

## DMR Copy of Record

|                                           |                           |                           |                                     |                           |                                             |  |  |  |
|-------------------------------------------|---------------------------|---------------------------|-------------------------------------|---------------------------|---------------------------------------------|--|--|--|
| <b>Permit</b>                             |                           |                           |                                     |                           |                                             |  |  |  |
| <b>Permit #:</b>                          | IL0027839                 | <b>Permittee:</b>         | CANTON, CITY OF                     | <b>Facility:</b>          | CANTON WEST STP, CITY OF                    |  |  |  |
| <b>Major:</b>                             | Yes                       | <b>Permittee Address:</b> | 2 NORTH MAIN ST<br>CANTON, IL 61520 | <b>Facility Location:</b> | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |  |  |  |
| <b>Permitted Feature:</b>                 | 001<br>External Outfall   | <b>Discharge:</b>         | 001-0<br>STP OUTFALL                |                           |                                             |  |  |  |
| <b>Report Dates &amp; Status</b>          |                           |                           |                                     |                           |                                             |  |  |  |
| <b>Monitoring Period:</b>                 | From 02/01/21 to 02/28/21 | <b>DMR Due Date:</b>      | 03/25/21                            | <b>Status:</b>            | NetDMR Validated                            |  |  |  |
| <b>Considerations for Form Completion</b> |                           |                           |                                     |                           |                                             |  |  |  |
| DMF LOAD LIMITS DISPLAYED.                |                           |                           |                                     |                           |                                             |  |  |  |
| <b>Principal Executive Officer</b>        |                           |                           |                                     |                           |                                             |  |  |  |
| <b>First Name:</b>                        | Kent                      | <b>Title:</b>             | Mayor                               | <b>Telephone:</b>         | 309-647-1391                                |  |  |  |
| <b>Last Name:</b>                         | Mcdowell                  |                           |                                     |                           |                                             |  |  |  |
| <b>No Data Indicator (NODI)</b>           |                           |                           |                                     |                           |                                             |  |  |  |
| <b>Form NODI:</b>                         | -                         |                           |                                     |                           |                                             |  |  |  |

| Parameter |                                          | Monitoring Location | Season | # Param. NODI | Quantity or Loading           |         |              |         |                 |             | Quality or Concentration |              |             |              |               |                  | # of Ex.                  | Frequency of Analysis           | Sample Type |
|-----------|------------------------------------------|---------------------|--------|---------------|-------------------------------|---------|--------------|---------|-----------------|-------------|--------------------------|--------------|-------------|--------------|---------------|------------------|---------------------------|---------------------------------|-------------|
| Code      | Name                                     |                     |        |               | Qualifier 1                   | Value 1 | Qualifier 2  | Value 2 | Units           | Qualifier 1 | Value 1                  | Qualifier 2  | Value 2     | Qualifier 3  | Value 3       | Units            |                           |                                 |             |
| 00300     | Oxygen, dissolved [DO]                   | 1 - Effluent Gross  | 1      | --            | Sample Permit Req. Value NODI |         |              |         |                 |             | =                        | 10.6         | =           | 10.4         | =             | 9.9              | 19 - mg/L                 | 02/DA - 2 Days Every Week       | GR - GRAB   |
|           |                                          |                     |        |               |                               |         |              |         |                 |             | >=                       | 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   |
| 00400     | pH                                       | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI |         |              |         |                 |             | =                        | 7.7          |             |              | =             | 7.9              | 12 - SU                   | 02/DA - 2 Days Every Week       | GR - GRAB   |
|           |                                          |                     |        |               |                               |         |              |         |                 |             | >=                       | 6.0 MINIMUM  |             |              | <=            | 9.0 MAXIMUM      | 12 - SU                   | 02/DA - 2 Days Every Week       | GR - GRAB   |
| 00530     | Solids, total suspended                  | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI | =       | 50.5         | =       | 65.6            | 26 - lb/d   |                          | =            | 2.5         | =            | 4.8           | 19 - mg/L        | 02/DA - 2 Days Every Week | CP - COMPOS                     |             |
|           |                                          |                     |        |               |                               | <=      | 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 - COMPOS                     |             |
| 00600     | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI |         |              |         |                 |             |                          |              |             |              | =             | 5.7              | 19 - mg/L                 | 01/30 - Monthly                 | CP - COMPOS |
|           |                                          |                     |        |               |                               |         |              |         |                 |             |                          |              |             |              |               | Req Mon DAILY MX | 19 - mg/L                 | 01/30 - Monthly                 | CP - COMPOS |
| 00610     | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 1      | --            | Sample Permit Req. Value NODI | =       | 6.7          | =       | 15.6            | 26 - lb/d   |                          | =            | 0.3         | =            | 0.8           | 19 - mg/L        | 02/DA - 2 Days Every Week | CP - COMPOS                     |             |
|           |                                          |                     |        |               |                               | <=      | 118.0 MO AVG | <=      | 236.0 DAILY MX  | 26 - lb/d   |                          | <=           | 1.7 MO AVG  | <=           | 3.4 DAILY MX  | 19 - mg/L        | 02/DA - 2 Days Every Week | CP - COMPOS                     |             |
| 00665     | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI |         |              |         |                 |             |                          | =            | 1.4         | =            | 1.4           | 19 - mg/L        | 01/30 - Monthly           | CP - COMPOS                     |             |
|           |                                          |                     |        |               |                               |         |              |         |                 |             |                          |              |             |              |               | Req Mon MO AVG   | 19 - mg/L                 | 01/30 - Monthly                 | CP - COMPOS |
| 50050     | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI | =       | 2.558        | =       | 4.263           | 03 - MGD    |                          |              |             |              |               |                  |                           | 99/99 - Continuous              |             |
|           |                                          |                     |        |               |                               |         |              |         |                 |             |                          |              |             |              |               |                  |                           | 99/99 - Continuous              |             |
| 50060     | Chlorine, total residual                 | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI |         |              |         |                 |             |                          |              |             |              | =             | 0.0              | 19 - mg/L                 | CL/OC - Chlorination/Occurances | GR - GRAB   |
|           |                                          |                     |        |               |                               |         |              |         |                 |             |                          |              |             |              | <=            | 0.05 DAILY MX    | 19 - mg/L                 | CL/OC - Chlorination/Occurances | GR - GRAB   |
| 80082     | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0      | --            | Sample Permit Req. Value NODI | =       | 34.3         | =       | 65.4            | 26 - lb/d   |                          | =            | 1.5         | =            | 2.4           | 19 - mg/L        | 02/DA - 2 Days Every Week | CP - COMPOS                     |             |
|           |                                          |                     |        |               |                               | <=      | 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 - COMPOS                     |             |

**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:** CANTONWWTP

Name: Joseph Carruthers  
E-Mail: jcarruthers@cantoncityhall.org  
Date/Time: 2021-03-10 08:30 (Time Zone: -06:00)

**Report Last Signed By**

User: CANTONWWTP  
Name: Joseph Carruthers  
E-Mail: jcarruthers@cantoncityhall.org  
Date/Time: 2021-03-10 08:32 (Time Zone: -06:00)



## DMR Copy of Record

### Permit

|                                           |                           |                    |                                     |                    |                                             |
|-------------------------------------------|---------------------------|--------------------|-------------------------------------|--------------------|---------------------------------------------|
| Permit #:                                 | IL0027839                 | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |
| Major:                                    | Yes                       | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| Permitted Feature:                        | 002<br>External Outfall   | Discharge:         | 002-0<br>MAIN PLANT TREATED CSO     |                    |                                             |
| <b>Report Dates &amp; Status</b>          |                           |                    |                                     |                    |                                             |
| Monitoring Period:                        | From 02/01/21 to 02/28/21 | DMR Due Date:      | 03/25/21                            | Status:            | NetDMR Validated                            |
| <b>Considerations for Form Completion</b> |                           |                    |                                     |                    |                                             |
| NUMBER OF DAYS OF DISCHARGE:CS            |                           |                    |                                     |                    |                                             |
| <b>Principal Executive Officer</b>        |                           |                    |                                     |                    |                                             |
| First Name:                               | Kent                      | Title:             | Mayor                               | Telephone:         | 309-647-1391                                |
| Last Name:                                | Mcdowell                  |                    |                                     |                    |                                             |
| <b>No Data Indicator (NODI)</b>           |                           |                    |                                     |                    |                                             |
| Form NODI:                                | --                        |                    |                                     |                    |                                             |

| Parameter |                                | Monitoring Location | Season # | Param. NODI | Quantity or Loading           |         |             |         |       | Quality or Concentration                          |         |                                    |                                      |                                    |              | # of Ex.                       | Frequency of Analysis          | Sample Type |
|-----------|--------------------------------|---------------------|----------|-------------|-------------------------------|---------|-------------|---------|-------|---------------------------------------------------|---------|------------------------------------|--------------------------------------|------------------------------------|--------------|--------------------------------|--------------------------------|-------------|
| Code      | Name                           |                     |          |             | Qualifier 1                   | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1                                       | Value 1 | Qualifier 2                        | Value 2                              | Qualifier 3                        | Value 3      |                                |                                |             |
| 00310     | BOD, 5-day, 20 deg. C          | 1 - Effluent Gross  | 0        | --          | Sample Permit Req. Value NODI |         |             |         |       |                                                   |         |                                    | Req Mon DAILY MX<br>C - No Discharge | 19 - mg/L                          |              | DL/DS - Daily When Discharging | GR - GRAB                      |             |
| 00400     | pH                             | 1 - Effluent Gross  | 0        | --          | Sample Permit Req. Value NODI |         |             |         | >=    | 6.0 MINIMUM<br>C - No Discharge                   |         |                                    | <=                                   | 9.0 MAXIMUM<br>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 |         |             |         |       |                                                   |         |                                    | Req Mon DAILY MX<br>C - No Discharge | 19 - mg/L                          |              | DL/DS - Daily When Discharging | GR - GRAB                      |             |
| 00610     | Nitrogen, ammonia total [as N] | EG - Effluent Gross | 0        | --          | Sample Permit Req. Value NODI |         |             |         |       |                                                   |         | Req Mon MO AVG<br>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 |         |             |         |       |                                                   | <=      | 0.75 MO AVG<br>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 |         |             |         |       |                                                   |         |                                    | <=                                   | 400.0 DAILY MX<br>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 80 - Mgal/mo<br>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

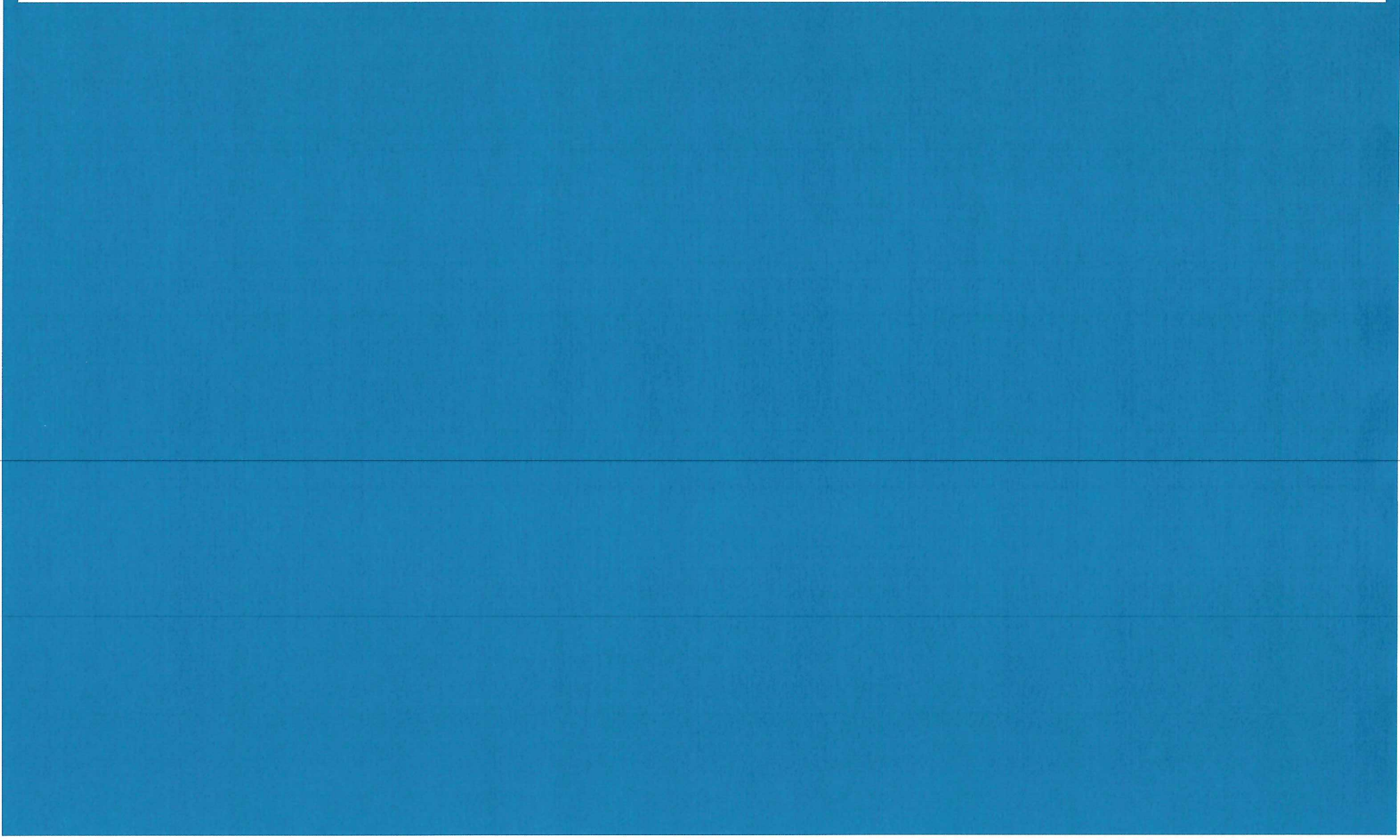
CANTON, CITY OF

User: CANTONWWTP  
Name: Joseph Carruthers  
E-Mail: jcarruthers@cantoncityhall.org  
Date/Time: 2021-03-10 08:11 (Time Zone: -06:00)

### Report Last Signed By

User: CANTONWWTP

|            |                                      |
|------------|--------------------------------------|
| Name:      | Joseph Carruthers                    |
| E-Mail:    | jcarruthers@cantoncityhall.org       |
| Date/Time: | 2021-03-10 08:32 (Time Zone: -06:00) |





## DMR Copy of Record

### Permit

**Permit #:** IL0027839  
**Major:** Yes  
**Permitted Feature:** 003  
External Outfall

**Permittee:** CANTON, CITY OF  
**Permittee Address:** 2 NORTH MAIN ST  
CANTON, IL 61520

**Facility:** CANTON WEST STP, CITY OF  
**Facility Location:** 350 WEST HICKORY STREET  
CANTON, IL 61520

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

### Report Dates & Status

**Monitoring Period:** From 02/01/21 to 02/28/21  
**DMR Due Date:** 03/25/21  
**Status:** NetDMR Validated

### Considerations for Form Completion

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  
**Last Name:** Mcdowell  
**Title:** Mayor  
**Telephone:** 309-647-1391

### No Data Indicator (NODI)

**Form NODI:** --

| Parameter |                          | Monitoring Location | Season # | Param. NODI | Quantity or Loading           |         |             |         | Quality or Concentration                          |                                 |                                 |                                    | # of Ex.                        | Frequency of Analysis | Sample Type                    |             |
|-----------|--------------------------|---------------------|----------|-------------|-------------------------------|---------|-------------|---------|---------------------------------------------------|---------------------------------|---------------------------------|------------------------------------|---------------------------------|-----------------------|--------------------------------|-------------|
| Code      | Name                     |                     |          |             | Qualifier 1                   | Value 1 | Qualifier 2 | Value 2 | Units                                             | Qualifier 1                     | Value 1                         | Qualifier 2                        |                                 |                       |                                | Value 2     |
| 00310     | BOD, 5-day, 20 deg. C    | 1 - Effluent Gross  | 0        | --          | Sample Permit Req. Value NODI |         |             |         |                                                   |                                 |                                 | Req Mon MO AVG<br>C - No Discharge |                                 | 19 - mg/L             | DL/DS - Daily When Discharging | GR - GRAB   |
| 00400     | pH                       | 1 - Effluent Gross  | 0        | --          | Sample Permit Req. Value NODI |         |             |         | >=                                                | 6.0 MINIMUM<br>C - No Discharge |                                 | <=                                 | 9.0 MAXIMUM<br>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 |         |             |         |                                                   |                                 |                                 | Req Mon MO AVG<br>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 |         |             |         |                                                   | <=                              | 0.75 MO AVG<br>C - No Discharge |                                    |                                 | 19 - mg/L             | DL/DS - Daily When Discharging | GR - GRAB   |
| 82220     | Flow, total              | 1 - Effluent Gross  | 0        | --          | Sample Permit Req. Value NODI |         |             |         | Req Mon MO TOTAL 80 - Mgal/mo<br>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

CANTON, CITY OF

**User:** CANTONWWTP  
**Name:** Joseph Carruthers  
**E-Mail:** jcarruthers@cantoncityhall.org  
**Date/Time:** 2021-03-10 08:09 (Time Zone: -06:00)

### Report Last Signed By

**User:** CANTONWWTP  
**Name:** Joseph Carruthers  
**E-Mail:** jcarruthers@cantoncityhall.org  
**Date/Time:** 2021-03-10 08:32 (Time Zone: -06:00)

## DMR Copy of Record

|                                           |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------|---------------------------|--------------------|-------------------------------------|--------------------|---------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Permit</b>                             |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Permit #:                                 | IL0027839                 | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Major:                                    | Yes                       | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Permitted Feature:                        | 004<br>External Outfall   | Discharge:         | 004-0<br>EAST PLANT TREATED CSO     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Report Dates &amp; Status</b>          |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Monitoring Period:                        | From 02/01/21 to 02/28/21 | DMR Due Date:      | 03/25/21                            | Status:            | NetDMR Validated                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Considerations for Form Completion</b> |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NUMBER OF DAYS OF DISCHARGE:CS            |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Principal Executive Officer</b>        |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First Name:                               | Kent                      | Title:             | Mayor                               | Telephone:         | 309-647-1391                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Last Name:                                | Mcdowell                  |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>No Data Indicator (NODI)</b>           |                           |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Form NODI:                                | -                         |                    |                                     |                    |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Code  | Parameter Name                 | Monitoring Location | Season # | Param. NODI | Sample Permit Req. Value NODI | Quantity or Loading |         |             |         | Quality or Concentration |             |         |             |         |             | # of Ex. | Frequency of Analysis                 | Sample Type                        |                                |                                |           |
|-------|--------------------------------|---------------------|----------|-------------|-------------------------------|---------------------|---------|-------------|---------|--------------------------|-------------|---------|-------------|---------|-------------|----------|---------------------------------------|------------------------------------|--------------------------------|--------------------------------|-----------|
|       |                                |                     |          |             |                               | Qualifier 1         | Value 1 | Qualifier 2 | Value 2 | Units                    | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 |          |                                       |                                    | Value 3                        | Units                          |           |
| 00310 | BOD, 5-day, 20 deg. C          | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | Req Mon DAILY MX<br>C - No Discharge  | 19 - mg/L                          | DL/DS - Daily When Discharging | GR - GRAB                      |           |
| 00400 | pH                             | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | >= 6.0 MINIMUM<br>C - No Discharge    | <= 9.0 MAXIMUM<br>C - No Discharge | 12 - SU                        | DL/DS - Daily When Discharging | GR - GRAB |
| 00530 | Solids, total suspended        | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | Req Mon DAILY MX<br>C - No Discharge  | 19 - mg/L                          | DL/DS - Daily When Discharging | GR - GRAB                      |           |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | Req Mon MO AVG<br>C - No Discharge    | 19 - mg/L                          | DL/DS - Daily When Discharging | GR - GRAB                      |           |
| 50060 | Chlorine, total residual       | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | <= 0.75 MO AVG<br>C - No Discharge    | 19 - mg/L                          | DL/DS - Daily When Discharging | GR - GRAB                      |           |
| 74055 | Coliform, fecal general        | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | <= 400.0 DAILY MX<br>C - No Discharge | 13 - #/100mL                       | DL/DS - Daily When Discharging | GR - GRAB                      |           |
| 82220 | Flow, total                    | 1 - Effluent Gross  | 0        | --          |                               |                     |         |             |         |                          |             |         |             |         |             |          | Req Mon MO TOTAL<br>C - No Discharge  | 80 - Mgal/mo                       | 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.

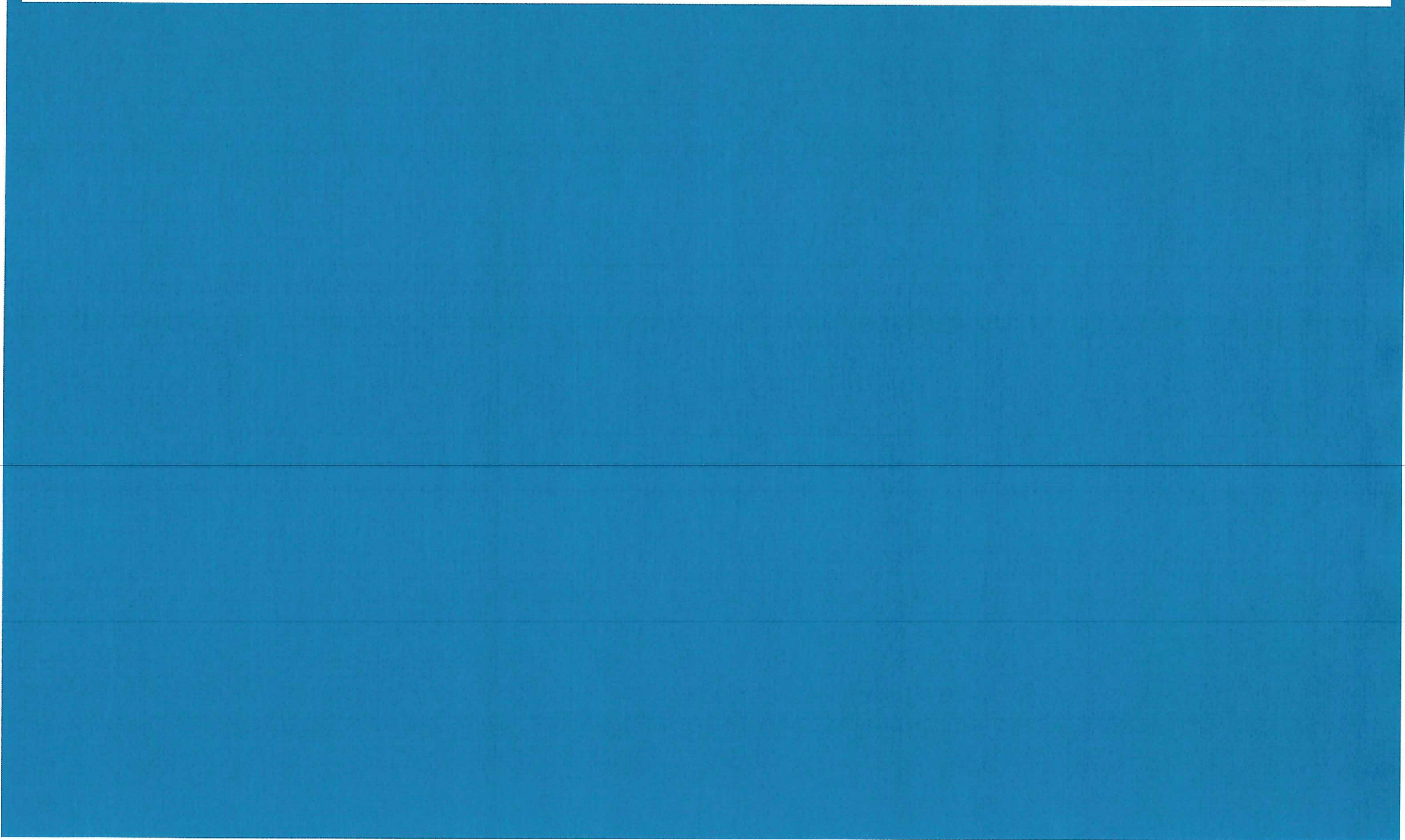
**Report Last Saved By**  
CANTON, CITY OF

User: CANTONWWTP  
Name: Joseph Carruthers  
E-Mail: jcarruthers@cantoncityhall.org  
Date/Time: 2021-03-10 08:09 (Time Zone: -06:00)

**Report Last Signed By**  
User: CANTONWWTP



Name: Joseph Carruthers  
E-Mail: jcaruthers@cantoncityhall.org  
Date/Time: 2021-03-10 08:32 (Time Zone: -06:00)



## DMR Copy of Record

### Permit

|                           |                           |                           |                                     |                           |                                             |
|---------------------------|---------------------------|---------------------------|-------------------------------------|---------------------------|---------------------------------------------|
| <b>Permit #:</b>          | IL0027839                 | <b>Permittee:</b>         | CANTON, CITY OF                     | <b>Facility:</b>          | CANTON WEST STP, CITY OF                    |
| <b>Major:</b>             | Yes                       | <b>Permittee Address:</b> | 2 NORTH MAIN ST<br>CANTON, IL 61520 | <b>Facility Location:</b> | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| <b>Permitted Feature:</b> | INF<br>Influent Structure | <b>Discharge:</b>         | INF-L<br>INFLUENT MONITORING        |                           |                                             |

### Report Dates & Status

|                           |                           |                      |          |                |                  |
|---------------------------|---------------------------|----------------------|----------|----------------|------------------|
| <b>Monitoring Period:</b> | From 02/01/21 to 02/28/21 | <b>DMR Due Date:</b> | 03/25/21 | <b>Status:</b> | NetDMR Validated |
|---------------------------|---------------------------|----------------------|----------|----------------|------------------|

### Considerations for Form Completion

CS

### Principal Executive Officer

|                    |          |               |       |                   |              |
|--------------------|----------|---------------|-------|-------------------|--------------|
| <b>First Name:</b> | Kent     | <b>Title:</b> | Mayor | <b>Telephone:</b> | 309-647-1391 |
| <b>Last Name:</b>  | Mcdowell |               |       |                   |              |

### No Data Indicator (NODI)

Form NODI: -

| Code  | Parameter Name                           | Monitoring Location     | Season # | Param. NODI |                               | Quantity or Loading |                         |             |                           |                      | Quality or Concentration |         |             |         |             | # of Ex. | Frequency of Analysis                                                            | Sample Type                |
|-------|------------------------------------------|-------------------------|----------|-------------|-------------------------------|---------------------|-------------------------|-------------|---------------------------|----------------------|--------------------------|---------|-------------|---------|-------------|----------|----------------------------------------------------------------------------------|----------------------------|
|       |                                          |                         |          |             |                               | Qualifier 1         | Value 1                 | Qualifier 2 | Value 2                   | Units                | Qualifier 1              | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3  | Units                                                                            |                            |
| 00310 | BOD, 5-day, 20 deg. C                    | G - Raw Sewage Influent | 0        | --          | Sample Permit Req. Value NODI |                     |                         |             |                           |                      |                          |         |             |         |             |          | 19 - mg/L<br>02/DA - 2 Days Every Week<br>19 - mg/L<br>02/DA - 2 Days Every Week | CP - COMPOS<br>CP - COMPOS |
| 00530 | Solids, total suspended                  | G - Raw Sewage Influent | 0        | --          | Sample Permit Req. Value NODI |                     |                         |             |                           |                      |                          |         |             |         |             |          | 19 - mg/L<br>02/DA - 2 Days Every Week<br>19 - mg/L<br>02/DA - 2 Days Every Week | CP - COMPOS<br>CP - COMPOS |
| 50050 | Flow, in conduit or thru treatment plant | G - Raw Sewage Influent | 0        | --          | Sample Permit Req. Value NODI |                     | 2.558<br>Req Mon MO AVG |             | 4.263<br>Req Mon DAILY MX | 03 - MGD<br>03 - MGD |                          |         |             |         |             |          | 99/99 - Continuous<br>99/99 - 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

|                   |                                      |
|-------------------|--------------------------------------|
| <b>User:</b>      | CANTONWWTP                           |
| <b>Name:</b>      | Joseph Carruthers                    |
| <b>E-Mail:</b>    | jcarruthers@cantoncityhall.org       |
| <b>Date/Time:</b> | 2021-03-10 08:04 (Time Zone: -06:00) |

### Report Last Signed By

|                   |                                      |
|-------------------|--------------------------------------|
| <b>User:</b>      | CANTONWWTP                           |
| <b>Name:</b>      | Joseph Carruthers                    |
| <b>E-Mail:</b>    | jcarruthers@cantoncityhall.org       |
| <b>Date/Time:</b> | 2021-03-10 08:32 (Time Zone: -06:00) |