

**DMR Copy of Record**

**Permit:** IL0027839  
**Permittee:** CANTON, CITY OF  
**Major:** Yes  
**Permittee Address:** 2 NORTH MAIN ST  
 CANTON, IL 61520  
**Facility Location:** CANTON WEST STP, CITY OF  
 350 WEST HICKORY STREET  
 CANTON, IL 61520  
**Permitted Feature:** 001  
**Discharge:** 001-0  
 STP OUTFALL  
**Report Dates & Status:** From 03/01/24 to 03/31/24  
**DMR Due Date:** 04/25/24  
**Status:** **Not DMR Validated**  
**Monitoring Period:** From 03/01/24 to 03/31/24  
**Considerations for Farm Completion:** W0570250003 - DMF LOAD LIMITS DISPLAYED.  
**Principal Executive Officer:** Kent McDowell  
**Title:** Mayor  
**Telephone:** 309-647-1391  
**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	Qualifier 1			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
00610	Nitrogen, ammoniacal total [as N]	1 - Effluent Gross	2	-	Sample Permit Req. Value NODI							
00655	Phosphorus, total [as P]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI							
80082	BOD, carbonaceous [5 Day, 20 C]	1 - Effluent Gross	0	-	Sample Permit Req. 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**  
 No attachments.  
**Attachments**  
 Report Last Saved By  
 CANTON, CITY OF  
 User:  
 CANTONWWTP

Name: Joseph Caruthers  
E-Mail: jcaruthers@cantoncityhall.org  
Date/Time: 2024-04-03 09:05 (Time Zone: -05:00)  
Report Last Signed By  
User: CANTONWWTP  
Name: Joseph Caruthers  
E-Mail: jcaruthers@cantoncityhall.org  
Date/Time: 2024-04-03 09:09 (Time Zone: -05:00)

**DMR Copy of Record**

<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 CANTON, IL 61520	<b>Facility Location:</b> 350 WEST HICKORY STREET CANTON, IL 61520
<b>Permitted Feature:</b> 002 External Outfall	<b>Discharge:</b> 002-0 MAIN PLANT TREATED CSO	
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 04/25/24	<b>Status:</b> NEDMR Validated
<b>Monitoring Period:</b> From 03/01/24 to 03/31/24		
<b>Considerations for Form Completion</b>		
W0570250003 : NUMBER OF DAYS OF DISCHARGE/CS		
<b>Principal Executive Officer</b>		
<b>First Name:</b> Karl	<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> -		

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading		Quality or Concentration		Units	# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2				
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-	Req Mon DAILY MX - 19 - mg/L						D/D/S - Daily When Discharging	GR - GRAB
					C - No Discharge							
00400	pH	1 - Effluent Gross	0	-	>= 6.0 MINIMUM						D/D/S - Daily When Discharging	GR - GRAB
					C - No Discharge							
00530	Solids, total suspended	1 - Effluent Gross	0	-	Req Mon DAILY MX - 19 - mg/L						D/D/S - Daily When Discharging	GR - GRAB
					C - No Discharge							
00610	Nitrogen, ammonia total [as N]	EG - Effluent Gross	0	-	Req Mon MO AVG						D/D/S - Daily When Discharging	GR - GRAB
					C - No Discharge							
50080	Chlorine, total residual	1 - Effluent Gross	0	-	<= 0.75 MO AVG						D/D/S - Daily When Discharging	GR - GRAB
					C - No Discharge							
74055	Coliform, fecal general	1 - Effluent Gross	0	-	<= 400.0 DAILY MX						D/D/S - Daily When Discharging	GR - GRAB
					13 - #/100mL							
					C - No Discharge							
82220	Flow, total	1 - Effluent Gross	0	-	Req Mon MOTOTAL 80 - Mgal/mo						D/D/S - Daily When Discharging	CN - CONTIN
					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:**

**Name:** Joseph Carruthers

**E-Mail:** jcarruthers@cantonilhall.org

**Date/Time:** 2024-04-03 09:06 (Time Zone: -05:00)

**Report Last Signed By**

**User:** CANTONWWTP

Name:  
E-Mail:  
Date/Time:

Joseph Caruthers  
jcaruthers@cantorchyhall.org  
2024-04-03 09:09 (Time Zone: -05:00)

**DMR Copy of Record**

**Permit**  
 Permit #: IL0027839  
 Major: Yes  
 Permitted Feature: 003 External Outfall  
 Report Dates & Status: From 03/01/24 to 03/31/24  
 Monitoring Period: DMR Due Date: 04/25/24  
 Status: **NotDMR Validated**

**Permittee:** CANTON, CITY OF  
 2 NORTH MAIN ST  
 CANTON, IL 61520  
**Discharge:** 003-0 CSO-STP BYPASS

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

**Considerations for Form Completion**  
 W05R7250003 - RECEIVING WATER/MAINTENANCE 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(1) CFUDAY MAY-OCTOBER

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

**Form NODI:** -

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Quantity or Loading Value 2	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration 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 MO TOTAL C - No Discharge				19 - mg/L		19 - mg/L	DLOS - 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	DLOS - Daily When Discharging	GR - GRAB	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI			Req Mon MO AVG C - No Discharge				19 - mg/L		19 - mg/L	DLOS - 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		19 - mg/L	DLOS - 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			DLOS - Daily When Discharging	CN - CONTIN	

**Submission Note**  
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**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:** 2024-04-03 09:06 (Time Zone: -05:00)

**Report Last Signed By**

**User:** CANTONWWTP

**Name:** Joseph Carruthers

**E-Mail:** jcarruthers@cantoncityhall.org

**Date/Time:** 2024-04-03 09:09 (Time Zone: -05:00)

**DMR Copy of Record**

**Permit**

Permit #: IL0027839  
 Major: Yes  
 Permitted Feature: 004 External Outfall  
 Report Dates & Status: From 03/01/24 to 03/31/24  
 Considerations for Form Completion: W0570250003 : NUMBER OF DAYS OF DISCHARGE CS  
 Principal Executive Officer: Kent McDowell  
 First Name: Kent  
 Last Name: McDowell  
 No Data Indicator (NOD):  
 Form NOD: -

Permittee: CANTON, CITY OF  
 Permittee Address: 2 NORTH MAIN ST  
 CANTON, IL 61520  
 Discharge: 004-0 EAST PLANT TREATED CSO  
 DMR Due Date: 04/25/24  
 Status: **NetDMR Validated**

Facility: CANTON WEST STP, CITY OF  
 Facility Location: 350 WEST HICKORY STREET  
 CANTON, IL 61520  
 Title: Mayor  
 Telephone: 309-647-1391

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Qualifier 1 Value 1	Qualifier 2 Value 2	Quantity or Loading	Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Quantity or Concentration	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	BOD, 5day, 20 deg. C	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon DAILY MX - 19 - mg/L C - No Discharge								DJDS - Daily When Discharging GR - GRAB	
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			>= 6.0 MINIMUM C - No Discharge								DJDS - Daily When Discharging GR - GRAB	
00630	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon DAILY MX - 19 - mg/L C - No Discharge								DJDS - Daily When Discharging GR - GRAB	
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO AVG C - No Discharge								DJDS - 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								DJDS - 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								DJDS - Daily When Discharging GR - GRAB	
82220	Flow, total	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			Req Mon MO TOTAL 80 - Mgal/line C - No Discharge								DJDS - Daily When Discharging CN - CONTIN	

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**Edit Check Errors**  
 No errors.

**Comments**

**Attachments**  
 No attachments.  
 Report Last Saved By: CANTON, CITY OF  
 User: CANTONWWTP  
 Name: Joseph Carnuthers  
 E-Mail: jcaruthers@cantoncityhall.org  
 Date/Time: 2024-04-03 09:07 (Time Zone: -05:00)  
 Report Last Signed By: CANTONWWTP  
 User:

Name:  
E-Mail:  
Date/Time:

Joseph Carruthers  
jcarruthers@canoncityhall.org  
2024-04-03 09:09 (Time Zone: -05:00)

**DMR Copy of Record**

<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 CANTON, IL 61520	<b>Facility Location:</b> 350 WEST HICKORY STREET CANTON, IL 61520
<b>Permitted Feature:</b> INF Influent Structure	<b>Discharge:</b> INF-L INFLUENT MONITORING	
<b>Report Dates &amp; Status</b>	<b>DMR Due Date:</b> 04/25/24	<b>Status:</b> NEIDMR Validated
<b>Monitoring Period:</b> From 03/01/24 to 03/31/24		
<i>Considerations for Form Completion</i>		
<b>Principal Executive Officer</b>	<b>Title:</b> Mayor	<b>Telephone:</b> 309-647-1391
<b>First Name:</b> Kent		
<b>Last Name:</b> McDowell		
<b>No Data Indicator (NOD)</b>		
<b>Form NOD:</b> -		

  

Code	Parameter Name	Monitoring Location	Season # Param. NOD	Sample Permit Req. Value NOD		Quantity or Loading		Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type		
				Sample Permit Req. Value NOD	Sample Permit Req. Value NOD	Value 1	Value 2	Qualifier 1 Value 1	Qualifier 2 Value 2	Qualifier 3 Value 3				Qualifier 1 Value 1	Qualifier 2 Value 2
00310	BOD, 5-day, 20 deg. C	G - Raw Sewage Influent	0			2,417	5,264	03 - MGD				116.8	19 - mg/L	02DA - 2 Days Every Week	CP - COMPOS
00530	Solids, total suspended	G - Raw Sewage Influent	0									62.9	19 - mg/L	02DA - 2 Days Every Week	CP - COMPOS
50050	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0									116.8	19 - mg/L	02DA - 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:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

CANTONWWTP  
Joseph Carruthers  
jcarruthers@cantonchhall.org  
2024-04-03 09:08 (Time Zone: -05:00)

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Joseph Carruthers  
jcarruthers@cantonchhall.org  
2024-04-03 09:09 (Time Zone: -05:00)