

DMR Copy of Record

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

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|                                    |  |                           |                                     |                           |   |
|------------------------------------|--|---------------------------|-------------------------------------|---------------------------|---|
| <b>Permit #:</b>                   | IL0027339                                | <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<br>CANTON, IL 61520 | <b>Facility Location:</b> | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| <b>Permitted Feature:</b>          | 001<br>External Outfall                  | <b>Discharge:</b>         | 001-0<br>STP OUTFALL                |                           |   |
| <b>Report Dates &amp; Status</b>   | From 03/01/26 to 03/31/26                | <b>DMR Due Date:</b>      | 04/25/26                            | <b>Status:</b>            | NetDMR Validated                            |
| <b>Monitoring Period:</b>          | W0570250003 : DMF LOAD LIMITS DISPLAYED. |                           |                                     |                           |   |
| <b>Principal Executive Officer</b> | Kent McDowell                            | <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 | Qualifier 1                   | Value 1 | Qualifier 2    | Value 2  | Units | Qualifier 1      | Value 1  | Qualifier 2 | Value 2        | Units | Qualifier 3      | Value 3   | Units | # of Ex. | Frequency of Analysis    | Sample Type    |
|-------|--|---------------------|----------|-------------|-------------------------------|---------|----------------|----------|-------|------------------|----------|-------------|----------------|-------|------------------|-----------|-------|----------|--------------------------|----------------|
| 00300 | Oxygen, dissolved [DO]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |                |          |       |                  |          |             |                |       |                  |           |       |          | 02DA - 2 Days Every Week | GR - Grab      |
| 00400 | pH                                       | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |                |          |       |                  |          |             |                |       |                  |           |       |          | 02DA - 2 Days Every Week | GR - Grab      |
| 00530 | Solids, total suspended                  | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 72.2    | 835.0 MO AVG   | 28 - B/d | 280.6 | 1689.0 DAILY MX  | 28 - B/d | 4.4         | 12.0 MO AVG    | 20.8  | 24.0 DAILY MX    | 19 - ng/L |       |          | 02DA - 2 Days Every Week | CP - Composite |
| 00800 | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 9.5     | 104.0 MO AVG   | 28 - B/d | 32.0  | 236.0 DAILY MX   | 28 - B/d | 0.85        | 1.5 MO AVG     | 2.5   | 3.4 DAILY MX     | 19 - ng/L |       |          | 02DA - 2 Days Every Week | CP - Composite |
| 00810 | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 2        | -           | Sample Permit Req. Value NODI |         |                |          |       |                  |          |             |                |       |                  |           |       |          | 02DA - 2 Days Every Week | CP - Composite |
| 00865 | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 2.275   | Req Mon MO AVG |          | 4.154 | Req Mon DAILY MX | 03 - MGD | 1.2         | Req Mon MO AVG | 1.2   | Req Mon DAILY MX | 19 - ng/L |       |          | 01/30 - Monthly          | CP - Composite |
| 50050 | Flow, In conduit or thru treatment plant | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |                |          |       |                  |          |             |                |       |                  |           |       |          | 89/99 - Continuous       | GR - Grab      |
| 50060 | Chlorine, total residual                 | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 58.9    | 696.0 MO AVG   | 26 - B/d | 152.7 | 1391.0 DAILY MX  | 26 - B/d | 3.8         | 10.0 MO AVG    | 11.9  | 20.0 DAILY MX    | 19 - ng/L |       |          | 02DA - 2 Days Every Week | CP - Composite |
| 80082 | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |                |          |       |                  |          |             |                |       |                  |           |       |          | 02DA - 2 Days Every Week | CP - Composite |

**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:**

2026-04-20 09:48 (Time Zone: -05:00)

**Report Last Signed By**

**User:**

JMBOHLER

**Name:**

Jared Bohler

**E-Mail:**

jmb984@yahoo.com

**Date/Time:**

2026-04-20 09:50 (Time Zone: -05:00)

**DMR Copy of Record**

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

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|                                    |  |                           |                                     |                           |   |
|------------------------------------|--|---------------------------|-------------------------------------|---------------------------|---|
| <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<br>CANTON, IL 61520 | <b>Facility Location:</b> | 360 WEST HICKORY STREET<br>CANTON, IL 61520 |
| <b>Permitted Feature:</b>          | 002<br>External Outfall                      | <b>Discharge:</b>         | 002-0<br>MAIN PLANT TREATED CSO     |                           |   |
| <b>Report Dates &amp; Status</b>   | From 03/01/26 to 03/31/26                    | <b>DMR Due Date:</b>      | 04/25/26                            | <b>Status:</b>            | NotDMR Validated                            |
| <b>Monitoring Period:</b>          | W0570250003 : NUMBER OF DAYS OF DISCHARGE CS |                           |                                     |                           |   |
| <b>Principal Executive Officer</b> | Kent McDowell                                | <b>Title:</b>             | Mayor                               | <b>Telephone:</b>         | 309-647-1391                                |
| <b>First Name:</b>                 | Kent   |                           |                                     |                           |   |
| <b>Last Name:</b>                  | McDowell                                     |                           |                                     |                           |   |
| <b>No Data Indicator (NODI)</b>    | -  |                           |                                     |                           |   |
| <b>Form NODI:</b>                  | -  |                           |                                     |                           |   |

  

| Code  | Parameter Name                 | Monitoring Location | Season # | Param. NODI | Sample Permit Reg. Value NODI | 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        | -           |                               |             |             |             |         |             |         | Req Mon DAILY MX | 19       | - mg/L                | DLDS - Daily When Discharging | GR - Grab       |
| 00400 | pH                             | 1 - Effluent Gross  | 0        | -           |                               | >=          | 6.0 MINIMUM |             |         |             |         | C - No Discharge |          |                       |                               |                 |
| 00530 | Solids, total suspended        | 1 - Effluent Gross  | 0        | -           |                               |             |             |             |         |             |         | Req Mon DAILY MX | 19       | - mg/L                | DLDS - Daily When Discharging | GR - Grab       |
| 00610 | Nitrogen, ammonia total [as N] | EG - Effluent Gross | 0        | -           |                               |             |             |             |         |             |         | Req Mon MO AVG   | 19       | - mg/L                | DLDS - Daily When Discharging | GR - Grab       |
| 50060 | Chlorine, total residual       | 1 - Effluent Gross  | 0        | -           |                               |             |             |             |         |             |         | 0.75 MO AVG      | 19       | - mg/L                | DLDS - Daily When Discharging | GR - Grab       |
| 74055 | Cofform, fecal general         | 1 - Effluent Gross  | 0        | -           |                               |             |             |             |         |             |         | 400.0 DAILY MX   | 13       | - #/100mL             | DLDS - Daily When Discharging | GR - Grab       |
| 82220 | Flow, total                    | 1 - Effluent Gross  | 0        | -           |                               |             |             |             |         |             |         | Req Mon MO TOTAL | 90       | - Megalino            | DLDS - Daily When Discharging | CN - Continuous |
|       |                                |                     |          |             |                               |             |             |             |         |             |         | C - No Discharge |          |                       |                               |                 |

**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: JIMBOHLER  
Name: Jared Bohler  
E-Mail: jmb984@yahoo.com  
Date/Time: 2026-04-20 09:44 (Time Zone: -05:00)

Report Last Signed By

User: JIMBOHLER  
Name: Jared Bohler  
E-Mail: jmb984@yahoo.com  
Date/Time: 2026-04-20 09:50 (Time Zone: -05:00)

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|   |   |   |
|---|---|---|
| <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<br>CANTON, IL 61520 | <b>Facility Location:</b> 360 WEST HICKORY STREET<br>CANTON, IL 61520 |
| <b>Permitted Feature:</b> 003<br>External Outfall   | <b>Discharge:</b> 003-0<br>CSO-STP BYPASS                     |   |
| <b>Report Dates &amp; Status</b>                    | <b>DMR Due Date:</b> 04/25/26                                 | <b>Status:</b> NEDMR Validated  |
| <b>Monitoring Period:</b> From 03/01/26 to 03/31/26 |   |   |

**Considerations for Form Completion**  
W0570250003; RECEIVING WATER; MAUVASTERRE 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 | 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 | Qualifier 1 | Value 1     | Qualifier 2      | Value 2 | Qualifier 3 | Value 3     | Units                                | 19           | -ng/L                 | DURS - 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 | 12 - SU                              | 12           | - SU                  | DURS - Daily When Discharging | GR - Grab       |
| 00530 | Solids, total suspended  | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |             |             |                  |         |             |             | 19 - ng/L                            | 19           | - ng/L                | DURS - Daily When Discharging | GR - Grab       |
| 50060 | Chlorine, total residual | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |             |             |                  |         |             |             | 0.75 MO AVG                          | 19           | - ng/L                | DURS - Daily When Discharging | GR - Grab       |
| 82220 | Flow, total              | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |             |             |                  |         |             |             | Req Mon MO TOTAL<br>C - No Discharge | 80 - Mgal/mo |                       | DURS - Daily When Discharging | CN - Continuous |

**Submission Note**  
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**Edit Check Errors**  
No errors.

**Comments**

**Attachments**  
No attachments.  
Report Last Saved By  
CANTON, CITY OF

User: JIMBOHLER  
Name: Jared Bohler  
E-Mail: jmb394@yahoo.com

Date/Time: 2026-04-20 09:48 (Time Zone: -05:00)  
Report Last Signed By: JIMBOHLER  
User: Jared Bohler  
Name: jmb984@yahoo.com  
E-Mail: 2026-04-20 09:50 (Time Zone: -05:00)  
Date/Time:

**DMR Copy of Record**

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|  |  |                           |                                     |                           |   |
|--|--|---------------------------|-------------------------------------|---------------------------|---|
| <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<br>CANTON, IL 61520 | <b>Facility Location:</b> | 360 WEST HICKORY STREET<br>CANTON, IL 61520 |
| <b>Permitted Feature:</b>  | 004<br>External Outfall                                | <b>Discharge:</b>         | 004-0<br>EAST PLANT TREATED CSO     | <b>Status:</b>            | Not DMR Validated                           |
| <b>Report Dates &amp; Status</b>   | <b>Monitoring Period:</b><br>From 03/01/26 to 03/31/26 |                           | <b>DMR Due Date:</b>                | 04/25/26                  |   |
| <b>Considerations for Form Completion</b><br>W0570250003 : NUMBER OF DAYS OF DISCHARGE CS                                |  |                           |                                     |                           |   |
| <b>Principal Executive Officer</b><br>First Name: Kent<br>Last Name: McDowell<br>Title: Mayor<br>Telephone: 309-647-1391 |  |                           |                                     |                           |   |
| <b>No Data Indicator (NODI)</b><br>Form NODI: -  |  |                           |                                     |                           |   |

  

| Code  | Parameter Name                 | Monitoring Location | Season # | Perm. NODI | Sample Permit Req. Value NODI | 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 | Qualifier 1 | Value 1     | Qualifier 2 | Value 2 | Qualifier 3 | Value 3 | Units |          |                       |             |
| 00400 | pH                             | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI | >=          | 6.0 MINIMUM |             |         |             |         |       |          |                       |             |
| 00530 | Solids, total suspended        | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI |             |             |             |         |             |         |       |          |                       |             |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI |             |             |             |         |             |         |       |          |                       |             |
| 50080 | Chlorine, total residual       | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI |             |             |             |         |             |         |       |          |                       |             |
| 74055 | Coliform, fecal general        | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI |             |             |             |         |             |         |       |          |                       |             |
| 82220 | Flow, total                    | 1 - Effluent Gross  | 0        | -          | Sample Permit Req. Value NODI |             |             |             |         |             |         |       |          |                       |             |

  

|                         |             |                         |           |
|-------------------------|-------------|-------------------------|-----------|
| <b>Reg Mon MO TOTAL</b> | 80 - Mg/Lmo | <b>Reg Mon DAILY MX</b> | 19 - mg/L |
| <b>C - No Discharge</b> |             | <b>C - No Discharge</b> |           |

**Submission Note**  
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**Edit Check Errors**  
No errors.

**Comments**  
Attachments

No attachments.

Report Last Saved By  
CAMTON, CITY OF

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

JMBOHLER  
Jared Bohler  
jmb984@yahoo.com  
2026-04-20 09:49 (Time Zone -05:00)

Report Last Signed By

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

JMBOHLER  
Jared Bohler  
jmb984@yahoo.com  
2026-04-20 09:50 (Time Zone -05:00)

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|   |                           |                           |                                     |  |                                      |   |  |
|---|---------------------------|---------------------------|-------------------------------------|--|--------------------------------------|---|--|
| <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<br>CANTON, IL 61520 |  | <b>Facility Location:</b>            | 360 WEST HICKORY STREET<br>CANTON, IL 61520 |  |
| <b>Permitted Feature:</b>                 | INF<br>Influent Structure | <b>Discharge:</b>         | INF-1<br>INFLUENT MONITORING        |  | <b>Status:</b>                       | NEDMR Validated                             |  |
| <b>Report Dates &amp; Status</b>          | <b>Monitoring Period:</b> |                           | From 03/01/26 to 03/31/26           |  | <b>DMR Due Date:</b>                 | 04/25/26                                    |  |
| <b>Considerations for Form Completion</b> | W0570250003               |                           |                                     |  | <b>Title:</b>                        | Mayor                                       |  |
| <b>Principal Executive Officer</b>        | Kent McDowell             |                           |                                     |  | <b>Telephone:</b>                    | 309-647-1391                                |  |
| <b>First Name:</b>                        | Kent                      |                           |                                     |  | <b>Sample Permit Reg. Value NODI</b> | 77.3  |  |
| <b>Last Name:</b>                         | McDowell                  |                           |                                     |  | <b>Sample Permit Reg. Value NODI</b> | 138.8                                       |  |
| <b>No Data Indicator (NODI)</b>           | -                         |                           |                                     |  | <b>Sample Permit Reg. Value NODI</b> | -   |  |

  

| Code  | Parameter Name                           | Monitoring Location     | Season # | Param. NODI | Qualifier 1                   | Value 1 | Qualifier 2    | Value 2 | Units            | Qualifier 1 Value 1 | Qualifier 2 Value 2 | Quality or Concentration | Qualifier 3 Value 3 | Units | # of Ex. | Frequency of Analysis | Sample Type                                |
|-------|--|-------------------------|----------|-------------|-------------------------------|---------|----------------|---------|------------------|---------------------|---------------------|--------------------------|---------------------|-------|----------|-----------------------|--|
| 00310 | BOD, 5-day, 20 deg. C                    | G - Raw Sewage Influent | 0        | -           | Value NODI                    |         |                |         |                  |                     |                     |                          |                     |       |          |                       | 02DA - 2 Days Every Week<br>CP - Composite |
| 00530 | Solids, total suspended                  | G - Raw Sewage Influent | 0        | -           | Sample Permit Reg. Value NODI |         |                |         |                  |                     |                     |                          |                     |       |          |                       | 02DA - 2 Days Every Week<br>CP - Composite |
| 50050 | Flow, In conduit or thru treatment plant | G - Raw Sewage Influent | 0        | -           | Sample Permit Reg. Value NODI | 2.275   | Req Mon MO AVG | 4.154   | Req Mon DAILY MX | 03 - MGD            |                     |                          |                     |       |          |                       | 8999 - Continuous<br>9999 - 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:** JIMBOHLER

**Name:** Jared Bohler

**E-Mail:** jimb984@yahoo.com

**Date/Time:** 2026-04-20 09:50 (Time Zone: -05:00)

**Report Last Signed By** JIMBOHLER

**Name:** Jared Bohler

**E-Mail:** jimb984@yahoo.com

Date/Time:

2026-04-20 09:50 (Time Zone: -05:00)