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

MONITORING PERIOD: January 2010 (MONTH YEAR) NO DISCHARGE

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

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

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 SUMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18USC 1001 AND 33USC1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000, AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS). 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:	DATE
Kenneth L. Schroeder President Board of Trustees TYPED OR PRINTED	Donald J. Hughes	**02/10/2010** MO DAY YR
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:	