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

MONITORING PERIOD: July / 2012 **NO. CSO DISCHARGES OCCURRED:** 0

MONTH / YEAR

NAME: CITY OF MATTOON WWTP **PERMIT NUMBER**: IL0029831

ADDRESS: 820 S. 5TH PLACE **CERTIFIED MAIL EDMR CSO**

CITY: MATTOON **STATE**: ILLINOIS **ZIP CODE:** 61938 **TELEPHONE:** (217) 234-6828

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:	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMNED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC $ 1001 AND 33 USC $ 1319 (*Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years*)		DATE		
TIM GOVER			8	02	12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MO	DAY	YEAR

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 that Section. 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.

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