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80082	74055	50060	50050	00865	00610	00600	00530	00400	00300	Code	Form NODI:	Last Name:	First Name:	Princi	W0570	Monit	Repor	Permi	Major:	Permit #:	Permit
BOD, carbonaceous [5 day, 20 C]	Coliform, fecal general	Chlorine, total residual	Flow, in conduit or thru treatment plant	Phosphorus, total [as P]	Nitrogen, ammonia total [as N]	Nitrogen, total [as N]	Solids, total suspended	PH	Oxygen, dissolved [DO]	Parameter Name	No Data Indicator (NODI) Form NODI:	lame:	Vame:	Principal Executive Officer	W0570250003 : DMF LOAD LIMITS DISPLAYED.	Monitoring Period:  Considerations for Form Completion	Report Dates & Status	Permitted Feature:	41	it#	ii ii
1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	lant 1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 7	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 1	Monitoring Location Season # Param. NODI		McDowell	Kent		AYED.	From 08/01/24 to 08/31/24		001 External Outfall	Yes	IL0027839	
1	1	1	1	1	1	1	1	I	I	on # Param. NC											
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= 56.9 = 696.0 MO AVG <=			= 2.956 = Req Mon MO AVG		= 5.4 = 97.0 MO AVG <=		= 60.8 = <= 835.0 MO AVG <=			Qualifier 1 Value 1 Qualifier 2			Title:			DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
98.4 26 - lb/d 1391.0 DAILY MX 26 - lb/d			6.41 03 - MGD Req Mon DAILY MX 03 - MGD		18.9 26 - lb/d 209.0 DAILY MX 26 - lb/d		171.2 26 - lb/d 1669.0 DAILY MX 26 - lb/d	Y п		Value 2			Mayor			09/25/24		001-0 STP OUTFALL	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
<b>^</b> "				n	<b>^</b> "		<b>^</b> II	7.4 6.0 MINIMUM	8.0 = 5.5 MO AV MN >=	Units Qualifier 1 Value 1 Qualifier 2											
2.3 10.0 MO AVG				1.5 Req Mon MO AVG	0.25 1.4 MO AVG		2.1 12.0 MO AVG		0 0	Quality or Concentration er 2 Value 2 Qualifi			Telephone:			Status:			Facility Location:	Facility:	
î	A II	<b>^</b> "		/G =	A II	II.	Ų II	â II	Y II	centration Qualifier 3									2.		
4.3 20.0 DAILY MX	30.0 400.0 DAILY MX	0.05 DAILY MX		1.5 19 - mg/L Req Mon DAILY MX 19 - mg/L	1.04 3.0 DAILY MX	4.4 19 - mg/L Req Mon DAILY MX 19 - mg/L	3.6 24.0 DAILY MX	8.0 9.0 MAXIMUM	3.5 D	3 Value 3			308			Net			350 CA	CA	
19 - mg/L 19 - mg/L	13 - #/100mL 13 - #/100mL	19 - mg/L 19 - mg/L		19 - mg/L IX 19 - mg/L	19 - mg/L 19 - mg/L	19 - mg/L 1X 19 - mg/L	19 - mg/L 19 - mg/L	12 - SU 12 - SU	19 - mg/L 19 - mg/L	Units			309-647-1391			NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	CL/OC - Chlorination/Occurances GR - GRAB CL/OC - Chlorination/Occurances GR - GRAB	99/99 - Continuous 99/99 - Continuous	01/30 - Monthly 01/30 - Monthly	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	01/30 - Monthly 01/30 - Monthly	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	# of Ex. Frequency of Analysis									RY STREET	TP, CITY OF	
CP - COMPOS CP - COMPOS	GR - GRAB GR - GRAB	s GR-GRAB		CP - COMPOS	CP - COMPOS	CP - COMPOS	CP - COMPOS	GR - GRAB GR - GRAB	GR-GRAB GR-GRAB	Sample Type											

Submission Note

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Edit Check Errors

No errors.

Attachments
No attachments.
Report Last Saved By CANTON, CITY OF

Name:

E-Mail:

Date/Time:

Report Last Signed By

E-Mail: Date/Time: Name: User:

> Jared Bohler **JMBOHLER**

jmb984@yahoo.com 2024-09-11 07:44 (Time Zone: -05:00)

**JMBOHLER** Jared Bohler

jmb984@yahoo.com 2024-09-11 07:45 (Time Zone: -05:00)

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		82220			74055		50060		00610		00530		00400 pH			00310		Code		Form NODI:	No Dat	Last Name:	First Name:	Princip	W0570	Consid	Monito	Report	Permit		Major:	Permit #:	Permit
		Flow, total			74055 Coliform, fecal general		Chlorine, total residual		Nitrogen, ammonia total [as N]		Solids, total suspended		PH			BOD, 5-day, 20 deg. C		Name	Parameter	10 <b>D1</b> :	No Data Indicator (NODI)	ame:	ame:	Principal Executive Officer	W0570250003; NUMBER OF DAYS OF DISCHARGE:CS	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:			李	
		1 - Effluent Gross			1 - Effluent Gross		1 - Effluent Gross		EG - Effluent Gross		1 - Effluent Gross		1 - Effluent Gross			1 - Effluent Gross			Monitoring Location Season # Param. NODI	1		McDowell	Kent		F DISCHARGE:CS		From 08/01/24 to 08/31/24		002 External Outfall		Yes	IL0027839	
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		1			1		1		ı		ı		1			1			# Param. No														
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	C - No Discharge			DI	eq.	501	ad.	100	ed:	DDI	eq.	ומכ	ed		IDI	eq.		Qualifier 1 Value 1 Qualifier 2 Value 2	Quantity or Loading				Title:				DMR Due Date:		Discharge:		Permittee Address:	Permittee:	
	arge	Req Mon MO TOTAL 80 - Mgal/mo					<b>↑</b>					C - No Discharge	>= 6.0 MINIMUM					Units Qualifier 1 Value 1 Qualifier 2					Mayor				09/25/24		002-0 MAIN PLANT TREATED CSO	CANTON, IL 61520	2 NORTH MAIN ST	CANTON, CITY OF	
				c-	<= 400.0	C - No Discharge	0.75 MO AVG	C - No Discharge	Req Mon MO AVG	c-	Req	C-	<= 9.0 N		C-	Req		er 2 Value 2 Qualifier 3	Quality or Concentration				Telephone:				Status:				Facility Location:	Facility:	
				C - No Discharge	400.0 DAILY MX 13 - #/100mL		19 - mg/L		19 - mg/L	C - No Discharge	Req Mon DAILY MX 19 - mg/L	C - No Discharge	9.0 MAXIMUM 12 - SU		C - No Discharge	Req Mon DAILY MX 19 - mg/L		Value 3 Units	th of ny				309-647-1391				NetDMR Validated			CANTON, IL 61520	350 WEST HICKORY	CANTON WEST STP, CITY OF	
-		DL/DS - Daily When Discharging CN - CONTIN			DUDS - Daily When Discharging		DL/DS - Daily When Discharging		DL/DS - Daily When Discharging		DL/DS - Daily When Discharging GR - GRAB		DL/DS - Daily When Discharging GR - GRAB			DL/DS - Daily When Discharging GR - GRAB		v. requerry or Analysis												Í	YSTREET	S. CITY OF	
		CN - CONTIN			GR - GRAB		GR - GRAB		GR - GRAB		GR - GRAB		GR - GRAB			GR - GRAB		Sample Type	Campia Tuna														

## Submission Note

Edit Check Errors 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.

No errors.

Attachments

 No eltechments
 ANDOM, CITY OF

 User:
 Jared Bohler

 Le.Mail:
 jmb984@yahoo.com

 Date/Time:
 2024-09-11 07-40 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 User:
 Jared Bohler

 E-Mail:
 Jared Bohler

 E-Mail:
 Jared Bohler

 E-Mail:
 jmb984@yahoo.com

 Date/Time:
 2024-09-11 07-45 (Time Zone: -05:00)

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	82220 F		74055			50060		30500			00530		00400			00310		Code		Form NODI:	No Data	Last Name:	First Name:	Principa	W05702	Conside	Monitor	Report	Permitt	Major:	Permit #:	Permit
	82220 Flow, total		74055 Coliform, fecal general			50060 Chlorine, total residual		30500 Coliform, fecal - % samples exceeding limit 1 - Effluent Gross			00530 Solids, total suspended		PH			00310 BOD, 5-day, 20 deg, C		Name	Parameter	ODI:	No Data Indicator (NODI)	me: McDowell	me: Kent	Principal Executive Officer	50003; RECEIVING WATER:MAUVAISTE	Considerations for Form Completion	Monitoring Period: From (	Report Dates & Status	Permitted Feature: 003 Externi	Yes	#: IL0027839	
	1 - Effluent Gross 0		1 - Effluent Gross 0			1 - Effluent Gross 0		1 - Effluent Gross 0			1 - Effluent Gross 0		1 - Effluent Gross 0			1 - Effluent Gross 0			Monitoring Location Season # Param, NODI			vell			RRE CREEKNUMBER O		From 08/01/24 to 08/31/24		003 External Outfall		7839	
	Г		I			I		ı			1		Ī			1			son # Param, NC						F DAYS OF D							
Value NODI	Sample Permit Req.	Value NODI	Permit Req.	nampio	Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample		Ido						ISCHARGE E							
C - No Discharge	Req Mon MO																	Qualifier 1 Value 1 Qualifier 2 Value 2	Quantity or Loading				Title:		EFF 11/01/2015 THE GEO MEAN FOI		DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
harge	Req Mon MO TOTAL 80 - Mgal/mo					î						C - No Discharge	>= 6.0 MINIMUM	A CONTRACTOR OF THE PARTY OF TH				Units Qualifier 1 Value 1					Mayor		W0570250003; RECEIVING WATER:MAUVAISTERRE CREEKINUMBER OF DAYS OF DISCHARGE EFF 1/101/2015 THE GEO MEAN FOR OUTFALLS 002,003, AND 004 SHALL NOT EXCEED A DAILY MAX VALUE OF 4.5 x 10(11) CFUIDAY MAY-OCTOBER		09/25/24		003-0 CSO-STP BYPASS	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
		C - No Discharge	Req Mon GEO MEAN	G	C - No Discharge	= 0.75 MO AVG		î		C - No Discharge	Req Mon MO AVG		1		C - No Discharge	Req Mon MO AVG		Qualifier 2 Value 2 Qualifier 3	Quality or Concentration				Telephone:		KCEED A DAILY MAX VALUE OF 4		Status:			Facility Location:	Facility:	
		C - No Discharge	Req Mon DAILY MX 13 - #/100mL			19 - mg/L	C - No Discharge	10.0 MAXIMUM 23 - %			19 - mg/L	C - No Discharge	9.0 MAXIMUM 12 - SU			19 - mg/L		Value 3 Units	it o				309-647-1391		5 x 10(11) CFU/DAY MAY-OCTOR		NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
	DL/DS - Daily When Discharging CN - CONTIN		DL/DS - Daily When Discharging GR - GRAB			DL/DS - Daily When Discharging GR - GRAB					DL/DS - Daily When Discharging GR - GRAB		DL/DS - Daily When Discharging GR - GRAB			DL/DS - Daily When Discharging GR - GRAB		and in the state of the state o	Eranianov of Analysis						3ER					TREET	SITY OF	

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No errors.

Attachments

Name: E-Mail: Date/Time: No attachments.
Report Last Saved By
CANTON, CITY OF E-Mail: User: Date/Time:
Report Last Signed By JMBOHLER
Jared Bohler jmb984@yahoo.com 2024-09-11 07:41 (Time Zone: -05:00) **JMBOHLER** Jared Bohler

jmb984@yahoo.com 2024-09-11 07:45 (Time Zone: -05:00)

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Familia : 1. Lidouzia   1. Control Carrier   1. Con									O THO Discharge		101001	* 44			on Aloto	Submission Note
Facility   Locations   Country Off Paramiters   Country Off Paramiter									C - No Dischame		NODI					
								80 - Mgal/mo	Req Mon MO TOTAL		mit Req.			1 - Effluent Gross	⁻low, total	
Parmillies:											ample	S				
Parmillos:		C - No Discharge	•								Je NODI	Val				
	100mL										ample mit Req.			1 - Effluent Gross	Coliform, fecal general	
				C - No Discharge							ue NODI	Val				
	β/L	19 - mg		).75 MO AVG							ample mit Req.			1 - Effluent Gross	Chlorine, total residual	50060
				C - No Discharge							ue NODI	Val				
	g/L	19 - mg		Reg Mon MO AVG	77						mit Req.			1 - Effluent Gross	Nitrogen, ammonia total [as N]	00610
		C - No Discharge	-								ue NODI	Val				
##:	β/L		Į.								ample mit Req.			1 - Effluent Gross	Solids, total suspended	
##:		C - No Discharge	-			- No Discharge	C				ue NODI	Va				
LIO27839   Permittee:   CANTON, CITY OF   Pacility:	IU DL/DS - Daily When Discharging					MINIMUM					ample mit Req.			1 - Effluent Gross	PH	
CANTON, CITY OF   Paramittes: Yes   Permittes: CANTON, CITY OF   Paramittes: Yes   Permittes: CANTON, CITY OF   Paramittes: CANTON, CITY OF   Paramittes: CANTON, CITY OF   Paramittes: CANTON, LI61520   Paramittes:		C - No Discharge									ue NODI	Va				
H0027839  Yes  Yes  Permittee: CANTON, CITY OF 2 NORTH MAIN ST	ng/L	teq Mon DAILY MX 19 - mi	ZD.								mit Req.			1 - Effluent Gross	BOD, 5-day, 20 deg. C	00310
CANTON, CITY OF   Facility:   Yes   Permittee:   CANTON, CITY OF   Facility:   Yes   Permittee Address:   2 NORTH MAIN ST   CANTON, IL 61520   Facility:   CANTON, IL 61520   CANTON, IL 61520   CANTON, IL 61520     S & Status   External Outfall   External Outfall   External Outfall   External Outfall   External Outfall   External Outfall   Status:   Out			Qualifier 3	Value 2	Qualifier 2	Value 1	Qualifier 1			er 1 Value 1 Qualifier 2					Name	Code
IL0027839   Permittee: CANTON, CITY OF Yes   Permittee: CANTON, CITY OF Yes   Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520   Facility: CANTON, IL 61520   CA	# of Ex		ition	Quality or Concentra					or Loading	Quantity		# Param. NODI	on Season	Monitoring Location	Parameter	
IL0027839   Permittee: CANTON, CITY OF Yes   Permittee: 2 NOTON, CITY OF Yes   Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520   CANTON, IL															franch located	Form No
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														McDowell		Last Na
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#:   L.0027839															I Executive Officer	Principa
#:   L.0027839														DISCHARGE:CS	50003; NUMBER OF DAYS OF	W05702
#:   L.0027839															rations for Form Completion	Conside
#: L0027839 Permittee: CANTON, CITY OF Facility: Facility: CANTON, LOTY OF Facility: Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520 Facility Location: Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520 Facility Location: Permittee Address: Permit	R Validated	NetDMF		Status:				09/25/24		R Due Date:	DMF		08/31/24	From 08/01/24 to	ng Period:	Monitor
#:															lates & Status	Report
#: IL0027839 Permittee: CANTON, CITY OF Facility:  Yes Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520 Facility Location:						SO	TREATED C	004-0 EAST PLANT		charge:	Disc			004 External Outfall		Permitt
IL0027839 Permittee: CANTON, CITY OF Facility:	EST HICKORY )N, IL 61520	350 WE CANTO	Location:	Facility I			IN ST 61520	2 NORTH MA CANTON, IL		mittee Address:	Peri			Yes		Major:
	N WEST ST	CANTO		Facility:			TY OF	CANTON, CIT		mittee:	Perr			IL0027839		Permit ;

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No errors.

Attachments

 No attachments.
 Report Last Saved By

 CANTON, CITY OF
 JMBOHLER

 User:
 Jared Bohler

 E-Mail:
 jmb884@yahoo.com

 Date/Time:
 2024-09-11 07:41 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 Name:
 Jared Bohler

 E-Mail:
 Jared Bohler

 Date/Time:
 2024-09-11 07:45 (Time Zone: -05:00)

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50050			00530			00310		Code		Form NODI:	No Da	Last Name:	First Name:	Princi	W0570	Consi	Monite	Repor	Permi	Major:	Permit #:
50050 Flow, in conduit or thru treatment plant			00530 Solids, total suspended			00310 BOD, 5-day, 20 deg. C		Name	Parameter		No Data Indicator (NODI)	lame:	lame:	Principal Executive Officer	W0570250003	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:		*
plant G - Raw Sewage Influent			G - Raw Sewage Influent			G - Raw Sewage Influent			Monitoring Location			McDowell	Kent				From 08/01/24 to 08/31/24		INF Influent Structure	Yes	IL0027839
0			0			0			Season# Param. NODI				7				0		-	70	70
Permit Req. Value NODI	Sample =	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample		D				Title:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:
Req Mon MO AVG	= 2.956 =							Qualifier 1 Value 1 Qualifier 2	Quantity or Loading				Mayor				09/25/24		INF-L		CANTON
Req Mon DAILY MX 03 - MGD	6.41 03 - MGD							Value 2	oading										INF-L INFLUENT MONITORING	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF
				= 128.4		Reg Mon MO AVG		Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration				Telephone:				Status:			Facility Location:	Facility:
			19 - mg/L	19 - ma/L		19 - mg/L	19 - mg/L	Qualifier 3 Value 3 Units					309-647-1391				NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF
99/99 - Continuous	99/99 - Continuous			02/DA - 2 Days Every Week			02/DA - 2 Days Every Week		# of Ex. Frequency of Analysis											STREET	CITY OF
			CP - COMPOS	CP - COMPOS		CP - COMPOS	CP - COMPOS		Sample Type												

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

No attachments. Attachments

Report Last Saved By

CANTON, CITY OF

User:

E-Mail:

Report Last Signed By Date/Time:

User:

Jared Bohler

**JMBOHLER** 

2024-09-11 07:42 (Time Zone: -05:00)

jmb984@yahoo.com Jared Bohler **JMBOHLER** 

jmb984@yahoo.com