

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: April 2022
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		C1 FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)		DAY TANK	*
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION			
**		47462031							40.0	T
1	8:30	47481943	19,912						34	T
2	10:00	47501828	19,885						27	T
3	10:00	47501828	0						23	T
4	9:00	47542686	40,858		201 Newcomer	2.5		1.8	18	T
5	10:00	47562384	19,698						12	T
6	9:00	47579922	17,538						7.40	T
7	8:45	47598724	18,802		201 Newcomer	2.5		1.8	35	T
8	10:00	47619263	20,539						28	T
9		47619263	0		705 S Main	2.5		1.6		T
10		47619263	0						11.45	T
11	8:45	47676553	57,290						40	T
12	7:15	47695956	19,403		300 Short	2.5		1.5		T
13		47695956	0						30	T
14	9:30	47729221	33,265		201 Newcomer	2.5		1.8	24	T
15	9:00	47744616	15,395						16	T
16	9:30	47761804	17,188						11	T
17	9:30	47779554	17,750		201 Newcomer	2.5		1.2	6.45	T
18		47795727	16,173		705 S Main	2.5		1.2	40	T
19	8:30	47813432	17,705						40	T
20		47813432	0						29	T
21	8:00	47850792	37,360						23	T
22	10:00	47868144	17,352						23	T
23		47868144	0		201 Newcomer	3.0		1.5		T
24		47868144	0						8.45	T
25	8:00	47993714	125,570							T
26		47993714	0							T
27		47993714	0		705 S Main	3.0		1.2		T
28	8:30	48008364	14,650						30	T
29	8:30	48032745	24,381						25	T
30		48032745	0							T
31		48032745	0							T
Total			570,714						158.0	
Ave.			19,679							
Max.			20,539							
Min.			15,395							

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. ()
 DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:
 TYPE OF C1 TEST KIT AND/OR METHOD USED:
 COLOR DISC
 MIETER LOCATION: PUMP HOUSE

*INDICATE TYPE OF C1 RESIDUAL
 F=FREE; C=COMBINED; T=TOTAL

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