DMR Copy of Record

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

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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 CANTON, IL 61520	**Facility Location:**	350 WEST HICKORY STREET CANTON, IL 61520
Permitted Feature:	001 External Outfall	**Discharge:**	**001-0** STP OUTFALL		

Report Dates & Status

Monitoring Period:	**From 09/01/26 to 09/30/26**	**DMR Due Date:**	**10/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; DMF LOAD LIMITS DISPLAYED.

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

No Data Indicator (NODI)

Form NODI: –

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration 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						=	7.7	=	7.49	=	7.1	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.						>=	5.5 MO AV MN	>=	4.0 MN WK AV	>=	3.5 DAILY MN	19 - mg/L		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	–	Sample						=	7.4			=	8.0	12 - SU		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample	=	80.4	=	133.7	26 - lb/d			=	3.6	=	5.2	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	835.0 MO AVG	<=	1669.0 DAILY MX	26 - lb/d			<=	12.0 MO AVG	<=	24.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	–	Sample										=	7.1	19 - mg/L		01/30 - Monthly	CP - Composite
					Permit Req.											Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - Composite
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	8	–	Sample	=	19.8	=	61.5	26 - lb/d			=	0.84	=	2.5	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	104.0 MO AVG	<=	209.0 DAILY MX	26 - lb/d			<=	1.5 MO AVG	<=	3.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	–	Sample								=	1.5	=	1.5	19 - mg/L		01/30 - Monthly	CP - Composite
					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - Composite
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	–	Sample	=	2.241	=	4.004	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									99/99 - Continuous	
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	Sample										=	0.0	19 - mg/L		CL/OC - Chlorination/Occurances	GR - Grab
					Permit Req.										<=	0.05 DAILY MX	19 - mg/L		CL/OC - Chlorination/Occurances	GR - Grab
					Value NODI															
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample										=	90.0	13 - #/100mL		02/DA - 2 Days Every Week	GR - Grab
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		02/DA - 2 Days Every Week	GR - Grab
					Value NODI															
					Sample	=	39.8	=	77.8	26 - lb/d			=	1.9	=	3.2	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.	<=	696.0 MO AVG	<=	1391.0 DAILY MX	26 - lb/d			<=	10.0 MO AVG	<=	20.0 DAILY MX	19 - mg/L		02/DA - 2 Days Every Week	CP - Composite

80082	**BOD, carbonaceous [5 day, 20 C]**	1 - Effluent Gross	0	–	Value NODI	

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:24 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:25 (Time Zone: -05:00)

DMR Copy of Record

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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 CANTON, IL 61520	**Facility Location:**	350 WEST HICKORY STREET CANTON, IL 61520
Permitted Feature:	002 External Outfall	**Discharge:**	**002-0** MAIN PLANT TREATED CSO		

Report Dates & Status

Monitoring Period:	**From 09/01/26 to 09/30/26**	**DMR Due Date:**	**10/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; NUMBER OF DAYS OF DISCHARGE:CS

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration 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											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Permit Req.															
					Value NODI											C - No Discharge				
00400	**pH**	1 - Effluent Gross	0	–	Sample															
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI							C - No Discharge				C - No Discharge				
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					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		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	Sample															
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample															
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
82220	**Flow, total**	1 - Effluent Gross	0	–	Sample															
					Permit Req.			Req Mon MO TOTAL	80 - Mgal/mo										DL/DS - Daily When Discharging	CN - Continuous
					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:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:21 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:25 (Time Zone: -05:00)

DMR Copy of Record

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

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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 CANTON, IL 61520	**Facility Location:**	350 WEST HICKORY STREET CANTON, IL 61520
Permitted Feature:	003 External Outfall	**Discharge:**	**003-0** CSO-STP BYPASS		

Report Dates & Status

Monitoring Period:	**From 09/01/26 to 09/30/26**	**DMR Due Date:**	**10/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; RECEIVING WATER:MAUVAISTERRE 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(11) CFU/DAY MAY-OCTOBER

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading: Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration: 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 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
00400	**pH**	1 - Effluent Gross	0	–	Sample															
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI						C - No Discharge				C - No Discharge					
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample															
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
30500	**Coliform, fecal - % samples exceeding limit**	1 - Effluent Gross	0	–	Sample															
					Permit Req.										<=	10.0 MAXIMUM	23 - %			
					Value NODI										C - No Discharge					
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	Sample															
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample															
					Permit Req.									Req Mon GEO MEAN		Req Mon DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge		C - No Discharge				
82220	**Flow, total**	1 - Effluent Gross	0	–	Sample															
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					Value NODI				C - No Discharge											

Submission Note

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Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:21 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:25 (Time Zone: -05:00)

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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 CANTON, IL 61520	**Facility Location:**	350 WEST HICKORY STREET CANTON, IL 61520
Permitted Feature:	004 External Outfall	**Discharge:**	**004-0** EAST PLANT TREATED CSO		

Report Dates & Status

Monitoring Period:	**From 09/01/26 to 09/30/26**	**DMR Due Date:**	**10/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003 ; NUMBER OF DAYS OF DISCHARGE:CS

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration 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		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
00400	**pH**	1 - Effluent Gross	0	–	Sample															
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		DL/DS - Daily When Discharging	GR - Grab
					Value NODI							C - No Discharge				C - No Discharge				
00530	**Solids, total suspended**	1 - Effluent Gross	0	–	Sample															
					Permit Req.											Req Mon DAILY MX	19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	–	Sample															
					Permit Req.									Req Mon MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
50060	**Chlorine, total residual**	1 - Effluent Gross	0	–	Sample															
					Permit Req.								<=	0.75 MO AVG			19 - mg/L		DL/DS - Daily When Discharging	GR - Grab
					Value NODI									C - No Discharge						
74055	**Coliform, fecal general**	1 - Effluent Gross	0	–	Sample															
					Permit Req.										<=	400.0 DAILY MX	13 - #/100mL		DL/DS - Daily When Discharging	GR - Grab
					Value NODI											C - No Discharge				
82220	**Flow, total**	1 - Effluent Gross	0	–	Sample															
					Permit Req.				Req Mon MO TOTAL	80 - Mgal/mo									DL/DS - Daily When Discharging	CN - Continuous
					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:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:21 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:25 (Time Zone: -05:00)

DMR Copy of Record

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

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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 CANTON, IL 61520	**Facility Location:**	350 WEST HICKORY STREET CANTON, IL 61520
Permitted Feature:	INF Influent Structure	**Discharge:**	**INF-L** INFLUENT MONITORING		

Report Dates & Status

Monitoring Period:	**From 09/01/26 to 09/30/26**	**DMR Due Date:**	**10/25/26**	**Status:**	**NetDMR Validated**

Considerations for Form Completion

W0570250003

Principal Executive Officer

First Name:	Kent	**Title:**	Mayor	**Telephone:**	309-647-1391
Last Name:	McDowell				

No Data Indicator (NODI)

Form NODI: –

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration 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								=	51.2			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.									Req Mon MO AVG			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
00530	**Solids, total suspended**	G - Raw Sewage Influent	0	–	Sample								=	130.4			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Permit Req.									Req Mon MO AVG			19 - mg/L		02/DA - 2 Days Every Week	CP - Composite
					Value NODI															
50050	**Flow, in conduit or thru treatment plant**	G - Raw Sewage Influent	0	–	Sample	=	2.241	=	4.004	03 - MGD									99/99 - Continuous	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									99/99 - Continuous	
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

No attachments.

Report Last Saved By

CANTON, CITY OF

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com
Date/Time:	2026-10-20 08:20 (Time Zone: -05:00)

Report Last Signed By

User:	JMBOHLER
Name:	Jared Bohler
E-Mail:	jmb984@yahoo.com

Date/Time: 2026-10-20 08:25 (Time Zone: -05:00)