City of KEWANEE Illinois

FINANCE & ADMINISTRATIVE SERVICES

NOVEMBER 2016

Water Bill Payments Processed

At counter	1067
By mail	402
By dropbox	612
At bank	191
Total Water Bill Payments	**2272**
Other Payments	225
Total Payments Processed	**2497**

Customer Contacts (non-payment)

By phone	961
At counter	367
Work orders written	169
Total Customer Contacts	**1497**

Misc Requests/Employee Contacts

By phone or in-person	**354**

City of Kewanee Health Care
Revenue and Expense History

2016	Providers	Rx	Life	Stop Loss	SL Aggregate	Admin Fees	Broker Fees	Wellness	Total Exps	Revenues	Gain/Loss
Jan-16	$123,045.51	$14,901.86	$327.60	-$8,531.84	$0.00	$7,512.83	$6,300.00	$189.18	$143,745.14	$108,902.54	-$34,842.60
Feb-16	$89,735.36	$12,556.01	$331.80	$16,628.04	$15,401.00	$8,245.71	$0.00	$39.18	$142,937.10	$154,254.12	$11,317.02
Mar-16	$74,217.13	$3,837.11	$331.80	$16,838.36	$0.00	$7,769.66	$0.00	$39.18	$103,033.24	$110,189.04	$7,155.80
Apr-16	$144,078.81	$15,145.87	$327.60	$14,538.42	$0.00	$9,165.00	$6,300.00	$39.18	$189,594.88	$111,837.55	-$77,757.33
May-16	$153,422.42	$17,415.39	$323.40	$1,484.69	$0.00	$9,349.79	$0.00	$146.31	$182,142.00	$115,496.64	-$66,645.36
June-16	$68,587.99	$12,376.92	$323.40	$13,243.56	$0.00	$7,564.49	$0.00	$78.44	$102,174.80	$120,611.21	$18,436.41
July-16	$67,087.32	$12,870.36	$0.00	$9,879.29	$0.00	$10,895.75	$6,300.00	$46.31	$107,079.03	$114,777.66	$7,698.63
Aug-16	$259,000.50	$12,676.22	$663.60	-$20,007.51	$0.00	$12,217.00	$0.00	$46.31	$264,596.12	$116,476.70	-$148,119.42
Sept-16	$98,189.69	$12,280.93	$331.80	-$7,415.87	$0.00	$8,312.50	$0.00	$47.36	$111,746.41	$117,633.79	$5,887.38
Oct-16	$51,393.91	$12,639.94	$331.80	-$1,382.99	$0.00	$7,799.39	$6,300.00	$172.36	$77,254.41	$117,938.49	$40,684.08
Nov-16	$75,548.87	$12,991.42	$331.80	$402.16	$0.00	$7,915.94	$0.00	$47.36	$97,237.55	$123,396.80	$26,159.25
Dec-16											
Total:	$1,204,307.51	$139,692.03	$3,624.60	$35,676.31	$15,401.00	$96,748.06	$25,200.00	$891.17	$1,521,540.68	$1,311,514.54	-$210,026.14
Average: Jan - Dec	$109,482.50	$12,699.28	$329.51	$3,243.30	$1,400.09	$8,795.28	$2,290.91	$81.02	$138,321.88	$119,228.59	-$19,093.29

CITY OF KEWANEE
PAID CLAIMS ANALYSIS

Paid Date Range: 11/1/16 - 11/30/16

DENTAL

Active	$1,955.69
Retired	($366.65)
	$1,589.04

VISION

Active	$150.00
Retired	
	$150.00

MEDICAL

Hospital/Facility

Active	$49,310.13
Retired	$9,775.79
	$59,085.92

Doctor

Active	$11,772.61
Retired	$2,951.30
	$14,723.91

DRUG

Active	$12,503.84
Retired	$1,317.90
RX Credit	($830.32)
	$12,991.42

RUN-OUT CLAIMS

Medical

Dental Vision

	$0.00

TOTAL CLAIMS		**$88,540.29**
ADMIN FEES	$7,915.94	
STOP LOSS FEES	$402.16	
BROKER FEES		
WELLNESS PROGRAM	$47.36	
LIFE INSURANCE	$331.80	
TOTAL EXPENSES		**$97,237.55**

Financial Overview: Financial Summary

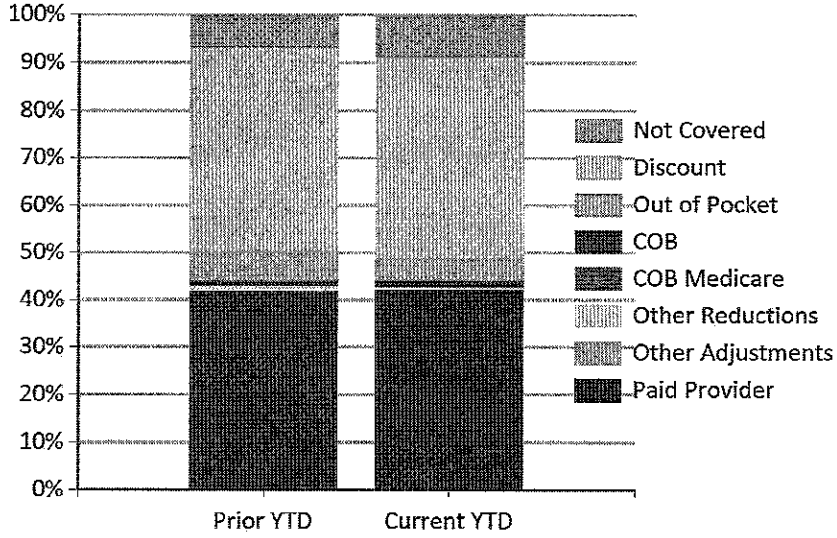
BlueCross BlueShield of Illinois

Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current account year to date period, prior account year to date period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Medical Order of Reduction

Paid Month	Nov 2016	Jan 2015 - Nov 2015	Jan 2016 - Nov 2016	% Change
Billed	$123,132	$1,940,163	$2,578,045	32.9%
Not Covered	$10,662	$133,115	$230,117	72.9%
Covered	$112,470	$1,807,048	$2,347,928	29.9%
Discount	$51,458	$831,235	$1,096,968	32.0%
Allowed	$61,012	$975,813	$1,250,959	28.2%
Out of Pocket	$2,751	$123,762	$117,574	-5.0%
COB	$210	$21,316	$37,807	77.4%
COB Medicare	$0	$0	$0	0.0%
Other Reductions	$0	$20,999	$14,012	-33.3%
Other Adjustments	$0	$0	($300)	0.0%
Paid - Provider	$58,051	$809,735	$1,081,867	33.6%
Other Payments	$47	$3,180	$3,046	-4.2%
Medical Paid	$58,098	$812,915	$1,084,913	33.5%

Breakdown of Billed Amount



Group Liability Breakdown

Paid Month	Nov 2016	Jan 2015 - Nov 2015	Jan 2016 - Nov 2016	% Change
Medical Paid	$58,098	$812,915	$1,084,913	33.5%
Pharmacy Paid	$15,210	$133,955	$148,372	10.8%
Capitation Paid	$0	$0	$0	0.0%
Total Paid Claims	$73,309	$946,870	$1,233,285	30.3%
Recoveries	$0	$0	$0	0.0%
Total Paid Claims + Recoveries	$73,309	$946,870	$1,233,285	30.3%
Fees & Credits	$11,548	$221,953	$146,734	-33.9%
Group Liability	$84,857	$1,168,823	$1,380,019	18.1%

Fees and Credits Breakdown

Paid Month	Nov 2016	Jan 2015 - Nov 2015	Jan 2016 - Nov 2016	% Change
Access Fee	$546	$11,939	$15,619	30.8%
Admin Fee	$6,307	$66,664	$70,562	5.9%
ASO Adjustments	($10,978)	($20,338)	($130,189)	-540.1%
Rx Credit Fees	($822)	($6,271)	($9,193)	-46.6%
Aggregate Stop Loss	$0	$16,122	$15,401	-4.5%
Specific Stop Loss	$16,495	$153,837	$184,535	20.0%
Extra Fees	$0	$0	$0	0.0%
Summary	**$11,548**	**$221,953**	**$146,734**	**-33.9%**

Other reductions *includes penalties, workers compensation savings, and subrogation savings.*
Other payments *includes Blue Card access fees and surcharges. Also displayed are other adjustments.*

Group - 1825 CITY OF KEWANEE
Division - ALL - ALL DIVISIONS -
Coverage - ALL - GROUP SUMMARY -
RLOB - ALL

Check dates 11/01/2016 - 11/30/2016

Claim Category	Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings	Cost Share OOP	OON Cost Share OOP	Total Paid	Claim Count	Lines
DEN DENTAL	4,602.86	680.02	6.00	200.00	508.75	450.85	0.00	0.00	2,757.24	37	81
VIS VISION	382.26	11.26	0.00	0.00	0.00	0.00	0.00	0.00	371.00	4	6
- GROUP TOTAL -	4,985.12	691.28	6.00	200.00	508.75	450.85	0.00	0.00	3,128.24	41	87
Dependent Breakdown											
PARTICIPANT	2,352.12	640.01	1.00-	0.00	210.55	450.85	0.00	0.00	1,051.71	25	47
SPOUSE	627.00	7.00	5.00	100.00	20.20	0.00	0.00	0.00	494.80	6	10
DEPENDENT	2,006.00	44.27	2.00	100.00	278.00	0.00	0.00	0.00	1,581.73	10	30
- GROUP TOTAL -	4,985.12	691.28	6.00	200.00	508.75	450.85	0.00	0.00	3,128.24	41	87

SELF INSURED SERVICES COMPANY
CLAIMS ANALYSIS REPORT

Group - 1825 CITY OF KEWANEE
Coverage - DIV - DIVISION SUMMARY -
RLOB - ALL

Check dates 11/01/2016 - 11/30/2016

Claim Category		Charges	Ineligible	PPO Discount	Deductible Amounts	Coinsurance Out of Pocket	COB Savings	Cost Share OOP	OON Cost Share OOP	Total Paid	Claim Count	Lines
0001	DEN	3,901.00	657.69	1.00	200.00	446.15	0.00	0.00	0.00	2,596.16	21	53
0001	VIS	382.26	11.26	0.00	0.00	0.00	0.00	0.00	0.00	371.00	4	6
0002	DEN	589.00	22.33	5.00	0.00	62.50	450.85	0.00	0.00	48.22	14	26
FEES	DEN	112.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112.86	2	2
- GROUP TOTAL -		4,985.12	691.28	6.00	200.00	508.75	450.85	0.00	0.00	3,128.24	41	87

BOCK INC.

MONTHLY REPORT FOR NOVEMBER, 2016

SUBMITTED BY: Stan Bockauf

IEPA SUMMARY

No communications with the IEPA for the month of November.

MAINTENANCE SUMMARY

BOCK INC. generated 33 preventive work orders for the month. All 33 work orders were completed. In addition to the preventive work orders, there was 3 corrective maintenance work orders performed.

SAFETY SUMMARY

Because safety is an important part of our daily practice, we have been without a loss time injury at the plant for 22 months.

OPERATIONS SUMMARY

Flow for the month averaged 1.757 MGD with the rainfall totaling 1.82 inches.

Total KWH used for the month was 132,000.

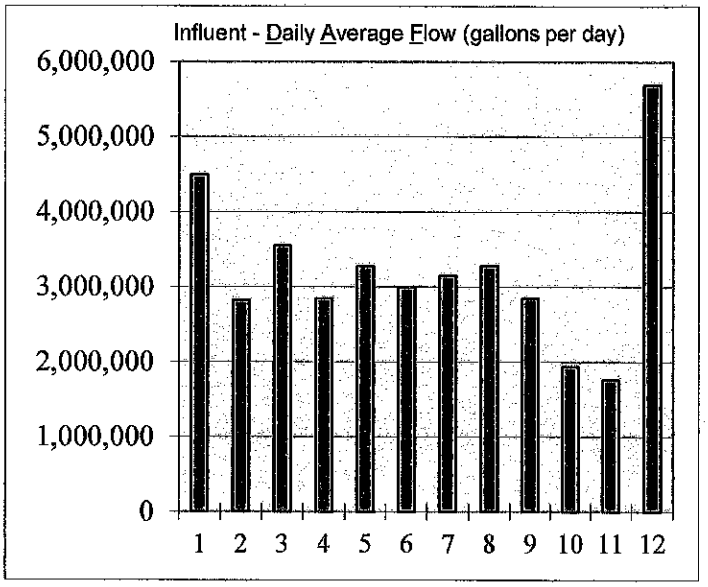
All permit limits on the effluent were meet for the month. Sludge applied to the field totaled 0 gallons for the month.

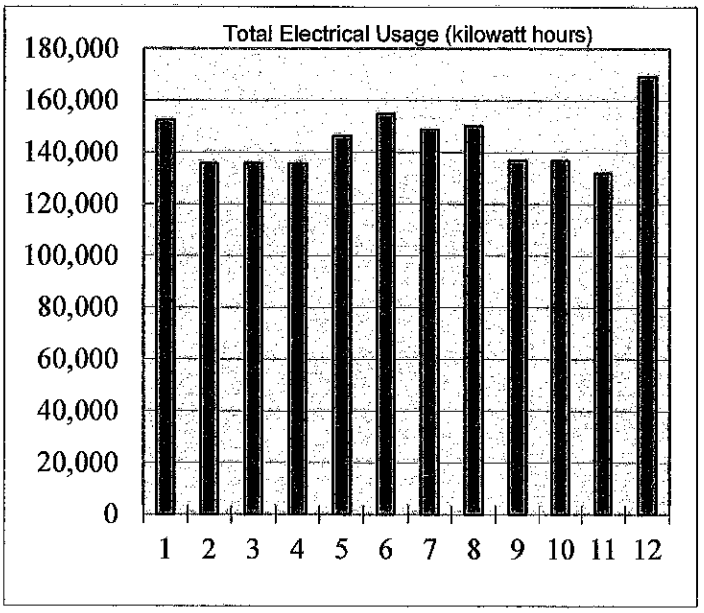
Kewanee, Illinois
Wastewater Treatment Plant
Twelve Month Moving Average Report
Submitted by
Bock Inc.

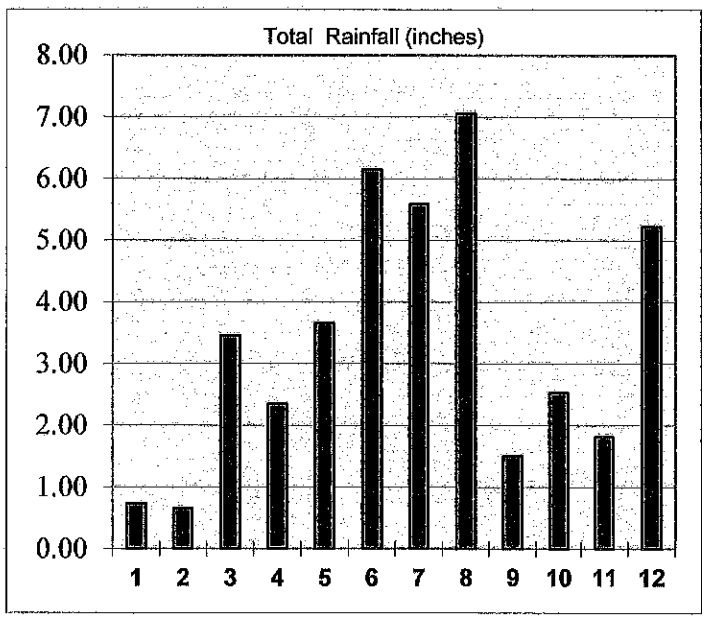
Date		Influent - Daily Average Flow (gallons per day)	Total Electrical Usage (kilowatt hours)	Total Rainfall (inches)
1	January 2016	4,496,298	152,400	0.73
2	February 2016	2,821,806	135,600	0.66
3	March 2016	3,546,714	135,600	3.46
4	April 2016	2,843,939	135,600	2.35
5	May 2016	3,274,294	146,400	3.66
6	June 2016	2,991,209	154,800	6.15
7	July 2016	3,147,261	148,800	5.59
8	August 2016	3,277,934	150,000	7.06
9	September 2016	2,847,171	136,800	1.51
10	October 2016	1,936,286	136,800	2.53
11	November 2016	1,757,069	132,000	1.82
12	December 2015	5,694,994	169,200	5.22
Total		38,634,975	1,734,000	40.74
Average		3,219,581	144,500	3.40

The Plant Design Average Flow is
2,000,000 Gallons per Day.

The Plant Design Maximum Flow is
5,000,000 Gallons per Day.







DMR Copy of Record

Permit

Permit #:	IL0029343	**Permittee:**	KEWANEE, CITY OF	**Facility:**	KEWANEE STP
Major:	Yes	**Permittee Address:**	401 EAST THIRD STREET KEWANEE, IL 61443	**Facility Location:**	194 FISHER AVENUE KEWANEE, IL 61443
Permitted Feature:	INF Internal Outfall	**Discharge:**	INF-L INFLUENT MONITORING		

Report Dates & Status

Monitoring Period:	From 11/01/16 to 11/30/16	**DMR Due Date:**	12/25/16	**Status:**	NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name:	Stanley	**Title:**	Operator-in-Charge	**Telephone:**	309-852-2789
Last Name:	Bockewitz				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0	–	Sample						=			49.9			19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															
00530	Solids, total suspended	G - Raw Sewage Influent	0	–	Sample						=			283			19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.									Req Mon MO AVG			19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0	–	Sample	=	1.757069	=	2.577267	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	99/99 - Continuous	
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

KEWANEE, CITY OF

User:	stanb@bockinc.net	Date/Time:	2015-12-20 15:13 (Time Zone: -06:00)
Name:	Stan Bockewitz		
E-Mail:	stanb@bockinc.net		

DMR Copy of Record

Permit

Permit #:	**IL0029343**	**Permittee:**	KEWANEE, CITY OF	**Facility:**	KEWANEE STP
Major:	Yes	**Permittee Address:**	401 EAST THIRD STREET KEWANEE, IL 61443	**Facility Location:**	194 FISHER AVENUE KEWANEE, IL 61443
Permitted Feature:	001 External Outfall	**Discharge:**	001-0 STP OUTFALL		

Report Dates & Status

Monitoring Period:	**From 11/01/16 to 11/30/16**	**DMR Due Date:**	**12/25/16**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

DMF LOAD LIMITS DISPLAYED

Principal Executive Officer

First Name:	Stanley	**Title:**	Operator-in-Charge	**Telephone:**	309-852-2789
Last Name:	Bockewitz				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	--	Sample						=	8.32	=	8.32	=	8.08	19 - mg/L		01/07 - Weekly	GR - GRAB
					Permit Req.						>=	5.5 MO AV MN	>=	4 MN WK AV	>=	3.5 DAILY MN	19 - mg/L	0	01/07 - Weekly	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.59			=	7.76	12 - SU		01/07 - Weekly	GR - GRAB
					Permit Req.						>=	6 MINIMUM			<=	9 MAXIMUM	12 - SU	0	01/07 - Weekly	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	6.1	=	9	26 - lb/d			=	0.4	=	0.6	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	500 MO AVG	<=	1001 DAILY MX	26 - lb/d			<=	12 MO AVG	<=	24 DAILY MX	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	--	Sample										=	11	19 - mg/L		01/30 - Monthly	CP - COMPOS
					Permit Req.											Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	CP - COMPOS
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	3	--	Sample	=	0.2	=	0.3	26 - lb/d			=	0.015	=	0.015	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	121 MO AVG	<=	196 DAILY MX	26 - lb/d			<=	2.9 MO AVG	<=	4.7 DAILY MX	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample										=	1.3	19 - mg/L		01/30 - Monthly	CP - COMPOS
					Permit Req.											Req Mon DAILY MX	19 - mg/L	0	01/30 - Monthly	CP - COMPOS
					Value NODI															
00940	Chloride [as Cl]	1 - Effluent Gross	0	--	Sample										=	660	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.											Req Mon DAILY MX	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	1.82571	=	2.580516	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								0	99/99 - Continuous	
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	.05 DAILY MX	19 - mg/L		CL/OC - Chlorination/Occurances	GR - GRAB
					Value NODI											9 - Conditional Monitoring - Not Required This Period				
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	--	Sample	=	18.1	=	25.6	26 - lb/d			=	1.11	=	1.25	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	417 MO AVG	<=	834 DAILY MX	26 - lb/d			<=	10 MO AVG	<=	20 DAILY MX	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Chlorination did not occur this monitoring period.

Attachments

No attachments.

Report Last Saved By

KEWANEE, CITY OF

User:	stanb@bockinc.net	Date/Time:	2016-12-20 15:08 (Time Zone: -06:00)
Name:	Stan Bockewitz		
E-Mail:	stanb@bockinc.net		

DMR Copy of Record

Permit

Permit #:	IL0029343	**Permittee:**	KEWANEE, CITY OF	**Facility:**	KEWANEE STP
Major:	Yes	**Permittee Address:**	401 EAST THIRD STREET KEWANEE, IL 61443	**Facility Location:**	194 FISHER AVENUE KEWANEE, IL 61443
Permitted Feature:	003 External Outfall	**Discharge:**	003-0 EMERGENCY HIGH LEVEL OVERFLOW		

Report Dates & Status

Monitoring Period:	**From 11/01/16 to 11/30/16**	**DMR Due Date:**	**12/25/16**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

Principal Executive Officer

First Name:	Stanley	**Title:**	Operator-in-Charge	**Telephone:**	309-852-2789
Last Name:	Bockewitz				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Params. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	–	Sample Permit Req. Value NODI											Req Mon C - No Discharge	DAILY MX	19	mg/L		DL/DS - Daily When Discharging	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0	–	Sample Permit Req. Value NODI											Req Mon C - No Discharge	DAILY MX	19	mg/L		DL/DS - Daily When Discharging	GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0	–	Sample Permit Req. Value NODI											Req Mon C - No Discharge	DAILY MX	13	#/100mL		DL/DS - Daily When Discharging	GR - GRAB
74071	Flow	1 - Effluent Gross	0	–	Sample Permit Req. Value NODI			Req Mon C - No Discharge	MO TOTAL	4K - #/mo										DL/DS - Daily When Discharging	

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

KEWANEE, CITY OF

User:	stanb@bockinc.net	Date/Time:	2016-12-20 15:09 (Time Zone: -06:00)
Name:	Stan Bockewitz		
E-Mail:	stanb@bockinc.net		

DMR Copy of Record

Permit

Permit #:	IL0029343	**Permittee:**	KEWANEE, CITY OF	**Facility:**	KEWANEE STP
Major:	Yes	**Permittee Address:**	401 EAST THIRD STREET KEWANEE, IL 61443	**Facility Location:**	194 FISHER AVENUE KEWANEE, IL 61443
Permitted Feature:	004 External Outfall	**Discharge:**	**004-0** EXCESS FLOW LAGOON OUTFALL- EAST LAGOON		

Report Dates & Status

Monitoring Period:	**From 11/01/16 to 11/30/16**	**DMR Due Date:**	**12/25/16**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

NUMBER OF DAYS OF DISCHARGE:

Principal Executive Officer

First Name:	Stanley	**Title:**	Operator-in-Charge	**Telephone:**	309-852-2789
Last Name:	Bockewitz				

No Data Indicator (NODI)

Form NODI: --

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI									Req Mon MN WK AV C - No Discharge		Req Mon DAILY MN C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI								<=	30 MO AVG C - No Discharge	<=	45 WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
00400	pH	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI					>=	6 MINIMUM C - No Discharge				<=	9 MAXIMUM C - No Discharge	12 - SU		DL/DS - Daily When Discharging	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI								<=	30 MO AVG C - No Discharge	<=	45 WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI									Req Mon MO AVG C - No Discharge		Req Mon WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI									Req Mon MO AVG C - No Discharge		Req Mon WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI								<=	.75 MO AVG C - No Discharge			19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI										<=	400 DAILY MX C - No Discharge	13 - #/100mL		DL/DS - Daily When Discharging	GR - GRAB
82220	Flow, total	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO TOTAL 03 - MGD C - No Discharge											DL/DS - Daily When Discharging	CN - CONTIN

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

KEWANEE, CITY OF

User:	stanb@bockinc.net	Date/Time:	2016-12-28 15:10 (Time Zone: -06:00)
Name:	Stan Bockewitz		
E-Mail:	stanb@bockinc.net		

DMR Copy of Record

Permit

Permit #:	IL0029343	**Permittee:**	KEWANEE, CITY OF	**Facility:**	KEWANEE STP
Major:	Yes	**Permittee Address:**	401 EAST THIRD STREET KEWANEE, IL 61443	**Facility Location:**	194 FISHER AVENUE KEWANEE, IL 61443
Permitted Feature:	005 External Outfall	**Discharge:**	**005-0** EXCESS FLOW LAGOON OUTFALL-WEST LAGOON		

Report Dates & Status

Monitoring Period:	From 11/01/16 to 11/30/16	**DMR Due Date:**	12/25/16	**Status:**	NetDMR Validated

Considerations for Form Completion

NUMBER OF DAYS OF DISCHARGE:

Principal Executive Officer

First Name:	Stanley	**Title:**	Operator-in-Charge	**Telephone:**	309-852-2789
Last Name:	Bockewitz				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season	# Param.	NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
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					Permit Req.																
					Value NODI																
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	–	Sample									<=	30 MO AVG C - No Discharge	<=	45 WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Permit Req.																
					Value NODI																
00400	pH	1 - Effluent Gross	0	–	Sample							>=	6 MINIMUM C - No Discharge			<=	9 MAXIMUM C - No Discharge	12 - SU		DL/DS - Daily When Discharging	GR - GRAB
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00530	Solids, total suspended	1 - Effluent Gross	0	–	Sample									<=	30 MO AVG C - No Discharge	<=	45 WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Permit Req.																
					Value NODI																
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	–	Sample										Req Mon MO AVG C - No Discharge		Req Mon WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
					Permit Req.																
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00665	Phosphorus, total [as P]	1 - Effluent Gross	0	–	Sample										Req Mon MO AVG C - No Discharge		Req Mon WKLY AVG C - No Discharge	19 - mg/L		DL/DS - Daily When Discharging	GR - GRAB
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					Permit Req.																
					Value NODI																

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

KEWANEE, CITY OF

User:	stanb@bockinc.net	Date/Time:	2016-12-20 15:11 (Time Zone: -06:00)
Name:	Stan Bockewitz		
E-Mail:	stanb@bockinc.net		