

## DMR Copy of Record

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

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## Permit

Permit #: IL0027839  
Major: YesPermittee:  
Permittee Address:CANTON, CITY OF  
2 NORTH MAIN ST  
CANTON, IL 61520Facility:  
Facility Location:CANTON WEST STP, CITY OF  
350 WEST HICKORY STREET  
CANTON, IL 61520

Permitted Feature:

001  
External Outfall

Discharge:

001-0  
STP OUTFALL

Report Dates &amp; Status

From 11/01/25 to 11/30/25

DMR Due Date:

12/25/25

Status:

NoDMR Validated

Considerations for Form Completion

W0570250003; DMF LOAD LIMITS DISPLAYED.

Principal Executive Officer

First Name:

Kent

Last Name:

McDowell

Title:

Mayor

Telephone:

309-647-1391

No Data Indicator (NODI)

Form NODI:

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	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	1	-	Sample Permit Req. Value NODI				= 9.5 >= 5.5 MO AV MIN	= 8.95 4.0 MN WK AV	= 8.0 3.5 DAILY MIN					19 - mg/L	02DA - 2 Days Every Week	GR - Grab	
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI				= 7.9 6.0 MINIMUM							12 - SU	02DA - 2 Days Every Week	GR - Grab	
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI	15.7 835.0 MO AVG	= <=	43.3 1669.0 DAILY MX	26 - b/d	= 1.9 12.0 MO AVG	= 3.2 24.0 DAILY MX					19 - mg/L	02DA - 2 Days Every Week	CP - Composite	
00600	Nitrogen, total [as N]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI						= 5.7 Req Mon DAILY MX					19 - mg/L	0130 - Monthly	CP - Composite	
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	10	-	Sample Permit Req. Value NODI	7.2 118.0 MO AVG	= <=	17.6 238.0 DAILY MX	26 - b/d	= 0.9 1.7 MO AVG	= 2.5 3.4 DAILY MX					19 - mg/L	02DA - 2 Days Every Week	CP - Composite	
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI					= 3.3 Req Mon MO AVG	= 3.3 Req Mon DAILY MX					19 - mg/L	0130 - Monthly	CP - Composite	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI	0.87 Req Mon MO AVG	=	1.622 Req Mon DAILY MX	03 - MGD								9999 - Continuous		
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI					= <=	0.0 0.05 DAILY MX					19 - mg/L	CLOC - Chlorination/Occurrences	GR - Grab	
80082	BOD, carbonaceous [5 day, 20 C]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI	9.4 696.0 MO AVG	= <=	22.9 1391.0 DAILY MX	26 - b/d	= 1.1 10.0 MO AVG	= 2.0 20.0 DAILY MX					19 - mg/L	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:](#)

[Name:](#)

[E-Mail:](#)

[Date/Time:](#)

[Report Last Signed By](#)

[User:](#)

[Name:](#)

[E-Mail:](#)

[Date/Time:](#)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:24 (Time Zone: -06:00)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:26 (Time Zone: -06:00)



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## Permit

Permit #: IL0027839  
Major: YesPermittee: CANTON, CITY OF  
Permittee Address: 2 NORTH MAIN ST  
CANTON, IL 61520Facility: CANTON WEST STP, CITY OF  
Facility Location: 350 WEST HICKORY STREET  
CANTON, IL 61520

## Permitted Feature:

002  
External Outfall002-0  
MAIN PLANT TREATED CSO

## Report Dates &amp; Status

From 11/01/25 to 11/30/25

DMR Due Date:

12/25/25

Status:

NoDMR Validated

## Considerations for Form Completion

W0570250003 : NUMBER OF DAYS OF DISCHARGE CS

## Principal Executive Officer

First Name: Kent  
Last Name: McDowell

Title:

Mayor

Telephone:

309-647-1391

## No Data Indicator (NOD)

--

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	Quality or Concentration			# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2		Value 2	Qualifier 1	Value 1				Qualifier 2	Value 2	Qualifier 3	Value 3
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI								Req Mon DAILY MX C - No Discharge	19 - mg/L	DJDS - 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	DJDS - Daily When Discharging	GR - Grab		
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI								Req Mon DAILY MX C - No Discharge	19 - mg/L	DJDS - Daily When Discharging	GR - Grab		
00610	Nitrogen, ammonia total [as N]	EG - Effluent Gross	0	-	Sample Permit Req. Value NODI								Req Mon MO AVG C - No Discharge	19 - mg/L	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			19 - mg/L	DJDS - Daily When Discharging	GR - Grab		
74065	Coliform, fecal general	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI									<=	400.0 DAILY MX C - No Discharge	13 - #/100mL	DJDS - 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		DJDS - Daily When Discharging	CN - 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  
CAUTION, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:19 (Time Zone: -06:00)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:26 (Time Zone: -06:00)



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## Permit

Permit #: IL0027839  
Major: YesPermittee:  
Permittee Address:CANTON, CITY OF  
2 NORTH MAIN ST  
CANTON, IL 61520Facility:  
Facility Location:CANTON WEST STP, CITY OF  
360 WEST HICKORY STREET  
CANTON, IL 61520

Permitted Feature:

003  
External Outfall

Discharge:

003-0  
CSO-STP BYPASS

Report Dates &amp; Status

From 11/01/25 to 11/30/25

DMR Due Date:

12/25/25

Status:

NoDMR Validated

Considerations for Form Completion

W057025003: RECEIVING WATERMAVAISTERRE 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<sup>(11)</sup> CFUDAY MAY-OCTOBER

Principal Executive Officer

First Name:

Kent

Title:

Mayor

Telephone:

309-647-1391

Last Name:

McDowell

Form NODI:

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Units	Qualifier 1			Qualifier 2			Qualifier 3			# of Ex.	Frequency of Analysis	Sample Type
					Sample	Qualifier 1 Value 1	Qualifier 2 Value 2		Value 1	Value 2	Value 3	Value 1	Value 2	Value 3						
00310	BOD, 5-day, 20 deg. C	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															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI															
82220	Flow, total	1 - Effluent Gross	0	--	Sample Permit Req. Value NODI															
											</									

Date/Time: 2025-12-18 08:18 (Time Zone: -06:00)  
Report Last Signed By  
User: JIMBOHLER  
Name: Jared Bohler  
E-Mail: jimb984@yahoo.com  
Date/Time: 2025-12-18 08:26 (Time Zone: -06:00)



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## Permit

Permit #: IL0027839

Major: Yes

## Permitted Feature:

004

External Outfall

## Report Dates &amp; Status

Monitoring Period: From 11/01/25 to 11/30/25

## Considerations for Form Completion

W0570250003 : NUMBER OF DAYS OF DISCHARGECS

## Principal Executive Officer

First Name: Kent

Last Name: McDowell

## No Data Indicator (NODI)

Form NODI: -

## Permittee:

## Permittee Address:

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

## Facility:

## Facility Location:

004-0  
EAST PLANT TREATED CSOCANTON WEST STP, CITY OF  
350 WEST HICKORY STREET  
CANTON, IL 61520

## Discharge:

DMR Due Date:

12/25/25

Status:

NoDMR Validated

## Title:

Mayor

## Telephone:

309-647-1391

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	Units	Qualifier 1				Value 1	Qualifier 2	Value 2	Qualifier 3
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI								Req Mon DAILY MX	19 - mg/L	DL/D5 - Daily When Discharging	GR - Grab	
00400	pH	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI			>=	6.0 MINIMUM				9.0 MAXIMUM	12 - SU	DL/D5 - Daily When Discharging	GR - Grab	
00530	Solids, total suspended	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI				C - No Discharge					Req Mon DAILY MX	19 - mg/L	DL/D5 - Daily When Discharging	GR - Grab
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI									Req Mon MO AVG	19 - mg/L	DL/D5 - Daily When Discharging	GR - Grab
50060	Chlorine, total residual	1 - Effluent Gross	0	-	Sample Permit Req. Value NODI									0.75 MO AVG	19 - mg/L	DL/D5 - Daily When Discharging	GR - Grab
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									Req Mon MO TOTAL	80 - Mgd/mo	DL/D5 - Daily When Discharging	GR - Grab
														C - No Discharge			
Submission Note																	

## 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:

JIMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:18 (Time Zone: -06:00)

JIMBOHLER

Jared Bohler

jmb984@yahoo.com

2025-12-18 08:26 (Time Zone: -06:00)



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## Permit

Permit #: **IL0027839** Permittee: **CANTON, CITY OF** Facility: **CANTON WEST STP, CITY OF**

Major: **Yes** Permittee Address: **2 NORTH MAIN ST** Facility Location: **360 WEST HICKORY STREET**

Permitted Feature: **INF** Discharge: **INF-L** INFLUENT MONITORING

Report Dates & Status: **From 11/01/25 to 11/30/25** DMR Due Date: **12/25/25** Status: **NotDMR Validated**

Monitoring Period: **From 11/01/25 to 11/30/25** Considerations for Form Completion: **W0570250003**

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

First Name: **Kent** Last Name: **McDowell** No Data Indicator (NOD): **-**

Code	Parameter Name	Monitoring Location	Season	Param. NOD	Sample Permit Req.	Qualifier 1	Value 1	Quantity or Loading	Qualifier 2	Value 2	Units	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	G - Raw Sewage Influent	0	-	Sample Permit Req. Value NOD												022DA - 2 Days Every Week	CP - Composite
00530	Solids, total suspended	G - Raw Sewage Influent	0	-	Sample Permit Req. Value NOD												022DA - 2 Days Every Week	CP - Composite
50550	Flow, in conduit or thru treatment plant	G - Raw Sewage Influent	0	-	Sample Permit Req. Value NOD												9999 - Continuous	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: **JMBOHLER**  
Name: **Jared Bohler**  
E-Mail: **jmb984@yahoo.com**  
Date/Time: **2025-12-18 08:17 (Time Zone: -05:00)**  
Report Last Signed By: **JMBOHLER**  
Name: **Jared Bohler**  
E-Mail: **jmb984@yahoo.com**

Date/Time:

2025-12-18 08:26 (Time Zone: -06:00)

