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 efseporting 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 his permit and EPA NPDES regulations 40 CFR 122.41(1)(4)(1). 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 cutfall. Send comments on the Agency's read for this information, the accuracy of the provided burden astificates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NVI, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

80082	74055	50060	50050	00665	00610	00600	00530	00400	00300	Code	No Da	Last Name:	First	Princi	Cons	Monit	Repo	Perm	Major:	Permit #:	Permit
BOD, carbonaceous [5 day, 20 C]	Coliform, fecal general	Chlorine, total residual	Flow, in conduit or thru treatment plant	Phosphorus, total [as P]	Nitrogen, ammonia total [as N]	Nitrogen, total [as N]	Solids, total suspended	рH	00300 Oxygen, dissolved [DO]	Parameter Name	No Data Indicator (NODI) Form NODI:	Vame:	First Name:	W0570250003; DMF LOAD LIMITS DISPLAYED. Principal Executive Officer	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:	n	it#:	it
1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	ant 1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 8	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 1	Monitoring Location Season # Param. NODI	1	McDowell	Kent	AYED.		From 09/01/24 to 09/30/24	External Cutian	001 External Outfall	Yes	IL0027839	
J		1	1	1	ī	ı)	t	1	ason# Param											
Sample = Permit Req. <=	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample = Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample = Permit Req. <= Value NODI	Sample Permit Req. Value NODI	Sample = Permit Req. <= Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI												
22.8 696.0 MO AVG			1.432 = Req Mon MO AVG		11.0 104.0 MO AVG		21.3 835.0 MO AVG			Qualifier 1 Value 1		i i i i	Title:			DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
= 34.4 <= 1391.0 DAILY MX			2.408 03 - MGD Req Mon DAILY MX 03 - MGD		= 14.2 <= 209.0 DAILY MX		= 28.0 <= 1669.0 DAILY MX			Quantity or Loading Qualifier 2 Value 2		Мери	Mar.			10/2	S	001	2 N CAI	CAI	
26 - lb/d 26 - lb/d			03-MGD 03-MGD		26 - Ib/d 26 - Ib/d		26 - lb/d 26 - lb/d	>= 7	y II	Units Qualifier 1		Ġ	Or .			10/25/24	CUITALL	001-0	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
î II				u	â u		A II	7.9 MUMIMIM 0.8	Ž	Value 1 Qualifier 2											
1.9 10.0 MO AVG				2.5 Req Mon MO AVG	0.93 1.5 MO AVG		1.9 12.0 MO AVG		994 0 MN WK AV	Quality or Concentration or 2 Value 2 Qualifi		relephone:	Tolophono			Status:			Facility Location:	Facility:	
= 2.8 <= 20.0 DAILY MX	= 240.0 <= 400.0 DAILY MX	= 0.0 <= 0.05 DAILY MX		= 2.5 19 - mg/L Req Mon DAILY MX 19 - mg/L	= 1.1 <= 3.0 DAILY MX	= 12.0 19 - mg/L Req Mon DAILY MX 19 - mg/L	= 2.8 <= 24.0 DAILY MX	= 8.1 <= 9.0 MAXIMUM	.5 D	ntration Qualifier 3 Value 3		<u>u</u>	3			z			0.3	0	
19 - mg/L 19 - mg/L	13 - #/100mL 13 - #/100mL	19 - mg/L 19 - mg/L		19 - mg/L MX 19 - mg/L	19 - mg/L 19 - mg/L	19 - mg/L MX 19 - mg/L	19 - mg/L 19 - mg/L	12 - SU 12 - SU	19 - mg/L 19 - mg/L	Units		309-647-1391	100 547 1004			NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	CL/OC - Chlorination/Occurances CL/OC - Chlorination/Occurances	99/99 - Continuous 99/89 - Continuous	01/30 - Monthly 01/30 - Monthly	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	01/30 - Monthly 01/30 - Monthly	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	02/DA - 2 Days Every Week 02/DA - 2 Days Every Week	# of Ex. Frequency of Analysis									RY STREET	TP, CITY OF	
CP - COMPOS CP - COMPOS	GR - GRAB GR - GRAB	s GR-GRAB s GR-GRAB		CP - COMPOS CP - COMPOS	CP - COMPOS CP - COMPOS	CP - COMPOS CP - COMPOS	CP - COMPOS CP - COMPOS	GR - GRAB GR - GRAB	GR - GRAB GR - GRAB	Sample Type											

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

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

E-Mail:

Date/Time:
Report Last Signed By

User:

E-Mail: Date/Time: Name:

> Jared Bohler **JMBOHLER**

jmb984@yahoo.com 2024-10-21 07:29 (Time Zone: -05:00)

Jared Bohler

JMBOHLER

jmb984@yahoo.com

2024-10-21 07:30 (Time Zone: -05:00)

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 affeady be disclosed to the public. Although we do not foressee a need of or 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 eRaporting Halp Dask 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 piesson 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 read for this information, the accuracy of the provided burden astinates as 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.

	82220		74055	2		50060		00610			00530			00400			01000	2021		Code	Form NODI:	No Da	Last Name:	First Name:	Princi	W0570	00000	Conel	Monit	Repor	Permi	Major:	Permit #:	Permit
	82220 Flow, total		Coliform, fecal general	The second secon		Chlorine, total residual		00610 Nitrogen, ammonia total [as N]			Solids, total suspended			PH			ousing Bob, s-day, zo deg. C			Parameter	NODI:	No Data Indicator (NODI)	ame:	lame:	Principal Executive Officer	W0570250003; NUMBER OF DAYS OF DISCHARGE:CS	de la companya de la	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:		**	
	1 - Effluent Gross		1 - Effluent Gross			1 - Effluent Gross		EG - Effluent Gross			1 - Effluent Gross			1 - Effluent Gross			1 - Effluent Gross			Monitoring Location Season # Param. NODI	1		McDowell	Kent		DISCHARGE:CS			From 09/01/24 to 09/30/24		002 External Outfall	Yes	IL0027839	
	0		0			0		0			0 -			0			1	,		Season # Param.								i contra	/30/24					
Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample	Value NODI	remain ned.	Sample Sample	Value NODI	- was	Sample Permit Ren										_	-		-			
C-No E	Req Mon																		Musilia : Adina : Musilia 7	or Lo				Title:				Comme Date Date.	DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
C - No Discharge	Req Mon MO TOTAL 80 - Mgal/mo													V	•				faide 2 Ollits Gualities I	į				Mayor				HZICZIOI	10/25/20		002-0 MAIN PLANT TREATED CSO	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
						î							C - No Discharge	6.0 MINIMUM					Value 1												TED CSO			
			٨		C - No Discharge	0.75 MO AVG	C - No Discharge	Req Mon MO AVG						î					Luairrer 2 Value 2 Luairrer 3	Quality or Concentral				Telephone:				Status	944			Facility Location:	Facility:	
		C - No Discharge				19-		19-		C - No Discharge	Req Mon DAILY MX 19 -		C - No Discharge	9.0 MAXIMUM 12-		C - No Discharge	Red Mon DAILY MX 19 - mg/L	Dan Kara	Value 3					309-6				NetUn				350 W CANT	CANT	
	DL/DS - Daily When Discharging CN - CONTIN		13 - #/100mL DL/DS - Daily When Discharging			19 - mg/L DL/DS - Daily When Discharging		19 - mg/L DL/DS - Daily When Discharging			19 - mg/L DL/DS - Daily When Discharging GR - GRAB			12 - SU DL/DS - Daily When Discharging GR - GRAB			- mg/L DL/DS - Daily When Discharging		Units	# of Ex. Frequency of Analysis				309-647-1391				NetUMK Validated				350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
	ng CN - CONTIN		ing GR - GRAB			ing GR - GRAB		ing GR - GRAB			ing GR - GRAB			ing GR - GRAB			ing GR - GRAB			Sample Type														

Submission Note

Edit Check Errors 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.

No errors.

 No eltechments.
 Apport Last Saved By

 CANTON, CITY OF
 JMBOHLER

 User:
 Jared Bohler

 Name:
 jmb894@yahoo.com

 Date/Time:
 2024-10-21 07:29 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 User:
 Jared Bohler

 E-Mail:
 Jared Bohler

 E-Mail:
 Jmb944@yahoo.com

 Date/Time:
 2024-10-21 07:30 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attechments) 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 are not administratively practicable since it may affected by the disclosed to the public. Although we do not foresee a need of or persons to assert a CBI 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 INDES affecting Help Dask 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 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.

						ge	C - No Discharge		Value NODI				
DL/DS - Daily When Discharging CN - CONTIN						AL 80 - Mgal/mo	Req Mon MO TOTAL 80 - Mgal/mo		Permit Req.	1	1 - Effluent Gross 0	otal	82220 Flow, total
									Sample				
	scharge	C - No Discharge	C - No Discharge						Value NODI				
DL/DS - Daily When Discharging GR - GRAB	Req Mon DAILY MX 13 - #/100mL	Req Mon DA	Req Mon GEO MEAN						Permit Req.	I	1 - Effluent Gross 0	74055 Coliform, fecal general	74055 Colifor
									Sample				
			C - No Discharge						Value NODI				
DL/DS - Daily When Discharging GR - GRAB	19 - mg/L		0.75 MO AVG	î					Permit Req.	1	1 - Effluent Gross 0	50060 Chlorine, total residual	50060 Chlori
	scharge	C - No Discharge							Sometic states				
									Value NODI	į	- Ellipolit Gross	9	
	MUM 23-%	10.0 MAXIMUM	^						Sample Permit Req.		1 - Effluent Gross 0	30500 Coliform, fecal - % samples exceeding limit	30500 Colifo
			C - No Discharge						Value NODI				
DL/DS - Daily When Discharging GR - GRAB	19 - mg/L		Req Mon MO AVG						Permit Req.	Ĭ	1 - Effluent Gross 0	00530 Solids, total suspended	00530 Solids
									Sample				
	scharge	C - No Discharge		C - No Discharge	0-N				Value NODI				
DL/DS - Daily When Discharging GR - GRAB	UM 12-SU	9.0 MAXIMUM	î	MUM	>= 6.0 MINIMUM				Permit Req.	1	1 - Effluent Gross 0		00400 pH
				-	-				Sample				
			C - No Discharge						Value NODI				
DL/DS - Daily When Discharging GR - GRAB	19 - mg/L		Req Mon MO AVG						Permit Req.	1	1 - Effluent Gross 0	00310 BOD, 5-day, 20 deg. C	00310 BOD,
									Sample				
	Units	Qualifier 3 Value 3	Value 2	Value 1 Qualifier 2	Qualifier 1	Units	lier 2 Value 2	Qualifier 1 Value 1 Qualifier 2				Name	Code
# of Ex. Frequency of Analysis Sample Type			Quality or Concentration				Quantity or Loading	Q.	NODI	ason # Param	Monitoring Location Season # Param. NODI	Parameter	
												1	Form NODI:
												ator (NODI)	No Data Indicator (NODI)
												McDowell	Last Name:
	309-647-1391	63	Telephone:			Mayor		Title:				Kent	First Name:
												Principal Executive Officer	Principal Exe
DBER	CFU/DAY MAY-OCT	OF 4.5 x 10(11)	D A DAILY MAX VALUE	SHALL NOT EXCER	,003, AND 004 S	DUTFALLS 002	SEO MEAN FOR C	EFF 11/01/2015 THE	DISCHARGE E	OF DAYS OF	RE CREEKNUMBER	W05/70250003 ; RECEIVING WATER:MAUVAISTERRE CREEKNUMBER OF DAYS OF DISCHARGE EFF 1/1/01/2015 THE GEO MEAN FOR OUTFALLS 002,003, AND 004 SHALL NOT EXCEED A DAILY MAX VALUE OF 4.5 x 10(11) CFUIDAY MAY-OCTOBER	W0570250003
												Considerations for Form Completion	Consideration
	NetDMR Validated		Status:			10/25/24		DMR Due Date:			From 09/01/24 to 09/30/24		Monitoring Period:
												& Status	Report Dates & Status
					003-0 CSO-STP BYPASS	003-0 CSO-STF		Discharge:			Outfall	ature: 003 External Outfall	Permitted Feature:
STREET	350 WEST HICKORY STREET CANTON, IL 61520		Facility Location:		2 NORTH MAIN ST CANTON, IL 61520	CANTON		Permittee Address:				Yes	wajor:
CITY OF	CANTON WEST STP, CITY OF		Facility:		CANTON, CITY OF	CANTON		Permittee:			139	IL0027839	Permit #:
													Permit

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 thet row: Units, Number of Excursions, Frequency of Analysis, and Sample Type. **Edit Check Errors**

No errors.

No attachments.
Report Last Saved By
CANTON, CITY OF User: Name: E-Mail: E-Mail: Name: Date/Time:
Report Last Signed By JMBOHLER Jared Bohler jmb984@yahoo.com 2024-10-21 07:29 (Time Zone: -05:00) **JMBOHLER** Jared Bohler

jmb984@yahoo.com 2024-10-21 07:30 (Time Zone: -05:00)

Date/Time:

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 are not administratively practiceable since it may already be discossed to the public. Although we do not foresee a need of or 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 INFDES afterporting. Help Dask 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 QMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (QMB 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(0)(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 QMB 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 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.

Value NOD				n Season# Param. NODI Sample Permit Req. Value NODI Sample O Permit Req. Value NODI Sample O Permit Req. Value NODI Sample O Permit Req. Value NODI	n Season# Param. NODI Sample O	n Season# Param NODI Sample 0 - Permit Req. Value NODI Sample 0 - Value NODI Sample 0 - Value NODI Sample 0 - Sample Permit Req. Value NODI Sample 0 - Permit Req. Value NODI Sample	HARGE:CS HARGE:CS Well Sample Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross O Effluent Gross	tion Season # Param. NODI Sample Sample Permit Req. Value NODI Sample	tion Season# Param. NODI Sample Sample Sample Permit Req. Value NODI Sample
				Sample Permit Req. Value NODI Sample Permit Req. Value NODI Value NODI Sample Permit Req. Value NODI	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI Sample Sample Sample Permit Req. Value NODI Sample Permit Req. Value NODI Sample Sample Sample Sample Sample Sample Sample Sample Sample	Sample Permit Req. Value NODI	Sample Permit Req. Value NODI Value NODI Value NODI Value NODI	Sample Value NODI Sample Permit Req. Value NODI Sample
				Qualifier 1 Value 1 Qua	Qualifier 1 Value 1 Qual	Title: Qualifier 1 Value 1 Q	Title:	DMR Due D	Discharge: DMR Due Dat Qualifier 1 Value
				lifer and	lifter	Quantition	Qualifier	o 1 Qualifier	Qualifier
				lifier 2 Value 2	9	or Loading Value 2	or Loading Value 2	Value 2	or Loading Value 2
		Y II		Units Qualifier 1	Units Qualifier 1	Mayor Units Qualifier 1	Mayor Units Qualifier 1	10/25/24 Mayor Units Qualifier 1	004-0 EAST PLANT TREATED 10/25/24 Mayor Units Qualifier 1
		6.0 MINIMUM C - No Discharge	6.0 MINIMUM C-No Discharge	Value 1 C - No Discharge	Value 1 6.0 MINIMUM C - No Discharge	Value 1 E.O. MINIMUM C No Discharge	Value 1 C - No Discharge	Value 1 C - No Discharge	Value 1 Discharge
Req Mon MO AVG C - No Discharge	Req Mon MO AVG C - No Discharge	0	Reg Mon MO AVG	Pality or Concentral Value 2 Value 2 C - No Discharge	Value 2 Value 2 C - No Discharge	Telephoru Telephoru Value 2 C- No Discharge	Telephone Luality or Concentral Value 2 C- No Discharge	Status: Telephone Telephone Value 2	Telephone Telephone Value 2 Value 2 C - No Discharge
C - No Discharge	Req Mon DAILY MX C - No Discharge	C- No Discharg Req Mon DAILY Mo C- No Discharge	Req Mon DAILY M. C - No Discharg 9.0 MAXIMUM C - No Discharg C - No Discharg Req Mon DAILY M. C - No Discharg	alifier 3	alifier 3	alifier 3	alifier 3	alifier 3	alifier 3
			19 12 19	Units 19 - mg/L 12 - SU 19 - mg/L	Unite 19 - mg/L 12 - SU 19 - mg/L	309-647-1391 Units 19 - mg/L 19 - mg/L 19 - mg/L	309-647-1391 Unite 19 - mg/L 19 - mg/L	NetDMR Valid 309-647-1391 00-647-1391 19 - mg/L 19 - mg/L	NetDMR Valid 309-647-1391 19-mg/L 19-mg/L
	DUDS - Daily When Discharging GR - GRAS	DUDS - Daily When Discharging	DLDS - Daily When Discharging DLDS - Daily When Discharging DLDS - Daily When Discharging	of Ex. Frequency of Analysis DUDS - Daily When Discharging DUDS - Daily When Discharging DUDS - Daily When Discharging	# Ex. Frequency of Analysis DL/DS - Daily When Discharging DL/DS - Daily When Discharging DL/DS - Daily When Discharging	f Ex. Frequency of Analysis DUDS - Daily When Discharging DUDS - Daily When Discharging	Fex. Frequency of Analysis DL/DS - Daily When Discharging DL/DS - Daily When Discharging DL/DS - Daily When Discharging	×	8
	19 - ma/L	6.0 MINIMUM <= 9.0 MAXIMUM 12 - SU C - No Discharge C - No Discharge Reg Non DAILY MX 19 - mal.	Req Mon DAILY MX	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units # of Ex Req Mon DAILY MX 19 - mg/L C - No Discharge C - No Discharge C - No Discharge >= 6.0 MINIMUM <=	Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units # of Ex. Frequency of Analysis Raq Mon DALLY MX 19 - mg/L DL/DS - Daily When Discharging C - No Discharge C - No Discharge DL/DS - Daily When Discharging C - No Discharge C - No Discharge DL/DS - Daily When Discharging C - No Discharge C - No Discharge DL/DS - Daily When Discharging	Telephone: 309-647-1391 Telephone: 309-647-1391 Available of Ex. Frequency of Analysis # of Ex. Prequency # of Ex. Preque	Telephone: Qualify or Concentration Qualifier 2 Value 2 Qualifier 3 Value 3 Units # of Ex. Frequency of Analysis C- No Discharge >= 6.0 MNIMUM >= 6.0 MNIMUM C- No Discharge Reg Mon DALLY MX 19 - mg/L C- No Discharge	Telephone: 309-647-1391 # of Ex. Frequency of Analysis Page Mon DAILY MX 19 - mg/L DLOS - Daily When Discharging C - No Discharge C - No Discharge	PLANT TREATED CSO Status: NetDMR Validated

Submission Note

Edit Check Errors 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

 No attachments.
 Report Last Saved By

 CANTON, CITY OF
 JMBOHLER

 User:
 Jared Bohler

 Intelligence
 2024-10-21 07:29 (Time Zone: -05:00)

 Pater Time:
 2024-10-21 07:29 (Time Zone: -05:00)

 Report Last Signed By
 JMBOHLER

 User:
 JMBOHLER

 Name:
 Jared Bohler

 E-Mail:
 Jmb984@yahoo.com

 Date/Time:
 2024-10-21 07:30 (Time Zone: -05:00)

EPA may make all the information submitted through this form (including all attenments) 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 (e.g., non-business cell phone number or non-business email address), confidential business information (e.g., non-business cell phone number or non-business email address), confidential business email address), confidential business email address and the submitted information email address and email address. Please not email address and email address. Please email address, confidential business email address.

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 of control from the provided provided in 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.

	50050			00530			00310		Code		Form NODI:	No Dat	Last Name:	First Name:	Princip	W0570250003	Consia	Monito	Report	Permit	Major:	Permit #:	Permit
	Flow, in conduit or thru treatment plant			Solids, total suspended			BOD, 5-day, 20 deg. C		Name	Parameter	IODI:	No Data Indicator (NODI)			Principal Executive Officer	250003	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:			
	lant G - Raw Sewage Influent			G - Raw Sewage Influent			G - Raw Sewage Influent			Monitoring Location			McDowell	Kent				From 09/01/24 to 09/30/24		INF Influent Structure	Yes	IL0027839	
	0			0			0			Season # Param. NODI				Title:				DA		Di	P	Pe	
Value NODI	Permit Req.	Sample =	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample	Qualifier 1	2				le:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
	Req Mon MO AVG	1.432 =							Value 1	Quantity				Mayor				10/2		INF-L	2 N CAN	CAN	
	Req Mon DAILY MX 03 - MGD	2,408							Qualifier 2 Value 2	Quantity or Loading				or				10/25/24		INF-L INFLUENT MONITORING	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
	03 - MGD	03 - MGD							Units Qualifier 1 Value 1 Qualifier 2														
				Req Mon MO AVG	= 163.3		Req Mon MO AVG	= 132.9	alue 1 Qualifier 2 Value 2	Quality or Concentration				Telephone:				Status:			Facility Location:	Facility:	
					19 - mg/L			19 - mg/L	Qualifier 3 Value 3 Units					309-647-1391				NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
	99/99 - Continuous	99/99 - Continuous		02/DA - 2 Days Every Week	02/DA - 2 Days Every Week		02/DA - 2 Days Every Week	02/DA - 2 Days Every Week		# of Ex. Frequency of Analysis											IRY STREET	TP, CITY OF	
				CP - COMPOS	CP - COMPOS			CP - COMPOS		Sample Type													

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

No attachments. Attachments

Report Last Saved By

Name: CANTON, CITY OF

Date/Time:

E-Mail:

Jared Bohler

JMBOHLER

jmb984@yahoo.com

2024-10-21 07:30 (Time Zone: -05:00)

Report Last Signed By

User:

E-Mail:

jmb984@yahoo.com Jared Bohler

JMBOHLER