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 (EDI), or if you intend to assert a CBI claim on any of the submitted information. Fursuant to 40 CFR 2.20(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 also esseed to the public. Although we do not foressee a need of the submitted information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the INFDES effection.

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80082	74055	50060	50050	00665	00610	00600	00530	00400	00300	Code	Form NODI:	No Data Inc	First Name:	Princi	W057	Cons	Monit	Repor	Permi	Major:	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	00300 Oxygen, dissolved [DO]	Parameter Name	NODI:	Last Name: No Data Indicator (NODI)	Vame:	Principal Executive Officer	W0570250003; DMF LOAD LIMITS DISPLAYED.	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:		t#:
1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	ant 1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 5	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	Monitoring Location Season # Param. NODI		McDowell	Kent		AYED.		From 06/01/24 to 06/30/24		001 External Outfall	Yes	IL0027839
1	ſ	1	ı	1	ı	1	1	1	ı	on # Param.											
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21.0 696.0 MO AVG			2.235 Req Mon MO AVG		10.2 97.0 MO AVG		39.9 835.0 MO AVG			Qualifier 1 Value 1			Title:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:
= 44.2 <= 1391.0 DAILY MX			= 4.426 03 - MGD Req Mon DAILY MX 03 - MGD		= 29.7 <= 209.0 DAILY MX		= 165.5 <= 1669.0 DAILY MX			Quantity or Loading Qualifier 2 Value 2			Mayor				07/25/24		001-0 STP O	2 NC CAN	CAN
26 - lb/d 26 - lb/d			03 - MGD 03 - MGD		26 - lb/d 26 - lb/d		26 - Ib/d 26 - Ib/d	= 7.6 >= 6.0 N		Units Qualifier 1 V			or				5/24		001-0 STP OUTFALL	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF
1 "				п	^ "		1 "	7.6 6.0 MINIMUM	Y II	Value 1 Qualifier 2											
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1 "	A II	^ "		WG =	^ "	п	â u	^ "		Quality or Concentration Value 2 Qualifier 3										on:	
1.7 20.0 DAILY MX	0.0 400.0 DAILY MX	0.0 0.05 DAILY MX		1.0 19 - mg/L Req Mon DAILY MX 19 - mg/L	1.3 3.0 DAILY MX	20.0 19 - mg/L Req Mon DAILY MX 19 - mg/L	6.4 24.0 DAILY MX	8.1 9.0 MAXIMUM	3.0 5.0 D	er3 Value3			308				Ne			350 CA	CA
19 - mg/L 19 - mg/L	13 - #/100mL 13 - #/100mL	19 - mg/L		19 - mg/L X 19 - mg/L	19 - mg/L 19 - mg/L	19 - mg/L IX 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 CL/OC - Chlorination/Occurances	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
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Submission Note

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Edit Check Errors

No errors.

Attachments
No attachments.

Report Last Saved By

CANTON, CITY OF User:

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

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

CANTONWWTP

Joseph Carruthers jcarruthers@cantoncityhall.org 2024-07-10 10:58 (Time Zone: -05:00)

CANTONWWTP

Joseph Carruthers
jcarruthers@cantoncityhall.org
2024-07-10 11:02 (Time Zone: -05:00)

KS.

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Cubmicaion Moto		82220 Flo		74055 Col			50060 Chl		00610 Nitr			00530 Sol		nd 00#00			00310 BC	Code		Form NODI:	No Data Inc	Last Name:	First Name:	Principal E.	W05702500	Considerat	Monitoring Period:	Report Dates & Status	Permitted Feature:	Major:	Permit #:	Permit
Moto		Flow, total		Coliform, fecal general			50060 Chlorine, total residual		Nitrogen, ammonia total [as N]			Solids, total suspended					00310 BOD, 5-day, 20 deg. C	Name	Parameter		No Data Indicator (NODI)			Principal Executive Officer	W0570250003; NUMBER OF DAYS OF DISCHARGE:CS	Considerations for Form Completion	Period:	es & Status	eature:			
		1 - Effluent Gross		1 - Effluent Gross			1 - Effluent Gross		EG - Effluent Gross			1 - Effluent Gross		I - Ellinetti Gross	The same of the sa		1 - Effluent Gross		Monitoring Location	1		McDowell	Kent		DISCHARGE:CS		From 06/01/24 to 06/30/24		002 External Outfall	Yes	IL0027839	
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	C - No Discharge	Req Mon MO																Qualifier 1 Value 1 Qualifier 2 Value 2	Quantity or Loading				Title:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
	narge	Req Mon MO TOTAL 80 - Mgal/mo											C - No Discharge		MUMINIM 0.8			2 Units Qualifier 1 Value 1					Mayor				07/25/24		002-0 MAIN PLANT TREATED CSO	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
				n		C - No Discharge	<= 0.75 MO AVG	C - No Discharge	Reg Mon MO AVG				To .		â			Qualifier 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		90 MAXIMUM 12-SII	C - No Discharge	Req Mon DAILY MX 19 - mg/L	3 Value 3 Units					309-647-1391				NetDMR Validated			350 WEST CANTON, I	CANTON V	
		DL/DS - Daily When Discharging CN - CONTIN		mL DL/DS - Daily When Discharging			DL/DS - Daily When Discharging		DL/DS - Daily When Discharging			DL/DS - Daily When Discharging		occo- carly writer discitatigning GN - GRAD	DI /Ds - Daily When Discharging		DL/DS - Daily When Discharging GR - GRAB		wof Ex. Frequency of Analysis				91				ilidated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
		CN - CONTIN		GR-GRAB			GR-GRAB		GR - GRAB			GR - GRAB		dy - dyyp	CB CBAB		GR - GRAB	outility of the	Sample Type													

Submission Note

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Edit Check Errors

No errors.

Comments

No attachments.
Report Last Saved By
CANTON, CITY OF E-Mail:
Date/Time:
Report Last Signed By User:
Name:
E-Mail:
Date/Time: Name: Joseph Carruthers jcarruthers@cantoncityhall.org 2024-07-10 10:58 (Time Zone: -05:00) CANTONWWTP

jcarruthers@cantoncityhall.org 2024-07-10 11:02 (Time Zone: -05:00) Joseph Carruthers CANTONWWTP

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purpor pany might practical girlight of a COMTIN					C - No Discharge	Value NODI	ı	- Ellipoir Ciosa		. ionj ro
DI /DS - Daily Whom Discharging CN CONTIN				L 80 - Mgal/mo	Reg Mon MO TOTAL 80 - Mgaj/mo	Sample Permit Req.		Efficient Gross 0		82220 Flow total
	C - No Discharge	C - No Discharge				Value NODI				
DL/DS - Daily When Discharging GR - GRAB	Req Mon DAILY MX 13 - #/100mL	Reg Mon GEO MEAN				Permit Req.	1	1 - Effluent Gross 0	Coliform, fecal general 1	74055 Coliform
						Sample				
		C - No Discharge				Value NODI				
DL/DS - Daily When Discharging GR - GRAB	19 - mg/L	0.75 MO AVG	n			Permit Req.	ī	1 - Effluent Gross 0	Chlorine, total residual	50060 Chlorine
	C - No Discharge					walle NOD!				
	10.0 MAXIMUM 23 - %	î				Value NODI	1	1 - Effluent Gross 0	30500 Coliform, fecal - % samples exceeding limit 1	30500 Coliform
						Sample				
		C - No Discharge				Value NODI				
DL/DS - Daily When Discharging GR - GRAB	19 - mg/L	Req Mon MO AVG				Permit Req.	Ì	1 - Effluent Gross 0		00530 Solids, total suspended
						Sample				
	C - No Discharge		C - No Discharge			Value NODI				
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or the statute of Assays and the Type	Value 3 Units	fier 2 Value 2 Qualifier 3	fier 1 Value 1 Qualifier 2	Units Qualifier 1	Qualifier 1 Value 1 Qualifier 2 Value 2				Name	Code
	the state of the s	Quality or Concentration			Quantity or Loading	0	son # Param. NOI	Monitoring Location Season # Param. NODI	Parameter N	
									1	Form NODI:
									r (NODI)	No Data Indicator (NODI)
									McDowell	Last Name:
	309-647-1391	Telephone:		Mayor	8.	Title:			Kent	First Name:
									ive Officer	Principal Executive Officer
DBER	DEED A DAILY MAX VALUE OF 4.5 x 10(11) CFU/DAY MAY-OCTOBER	ED A DAILY MAX VALUE OF 4	AND 004 SHALL NOT EXCE	JTFALLS 002,003,	W0570250003 ; RECEIVING WATER:MAUVAISTERRE CREEKNUMBER OF DAYS OF DISCHARGE EFF 11/01/2015 THE GEO MEAN FOR OUTFALLS 002,003, AND 004 SHALL NOT EXC	SCHARGE EFF	F DAYS OF DI	CREEKNUMBER O	RECEIVING WATER:MAUVAISTERRE	W0570250003;
									Considerations for Form Completion	Considerations
	NetDMR Validated	Status:		07/25/24	DMR Due Date:	DM		From 06/01/24 to 06/30/24		Monitoring Period:
									Status	Report Dates & Status
			ASS	003-0 CSO-STP BYPASS	Discharge:	Dis		utfall	re: 003 External Outfall	Permitted Feature:
STREET	350 WEST HICKORY STREET CANTON, IL 61520	Facility Location:	N ST 1520	2 NORTH MAIN ST CANTON, IL 61520	Permittee Address:	Per			Yes	Major:
CITY OF	CANTON WEST STP, CITY OF	Facility:	YOF	CANTON, CITY OF	Permittee:	Pel			IL0027839	Permit #:
										Permit

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

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Permitte:	
Yes Permittee: Permittee Address: Discharge: From 06/01/24 to 06/30/24 Discharge: Discharge:	
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Yes Permittee: Permittee: Permittee Address: Discharge: From 06/01/24 to 06/30/24 Title: McDowell All - Effluent Gross 0 - Permit Raq. Value NODI Sample 1 - Effluent Gross 0 - Permit Raq.	C - No Discharge
Yes Permittee: Permittee: Permittee Address: Discharge: From 06/01/24 to 06/30/24 Discharge: Discharge:	<= 400.0 DAILY MX
Yes Permittee: Permittee Address: Discharge: From 06/01/24 to 06/30/24 Discharge: Discharge: Discharge:	C - No Discharge
eature: Constant	<= 0.75 MO AVG
eature: Constant Continue	C - No Discharge
eature: Ves Yes Permittee: Permittee: Permittee: Permittee: Permittee: Permittee Address: Discharge: Discharge: Indicator (WODI) Permiter Monitoring Location Season # Param. NODI Permit Req. Discharge: Sample Outentity or Loading Value NODI Sample 1 - Effluent Gross 0 - Permit Req. Value NODI Stample 1 - Effluent Gross 0 - Permit Req. Value NODI Stample	Req Mon MO AVG
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IL0027839 Permittee:	Facility Location:
	Facility:

Submission Note

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No errors.

Comments

Mo attachments
Report Last Saved By
CANTON, CITY OF
User:
User:
User:
Loseph Carruthers
E-Mail:
E-Mail:
Date/Time:
Report Last Signed By
User:
U

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50050			00530			00310		Code		Form NODI:	No Da	Last Name:	First Name:	Princip	W0570	Consid	Monito	Repor	Permit	Major:	Permit #:	Permit
Flow, in conduit or thru treatment plant			Solids, total suspended			00310 BOD, 5-day, 20 deg. C		Name	Parameter	NODI:	No Data Indicator (NODI)		lame: Kent	Principal Executive Officer	W0570250003	Considerations for Form Completion	Monitoring Period: Fr	Report Dates & Status	Permitted Feature: INF	Yes		
nt G - Raw Sewage Influent			G - Raw Sewage Influent			G - Raw Sewage Influent			Monitoring Location			McDowell	nt				From 06/01/24 to 06/30/24		INF Influent Structure	ÿ	IL0027839	
0			0 -			0 I			Season # Param. NODI				Title:				DMF		Disc	Perr	Perr	
Permit Req. Value NODI	Sample =	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample	Qu									DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
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Req Mon DAIL								Qualifier 2 Value 2	Quantity or Loading				Mayor				07/25/24		INF-L INFLUENT MONITORING	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
Req Mon DAILY MX 03 - MGD	03 - MGD																		VG			
			Req Mon MO AVG	= 234.8		Req Mon MO AVG	= 81.6	Units Qualifier 1 Value 1 Qualifier 2 Value 2	Quality or Concentration				Telephone:				Status:			Facility Location:	Facility:	
			3 19 - mg/L	19 - mg/L		G 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	0000		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								2)RY STREET 0	TIP, CITY OF	
			CP - COMPOS	CP - COMPOS		CP - COMPOS	CP - COMPOS		Sample Type													

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Edit Check Errors

Comments No errors.

Attachments

No attachments. Report Last Saved By

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Name:

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