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| THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE | | | | | | | | | | | | | | |
|--|--|------------------|----------------|-------------------------------|----------------------|---------------------------|------------------------------------|-------------|------------------------------|-------------|----------------------------|--------------------------|---|------------------------|
| Permit #: Major: | IL0027839 Yes | | | Permittee: Permittee Address: | | CANTOR 2 NORTI | CANTON, CITY OF 2 NORTH MAIN ST | | Facility: Facility Location: | | CANT | CANTON WEST STP, CITY OF | TP, CITY OF | |
| Permitted Feature: | 001 External Outfall | | | Discharge: | | 001-0 | 001-0 STB CHITEAU | | | | CANT | CANTON, IL 61520 | | |
| Report Dates & Status | | | | | | 017 00 | IFALL | | | | | | | |
| Monitoring Period: Considerations for Form Completion | From 03/01/25 to 03/31/25 | | - Files | DMR Due Date: | | 04/25/25 | | | Status: | | NetDA | NetDMR Validated | | |
| W0570250003; DMF LOAD LIMITS DISPLAYED. | AYED. | | | | | | | | | | | | | |
| Principal Executive Officer | | | | | | | | | | | | | | |
| First Name: | Kent | | | Tillo. | | | | | | | | | | |
| Last Name: | McDowell | | | | | Mayor | | | Telephone: | | 309-647-1391 | 17-1391 | | |
| No Data Indicator (NODI) | | | | | | | | | | | | | | |
| Form NODI: | - The Man was a | | | | | | | | | | | | | |
| Code | Monitoring Location Season # Param. NODI | son # Param. NOC | 2 | Qu | Quantity or Loading | | | | Quality or Concentration | ntration | | | | |
| | | | Sample | Qualifier 1 Value 1 | Qualifier 2 | Value 2 | Units Qualifier 1 Value 1 | | Qualifier 2 Value 2 | Qualifler 3 | Value 3 | Units | requestry of Attalysis | |
| 00300 Oxygen, dissolved [DO] | 1 - Effluent Gross 0 | ı | Permit Req. | | | | | ¥ " | 10.08 6.0 MN WK AV | ¥ " | 5.0 DAILY MN | 19 - mg/L | 02/DA - 2 Days Every Week | GR - Grab |
| | | l | Value NODI | | | | | | | | | | | |
| 00400 рН | 1 - Effluent Gross 0 | 1 | Permit Req. | | | | >= 7 6. | 6.0 MINIMUM | | î n | 9.0 MAXIMUM | 12 - SU 12 - SU | 02/DA - 2 Days Every Week 02/DA - 2 Days Every Week | GR - Grab GR - Grab |
| | | | Sample = | 113.3 | = 502.8 | | 6 - lb/d | , | 97 | | | | | |
| 00530 Solids, total suspended | 1 - Effluent Gross 0 | ı | Permit Req. <= | 835.0 MO AVG | " | DAILY MX | 26 - lb/d | ^ | 12.0 MO AVG | î I | 24.0 DAILY MX | 19 - mg/L | 02/DA - 2 Days Every Week | CP - Composite |
| | | | Value NODI | | | | | | | | | ģ | Charles Francis Proper | CF - Composite |
| 00600 Nitrogen, total [as N] | 1 - Effluent Gross 0 | ı | Permit Req. | | | | | | | ı | 6.3 | 19 - mg/L | 01/30 - Monthly | CP - Composite |
| | | 1 | Value NODI | | | | | | | | Req Mon DAILY MX 19 - mg/L | 19 - mg/L | 01/30 - Monthly | CP - Composite |
| 00610 Nitrogen ammonia total for Ni | | | Sample = | | | - 1 | 26 - lb/d | " | 0.29 | " | = | 19 - mg/L | 02/DA - 2 Days Every Week | CP - Composite |
| In only morning to the | - Ellipelit Gloss 2 | 1 | Value NODI | ICH,O MIC AVG | <= 236.U | 236.0 DAILY MX 26 | i-lb/d | î | 1.5 MO AVG | î | 3.4 DAILY MX | 19 - mg/L | 02/DA - 2 Days Every Week | CP - Composite |
| | | | Sample | + | | | - | = | 0.94 | " | 0.94 | 19 - mod | Office Months | 1 |
| rnospnorus, total [as P] | 1 - Effluent Gross 0 | I | Value NODI | | | | | | Req Mon MO AVG | | Req Mon DAILY MX 19 - mg/L | 19 - mg/L | 01/30 - Monthly | CP - Composite |
| 50050 Flow is conduit and the second | | | Sample = | | = 5.93 | 03 | 03 - MGD | | | | | | 99/99 - Continuous | 1 |
| plant of the treatment plant | ant r - Enildetit Gross 0 | 1 | Value NODI | Sed mon WO YAR | N Dex | Reg Mon DAILY MX 03 - MGD | - MGD | | | | | | 99/99 - Continuous | |
| | | | Sample | | | | | | | | | 10 - 200 | | |
| 50060 Chlorine, total residual | 1 - Effluent Gross 0 | 1 | Permit Req. | | | | | | | î | 0.05 DAILY MX | 19 - mg/L | CL/OC - Chlorination/Occurances CL/OC - Chlorination/Occurances | GR - Grab |
| | | | Value NODI | | | | | | | | | | | |
| 80082 BOD, carbonaceous [5 day, 20 C] | 1 - Effluent Gross 0 | 1 | Permit Req. <= | 696.0 MO AVG | = 231.6 <= 1391.0 | DAILY MX | 26 - lb/d 26 - lb/d | A II | 2.7 10.0 MO AVG | î " | 6.1 20.0 DAILY MX | 19 - mg/L 19 - mg/L | 02/DA - 2 Days Every Week 02/DA - 2 Days Every Week | CP - Composite |
| | | | Value NODI | | | | | | | | | T. William | OZUM - Z Days Every week | CP - Composite |

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No errors. Edit Check Errors

Attachments
No attachments
Report Last Saved By
CANTON, CITY OF

Name: Date/Time:
Report Last Signed By

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

JMBOHLER
Jared Bohler
jmb984@yehoo.com
2025-04-08 09:56 (Time Zone: -05:00)

JMBOHLER
Jared Bohler
Jmb984@yahoo.com
2025-04-08 09:56 (Time Zone: -05:00)

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| Submis | | 82220 | | | 74055 | | | OUDU | 50000 | | 00610 | | | 00530 | | | 00400 | | | 00310 | Code | | Form NODI: | No Da | Last Name: | First Name: | Princ | W057 | Cons | Monit | Repo | | Perm | . rofee | | Permit #: |
|--|--|---|------------|---------------------------------------|--|--------|------------------|--|--------|----------------------------------|---|------------------|---|-------------------------|------------------|--|-----------------------|------------------|--|--------------------------|---|--|------------|--------------------------|---------------------------------------|-------------|-----------------------------|---|------------------------------------|---------------------------|-----------------------|------------------------|--------------------|------------------------|-------------------------|------------|
| Submission Note | | Flow, total | | | 74055 Coliform, fecal general | | | Stood Chlorine, total residual | | | 00610 Nitrogen, ammonia total [as N] | | | Solids, total suspended | | | Н | | recipions, so deg. o | 00310 BOD 5-day 20 den C | Name | Paran | NODI: | No Data Indicator (NODI) | lame: | Vame: | Principal Executive Officer | W0570250003; NUMBER OF DAYS OF DISCHARGE:CS | Considerations for Form Completion | Monitoring Period: | Report Dates & Status | entro. | Permitted Feature. | | | ** |
| | | 1 - Effluent Gross | | | 1 - Effluent Gross | | | 1 - Effluent Gross | | | EG - Effluent Gross | | 1 - Ellinent Gross | 1 - Efficient Cross | | r Fillidelli Gloss | 1 Efficient Coop | | - Clinell Gloss | 1 Efficient Conn | | Monitoring Location | | | McDowell | Kent | | F DISCHARGE:CS | | From 03/01/25 to 03/31/25 | | External Outfall | 9 | Yes | ILUUZ/638 | 11 2027020 |
| | | 0 | | | 0 | | | 0 | | | 0 | | | | | | | | 1 | | | Monitoring Location Season # Param. NODI | | | | | | | | 3/31/25 | | | | | | |
| THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF T | Value NODI | Permit Req. | Sample | Value NODI | Permit Req. | Sample | Value NODI | Permit Req. | Sample | Value NODI | Permit Req. | Sample | they were | Permit Reg. | ION anies | Walling MODI | Sample Permit Reg. | Adine MODI | the Man | Sample Permit Reg. | | <u> </u> | | | | | | | | | | | | | | |
| | C - No Discharge | Req Mon MO TO | | | | | | | | | | | | | | | | | | | Qualifier 1 Value 1 Qualifier 2 Value 2 | Quantity or Loading | | | | Title: | | | | DMR Due Date: | | Discharge: | | Permittee Address: | Permittee: | |
| | O. P. | Req Mon MO TOTAL 80 - Mgal/mo | | | | | | | | | | | | | C - No Discharge | 6.0 MINIMOM | | | | | Units Qualifier 1 Value 1 | | | | | Mayor | | | | 04/25/25 | | MAIN PLANT TREATED CSO | CONTON, IL 01020 | 2 NORTH MAIN ST | CANTON, CITY OF | |
| | | | | | î | | C - No Discharge | <= 0.75 MO AVG | | C - No Discharge | Req Mon MO AVG | | | | | î | | | | | Qualifier 2 Value 2 Qualifier 3 | Quality or Concentration | | | e e e e e e e e e e e e e e e e e e e | Telephone | | | orams. | | | | | Facility Location: | Facility: | |
| | | | a continue | 3 | 400.0 DAILY MX 13 | | | , 19 | | | 19 | C - No Discharge | Req Mon DAILY MX 19 - mg/L | | C - No Discharge | 9.0 MAXIMUM 12 | | C - No Discharge | Req Mon DAILY MX 19 - mg/L | | 3 Value 3 | | | | 30 | | | | N. | | | | | | 3 | |
| | Carry with Discharging CN - Continuous | DI /DS - Daily When Discharging ON Continue | | moon bally when bischaffing GK - Glab | 13 - #/100mL DI /DS - Daily When Discharging OB Co-L | | | 19 - mg/L DL/DS - Daily When Discharging GR - Grab | | and any months and all on a didn | 19 - mg/L DI /DS - Daily When Discharging CB Cont | | 9 - mg/L DL/DS - Daily When Discharging GR - Grab | | | 12 - SU DL/DS - Daily When Discharging GR - Grab | | | 19 - mg/L DL/DS - Daity When Discharging GR - Grab | | In the | | | | 309-647-1391 | | | | NetUMR Validated | | | | CANTON, IL 61520 | 50 WEST HICKORY STREET | CANTON WEST STP CITY OF | |

bmission Note

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No errors

No errors.

Attachments

 Report Last Signed By
 JMBOHLER

 Lame:
 Jared Bohler

 E-Mail:
 jmb984@yahoo.com

 Date/Time:
 2025-04-08 09:53 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 User:
 Jared Bohler

 F-Mail:
 jmb984@yahoo.com

 Date/Time:
 Jared Bohler

 E-Mail:
 jmb984@yahoo.com

 Date/Time:
 2025-04-08 09:56 (Time Zone: -05:00)

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| | 50060 Chlorine, total residual | 00530 Solids, total suspended | 00400 рН | 00310 BOD, 5-day, 20 deg. C | Code Name | Form NODI: | No Data Indicator (NODI) | First Name: | Principal Executive Officer | W0570250003 ; RECEIVING WAT | Monitoring Period: Considerations for Form Completion W0570250003; RECEIVING WATER:N | Report Dates & Status Monitoring Period: Considerations for Form Comple W0570250003; RECEIVING WAT | Major: Permitted Feature: Report Dates & Status Monitoring Period: Considerations for Form Comple W0570250003; RECELVING WATI |
|--|--------------------------------|------------------------------------|---|------------------------------------|---|------------|--------------------------|--------------|--|-----------------------------------|--|---|--|
| 1 - Effluent Gross 0 - | 1 - Effluent Gross 0 | 1 - Effluent Gross 0 - | 1 - Effluent Gross 0 - | 1-Effluent Gross 0 | monitoring Location Season # Param. NOD | | McDowell | Kent | The Action of th | ER:MAUVAISTERRE CREEKNUMBE | From 03/01/25 to 03/31/25 etion ER:MAUVAISTERRE CREEKNUMBEI | 003 External Outfall From 03/01/25 to 03/31/25 ed/on FR:MAUVAISTERRE CREEKNI MBEI | Yes 003 External Outfall From 03/01/25 to 03/31/25 ed/on FR:MAUVAISTERRE CREFEXULMBER |
| Permit Req. | Permit Req. Value NODI | Permit Req. Value NODI | Permit Req. Value NODI | Permit Req. Value NODI | Qualifier 1 Value 1 Qualifier 2 Sample | | The second | Title: | | R OF DAYS OF DISCHARGE EEE | R OF DAYS OF DISCHARGE FEE | DI DAYS OF DISCHARGE FEE | PO DAYS OF DISCHARGE FEE |
| Req Mon MO TOTAL 80 - Mgal/mo | | | | | Quantity or Loading Qualifier 2 Value 2 | | | <u>e</u> | | 11/01/2015 THE GEO ME AN EO | DMR Due Date: | Discharge: DMR Due Date: | Permittee Address: Discharge: DMR Due Date: |
| Mgal/mo | | | >= 6.0 MINIMUM C - No Discharge | | Units Qualifier 1 Value 1 | | | Mayor | | ROUTEALIS 002 003 AND 004 SHALL | 04/25/25 | 003-0 CSO-STP BYPASS 04/25/25 04/25/25 | 2 NORTH MAIN ST CANTON, IL 61520 003-0 CSO-STP BYPASS 04/25/25 |
| | C - No Discharge | Req Mon MO AVG C - No Discharge | ♦ 9.0 | Req Mon MO AVG C - No Discharge | Qualifier 2 Value 2 Qualifier 3 | | でして 一般では 一般では | Telephone: | TOUR DOLL MON VALUE OF | NOT EXCEED A DAIL Y MAY WALLIE OF | Monitoring Period: From 03/01/25 to 03/31/25 DMR Due Date: 04/25/25 Statue: NetDMR Validated Considerations for Form Completion W05/702500003 ; RECEIVING WATER:MAUVAISTERRE CREEKINUMBER OF DAYS OF DISCHARGE EFF 1//01/2015 THE GEO MEAN FOR OUTFALLS 002 003. AND 004 SHAIT NOT EXCEED A DAILY MAY VALUE OF A STATE OF THE CONTROLL OF TH | Status: | Facility Location: Status: |
| ۵ | 19 - mg/L D | 19- mg/ւ 0 | 9.0 MAXIMUM 12 - SU E C - No Discharge | 19 - mg/L C | Value 3 Units # of Ex. | | | 309-647-1391 | 4.5 x TU(TT) CHUIDAY MAY-OCTO | | NetDMR Validated | NetDMR Validated | 350 WEST HICKORY STREET CANTON, IL 61520 NetDMR Validated |
| DL/DS - Daily When Discharging CN - Continuous | DL/DS - Daily When Discharging | DL/DS - Daily When Discharging | DL/DS - Daily When Discharging GR - Grab | DL/DS - Daily When Discharging | Frequency of Analysis | | | | BER | | | | STREET |
| CN - Continuous | GR - Grab | GR - Grab | GR - Grab | GR - Grab | Sample Type | | | | | | | | |

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No errors.

Comments

Attachments

CANTON, CITY OF Report Last Saved By No attachments.

E-Mail:

jmb984@yahoo.com Jared Bohler

JMBOHLER

 Date/Time:
 2025-04-08 09:54 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 User:
 JMBOHLER

 Name:
 Jared Bohler

 E-Mail:
 jmb884@yahoo.com

 Date/Time:
 2025-04-08 09:56 (Time Zone: -05:00)

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| Submission Note | | 82220 Flow, total | | | THOSE COMOT | | | | chiorine, total residual | 50060 241-1- | | | 00610 Nitroge | | | | 00530 Solids | | | 00400 pH | | | | 00310 BOD. 5 | | Code | | Form NODI: | No Data Indicator (NODI) | Last Name: | First Name: | | Principal Executive Officer | W0570250003 | Consideration | Monitoring Period: | Report Dates & Status | | Permitted Feature: | | . refere | Maior |
|-------------------|--|-------------------------------|------------------|--------------------------------|-------------------------|--------|------------------|---|--------------------------|--------------|------------------|--|--------------------------------------|--------|--|--|-------------------------|------------------|--|--------------------|--------|------------------|--|-----------------------|---|--|---------------------|------------|--------------------------|---------------|-------------|-------------|-----------------------------|---|------------------------------------|---------------------------|-----------------------|------------------------|--------------------|------------------|-------------------------|------------|
| 0 | | tal | | | Collidim, recal general | | | | e, total residual | | | | 00610 Nitrogen, ammonia total [as N] | | | rom englere | Solids, total suspended | | | | | | and and and | BOD, 5-day, 20 day, C | | Name | Parameter | | tor (NODI) | | | tare Career | utive Officer | W0570250003; NUMBER OF DAYS OF DISCHARGE:CS | Considerations for Form Completion | riod: | & Status | | ture: | | | |
| | | 1 - Effluent Gross | | | 1 - Effluent Gross | | | | 1 - Effluent Gross | | | | 1 - Effluent Gross | | | - Ellineur Gross | T# Cont Cont | | | 1 - Effluent Gross | | | - Cilinani Gioss | 1 - Efficient Cook | | monitoring Location | Monitoring I postin | 1 | | McDowell | Kent | | | F DISCHARGE:CS | | From 03/01/25 to 03/31/25 | | External Outlall | 004 | | res | |
| | | 0 | | | 1 | | | | 1 | | | | 0 | | | 1 | | | | 0 | | | 1 | | | monitoring rocation season a Param. NODI | | | | | | | | | | 03/31/25 | | | | | | |
| | Value NODI | Permit Req. | Sample | Value NODI | Permit Req. | Sample | | Value NODI | Permit Keq. | Sample | | Value NODI | Permit Req. | Sample | Value NODI | they remine | Permit Ben | Cample | Value NODI | Permit Req. | Sample | Value NODI | those seeds | Permit Reg | | | | | | | | | | | | | | | | | | |
| O - NO Ciscilaige | O No Disp | Req Mon MO | | | | | | | | | | | | | | | | | | | | | | | Qualifier 1 Value 1 Qualifier 2 Value 2 | or L | | | | ない 一名 はない かいり | Title: | | | | | DMR Due Date: | | | Discharge: | | Permittee Address: | |
| ai ge | | Req Mon MO TOTAL 80 - Mgal/mo | | | | | | | | | | | | | | | | C-1 | | >= 6.0 MINIMUM | | | | | Units Qualifier 1 | | | | | | Mayor | | | | | 04/25/25 | | EAST PLANT TREATED CSO | 004-0 | CANTON, IL 61520 | 2 NORTH MAIN ST | |
| | | | | | | | | | î | | | | | | | | | C - No Discharge | | IIMUM | | | | | Value 1 Qualifier 2 | | | | | | | | | | | | | ŏ | | | | |
| | | | | | î | | C - No Discharge | | 0.75 MO AVG | | C - No Discharge | red mon mo AAG | Bec No NO | | | | | | í | A II | | | | | · 2 Value 2 Qualifier 3 | Quality or Concentration | | | | - coopilate. | Tolombono | | | | olatus: | Ctatus | | | | | Facility Location: | i wonity. |
| | | | C - No Discharge | O No Division | 400 DAILY MX | | | | | | | | | | C - No Discharge | Req Mon DAILY MX 19 - mg/L | | C - No Discharge | S.O MANAMOM | MININA | | C - No Discharge | Req Mon DAILY MX 19 - mg/L | | r3 Value 3 | | | | | | | | | | | | | | | | ē. | |
| | | | | 100111 | 13 - #/100ml | | | 19 - mg/L | | | | 19 - mg/L | | | | 19 - mg/L | | | US-21 | 2 | | | 19 - mg/L | | Units | # of Ex. | | | | 1.651-740-600 | | | | | NetDMR Validated | | | | | CANTON, IL 61520 | 350 WEST HICKORY STREET | CAN CN WES |
| | DL/DS - Daily When Discharging CN - Continuous | | | occas - carly when Discharging | 000 | | | DUDS - Daily When Discharging GR - Grab | ; | | | DL/DS - Daily When Discharging GR - Grab | | | Substitution of the substi | DL/DS - Daily When Discharding GB - Grab | | | DL/DS - Daily When Discharging GR - Grab | | | 0 | DL/DS - Daily When Discharging GR - Grah | | and and of the same | | | | | | | | | | ted | | | | | 520 | OBY STREET | SPCTYOF |
| | CN - Continuous | | | GR - Grab | | | | GR - Grab | | | | GR - Grab | | | Cia | GB - Grah | | | GR - Grab | | | | GR - Grah | | oumpie Type | Campio Time | | | | | | | | | | | | | | | | |

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No errors.

Comments

Attachments

No attachments.
Report Last Saved By
CANTON, CITY OF Date/Time:
Report Last Signed By

User:
Name:
E-Mail:
Date/Time: JMBOHLER
Jared Bohler
Jm8984@yehoo.com
2025-04-08 09:56 (Time Zone: -05:00)

JMBOHLER
Jared Bohler jmb984@yahoo.com 2025-04-08 09:54 (Time Zone: -05:00)

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| IL0027839 | Pe | rmittee: | | CANTON, CITY OF | | Facility: | CANTON WEST | STP CITY OF |
|--|----------------------|--|---------------------------------------|---|--|--|---|--|
| Yes | Pe | rmittee Address: | | 2 NORTH MAIN ST CANTON, IL 61520 | | Facility Location: | 350 WEST HICK CANTON, IL 615 | ORY STREET |
| INF Influent Structure | Dis | charge: | | INF-L | ۵ | | | |
| | | | | | | | | |
| From 03/01/25 to 03/31/25 | DM | R Due Date: | | 04/25/25 | | Otatio. | Notice Valley | |
| | _ | | | | | Contra. | NetDWK Validat | ă |
| | | | | | | | | |
| | | | | | | | | |
| Kent | DIT. | 9: | | Mayor | | Telephone: | 200 647 4204 | |
| McDowell | | | | | | - cooperation | 009-04/-1081 | |
| | | | | | | | | |
| | | | | | | | | |
| Monitoring Location | Season # Param. NODI | | | Quantity or Loading | | Quality or Concentrati | | |
| | | | Value 1 | Qualifier 2 Value 2 | Units Qualifier 1 | Value 2 | halifier 3 Value 3 Units | riequelly of Allalysis |
| G - Raw Sewage Influent | 0 | Permit Req. Value NODI | | | | = 56.6 Req Mon MO AVG | 19 - mg/L 19 - mg/L | 02/DA - 2 Days Every Week 02/DA - 2 Days Every Week |
| G - Raw Sewage Influent | 0 | Sample Permit Req. | | | | = 154.5 Req Mon MO AVG | 19 - mg/L 19 - mg/L | 02/DA - 2 Days Every Week 02/DA - 2 Days Every Week |
| Flow, in conduit or thru treatment plant G - Raw Sewage influent | 0 | Sample = Permit Req. Value NODI | 2.714 Req Mon MO AVG | ı | 03-MGD IX 03-MGD | | | 99/99 - Continuous 99/99 - Continuous |
| | 27839 n 03/01 | 27839 27839 27839 n 03/01/25 to 03/31/25 Monitoring Location Season # Param. N G - Raw Sewage Influent 0 - G - Raw Sewage Influent 0 - | 27839 Permittee: Permittee Addr. | 27839 Permittee: Permittee Address: Discharge: DMR Due Date: 17tile: Monitoring Location Season # Param. NOD! Monitoring Location Season # Param. NOD! Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! Sample Sample Permit Req. Value NOD! | 27839 Permittee: Quantity or Los G-Raw Sewage Influent G-Raw Sew | 27839 Permittee: CANTON, CITY OF Permittee Address: 2 NORTH MAIN ST 2 NORTH M | 27839 Permittee: CANTON, CITY OF Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520 INFL INFL INFL INFL INFL INFL INFL INF | Permittee: CANTON, CITY OF Permittee: CANTON, LE 61520 Discharge: INF-LLENT MONITORING Parmittee: CANTON, LE 61520 DMR Due Date: CANTON, LE 61520 Major Title: Major Title: Major Title: Major Title: Major Title: Major Title: CANTON, LE 61520 Major Title: Major Title: Major Title: Major Title: Talephone: CANTON, LE 61520 Status: Major Talephone: Sample Season's Faram. NODI Value NODI CANTON, LE 61520 Status: Talephone: Talephone: Sample Season's Faram. NODI Sample Season's Faram. NODI Value NODI CANTON, LE 61520 Major Talephone: Talephone: Talephone: Sample Season's Faram. Nodi Sample Season's Faram. Nodi Talephone: Sample Season's Faram. Nodi Nodi Talephone: Samp |

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.

No attachments. Attachments

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JMBOHLER

2025-04-08 09:55 (Time Zone: -05:00)

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