

[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)

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 Self-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 122.4(f)(4)(i). An agency may not 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 Major:	IL0027839 Yes		Permittee:	CANTON, CITY OF 2 NORTH MAIN ST CANTON, IL 61520		Facility:	CANTON WEST STP, CITY OF 350 WEST HICKORY STREET CANTON, IL 61520									
Permitted Feature:	002 External Outfall		Permittee Address:	002-0 MAIN PLANT TREATED CSO		Facility Location:										
Report Dates & Status	From 11/01/25 to 11/30/25		Discharge:			Status:										
Monitoring Period:			DMR Due Date:	12/25/25		NDMR Validated:										
<i>Considerations for Form Completion</i>																
W0570250003 : NUMBER OF DAYS OF DISCHARGE:CS																
Principal Executive Officer			Telephone:			Frequency of Analysis:										
First Name:	Kent		Mayor			# of Ex.										
Last Name:	McDowell		Title:			Sample Type:										
<i>No Data Indicator (NODI)</i>																
<i>Form NODI:</i>																
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading	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	1-Effluent Gross	0	—	Sample	Quantity or Loading	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
00400	pH	1-Effluent Gross	0	—	Sample	Permit Req.	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Value NODI	Facility	Facility	Facility	Facility
00530	Solids, total suspended	1-Effluent Gross	0	—	Sample	Permit Req.	Value NODI	Sample	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Permit Req.	Permit Req.	Permit Req.
00610	Nitrogen, ammonia total [as N]	EG - Effluent Gross	0	—	Sample	Permit Req.	Value NODI	Sample	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Permit Req.	Permit Req.	Permit Req.
50060	Chlorine, total residual	1-Effluent Gross	0	—	Sample	Permit Req.	Value NODI	Sample	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Permit Req.	Permit Req.	Permit Req.
74055	Caliform, fecal general	1-Effluent Gross	0	—	Sample	Permit Req.	Value NODI	Sample	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Permit Req.	Permit Req.	Permit Req.
82220	Flow, total	1-Effluent Gross	0	—	Sample	Permit Req.	Value NODI	Sample	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Permit Req.	Permit Req.	Permit Req.

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

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CANTON, CITY OF

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

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

User:
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JMBOHLER
Jared Bohler

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Date/Time: **Report Last Signed By**

User:

Name:

E-Mail:

Date/Time:

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

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Permit	Permit #: IL00277839																								
Major:	Yes																								
Permitted Feature:	004 External Outfall																								
Report Dates & Status	From 1/1/2025 to 1/30/2025																								
Monitoring Period:	W0570250003 : NUMBER OF DAYS OF DISCHARGE:CS																								
Considerations for Form Completion																									
Principal Executive Officer																									
First Name:	Kent																								
Last Name:	McDowell																								
No Data Indicator (NODI)	—																								
Form NODI:																									
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	# of Exc.	Frequency of Analysis	Sample Type		
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																		
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	—	Sample	Permit Req.	Value NODI																		
50060	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																		

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