

# 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(c), 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(a)(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 outfall. 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.

|   |  |                           |                                     |                           |   |
|---|--|---------------------------|-------------------------------------|---------------------------|---|
| <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> | 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>          |  |                           |                                     |                           |   |
| <b>Monitoring Period:</b>                 | From 10/01/24 to 10/31/24                | <b>DMR Due Date:</b>      | 11/25/24                            | <b>Status:</b>            | NotDMR Validated                            |
| <b>Considerations for Form Completion</b> | W0970250003 : DMR LOAD LIMITS DISPLAYED. |                           |                                     |                           |   |

|  |               |                   |
|--|---------------|-------------------|
| <b>Principal Executive Officer</b>                                     | <b>Title:</b> | <b>Telephone:</b> |
| First Name: Kent<br>Last Name: McDowell<br>No Data Indicator (NODI): - | Mayor         | 309-647-1391      |

| 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 |         |             |         |          | 8.94        | =       | 5.5 MO AV MN | >=      | 4.0 MN WK AV | >=      | 7.41      | 19 - mg/L                | 02DA - 2 Days Every Week         | GR - GRAB         |
| 00400 | pH                                       | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         |          | 7.66        | =       | 6.0 MINIMUM  | >=      |              |         | 8.16      | 12 - SU                  | 02DA - 2 Days Every Week         | GR - GRAB         |
| 00530 | Solids, total suspended                  | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 13.8    | =           | 27.7    | 26 - lbd |             |         | 1.38         | =       | 12.0 MO AVG  | <=      | 2.8       | 19 - mg/L                | 02DA - 2 Days Every Week         | CP - COMPOS       |
| 00600 | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         |          |             |         |              |         |              |         | 4.4       | 19 - mg/L                | 0130 - Monthly                   | CP - COMPOS       |
| 00610 | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 9        | -           | Sample Permit Req. Value NODI | 5.2     | =           | 19.0    | 26 - lbd |             |         | 0.47         | =       | 1.3 MO AVG   | <=      | 1.67      | 19 - mg/L                | 02DA - 2 Days Every Week         | CP - COMPOS       |
| 00665 | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         |          |             |         | 1.5          | =       |              |         | 1.5       | 19 - mg/L                | 0130 - Monthly                   | CP - COMPOS       |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 1.133   | =           | 2.167   | 03 - MGD |             |         |              |         |              |         |           |                          | 9999 - Continuous                | 9999 - Continuous |
| 50060 | Chlorine, total residual                 | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         |          |             |         |              |         |              |         | 0.0       | 19 - mg/L                | CLIOC - Chlorination/Occurrences | GR - GRAB         |
| 74055 | Coliform, fecal general                  | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         |          |             |         |              |         |              |         | 400.0     | 13 - #/100mL             | 02DA - 2 Days Every Week         | GR - GRAB         |
| 80082 | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI | 10.5    | =           | 24.0    | 26 - lbd |             |         | 1.1          | =       | 2.35         |         | 19 - mg/L | 02DA - 2 Days Every Week | CP - COMPOS                      |                   |

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

CAWTON, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER  
Jared Bohler  
jmb984@yahoo.com  
2024-11-18 08:14 (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 submitors to contact the [NPDDES 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)(v). 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 outfall. Send comments to 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 #:                          | IL0027839                 | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |
| Major:                             | Yes                       | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| Permitted Feature:                 | 001<br>External Outfall   | Discharge:         | 001-S<br>SEMI ANNUAL SAMPLING @ 001 |                    |   |
| Report Dates & Status              |                           |                    |                                     |                    |   |
| Monitoring Period:                 | From 05/01/24 to 10/31/24 | DMR Due Date:      | 11/25/24                            | Status:            | NotDMR Validated                            |
| Considerations for Form Completion |                           |                    |                                     |                    |   |

W00570250003

Principal Executive Officer

|                          |          |        |       |            |              |
|--------------------------|----------|--------|-------|------------|--------------|
| First Name:              | Kent     | Title: | Mayor | Telephone: | 309-647-1391 |
| Last Name:               | McDowell |        |       |            |              |
| No Data Indicator (NODI) |          |        |       |            |              |

| Code  | Parameter Name                           | Monitoring Location | Season # | Param. NODI | Qualifier 1                   | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | Value 3          | Units     | # of Ex.           | Frequency of Analysis | Sample Type |
|-------|--|---------------------|----------|-------------|-------------------------------|---------|-------------|---------|-------------|------------------|-----------|--------------------|-----------------------|-------------|
| 00566 | Oil & Grease                             | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 5.1         | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | GR - GRAB             | GR - GRAB   |
| 00720 | Cyanide, total [as CN]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 5.0         | Req Mon DAILY MX | 28 - ug/L | 09/99 - See Permit | GR - GRAB             | GR - GRAB   |
| 00722 | Cyanide, free [amenable to chlorination] | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 5.0         | Req Mon DAILY MX | 28 - ug/L | 09/99 - See Permit | GR - GRAB             | GR - GRAB   |
| 00961 | Fluoride, total [as F]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.539       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |
| 01002 | Arsenic, total [as As]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.001       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |
| 01007 | Barium, total [as Ba]                    | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.04        | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |
| 01027 | Cadmium, total [as Cd]                   | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.001       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |
| 01032 | Chromium, hexavalent [as Cr]             | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.005       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | GR - GRAB             | GR - GRAB   |
| 01034 | Chromium, total [as Cr]                  | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.004       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |
| 01042 | Copper, total [as Cu]                    | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. Value NODI |         |             |         | 0.003       | Req Mon DAILY MX | 19 - mg/L | 09/99 - See Permit | 24 - COMP24           | 24 - COMP24 |





# 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 call 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 [NPDDES 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)(9)(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 outfall. 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 #:                                   | IL0027839                | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |
| Major:                                      | Yes                      | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| Permitted Feature:                          | 002<br>External Outfall  | Discharge:         | 002-0<br>MAIN PLANT TREATED CSO     |                    |   |
| Report Dates & Status                       |                          |                    |                                     |                    |   |
| Monitoring Period:                          | From 10/1/24 to 10/31/24 | DMR Due Date:      | 11/25/24                            | Status:            | NeIDMR Validated                            |
| Considerations for Form Completion          |                          |                    |                                     |                    |   |
| W0570250003 - NUMBER OF DAYS OF DISCHARGECS |                          |                    |                                     |                    |   |

## Principal Executive Officer

|                          |          |            |              |
|--------------------------|----------|------------|--------------|
| First Name:              | Kent     | Title:     | Mayor        |
| Last Name:               | McDowell | Telephone: | 309-647-1391 |
| No Data Indicator (NODI) |          |            |              |

| Code  | Parameter Name                 | Monitoring Location | Season # | Param. 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. |         |             |         | Req Mon DAILY MX | 19 - mg/L      |              |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 00400 | pH                             | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. |         |             |         | 9.0 MAXIMUM      | 12 - SU        |              |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 00530 | Solids, total suspended        | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. |         |             |         | Req Mon DAILY MX | 19 - mg/L      |              |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 00610 | Nitrogen, ammonia total [as N] | EG - Effluent Gross | 0        | -           | Sample Permit Req. |         |             |         | Req Mon MO AVG   | 19 - mg/L      |              |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 50060 | Chlorine, total residual       | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. |         |             |         | 0.75 MO AVG      | 19 - mg/L      |              |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 74055 | Coliform, fecal general        | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. |         |             |         | <=               | 400.0 DAILY MX | 13 - #/100mL |          | D/D/S - Daily When Discharging | GR - GRA8   |
|       |                                |                     |          |             | Value NODI         |         |             |         | C - No Discharge |                |              |          |                                |             |
| 82220 | Flow, total                    | 1 - Effluent Gross  | 0        | -           | Sample Permit Req. |         |             |         | Req Mon MO TOTAL | 80 - Mgal/mo   |              |          | D/D/S - Daily When Discharging | CN - CONTN  |
|       |                                |                     |          |             | Value NODI         |         |             |         | 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:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jmb384@yahoo.com

2024-11-18 08:22 (Time Zone: -06:00)

JMBOHLER

Jared Bohler

jmb384@yahoo.com

2024-11-18 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 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 #: **IL0027839**

Permittee:

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

Facility:

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

Major: **Yes**

Permittee Address:

Discharge:

003-0  
CSO-STP BYPASS

Report Dates & Status

Monitoring Period: **From 10/01/24 to 10/31/24**

DMR Due Date:

11/25/24

Status:

NetDMR Validated

Considerations for Form Completion

W057025003 - RECEIVING WATERMAUVAISTERRE GREEKNUMBER 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(11) CF/DAY MAY-OCTOBER

Title:

Mayor

Telephone:

309-647-1391

First Name: **Kent**

Last Name: **McDowell**

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

Units

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 Reg.

Value NODI

Req Mon MO AVG

C - No Discharge

19 - mg/L

DLDS - Daily When Discharging

GR - GRAB

00400

pH

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon MO AVG

C - No Discharge

12 - SU

DLDS - Daily When Discharging

GR - GRAB

00530

Solids, total suspended

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon MO AVG

C - No Discharge

19 - mg/L

DLDS - Daily When Discharging

GR - GRAB

30500

Coliform, fecal - % samples exceeding limit

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon MO AVG

C - No Discharge

23 - %

DLDS - Daily When Discharging

GR - GRAB

50060

Chlorine, total residual

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon GEO MEAN

C - No Discharge

19 - mg/L

DLDS - Daily When Discharging

GR - GRAB

74055

Coliform, fecal general

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon DAILY MX

C - No Discharge

13 - #/100mL

DLDS - Daily When Discharging

GR - GRAB

82220

Flow, total

1 - Effluent Gross

0

-

Sample Permit Reg.

Value NODI

Req Mon MO TOTAL

C - No Discharge

80 - Megalino

DLDS - Daily When Discharging

CN - CONTIN

## Submission Note

If a parameter row does not contain any values for the Sample or 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  
CAANTON, CITY OF

User:

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

JMBOHLER

Jared Bohler

jrb384@yahoo.com

2024-1-18 08:22 (Time Zone: -06:00)

JMBOHLER

Jared Bohler

jrb384@yahoo.com

2024-1-18 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(c), 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 output. 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 #:                                    | IL0027839                 | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |
| Major:                                       | Yes                       | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| Permitted Feature:                           | 004<br>External Outfall   | Discharge:         | 004-0<br>EAST PLANT TREATED CSO     |                    |   |
| Report Dates & Status                        |                           |                    |                                     |                    |   |
| Monitoring Period:                           | From 10/01/24 to 10/31/24 | DMR Due Date:      | 11/25/24                            | Status:            | NetDMR Validated                            |
| Considerations for Form Completion           |                           |                    |                                     |                    |   |
| W0570250003 - NUMBER OF DAYS OF DISCHARGE:CS |                           |                    |                                     |                    |   |

## Principal Executive Officer

|                         |          |        |       |            |              |
|-------------------------|----------|--------|-------|------------|--------------|
| First Name:             | Kent     | Title: | Mayor | Telephone: | 309-547-1391 |
| Last Name:              | McDowell |        |       |            |              |
| No Date 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 |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 12 - SU     |          | DLDS - Daily When Discharging | GR - GRAB   |
| 00400     | pH                             | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 6.0 MINIMUM |          |                               |             |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 9.0 MAXIMUM |          |                               |             |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
| 00530     | Solids, total suspended        | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
| 00610     | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
| 50080     | Chlorine, total residual       | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
| 74055     | Coliform, fecal general        | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
| 82220     | Flow, total                    | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |
|           |                                | 1 - Effluent Gross | 0                   | -        | Sample Permit Req. Value NOD |             |         |             |         |             |         | 19 - mg/L   |          | DLDS - Daily When Discharging | GR - GRAB   |

## 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

## 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

2024-11-18 08:22 (Time Zone: -06:00)

JMBOHLER

Jared Bohler

jmb984@yahoo.com

2024-11-18 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(d), 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 submittees 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 #:                          | IL0027839                 | Permittee:         | CANTON, CITY OF                     | Facility:          | CANTON WEST STP, CITY OF                    |
| Major:                             | Yes                       | Permittee Address: | 2 NORTH MAIN ST<br>CANTON, IL 61520 | Facility Location: | 350 WEST HICKORY STREET<br>CANTON, IL 61520 |
| Permitted Feature:                 | INF<br>Influent Structure | Discharge:         | INF-L<br>INFLUENT MONITORING        |                    |   |
| Report Dates & Status              |                           |                    |                                     |                    |   |
| Monitoring Period:                 | From 10/01/24 to 10/31/24 | DMR Due Date:      | 11/25/24                            | Status:            | NetDMR Validated                            |
| Considerations for Form Completion |                           |                    |                                     |                    |   |

Principal Executive Officer

|                          |          |        |       |            |              |
|--------------------------|----------|--------|-------|------------|--------------|
| First Name:              | Kent     | Title: | Mayor | Telephone: | 309-647-1391 |
| Last Name:               | McDowell |        |       |            |              |
| No Data Indicator (NODI) | -        |        |       |            |              |

| Code  | 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 | # of Ex.  | Frequency of Analysis     | Sample Type        |
|-------|--|-------------------------|--------|-------------|-------------------------------|---------|----------------|---------|----------|-------------|---------|-------------|---------|--------------------------|-------------|---------|-----------|---------------------------|--------------------|
| 03010 | BOD, 5-day, 20 deg. C                    | G - Raw Sewage Influent | 0      | -           | Sample Permit Req. Value NODI |         |                |         |          |             |         |             |         | 111.7                    |             |         | 19 - mg/L | 02/DA - 2 Days Every Week | CP - COMPOS        |
|       |  |                         |        |             |                               |         |                |         |          |             |         |             |         | Req Mon MO AVG           |             |         |           |                           | CP - COMPOS        |
| 05350 | Solids, total suspended                  | G - Raw Sewage Influent | 0      | -           | Sample Permit Req. Value NODI |         |                |         |          |             |         |             |         | 210.0                    |             |         | 19 - mg/L | 02/DA - 2 Days Every Week | CP - COMPOS        |
|       |  |                         |        |             |                               |         |                |         |          |             |         |             |         | Req Mon MO AVG           |             |         | 19 - mg/L | 02/DA - 2 Days Every Week | CP - COMPOS        |
| 05050 | Flow, in conduit or thru treatment plant | G - Raw Sewage Influent | 0      | -           | Sample Permit Req. Value NODI | 1.133   | Req Mon MO AVG | 2.167   | 03 - MGD |             |         |             |         |                          |             |         |           | 99/99 - Continuous        | 99/99 - Continuous |
|       |  |                         |        |             |                               |         |                |         | 03 - MGD |             |         |             |         |                          |             |         |           |                           |                    |

**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.

Comments

No errors.

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:

JMBOHLER

Name:

Jared Bohler

E-Mail:

jmb984@yahoo.com

Date/Time:

2024-11-18 08:24 (Time Zone: -06:00)

Report Last Signed By

User:

JMBOHLER

Name:

Jared Bohler

E-Mail:

jmb984@yahoo.com

Date/Time:

2024-11-18 08:26 (Time Zone: -06:00)