

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: December 2020
CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		DAY TANK	*
				Reading	Amount Used lbs	Calculated mg/l	CHLORINE RESIDUAL DISTRIBUTION		
1	6:15	38067042	6,188	14.9		2.5	1.8	30.0	T
2	8:30	38089187	15,957	14.3		2.5	1.8	25	T
3	12:00	38106194	17,007	14.5		2.5	1.8	16	T
4	13:00	38121769	15,575	14.3		2.5	1.8	8.45	T
5	9:30	38136380	14,611	16.1		2.5	1.8	37	T
6		38136380	0	16.8		2.5	1.8	30	T
7	11:30	38169074	32,694	15.7		2.5	1.8	14	T
8	6:15	38179824	10,750	14.9		2.5	1.8	7.45	T
9	7:50	38195005	15,181	14.1		2.5	1.8	38	T
10	6:15	38208344	13,339	14.4		2.5	1.8	30	T
11		38208344	0	14.5		2.5	1.8	30	T
12	15:00	38243092	34,748	14		2.5	2.0	12	T
13	10:15	38254389	11,297	15.1		2.5	2.0	6.45	T
14	9:00	38269122	14,733	15.1		2.5	2.0	38	T
15	8:45	38283363	14,241	14.7		2.5	2.0	30	T
16	9:00	38297822	14,459	14		2.5	2.0	22	T
17	9:45	38313702	15,880	15.7		2.5	2.0	15	T
18	9:25	38327980	14,278	14.5		2.5	2.0	8.45	T
19	9:45	38341558	13,578	13.5		2.5	2.0	39	T
20	9:30	38355225	13,667	14.1		2.5	2.0	31	T
21	10:00	38371559	16,334	15.3		2.5	1.8	24	T
22	10:15	38385465	13,906	14		2.5	1.8	16	T
23	10:00	38399012	13,547	13.8		2.5	1.8	9.45	T
24	9:15	38412647	13,635	14.1		2.5	1.8	39	T
25	7:45	38425681	13,034	14.4		2.5	1.8	31	T
26	8:00	38440400	14,719	14.1		2.5	1.8	24	T
27	8:30	38455671	15,271	14.2		2.5	2.0	15	T
28	9:30	38471123	15,452	15.7		2.5	2.0	7.20	T
29	9:00	38485896	14,773	14.8		2.5	2.0	15	T
30	9:30	38501144	15,248	14.8		2.5	2.0	8.45	T
31	8:15	38515887	14,743	14.8		2.5	2.0	39	T
Total			448,845	440.4				228.0	
Ave.			14,478						
Max.			17,007						
Min.			10,750						

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

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED: