

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

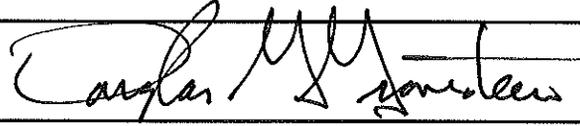
MONITORING PERIOD **DEC 2008**
MONTH/YEAR

NO CSO DISCHARGES OCCURRED: X

NAME City of Bloomington			PERMIT NUMBER: IL0072001		
ADDRESS: 115 E. Washington St					
CITY Bloomington, IL		ZIP CODE: 61702		TELEPHONE: 309-434-2225	
RAIN EVENT START DATE	ESTIMATED DURATION OF EVENT (IN HOURS)	ESTIMATED AMOUNT OF RAINFALL (IN INCHES)	CSO OUTFALLS THAT DISCHARGED		ESTIMATED DURATION OF CSO DISCHARGE (IN HOURS)
			OUTFALL NUMBER	OUTFALL DESCRIPTION	
01-Dec-08					
02-Dec-08					
03-Dec-08					
04-Dec-08					
05-Dec-08					
06-Dec-08					
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29-Dec-08					
30-Dec-08					
31-Dec-08					

I CERTIFY UNDER LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION HEREIN AND BASED ON MY INQUIRY OF THOSE IMMEDIATELY RESPONSIBLE FOR THE COLLECTION OF THIS INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE AND ACCURATE AND COMPLETE. THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.
SEE 18 USC 1001 AND 33 USC 1319 (FOR PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR A MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
DOUGLAS GROVESTEN P.E. DIRECTOR OF ENGINEERING
TYPED OR PRINTED

	DATE M/D/Y
SIGNATURE OF EXECUTIVE OFFICER OR AUTHORIZED AGENT	

SECTION 1039. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER ILLINOIS REVISED STATUTES, 1991, CHAPTER 111 1/2, SECTION 1039. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN YOUR APPLICATION BEING DENIED.