

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
 DIVISION OF PUBLIC WATER SUPPLIES
 FACILITY #IL1310300

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: February 2024
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		CI FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION	DAY TANK	
**		66230302							
1	8:00	66250323	20021		201 Newcomer		1.6	21	T
2	8:30	66270703	20380					15	T
3	9:00	66291206	20503		201 Newcomer		1.5	8.45	T
4	15:30	66318888	27682					37	T
5	15:30	66339567	20679		705 S Main		1.6	30	T
6	16:45	66360885	21318					24	T
7	16:00	66381069	20184					16	T
8	15:30	66401024	19955					10.45	T
9	16:15	66422080	21056					38	T
10		66422080	0						T
11	13:45	66461609	39529					25	T
12	15:30	66484845	23236					17	T
13	15:15	66505459	20614					10:20	T
14	14:45	66525099	19640					14	T
15	8:30	66540555	15456		201 Newcomer		1.6	8.45	T
16	8:45	66561725	21170					39	T
17		66561725	0						T
18	9:00	66632419	70694					11	T
19	9:00	66660297	27878		705 S Main		1.2	10.45	T
20		66660297	0						T
21	9:00	66682635	22338					37	T
22	9:20	66703068	20433					30	T
23	9:00	66722831	19763		201 Newcomer		1.2	23	T
24	8:00	66743432	20601					17	T
25	8:45	66765138	21706					11.45	T
26	8:30	66786614	21476		201 Newcomer		1.2	40	T
27		66786614	0						T
28	11:30	66831274	44660					28	T
29	8:30	66850486	19212					23	T
30		66850486	0						T
31		66850486							T
Total			620,184					194.0	
Ave.			21,386						
Max.			27,878						
Min.			15,456						

I certify that the information in this report is complete and accurate to the best of my knowledge:

REPORTED BY (SIGNATURE):

8552
 CERT. OR REG. NO.

Cert. (SUBMITTED):

METER LOCATION: PUMP HOUSE
 TYPE OF CI TEST KIT AND/OR METHOD USED:
 COLOR DISC
 DATE MONTHLY BACTERIOLOGICAL SAMPLES
 SUBMITTED:

*INDICATE TYPE OF CI RESIDUAL

F=FREE; C=COMBINED; T=TOTAL

**RECORD METER READING FROM LAST DAY OF PREVIOUS MONTH: