

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business call phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the [NPDDES eReporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

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Permit #: IL0027839		Permittee: CANTON, CITY OF		Facility: CANTON WEST STP, CITY OF															
Major: Yes		Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520		Facility Location: 350 WEST HICKORY STREET CANTON, IL 61520															
Permitted Feature: 001 External Outfall		Discharge: 001-40 STP OUTFALL																	
Report Dates & Status		DMR Due Date: 05/25/25		Status: NeDMR Validated															
Monitoring Period: From 04/01/25 to 04/30/25																			
Considerations for Form Completion																			
W0570250003 : DMF LOAD LIMITS DISPLAYED.																			
Principal Executive Officer		Title:		Telephone:															
First Name: Kent				Mayor															
Last Name: McDowell																			
No Data Indicator (NOD)																			
Form NOD: -																			
Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Qualifier 1	Value 1	Quantity or Loading	Value 2	Units	Qualifier 1	Value 1	Quantity or Concentration	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
00400	pH	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
00500	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	3	-	Sample Permit Reg. Value NOD														
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
50050	Flow, In conduit or thru treatment plant	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NOD														

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
CANTON, CITY OF

User:

JMBOHLER

Name:

Jared Bohler

E-Mail:

jmb884@yahoo.com

Date/Time:

2025-05-19 07:37 (Time Zone: -05:00)

Report Last Signed By

User:

JMBOHLER

Name:

Jared Bohler

E-Mail:

jmb884@yahoo.com

Date/Time:

2025-05-19 08:00 (Time Zone: -05:00)

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Permit	Permit #: IL0027839	Permittee:	CANTON, CITY OF	Facility:	CANTON WEST STP, CITY OF									
Major:	Yes	Permittee Address:	2 NORTH MAIN ST CANTON, IL 61520	Facility Location:	350 WEST HICKORY STREET CANTON, IL 61520									
Permitted Feature:	002 External Outfall	Discharge:	002-0 MAIN PLANT TREATED CSO											
Report Dates & Status														
Monitoring Period:	From 04/01/25 to 04/30/25	DMR Due Date:	05/25/25	Status:	Not DMR Validated									
Considerations for Form Completion														
W0570250003 : NUMBER OF DAYS OF DISCHARGECS														
Principal Executive Officer		Title:	Mayor	Telephone:	309-647-1391									
First Name:	Kent													
Last Name:	McDowell													
No Data Indicator (NOD)	-													
Form NOD:														
Code	Parameter	Monitoring Location	Season #	Param. NOD	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 NOD						Req Mon DAILY MX 19 - mg/L 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						>= 6.0 MINIMUM 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						Req Mon DAILY MX 19 - mg/L 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
00610	Nitrogen, ammonia total [as N]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD						Req Mon MO AVG 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						<= 0.75 MO AVG 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
74055	Coliform, fecal general	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						<= 400.0 DAILY MX 13 - #/100mL 7 - No Influent		DUDS - Daily When Discharging	GR - Grab
82220	Flow, total	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						Req Mon MO TOTAL 80 - Megalino 7 - No Influent		DUDS - Daily When Discharging	CN - Continuous

Submission Note
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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By
CANTON, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-05-19 07:38 (Time Zone: -05:00)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-05-19 08:00 (Time Zone: -05:00)

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Permit

Permit #: IL0027839 Permittee: CANTON, CITY OF

Permittee Address:

Major: Yes Facility Location: 2 NORTH MAIN ST
CANTON, IL 61520

Permitted Feature: 003 External Outfall Discharge: 003-0 CSO-STP BYPASS

Report Dates & Status Monitoring Period: From 04/01/25 to 04/30/25 DMR Due Date: 05/25/25 Status: NotDMR Validated

Considerations for Form Completion W0570250003 : RECEIVING WATER:MAUVAISTERRE CREEKNUMBER OF DAYS OF DISCHARGE EFF 11/01/2015 THE GEO MEAN FOR OUTFALLS 002,003, AND 004 SHALL NOT EXCEED A DAILY MAX VALUE OF 4.5 x 10(11) CFU/DAY MAY-OCTOBER

Principal Executive Officer First Name: Kent Title: Mayor

Last Name: McDowell Telephone: 309-647-1391

No Data Indicator (NOD) Form NOD: -

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	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
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD										
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD			>= 6.0 MINIMUM C - No Discharge							
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD						9.0 MAXIMUM C - No Discharge	12 - SU	19 - mg/L	D/DS - Daily When Discharging	GR - Grab
50050	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD										
82220	Flow, total	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD										
								Req Mon MO TOTAL C - No Discharge	80 - Megalino					D/DS - Daily When Discharging	CN - Continuous

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 CANTON, CITY OF

User: JIMBOHLER

Name: Jared Bohler

E-Mail: jmb384@yahoo.com

Date/Time:
Report Last Signed By
User:
Name:
E-Mail:
Date/Time:

2025-05-19 07:38 (Time Zone: -05:00)
JMBOLHER
Jared Bohler
jmb984@yahoo.com
2025-05-19 08:00 (Time Zone: -05:00)

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Permit		Permit #: IL0027639		Permittee:		CANTON, CITY OF		Facility:		CANTON WEST STP, CITY OF				
Major: Yes				Permittee Address:		2 NORTH MAIN ST CANTON, IL 61520		Facility Location:		350 WEST HICKORY STREET CANTON, IL 61520				
Permitted Feature: 004 External Outfall				Discharge:		004-0 EAST PLANT TREATED CSO								
Report Dates & Status		Monitoring Period: From 04/01/25 to 04/30/25		DMR Due Date:		05/25/25		Status:		NetDMR Validated				
Considerations for Form Completion		W0570250003 : NUMBER OF DAYS OF DISCHARGE CS												
Principal Executive Officer		First Name: Kent Last Name: McDowell		Title:		Mayor		Telephone:		309-647-1391				
No Data Indicator (NOD)		Form NOD:												
Code	Parameter Name	Monitoring Location	Season #	Param. NOD	Sample Permit Req. Value NOD	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
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD							19 - mg/L	DLDS - Daily When Discharging	GR - Grab
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD			>=	6.0 MINIMUM C - No Discharge			12 - SU	DLDS - Daily When Discharging	GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD							19 - mg/L	DLDS - Daily When Discharging	GR - Grab
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD					Req Mon MO AVG C - No Discharge		19 - mg/L	DLDS - Daily When Discharging	GR - Grab
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD				<=	0.75 MO AVG C - No Discharge		19 - mg/L	DLDS - Daily When Discharging	GR - Grab
74055	Cottiform, fecal general	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD							400.0 DAILY MAX C - No Discharge	DLDS - Daily When Discharging	GR - Grab
82220	Flow, total	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD	Req Mon MO TOTAL C - No Discharge	80 - Mgal/mo						DLDS - Daily When Discharging	CN - Continuous

Submission Note
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Edit Check Errors
No errors.

Comments

Attachments

No attachments.

Report Last Saved By
CANTON, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-05-19 07:39 (Time Zone: -05:00)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-05-19 08:00 (Time Zone: -05:00)

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Permit #:	IL0027839	Permittee:	CANTON, CITY OF	Facility:	CANTON WEST STP, CITY OF												
Major:	Yes	Permittee Address:	2 NORTH MAIN ST CANTON, IL 61520	Facility Location:	350 WEST HICKORY STREET CANTON, IL 61520												
Permitted Feature:	INF Influent Structure	Discharge:	INF-L INFLUENT MONITORING														
Report Dates & Status																	
Monitoring Period:	From 04/01/25 to 04/30/25	DNR Due Date:	05/25/25	Status:	NCDMR Validated												
Considerations for Form Completion	W0570250003																
Principal Executive Officer																	
First Name:	Kent McDowell	Title:	Mayor	Telephone:	309-647-1391												
Last Name:	McDowell																
No Data Indicator (NOD)	-																
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration	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 Permit Req. Value NDI							66.6		Req Mon MO AVG		02/DIA - 2 Days Every Week	CP - Composite
00530	Solids, total suspended	G - Raw Sewage Influent	0	-	Sample Permit Req. Value NDI							121.8		Req Mon MO AVG		02/DIA - 2 Days Every Week	CP - Composite
50050	Flow, In conduit or thru treatment plant	G - Raw Sewage Influent	0	-	Sample Permit Req. Value NDI	2.935		4.786	03 - MGD							9899 - Continuous	
						Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							9899 - Continuous	

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Edit Check Errors
No errors.

Comments

Attachments
No attachments.

Report Last Saved By
CANTON, CITY OF

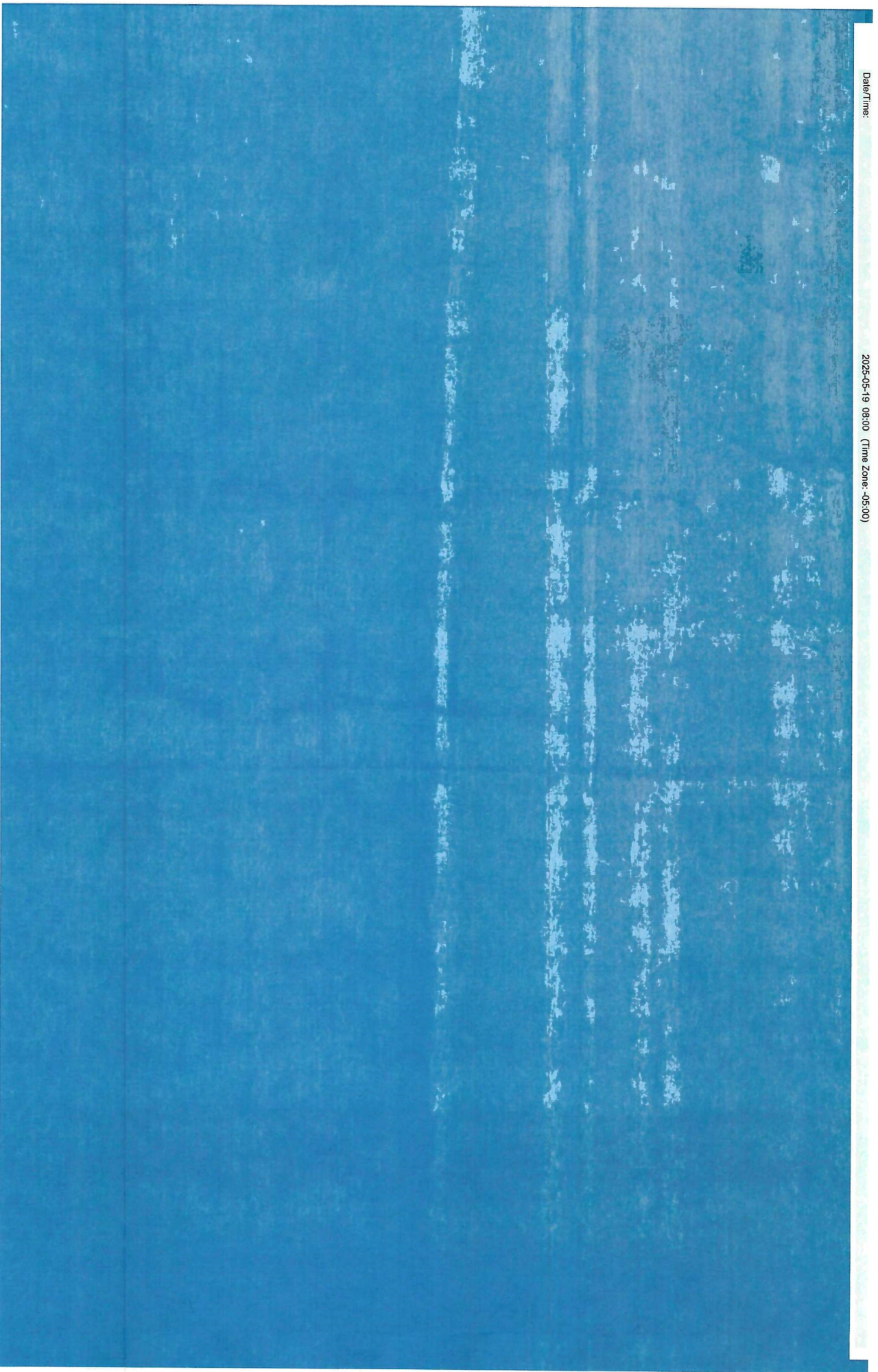
User: JIMBOHLER
Name: Jared Bohler
E-Mail: jimb984@yahoo.com
Date/Time: 2025-05-19 07:40 (Time Zone: -0500)

Report Last Signed By

User: JIMBOHLER
Name: Jared Bohler
E-Mail: jimb984@yahoo.com

Date/Time:

2025-05-19 08:00 (Time Zone: -05:00)



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Permit		Permit #: IL0027839		Permittee:		Facility:										
Major: Yes				Permittee Address:		Facility Location:										
Permitted Feature: 001 External Outfall				Discharge: 001-S SEMI ANNUAL SAMPLING @ 001		CANTON, CITY OF 2 NORTH MAIN ST CANTON, IL 61520 CANTON WEST STP, CITY OF 350 WEST HICKORY STREET CANTON, IL 61520										
Report Dates & Status		Monitoring Period: From 11/01/24 to 04/30/25		DMR Due Date: 05/25/25		Status: NotDMR Validated										
Considerations for Form Completion		W0570250003														
Principal Executive Officer		First Name: Kent		Title:		Telephone: 309-647-1381										
Last Name: McDowell																
No Data Indicator (NODI)		-														
Form NODI:																
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Qualifier 1	Quantity or Loading Value 1 Value 2 Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00656	Oil & Grease	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	5.1	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	GR - Grab						
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	28 - ug/L	0939 - See Permit	GR - Grab						
00722	Cyanide, free [amenable to chlorination]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	28 - ug/L	0939 - See Permit	GR - Grab						
00951	Fluoride, total [as F]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	=	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						
01002	Arsenic, total [as As]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						
01007	Barium, total [as Ba]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	=	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						
01027	Cadmium, total [as Cd]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						
01032	Chromium, hexavalent [as Cr]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	GR - Grab						
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						
01042	Copper, total [as Cu]	1 - Effluent Gross	0	-	Sample Permit Reg. Value NODI	<	Reg Mon DAILY MX	19 - mg/L	0939 - See Permit	24 - 24 Hour Composite						

[illegible]

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

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CANTON, CITY OF

User:

Name: _____

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

100

10