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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: August 2025

CHLORINATION

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE Reading	Gallons	Address	FINISHED WATER CHLORINE TESTS (mg/l) CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
**				77613877		31					
1	12:30		0	77630905	17,028	29	2	201 Necomer		1.10	0.82
2	9:30		0	77642023	11,118	25	4				
3			0	77642023	0	25	0				
4	8:45		0	77670582	28,559	19	6				
5	10:00		0	77699229	28,647	14	5	705 S Main		0.97	0.51
6	8:00		0	77717104	17,875	10	4				
7*	8:30		0	77732416	15,312	5;40	5				
8			0	77732416	0	0	0				
9	9:30		0	77759559	27,143	33	7				
10	18:30		0	77780547	20,988	28	5	705 S Main		1.06	0.53
11	9:30		0	77788692	8,145	25	3				
12	7:30		0	77802692	14,000	23	2				
13*			0	77802692	0	23	0				
14	9:00		0	77830622	27,930	17	6	705 S Main		1.07	0.50
15	9:45		0	77843517	12,895	15	2				
16	9:30		0	77856613	13,096	11	4	201 Necomer		1.45	1.27
17	10:00		0	77872909	16,296	8;40	3				
18			0	77872909	0	40	0				
19			0	77872909	0	40	0				
20			0	77872909	0	40	0				
21*	7:45		0	77925817	52,908	24	16				
22	9:30		0	77939204	13,387	16	8	201 Necomer		1.58	1.44
23	10:30		0	77953682	14,478	11	5	705 S Main		1.50	1.45
24	11:00		0	77968386	14,704	5;40	6				
25			0	77968386	0	40	0				
26	8:45		0	77994733	26,347	30	10				
27*			0	77994733	0	30	0				
28			0	77994733	0	30	0				
29	9:45		0	78035486	40,753	11;42	19				
30	8:45		0	78047651	12,165	38	3	705 S Main		1.46	1.30
31			0	78047651	0	38	0				
Total			**0**		**433,774**		**125**				
Ave.					**14,459**						
Max.					**28,647**						
Min.					**8,145**						

WELL 115.6 #1 0,9 #2 1 JOCKEY 506 GEN 0.8

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

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:
DR 300

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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