 12/14/2010

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
 RECEIVING WATER: STEVENS CREEK

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

IL 00283821
 PERMIT NUMBER
 MM/DD/YYYY
 MONITORING PERIOD
 FROM 11/01/2010 TO 11/30/2010

A07-0
 DISCHARGE NUMBER
 MM/DD/YYYY
 DISCHARGE PERIOD
 FROM 11/01/2010 TO 11/30/2010

DNR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 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	PERMIT	VALUE	UNITS	PERMIT			
7407110 Flow Effluent Gross		*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mark Cherry
 TYPED OR PRINTED

1. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to accordance with a system designed to assure that qualified personnel properly gather and evaluate the information. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tim Kluge

TELEPHONE AREA CODE NUMBER DATE
 217-422-6931 12/14/2010

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

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

IL0028321
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 11/01/2010 TO 11/30/2010
 A05-0
 DISCHARGE NUMBER
 MM/DD/YYYY
 MM/DD/YYYY

DNR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-SEVENTH WARD TR BYPS(009A)
 External Outfall
 No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Wade Cherry
 TYPED OR PRINTED

TELEPHONE
 217-422-6931

DATE
 12/14/2010

NO. EX ANALYSIS
 MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Tim Kluge

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 RECEIVING WATER: SANGAMON RIVER

EPA Form 3520-1 (Rev. 01/09) Previous editions may be used.

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

PERMIT NUMBER: L0028321
 MONITORING PERIOD: MM/DD/YYYY
 FROM: 11/01/2010 TO: 11/30/2010
 DISCHARGE NUMBER: INF-1

DMR Mailing ZIP CODE: 62522
 MAJOR (SUFR 04)
 INFLUENT REPORTING
 Influent Structure
 No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
BOD, 5-day, 20 deg. C	00310 G 0	*****	*****	*****	*****	137	mg/L	0	2 Days Every Week	COMPOS
Raw Sewage Influent	00310 G 0	*****	*****	*****	*****	289	mg/L	0	2 Days Every Week	COMPOS
Solids, total suspended	00330 G 0	*****	*****	*****	*****	*****	mg/L	0	2 Days Every Week	COMPOS
Raw Sewage Influent	00330 G 0	*****	*****	*****	*****	*****	mg/L	0	2 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	50050 G 0	Req Mon MO AVG	31.76	Req Mon DAILY MAX	64.21	Req Mon MO AVG	*****	0	Continuous	RCOTOT
Raw Sewage Influent	50050 G 0	Req Mon MO AVG	*****	Req Mon DAILY MAX	*****	Req Mon MO AVG	*****	0	Continuous	RCOTOT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Monte A. Cherry**

TELEPHONE: 217-422-6931

DATE: 12/14/2010

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Tim Kluge*