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 cell 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 NPDES 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

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 07/01/25 to 07/31/25**	**DMR Due Date:**	**08/25/25**	**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	0	--	Sample								=	7.99	=	7.4	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.								>=	6.0 MN WK AV	>=	5.0 DAILY MN	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	7.9			=	8.1	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	=	30.9	=	80.4	26 - lb/d			=	2.4	=	5.6	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										=	4.0	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	6	--	Sample	=	4.7	=	16.0	26 - lb/d			=	0.37	=	1.2	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	=	1.611	=	2.471	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										=	20.0	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															
80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	--	Sample	=	29.3	=	75.6	26 - lb/d			=	2.4	=	4.9	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

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:	2025-08-18 08:08 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2025-08-18 08:10 (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 07/01/25 to 07/31/25**	**DMR Due Date:**	**08/25/25**	**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. Value NODI											Req Mon DAILY MX 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 C - No Discharge			<=	9.0 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											Req Mon DAILY MX 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 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 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 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 C - No Discharge	80 - Mgal/mo										DL/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:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2025-08-18 08:09 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2025-08-18 08:10 (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:	003 External Outfall	**Discharge:**	**003-0** CSO-STP BYPASS		

Report Dates & Status

Monitoring Period:	**From 07/01/25 to 07/31/25**	**DMR Due Date:**	**08/25/25**	**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 Permit Req.									Req Mon MO AVG			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 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
30500	**Coliform, fecal - % samples exceeding limit**	1 - Effluent Gross	0	–	Sample Permit Req.										<=	10.0 MAXIMUM	23 - %			
					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.									Req Mon GEO MEAN		Req Mon DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge		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:	2025-08-18 08:09 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2025-08-18 08:10 (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 07/01/25 to 07/31/25**	**DMR Due Date:**	**08/25/25**	**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**											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI											C - No Discharge				
00400	**pH**	1 - Effluent Gross	0	–	**Sample**						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI							C - No Discharge				C - No Discharge				
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	**Sample**											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI											C - No Discharge				
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	–	**Sample**									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI									C - No Discharge						
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	**Sample**								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI									C - No Discharge						
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	**Sample**										<=	400.0 DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI											C - No Discharge				
82220	**Flow, total**	1 - Effluent Gross	0	–	**Sample**			Req Mon MO TOTAL		80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Permit Req.															
					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:	2025-08-18 08:09 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2025-08-18 08:10 (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:	INF Influent Structure	**Discharge:**	**INF-L** INFLUENT MONITORING		

Report Dates & Status

Monitoring Period:	**From 07/01/25 to 07/31/25**	**DMR Due Date:**	**08/25/25**	**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**								=	896.0			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**								=	239.6			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**	=	1.611	=	2.471	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:	2025-08-18 08:02 (Time Zone: -05:00)

Report Last Signed By

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

Date/Time: 2025-08-18 08:10 (Time Zone: -05:00)