

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 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		Permittee:		Facility:																																																																																																																																																																																																																																																																																																																																																																																																																								
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<table><thead><tr><th>Code</th><th>Parameter Name</th><th>Monitoring Location</th><th>Season #</th><th>Param NODI</th><th>Qualifier 1</th><th>Value 1</th><th>Quantity or Loading</th><th>Qualifier 2</th><th>Value 2</th><th>Units</th><th>Qualifier 1</th><th>Value 1</th><th>Quality or Concentration</th><th>Qualifier 2</th><th>Value 2</th><th>Qualifier 3</th><th>Value 3</th><th>Units</th><th># of Ex.</th><th>Frequency of Analysis</th><th>Sample Type</th></tr></thead><tbody><tr><td>00300</td><td>Oxygen dissolved [DO]</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td>Qualifier 1</td><td>Value 1</td><td>26 - lb/d</td><td>Qualifier 1</td><td>Value 1</td><td>10.08</td><td>Qualifier 2</td><td>Value 2</td><td>8.8</td><td>19 - mg/L</td><td>02DA - 2 Days Every Week</td><td>GR - Grab</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5.0 DAILY MIN</td><td>19 - mg/L</td><td>02DA - 2 Days Every Week</td><td>GR - Grab</td><td></td></tr><tr><td>00400</td><td>pH</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td>=</td><td>7.5</td><td></td><td></td><td></td><td></td><td>9.0 MAXIMUM</td><td>12 - SU</td><td>02DA - 2 Days Every Week</td><td>GR - Grab</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td>>=</td><td>6.0 MINIMUM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>00530</td><td>Solids, total suspended</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td>26 - lb/d</td><td></td><td></td><td>3.7</td><td></td><td></td><td>13.2</td><td>19 - mg/L</td><td>02DA - 2 Days Every Week</td><td>CP - Composite</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>24.0 DAILY MX</td><td>19 - mg/L</td><td>02DA - 2 Days Every Week</td><td>CP - Composite</td><td></td></tr><tr><td>00600</td><td>Nitrogen, total [as N]</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>6.3</td><td>19 - mg/L</td><td>01DB - Monthly</td><td>CP - Composite</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Req Mon DAILY MX</td><td>19 - mg/L</td><td>01DB - Monthly</td><td>CP - Composite</td><td></td></tr><tr><td>00510</td><td>Nitrogen, ammonia total [as N]</td><td>1 - Effluent Gross</td><td>2</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td>26 - lb/d</td><td></td><td></td><td>0.29</td><td></td><td></td><td>1.1</td><td>19 - mg/L</td><td>02DA - 2 Days Every Week</td><td>CP - Composite</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3.4 DAILY MX</td><td>19 - 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MGD</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>50060</td><td>Chlorine, total residual</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>80082</td><td>BOD, carbonaceous [5 day, 20 C]</td><td>1 - Effluent Gross</td><td>0</td><td>-</td><td>Sample Permit Req.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>Value NODI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						Code	Parameter Name	Monitoring Location	Season #	Param NODI	Qualifier 1	Value 1	Quantity or Loading	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Quality or Concentration	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	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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: JMBCHLER
E-Mail: jmb984@yahoo.com
Date/Time: 2025-04-08 09:56 (Time Zone: -05:00)

Report Last Signed By

User: JMBCHLER
Name: Jared Bohler
E-Mail: jmb984@yahoo.com
Date/Time: 2025-04-08 09:56 (Time Zone: -05:00)

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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Permit #: IL0027839
Major: Yes

Permittee:
Permittee Address:

CANTON, CITY OF
2 NORTH MAIN ST
CANTON, IL 61520

Facility:
Facility Location:

CANTON WEST STP, CITY OF
350 WEST HICKORY STREET
CANTON, IL 61520

Permitted Feature:

002
External Outfall

Discharge:

002-0
MAIN PLANT TREATED CSO

Report Dates & Status

From 03/01/25 to 03/31/25

DMR Due Date:

04/25/25

Status:

NotDMR Validated

Considerations for Form Completion

W0570250003 : NUMBER OF DAYS OF DISCHARGE:CS

Principal Executive Officer

First Name: Kent
Last Name: McDowell

Title:

Mayor

Telephone:

308-647-1391

No Data Indicator (NOD)

Form NOD:

Code	Parameter Name	Monitoring Location	Season #	Param. NOD	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 NOD									DLDS - Daily When Discharging GR - Grab
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab
00610	Nitrogen, ammonia total [as N]	EG - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab
50080	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab
74055	Coliform, fecal general	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab
82220	Flow, total	1 - Effluent Gross	0	-	Sample Permit Req. Value NOD									DLDS - Daily When Discharging GR - Grab

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By
CAUTION, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jrb984@yahoo.com

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

JMBOHLER

Jared Bohler

jrb984@yahoo.com

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

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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:** 360 WEST HICKORY STREET
CANTON, IL 61520

Permitted Feature: 003 External Outfall **Discharge:** 003-0 CSO-STP BYPASS

Report Dates & Status: **From** 03/01/25 **to** 03/31/25 **DMR Due Date:** 04/25/25 **Status:** NotDMR Validated

Monitoring Period: **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(1) CFUDAY MAY-OCTOBER

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

Last Name: McDowell **No Data Indicator (NODI):** 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 Units	Qualifier 1 Value 1	Qualifier 2 Value 2	Quality or Concentration Units	Qualifier 3 Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-						Req Mon MO AVG C - No Discharge		19 -mg/L		DJDS - Daily When Discharging	GR - Grab
00400	pH	1 - Effluent Gross	0	-			>=	6.0 MINIMUM		C - No Discharge		12 - SU		DJDS - Daily When Discharging	GR - Grab
00630	Solids, total suspended	1 - Effluent Gross	0	-						Req Mon MO AVG C - No Discharge		19 -mg/L		DJDS - Daily When Discharging	GR - Grab
50060	Chlorine, total residual	1 - Effluent Gross	0	-						Req Mon MO AVG C - No Discharge		19 -mg/L		DJDS - Daily When Discharging	GR - Grab
82220	Flow, total	1 - Effluent Gross	0	-						Req Mon MO TOTAL C - No Discharge		80 - Mgal/mo		DJDS - Daily When Discharging	CR - 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: JMBOLIER **Name:** Jared Bolter **E-Mail:** jmb984@yahoo.com

Date/Time: 2025-04-08 09:54 (Time Zone: -05:00)
Report Last Signed By JIMBOHLER
User: Jared Bohler
Name: jmb984@yahoo.com
E-Mail: 2025-04-08 09:56 (Time Zone: -05:00)
Date/Time:

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 Reporting Help Desk](#) for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(i)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outlet. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit		Permit #: IL0027339		Permittee:		CANTON CITY OF		Facility:	
Major:		Yes		Permittee Address:		2 NORTH MAIN ST CANTON, IL 61520		Facility Location:	
Permitted Feature:		004 External Outfall		Discharge:		004-0 EAST PLANT TREATED CSO		350 WEST HICKORY STREET CANTON, IL 61520	
Report Dates & Status		Monitoring Period: From 03/01/25 to 03/31/25		DMR Due Date:		04/25/25		Status:	
Considerations for Form Completion		VW0570250003 : NUMBER OF DAYS OF DISCHARGE CS		NeedDMR Validated					
Principal Executive Officer		Kerl		Title:		Mayor		Telephone:	
Last Name:		McDowell						309-647-1391	
No Date Indicator (NOD)									
Form NOD:									
Code		Parameter		Monitoring Location		Season		Param. NOD	
00310		BOD, 5-day, 20 deg. C		1 - Effluent Gross		0		-	
		Sample		Permit Req.		Value NOD		Qualifier 1	
				Value NOD		Value 2		Units	
				Qualifier 1		Value 1		Qualifier 2	
				Value 2		Value 3		Units	
				Qualifier 3		Value 3		# of Ex.	
				Qualifier 1		Qualifier 2		Frequency of Analysis	
				Qualifier 2		Qualifier 3		Sample Type	
				Qualifier 3		Value 3			
				Qualifier 1		Qualifier 2		Qualifier 3	
				Qualifier 2		Qualifier 3		Value 3	
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				Qualifier 2					

No attachments

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

JMBOHLER	JMBOHLER
Jared Bohler	Jared Bohler
jrb984@yahoo.com	jrb984@yahoo.com
2025-04-08 08:54 (Time Zone: -05:00)	2025-04-08 09:56 (Time Zone: -05:00)

Form Approved OMB No. 2040-0004 expires on 07/31/2026

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The public reporting burden for this collection of information is estimated to average 2 hours per report, including reviewing instructions, searching existing data sources, gathering the data needed, reviewing the collected data, completing and reviewing the collection of information, sending the information to the Regulatory Support Division Director, U.S. Environmental Protection Agency (262217), 1200 Pennsylvania Ave., NW, Washington, DC 20460, including the OMB control number in any correspondence. Do not send the bundle of information to this address.

[illegible]

No errors.

Attachments
No attachments.

Report Last Saved By CANTON, CITY OF

User:

Name: Jared Boh

E-Mail: imbq88@yahoo.com

j11b364@yahoo.com

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

Report Last Signed By

User: JIMBOHLER

Name:

E-Mail: imb984@yahoo.com

Date/Time:

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