

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

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

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		DAY TANK	*
				Reading	Distribution Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	8:30	67536107	22,508					23.0	T
2	9:15	67580034	21,419	705 S Main		2.5	1.20	10.40	T
3	8:00	67580034	0					28	T
4	9:45	67622553	42,519					21	T
5	9:45	67645613	23,060					15	T
6	9:00	67666475	20,862					10.45	T
7	9:00	67688600	22,125					37	T
8	9:00	67712463	23,863	705 S Main		2.5	1.60	31	T
9	8:00	67733564	21,101			3.0	1.33	25	T
10	8:30	67756846	23,282					13	T
11		67756846	0					7.40	T
12	8:30	67800922	44,076	201 Newcomer		2.5	1.21	26	T
13	8:45	67822192	21,270					15	T
14		67822192	0					9.40	T
15	8:45	67878141	55,949	201 Necomer		3.0	1.20	35	T
16	8:30	67900781	22,640					28	T
17	9:00	67923885	23,104					15	T
18	13:15	67949311	25,426					35	T
19	9:00	67966558	17,247	201 Newcoer		3.0	1.97	28	T
20	9:00	67987923	21,365					15	T
21		67987923	0					10.36	T
22	8:00	68038410	50,487	201 Newcomer		3.0	1.20	30	T
23	8:00	68060667	22,257	705 S Main			2.00	24	T
24	8:30	68082914	22,247					11.45	T
25	8:30	68105098	22,184					35	T
26		68105098	0					20	T
27	9:30	68150425	45,327					192.0	T
28		68150425	0						T
29	7:45	68196122	45,697						T
30	8:30	68219806	23,684	201 Newcomer		3.0	1.20		T
31		68219806							T
Total			683,699						
Ave.			22,789						
Max.			25,426						
Min.			17,247						

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.

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

Cert.:

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:  
 COLOR DISC