DMR Copy of Record

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

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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:	001 External Outfall	**Discharge:**	**001-0** STP OUTFALL		

Report Dates & Status

Monitoring Period:	**From 08/01/26 to 08/31/26**	**DMR Due Date:**	**09/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; DMF LOAD LIMITS DISPLAYED.

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

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						=	8.1	=	7.99	=	7.8	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.						>=	5.5 MO AV MN	>=	4.0 MN WK AV	>=	3.5 DAILY MN	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.8			=	8.0	12 - SU		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample	=	54.4	=	130.1	26 - lb/d			=	2.7	=	4.8	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	835.0 MO AVG	<=	1669.0 DAILY MX	26 - lb/d			<=	12.0 MO AVG	<=	24.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample										=	9.9	19 - mg/L		01/30 - Monthly	CP - Composite
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - Composite
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	7	--	Sample	=	8.6	=	29.8	26 - lb/d			=	0.33	=	1.1	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	97.0 MO AVG	<=	209.0 DAILY MX	26 - lb/d			<=	1.4 MO AVG	<=	3.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Sample								=	2.7	=	2.7	19 - mg/L		01/30 - Monthly	CP - Composite
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - Composite
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	2.693	=	7.552	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									99/99 - Continuous	
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample										=	0.0	19 - mg/L		CL/OC - Chlorination/Occurances	GR - Grab
					Permit Req.										<=	0.05 DAILY MX	19 - mg/L		CL/OC - Chlorination/Occurances	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	0	--	Sample										=	15.0	13 - #/100mL		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
					Sample	=	53.1	=	129.8	26 - lb/d			=	2.7	=	3.5	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	696.0 MO AVG	<=	1391.0 DAILY MX	26 - lb/d			<=	10.0 MO AVG	<=	20.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	--	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

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:22 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:23 (Time Zone: -05:00)

DMR Copy of Record

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

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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 08/01/26 to 08/31/26**	**DMR Due Date:**	**09/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; NUMBER OF DAYS OF DISCHARGE:CS

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

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**	1 - Effluent Gross	0	--	Sample										=	4.98	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.06			=	7.86	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample										=	10.0	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	EG - Effluent Gross	0	--	Sample								=	0.245			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample								=	0.051			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	0	--	Sample										=	286.0	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample	=	39.3			80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Permit Req.		Req Mon MO TOTAL			80 - Mgal/mo									DL/DS - Daily When Discharging	CN - 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

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:18 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:23 (Time Zone: -05:00)

DMR Copy of Record

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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:	003 External Outfall	**Discharge:**	**003-0** CSO-STP BYPASS		

Report Dates & Status

Monitoring Period:	**From 08/01/26 to 08/31/26**	**DMR Due Date:**	**09/25/26**	**Status:**	**NetDMR 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	**Telephone:**	309-647-1391
Last Name:	McDowell				

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**	1 - Effluent Gross	0	--	Sample								=	25.47			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.09			=	7.09	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample								=	412.0			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
X 30500	**Coliform, fecal - % samples exceeding limit**	1 - Effluent Gross	0	--	Sample										=	100.0	23 - %			
					Permit Req.										<=	10.0 MAXIMUM	23 - %			
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample								=	0.55			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	0	--	Sample								T		T					
					Permit Req.									Req Mon GEO MEAN		Req Mon DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample		=	0.48087		80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Permit Req.			Req Mon MO TOTAL		80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Value NODI															

Submission Note

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Edit Check Errors

Parameter Code	Parameter Name	Monitoring Location	Field	Type	Description	Acknowledge
30500	Coliform, fecal - % samples exceeding limit	1 - Effluent Gross	Quality or Concentration Sample Value 3	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.	Yes

Comments

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:11 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:23 (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:	004 External Outfall	**Discharge:**	**004-0** EAST PLANT TREATED CSO		

Report Dates & Status

Monitoring Period:	**From 08/01/26 to 08/31/26**	**DMR Due Date:**	**09/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; NUMBER OF DAYS OF DISCHARGE:CS

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

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**	1 - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
00400	**pH**	1 - Effluent Gross	0	–	Sample															
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI							C - No Discharge				C - No Discharge				
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	–	Sample															
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	Sample															
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample															
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
82220	**Flow, total**	1 - Effluent Gross	0	–	Sample															
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Value NODI				C - No Discharge											

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:13 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:23 (Time Zone: -05:00)

DMR Copy of Record

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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:	INF Influent Structure	**Discharge:**	**INF-L** **INFLUENT MONITORING**		

Report Dates & Status

Monitoring Period:	**From 08/01/26 to 08/31/26**	**DMR Due Date:**	**09/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

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								=	68.4			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.									Req Mon MO AVG			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00530	**Solids, total suspended**	G - Raw Sewage Influent	0	–	Sample								=	207.8			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.									Req Mon MO AVG			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	G - Raw Sewage Influent	0	–	Sample	=	2.693	=	7.552	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									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

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-09-21 11:13 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com

Date/Time: 2026-09-21 11:23 (Time Zone: -05:00)

[redacted]