NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: 12/08 (MONTH YEAR) **NO DISCHARGE**

NAME:	Bloomington & Normal Water Reclamation District	**PERMIT NUMBER**	IL0027731
ADDRESS:	P.O. Box 3307		
CITY:	Bloomington	**STATE:** IL.	**ZIP CODE** 61702 **TELEPHONE** 309-827-4396

RAIN EVENT START DATE:	ESTIMATED DURATION OF EVENT (IN HOURS):	ESTIMATED AMOUNT OF RAINFALL (IN INCHES):	CSO OUTFALL NUMBER:	OUTFALLS THAT DISCHARGED OUTFALL DESCRIPTION	ESTIMATED DURATION OF CSO DISCHARGE (IN HOURS):

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kenneth L. Schroeder
President, Board of Trustees
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE IN FORMATION INCLUDING THE POSSIBILITY OF FINE AND) IMPRISONMENT. SEE 18 U SEE 18 USC 1001 AND 33 USC 1319 *PENALTIES UNDER THESE STATUTES MAY INCLUDE FINI IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS*

Donald J. Hughes
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE
01/09/09
MO DAY YR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Failure to do so may prevent this form from being processed and could result in your application being denied.

This form has been approved by the Forms Management Center.