

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
 STP OUTFALL
 External Outfall

IL0028321 PERMIT NUMBER
 001-0 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved (DO)	*****	*****	6.59	*****	*****	mg/L	0	2 Days Every Week	GRAB
00300 1 0 Effluent Gross	*****	*****	6	*****	*****	mg/L		2 Days Every Week	GRAB
PH	*****	*****	7.6	*****	8.1	SU	0	2 Days Every Week	GRAB
00400 1 0 Effluent Gross	*****	*****	6	*****	9	SU		2 Days Every Week	GRAB
Solids, total suspended	1604	lb/d	*****	*****	7	mg/L	0	2 Days Every Week	COMPOS
00530 1 0 Effluent Gross	26063	lb/d	46913	*****	45	mg/L		2 Days Every Week	COMPOS
Nitrogen, ammonia total (as N)	56	lb/d	119	*****	0.2	mg/L	0	2 Days Every Week	COMPOS
00610 1 7 Effluent Gross	1584	lb/d	3128	*****	3	mg/L		2 Days Every Week	COMPOS
Nickel, total (as Ni)	6.9	lb/d	*****	*****	0.024	mg/L	0	5 Days Every Week	COMPOS
01067 1 0 Effluent Gross	16	lb/d	*****	*****	0.15	mg/L		5 Days Every Week	COMPOS
Zinc, total (as Zn)	9.5	lb/d	24.8	*****	0.032	mg/L	0	5 Days Every Week	COMPOS
01092 1 0 Effluent Gross	78	lb/d	434	*****	.416	mg/L		5 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	35.28	Mgal/d	78.96	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	Req. Mon. MO AVG	Mgal/d	Req. Mon. DAILY MX	*****	*****	*****		Continuous	
Chlorine, total residual	*****	*****	*****	*****	0.011	mg/L	0	2 Days Every Week	GRAB
50060 1 0 Effluent Gross	*****	*****	*****	*****	.05	mg/L		See Permit	GRAB
Coliform, fecal general	*****	*****	*****	*****	200	#/100mL	0	2 Days Every Week	GRAB
74055 1 0 Effluent Gross	*****	*****	*****	*****	400	#/100mL		2 Days Every Week	GRAB
BOD, carbonaceous, 05 day, 20 C	701	lb/d	1240	*****	3	mg/L	0	2 Days Every Week	COMPOS
80082 1 0 Effluent Gross	20850	lb/d	41700	*****	40	mg/L		2 Days Every Week	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Monte Cherry</i>	TELEPHONE 217-422-6931	DATE 10/13/2010
TYPED OR PRINTED		217	422-6931

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.

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


003-0
 DISCHARGE NUMBER

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

No Discharge

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	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	00310 10 Effluent Gross	*****	*****	70	*****	*****	0	Daily When Discharging	CP	
pH	00400 10 Effluent Gross	*****	*****	Req. Mon. MO AVG	*****	*****	0	Daily When Discharging	GRAB	
Solids, total suspended	00530 10 Effluent Gross	*****	*****	7.6	*****	7.7	0	Daily When Discharging	CP	
Flow, total	82220 10 Effluent Gross	*****	*****	6	*****	9 MAXIMUM	0	Daily When Discharging	GRAB	
		*****	*****	MINIMUM	*****	*****	0	Daily When Discharging	CP	
		*****	*****	*****	*****	*****	0	Daily When Discharging	GRAB	
		*****	*****	284	*****	*****	0	Daily When Discharging	GRAB	
		*****	*****	Req. Mon. MO AVG	*****	*****	0	Daily When Discharging	CONTIN	
		*****	*****	7.46	*****	*****	0	Daily When Discharging	CONTIN	
		*****	*****	Req. Mon. MO TOTAL	*****	*****	0	Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 217-422-6931	DATE 10/13/2010
		AREA Code NUMBER	MM/DD/YYYY

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


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
 IL0028321
 DISCHARGE NUMBER
 004-0

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 TREATED CSO-SOUTH EDWARD ST
 External Outfall
 No Discharge

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

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 10	*****	*****	22	*****	*****	0	Daily When Discharging	CP	
pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	*****		Daily When Discharging	GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	7.5	*****	7.6	0	Daily When Discharging	CP	
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	6	MINIMUM	9		Daily When Discharging	GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	102	*****	MAXIMUM	0	Daily When Discharging	CP	
00530 10 Effluent Gross Flow, total	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Req. Mon. MO AVG	*****	*****		Daily When Discharging	GRAB	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	132	*****	*****	0	Daily When Discharging	CONTIN	
82220 10 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	Req. Mon. MO TOTAL	*****	*****		Daily When Discharging	CONTIN	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	*****		Daily When Discharging	CONTIN	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Monte Cherry	217-422-6931	10/13/2010
TYPED OR PRINTED	AREA CODE	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

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-MCKINLEY AVENUE
 External Outfall

PERMIT NUMBER: IL0028321
 DISCHARGE NUMBER: 007-0

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

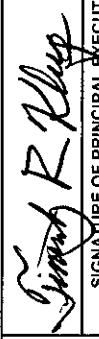
FROM
 09/01/2010 TO 09/30/2010

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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	00310 10 Effluent Gross	*****	*****	18	*****	*****	0	Daily When Discharging	CP	
pH	00400 10 Effluent Gross	*****	*****	7.7	*****	7.8	0	Daily When Discharging	GRAB	
Solids, total suspended	00530 10 Effluent Gross	*****	*****	6	*****	9	0	Daily When Discharging	CP	
Flow, total	82220 10 Effluent Gross	*****	*****	102.3	*****	93	0	Daily When Discharging	GRAB	
		*****	*****	Req. Mon. MO TOTAL	*****	*****	0	Daily When Discharging	CONTIN	
		*****	*****	Req. Mon. MO AVG	*****	*****	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 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
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER
 217-422-6931

DATE
 10/13/2010

AREA CODE
 217

MM/DD/YYYY
 10/13/2010

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

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-SEVENTH WARD
 External Outfall

IL0028321 PERMIT NUMBER
 008-0 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

FROM 09/01/2010 TO 09/30/2010

No Discharge

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	00310 10 Effluent Gross	*****	*****	*****	39	*****	*****	0	Daily When Discharging	CP
pH	00400 10 Effluent Gross	*****	*****	*****	Req. Mon. MO AVG	*****	*****		Daily When Discharging	GRAB
Solids, total suspended	00530 10 Effluent Gross	*****	*****	*****	7.3	*****	7.3	0	Daily When Discharging	CP
Flow, total	82220 10 Effluent Gross	*****	*****	*****	6	MINIMUM	9		Daily When Discharging	GRAB
		*****	*****	*****	252	*****	*****	0	Daily When Discharging	CP
		*****	*****	*****	Req. Mon. MO AVG	*****	*****		Daily When Discharging	GRAB
		*****	*****	*****	228.5	Mgal/mo	*****	0	Daily When Discharging	CONTIN
		*****	*****	*****	Req. Mon. MO TOTAL	Mgal/mo	*****		Daily When Discharging	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Tim Kluge</i>	TELEPHONE 217-422-6931	DATE 10/13/2010
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: SANGAMON RIVER. NUMBER OF DAYS OF DISCHARGE: 2		AREA CODE	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

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04) GF
 CSO-OAKLAND AVE TRT BYPASS (003A)
 External Outfall

A03-0
 DISCHARGE NUMBER


IL0028321
 PERMIT NUMBER

MONITORING PERIOD
 MM/DD/YYYY
 09/01/2010 TO 09/30/2010

FROM

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		*****	Opt. Mon. MO TOTAL	*****		*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Monte Cherry	217-422-6931		10/18/2010
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			

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

IL0028321
 PERMIT NUMBER

A04-0
 DISCHARGE NUMBER

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

MONITORING PERIOD
 MM/DD/YYYY TO MM/DD/YYYY
 09/01/2010 TO 09/30/2010

No Discharge x

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Monte Cherry	217-422-6931		10/13/2010
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL/EXECUTIVE OFFICER OR AUTHORIZED AGENT			
<i>Timothy R. Kluge</i>			

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
 A06-0
 DISCHARGE NUMBER
 MONITORING PERIOD
 MM/DD/YYYY
 TO
 09/01/2010 TO 09/30/2010

FROM

No Discharge X

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Monte Cherry</i>	TELEPHONE	DATE
		217-422-6931	10/13/2010
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: STEVENS CREEK. NUMBER OF DAYS OF DISCHARGE: 0		AREA Code	MM/DD/YYYY

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-MCKINLEY AV TR BYPAS(007A)
 External Outfall

No Discharge

IL0028321
 PERMIT NUMBER
 A07-0
 DISCHARGE NUMBER

MONITORING PERIOD
 MM/DD/YYYY
 09/01/2010 TO 09/30/2010

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Monte Cherry TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 217-422-6931	DATE 10/13/2010
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVING WATER: UNNAMED TRIB OF SPRING CREEK. NUMBER OF DAYS OF DISCHARGE: 0		AREA Code NUMBER	MM/DD/YYYY

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, 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: 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	A08-0
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
09/01/2010	MM/DD/YYYY
FROM	TO
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 62522
 MAJOR (SUBR 04)
 CSO-SEVENTH WARD TR BYPS(008A)
 External Outfall

No Discharge x

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Monte Cherry	217-422-6931		10/13/2010
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
<i>Timothy R. Kluge</i>			
<small> 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. I understand 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 civil penalties). </small>			
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)
 INFLUENT REPORTING
 Influent Structure

IL0028321	INF-L
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

FROM TO

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 Raw Sewage Influent	*****	*****	*****	*****	121	mg/L	0	2 Days Every Week	COMPOS
Solids, total suspended	00530 G 0 Raw Sewage Influent	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L	0	2 Days Every Week	COMPOS
Flow, in conduit or thru treatment plant	50050 G 0 Raw Sewage Influent	33.76	Mgal/D	79.39	*****	Req. Mon. MO AVG	mg/L	0	2 Days Every Week	COMPOS
		Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****	0	Continuous	RCOTOT
		*****	Mgal/d	*****	*****	*****	*****	0	Continuous	RCOTOT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Monte Cherry		217-422-6931	10/13/2010
TYPED OR PRINTED		422-6931	10/12/2010

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

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, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.