

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

VILLAGE OF NORTH HENDERSON  
FOR THE MONTH OF: August 2020  
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	Amount Used lbs	Calcul mg/l	CI FINISHED			CHLORINE RESIDUAL DISTRIBUTION
**		36146804	22976				1.8	1.0	26.0	T
1	9:00	36169780	19777				1.8	1.0	21	T
2	8:20	36189557	15173				1.8	1.0	16	T
3	8:00	36204730	26071				1.8	1.0	10	T
4	8:00	36230801	14063				1.5	1.0	6:45	T
5	7:30	36244864	18796				1.5	0.8	40	T
6	8:00	36263660	0				2.0	1.0	33	T
7		36300013	36353				2.0	1.0	18	T
8	8:30	36317460	17447				2.0	1.0	12	T
9	10:00	36331539	14079				2.0	1.0	6:45	T
10	8:15	36331539	0				2.0	1.0	35	T
11		36359323	27784				1.8	1.0	27	T
12	8:30	36373786	14463				1.8	1.2	22	T
13	9:00	36387074	13288				1.8	1.2	22	T
14	9:00	36401391	14317				1.8	1.2	16	T
15	8:45	36401391	0				2.0	1.0	4:45	T
16	8:00	36432551	31160				2.0	1.0	37	T
17		36453289	20738				2.0	1.2	32	T
18	13:30	36465845	12556				2.0	1.2	25	T
19	8:00	36480301	14456				2.0	1.2	20	T
20	8:00	36495015	14714				1.8	1.2	14	T
21	8:45	36508826	13811				1.8	1.0	14	T
22	9:00	36508826	0				1.8	1.0	1:45	T
23		36541069	32243				1.8	1.2	39	T
24	9:00	36557554	16485				1.8	1.2	33	T
25	9:30	36570961	13407				2.0	1.2	26	T
26	8:00	36588851	17890				2.0	1.0	20	T
27	7:45	36604404	15553				2.0	1.0	14	T
28	10:15	36619990	16376				2.0	1.0	8:40	T
29	9:00	36636366	16454				2.0	1.0	31	T
30	10:00	36652820	506.016				2.0	1.0	190.0	T
31	9:00		16.323							
Total			26.071							
Ave.			13.407							
Max.										
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

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