

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY
FOR THE MONTH OF: August 2019

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Amount Used lbs	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
1	15:30	30839055	35117			1.4	22.0	T
2	8:00	30852580	13525			1.2	17	T
3	9:00	30871576	18996			1.0	14	T
4	8:30	30894254	22678			1.1	10	T
5	9:00	30917087	22833			1.0	5/45	T
6	9:00	30951101	34014			1.2	41	T
7	9:30	30979951	28850			1.0	38	T
8	9:30	31010058	30107			1.0	35	T
9	9:00	31031278	21220			1.2	31	T
10	8:30	31049805	18527			1.0	26	T
11		31049805	0				23	T
12	8:30	31090461	40656			1.2	14	T
13	11:00	31113960	23499			1.0	9/45	T
14	9:15	31131988	18028			1.0	43	T
15	9:00	31149291	17303			1.2	38	T
16	11:00	31168686	19395			1.0	34	T
17	9:30	31183413	14727			1.0	30	T
18	9:30	31203501	20088			1.2	25	T
19	8:00	31221758	18257			1.2	21	T
20	7:00	31240739	18981			1.0	17	T
21		31240739	0				10	T
22	7:00	31274648	33909			1.0	6/45	T
23	7:00	31290734	16086			1.2		T
24		31290734	0					T
25	9:30	31327028	36294			1.0	40	T
26	9:00	31346133	19105			1.2	35	T
27		31346133	0				27	T
28	8:45	31380419	16282			1.0	24	T
29	8:00	31396701	17552			1.0	19	T
30	9:45	31414253	15297			1.0	15	T
31	9:00	31429550	625612			1.0	122.0	T
Total			20181.00					
Ave.			34014					
Max.			13525					
Min.								

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

CHLORINATION

FINISHED WATER

CHLORINE TESTS (mg/l)
DAY TANK

METER LOCATION: PUMP HOUSE

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

DATE MONTHLY BACTERIOLOGICAL SAMPLES
SUBMITTED:

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