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 2.20(3a), 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 already be disclosed 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 NPDES afterporting. 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 or information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection or 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. 2046). 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	Form NODI:	Last Name:	First Name:	Princip	W0570	Monit	Repor	Permi	Major:	Permit #:	7
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	PH	Oxygen, dissolved [DO]	Parameter Name	Form NODI:	ta Indicator (NODI)	Vame:	Principal Executive Officer	W0570250003 : DMF DAD IMITS DISPLAYED	Monitoring Period:	Report Dates & Status	Permitted Feature:		t#:	
1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	ant 1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 4	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	1 - Effluent Gross 0	Monitoring Location Season # Param. NODI		McDowell	Kent	į	AVED	From 05/01/24 to 05/31/24		001 External Outfall	Yes	IL0027839	
1	ı	1	1	1	1	I	T	Î	1	n# Param. N											
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												
104.6 = 696.0 MO AVG <=			5.338 = Req Mon MO AVG		: 11.6 = := 104.0 MO AVG <=		= 208.2 = <= 835.0 MO AVG <=			Qualifier 1 Value 1 C			Title:			DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
166.5 1391.0 DAILY MX			6.48 03 - MGD Req Mon DAILY MX 03 - MGD		58.3 209.0 DAILY MX		346,7 1669.0 DAILY MX			Quantity or Loading Qualifier 2 Value 2			Mayor			06/25/24		001-0 STP O	2 NOR CANTO	CANTO	
26 - lb/d 26 - lb/d			03 - MGD 03 - MGD		26 - Ib/d 26 - Ib/d		26 - lb/d 26 - lb/d	= 7.6 >= 6.0 MINIMUM		Units Qualifier 1 Value 1 Qualifier 2 Value 2						24		001-0 STP OUTFALL	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
1 "				п	î "		î "	MUM	¥ "	ie 1 Quali											
2.5 10.0 MO AVG				0.42 Req Mon MO AVG	0.27 1.5 MO AVG		4.8 12.0 MO AVG		8.16 6.0 MN WK AV	Quality or Concentration fier 2 Value 2 Qualific			Telephone:			Status:			Facility Location:	Facility:	
î "	A II	^ "		WG =	A II	u	î II	^ II		oncentration Qualifier 3									on:		
3.7 20.0 DAILY MX	10.0 400.0 DAILY MX	0.0 0.05 DAILY MX		0.42 19 - mg/L Req Mon DAILY MX 19 - mg/L	1.35 3.0 DAILY MX	3.5 19 - mg/L Req Mon DAILY MX 19 - mg/L	7.6 24.0 DAILY MX	7.9 9.0 MAXIMUM	.0 D/	or 3 Value 3			30			Ne			3£	Q	
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 VIX 19 - mg/L	19 - mg/L 19 - mg/L	12 - SU 12 - SU	19 - mg/L 19 - mg/L	Units			309-647-1391			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 99/99 - 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	GR - GRAB GR - GRAB	GR - GRAB 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 No errors.

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

E-Mail:

User: Date/Time:
Report Last Signed By

Date/Time: E-Mail: Name:

CANTONWWTP

jcarruthers@cantoncityhall.org Joseph Carruthers

2024-06-05 07:54 (Time Zone: -05:00)

jcarruthers@cantoncityhall.org 2024-06-05 07:59 (Time Zone: -05:00) Joseph Carruthers CANTONWWTP

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 disclossed to the public. Although we do not foresee a need for persons to assert a 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 eRegording 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 its not required to respond to, a collection of information unless it displays a currently valid CMB 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. 20450. Include the OMB control number in any correspondence. Do not send the completed form to this address.

	82220			74055		50060		00610		00530		00400			00310	Code		Form NODI:	No Dat	Last Name:	First Name:	Princip	W0570	Consid	Monito	Report	Permit	Major:	Permit #:	Permit
	82220 Flow, total			74055 Coliform, fecal general		Chlorine, total residual		Nitrogen, ammonia total [as N]		Solids, total suspended		pH			BOD, 5-day, 20 deg. C	NAME OF THE OWNER, THE	Parameter	IODI:	No Data Indicator (NODI)	ame:	ame:	Principal Executive Officer	W0570250003; NUMBER OF DAYS OF DISCHARGE:CS	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:		浄	
	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 05/01/24 to 05/31/24		002 External Outfall	Yes	IL0027839	
	0			0		0		0		0		0			0		n Season)5/31/24					
	1			1		1		1		J		I			1		# Param. NO													
Value NODI	Permit Req.	Sample	Value NODI	Sample Permit Req.	Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Req.	Value NODI	Permit Keq.	Sample	Value NODI	Permit Req.	Semnia	IDI													
			DI	ē.	Di	,a	DI	ą.	0	.	DI	Ÿ		DI	ă,	dualities i Adine i Augustes x	Quantity				Title:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
C - No Discharge	Req Mon MO TOTAL															7 anies	or L													
arge	OTAL 80 - Mgal/mo															Omes					Mayor				06/25/24		002-0 MAIN PLANT TREATED CSO	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
												vii o				- minimum											TREATED (N ST 1520	YOF	
											C - No Discharge	6.0 MINIMUM				A and a											SO			
						^		77								Andillier 2														
				î	C - No Discharge	0.75 MO AVG	C - No Discharge	Req Mon MO AVG				•				value Z Gualliler 3	ntra				Telephone:				Status:			Facility Location:	Facility:	
			C - No Discharge	400.0 DAILY MX					C - No Discharge	Req Mon DAILY MX 19 - mg/L	C - No Discharge	9.0 MAXIMUM		C - No Discharge	Req Mon DAILY MX 19 - mg/L	c entity c tal					ω				-				0	
				13 - #/100mL		19 - mg/L		19 - mg/L		19 - mg/L		12-SU			19 - mg/L	Onlis					309-647-1391				NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
	DL/DS - Daily When Discharging CN - CONTIN			DL/DS - Daily When Discharging GR - GRAB		DL/DS - Daily When Discharging GR - GRAB			DL/DS - Dally When Discharging GR - GRAB		# of Ex. Frequency of Analysis								2)RY STREET 0	STP, CITY OF							
	CN - CONTIN			GR - GRAB		GR - GRAB		GR-GRAB		GR - GRAB		GR - GRAB			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.

Comments

No attachments.
Report Last Saved By
CANTON, CITY OF
User:
User:
I Joseph Carruthers
E-Mail:
Date/Time:
Report Last Signed By
User:
Name:
Last Signed By
User:
Date/Time:
Date/T

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 affect be disclosed to the upblic. 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 NPDES eReporting 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 of 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.

	82220		74055			50060		30500			00530		00400			00310		Code		Form NODI:	No Data	Last Name:	First Name:	Princip	W05702	Conside	Monitor	Report	Permitt	Major:	Permit #:	Permit
	82220 Flow, total		Coliform, fecal general			50060 Chlorine, total residual		30500 Coliform, fecal - % samples exceeding limit			00530 Solids, total suspended		PH			BOD, 5-day, 20 deg. C		Name	Parameter		No Data Indicator (NODI)			Principal Executive Officer	W0570250003; RECEIVING WATER:MAUVAISTERRE CREEKNUMBER OF DAYS OF DISCHARGE EFF 1/10/12015 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	Considerations for Form Completion	Monitoring Period:	Report Dates & Status	Permitted Feature:			
	1 - Effluent Gross 0		1 - Effluent Gross 0			1 - Effluent Gross 0		g limit 1 - Effluent Gross 0			1 - Effluent Gross 0		1 - Effluent Gross U			1 - Effluent Gross 0			Monitoring Location Season # Param. NODI	I		McDowell	Kent		AISTERRE CREEKNUMBER O		From 05/01/24 to 05/31/24		003 External Outfall	Yes	IL0027839	
	1		ı			ľ		ı			I		I			ı			ion # Param. No						F DAYS OF D							
Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Value NODI	the state of	Sample Permit Ren	Value NODI	Permit Neq.	Sample		ODI						SCHARGE							
																		Qualifier 1 Value 1 Qualifier 2	Quantity				Title:		EFF 11/01/2015 THE GEO		DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
C - No Discharge	Req Mon MO TOTAL 80 - Mgal/mo																	Value 2 Units	Quantity or Loading				Mayor		MEAN FOR OUTFALLS 00		06/25/24		003-0 CSO-ST	2 NORT CANTO	CANTO	
	5											C - No Discharge		SO MINIMIN O				Qualifier 1 Value 1							2,003, AND 004 SHALL NO		4		003-0 CSO-STP BYPASS	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
		C - No Discharge	Req Mon GEO MEAN		C - No Discharge	<= 0.75 MO AVG				C - No Discharge	Req Mon MO AVG				C - No Discharge	Red Mon MO AVG		Qualifier 2 Value 2	Quality or Concentration				Telephone:		T EXCEED A DAILY MAX VA		Status:			Facility Location:	Facility:	
		C - No Discharge	Req Mon DAILY MX 13-#/100mL				C - No Discharge					C - No Discharge	S.O MOSSINICIAI					Qualifier 3 Value 3	ation				309-647-1391		LUE OF 4.5 x 10(11) CFU/DA		NetDMR			350 WES	CANTON	
			13 - #/100mL			19 - mg/L		23 - %			19 - mg/L		2-30	20 00		19 - mg/L		Units	44:				1391		Y MAY-OCTO		NetDMR Validated			350 WEST HICKORY STREET CANTON, IL 61520	CANTON WEST STP, CITY OF	
	DL/DS - Daily When Discharging CN - CONTIN		DL/DS - Daily When Discharging GR - GRAB			DL/DS - Daily When Discharging GR - GRAB					DL/DS - Daily When Discharging GR - GRAB		DDD3 - Daily Wilett Discharging GR - GRAB			DL/DS - Daily When Discharging GR - GRAB			# of Ex. Frequency of Analysis						BER					STREET	CITY OF	
	CN - CONTIN		GR - GRAB			GR - GRAB					GR - GRAB		GK-GKAB			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.

Attachments

No aliantments
Report Last Saved By
CANTON, CITY OF
User:
CANTON CANTON

CANTONWWTP
Joseph Carruthers
jcarruthers@cantoncityhall.org
2024-06-05 07:59 (Time Zone: -05:00)

Name: E-Mail: 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 or 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 practiceable since it may already be disclosed 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 NEDES eReporting 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(1)(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.

Permittee: Permittee Address: Discharge: Discharge: Qualifier 1 Value 1 Qualifier 2						C - No Discharge		Value NODI				
						C No Discharge		Value NODI				02220
Parmittes: Par					80 - Mgal/mg	Reg Mon MO TOTAL		Sample Permit Reg.				8330
	īg	C - No Dischar,						Value NODI				
Est LL027839 Parmittes								Sample Permit Req.				
	1	harge	C - No Disch					Value NODI				
								Sample Permit Req			Chlorine, total residual	
		harge	C - No Disch					Value NODI				
#:		AVG	Reg Mon MO A					Permit Req				
#: LL00278395 Yes Permittee: CANTON, CITY OF Facility Contition: CANTON, CITY OF Permittee: CANTON, CITY OF Pacility Contition: CANTON, CITY OF CANTON, LE 5220 CANT	arge	C - No Dischar						Sample Sample	-			I
##:	×	Req Mon DAILY N					F	Sample Permit Req				00530
#:	arge	C - No Dischar		C - No Discharge			_	Value NOD				
#: LL0027839 Yes Yes Permittee: CANTON, CITY OF Excitity: Permittee: CANTON, CITY OF Excitity: Permittee: CANTON, LE1520 Date & Status Date & Status Discharge:	12 - SU			6.0 MINIMUM	¥			Sample Permit Req			PH	
#: LO027839	arge	C - No Dischar						GON ente A				
#: L0027839	MX 19 - mg/L	Reg Mon DAILY M						Permit Req			BOD, 5-day, 20 deg. C	
#: L0027839 Permittee: CANTON, CITY OF		salifier 3	Qualifier 2 Value	Value 1			Qualifier 1 Value 1				Name	Code
#: IL0027839 Permittee: CANTON, CITY OF Yes Yes Permittee: CANTON, CITY OF 2 NORTH MAIN ST 2 N		ncentration	Quality or Con			Quantity or Loading		am, NODI	eason# Par	Monitoring Location S	Parameter	
#: IL0027839												Form NO
#: L0027839											Indicator (NODI)	No Data
#: L0027839 Permittee: CANTON, CITY OF Yes Yes Permittee Address: 2 NORTH MAIN ST 2 NORTH										cDowell		Last Nai
#: IL0027839 Permittee: CANTON, CITY OF Yes Permittee Address: 2 NORTH MAIN ST 2 NORTH MAIN ST	309-647-1391	aphone:	Tele		Mayor		Title:			ent		First Na
#: IL0027839 Permittee: CANTON, CITY OF Permittee: CANTON, CITY OF Permittee Address: 2 NORTH MAIN ST CANTON, IL 61520 CANTON, IL 61520											I Executive Officer	Principa
#: IL0027839										SCHARGE:CS	50003; NUMBER OF DAYS OF DI	W05702
#: IL0027839											rations for Form Completion	Conside
#: IL0027839	NetDMR Validated	itus:	Stat		06/25/24	0:	DMR Due Date		1/24	rom 05/01/24 to 05/3		Monitori
#: IL0027839											Dates & Status	Report I
#: IL0027839				ED CSO	004-0 EAST PLANT TREATE		Discharge:			04 xternal Outfall		Permitte
IL0027839 Permittee: CANTON, CITY OF	350 WEST HICKORY STREET CANTON, IL 61520	cility Location:	Fac		2 NORTH MAIN ST CANTON, IL 61520	dress:	Permittee Add			es	· ·	Major:
	CANTON WEST STP, CITY OF	sility:	Fac		CANTON, CITY OF		Permittee:			.0027839		Permit #

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.

Comments

Date/Time:
Report Last Signed By
User:
Name: No attachments.
Report Last Saved By
CANTON, CITY OF E-Mail: Name: Joseph Carruthers jcarruthers@cantoncityhall.org 2024-06-05 07:59 (Time Zone: -05:00) CANTONWWTP CANTONWWTP

E-Mail: Date/Time:

Joseph Carruthers jcarruthers@cantoncityhall.org 2024-06-05 07:56 (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 cell claim to docters), confidential business information information. EPA camnot accommodate a late CBI claim to docter previously submitted information near not administratively practicable since it may already be disclosed to the public. Although we do not foressee 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 eReporting Helip 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 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 F		00530 8			00310 E		Code		Form NODI:	No Data I	Last Name:	First Name:	Principal	W0570250003	Consider	Monitorin	Report Du	Permittec	Major:	Permit #:	Permit
	Flow, in conduit or thru treatment plant		Solids, total suspended			BOD, 5-day, 20 deg. C		Name	Parameter	DI:	No Data Indicator (NODI)	ne: McDowell	ne: Kent	Principal Executive Officer	0003	Considerations for Form Completion	Monitoring Period: From I	Report Dates & Status	Permitted Feature: INF Influen	Yes	IL0027839	
	G - Raw Sewage Influent		G - Raw Sewage Influent	20000000		G - Raw Sewage Influent			Monitoring Location			well					From 05/01/24 to 05/31/24		INF Influent Structure		7839	
	0		0			0			Season #													
	ı		1			1			Season # Param. NODI				Title:				DM		Dis	Per	Per	
Value NODI	Sample Permit Req.	Value NODI	Permit Req.	Sample	Value NODI	Permit Req.	Sample						9:				DMR Due Date:		Discharge:	Permittee Address:	Permittee:	
	"							Qualifier 1									**			ress:		
	5.338 Req Mon MO AVG							Value 1														
	AVG =							Qualifier 2	Quantity or Loading				Mayor				06/25/24		INF-L	2 NOF	CANT	
	6.48 Req Mon								Loading								24		INF-L INFLUENT MONITORING	2 NORTH MAIN ST CANTON, IL 61520	CANTON, CITY OF	
	6.48 03 - MGD Req Mon DAILY MX 03 - MGD							Value 2											ORING	0 1	FI	
	03 - MGD 03 - MGD							Units Qu														
							ш	Units Qualifier 1 Value 1 Qualifier 2					Telephone:				Status:			Facili	Facility:	
			Req Ma	58.6		Req Mi	32.8		Quality or				hone:				9:			Facility Location:	ty:	
			Req Mon MO AVG			Req Mon MO AVG		Value 2	Quality or Concentration													
			_	1		1		Qualifier 3 Value 3 Units	-				309-647-1391				NetDMR Validated			350 WES	CANTON	
			19 - mg/L	19 - mg/L		19 - mg/L	19 - mg/L	Units	# 01				1391				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 CP - COMPOS	02/DA - 2 Days Every Week		02/DA - 2 Days Every Week	02/DA - 2 Days Every Week		# of Ex. Frequency of Analysis											STREET	o, CITY OF	
			k CP - COMPOS	ek CP - COMPOS		ek CP - COMPOS	ek CP - COMPOS		is 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.

Attachments

Report Last Saved By

User: CANTON, CITY OF

CANTONWWTP

2024-06-05 07:57 (Time Zone: -05:00) jcarruthers@cantoncityhall.org Joseph Carruthers

E-Mail: Date/Time:

Report Last Signed By

E-Mail:

jcarruthers@cantoncityhall.org Joseph Carruthers CANTONWWTP