

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

FOR THE MONTH OF:

December 2022
CHLORINATION

VILLAGE OF NORTH HENDERSON

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		
**		54630134						26.0	
1	9:30	54660483	30,349					20	T
2	9:00	54692254	31,771	705 S Main		2.5		1.0	T
3	9:30	54724541	32,287					9.45	T
4		54724541	0						T
5	8:30	54790902	66,361					34	T
6		54790902	0						T
7	9:00	54856921	66,019					20	T
8	9:30	54890596	33,675	705 S Main		2.5		1.0	T
9	8:45	54921629	31,033	705 S Main		2.5		1.0	T
10		54921629	0						T
11	9:15	54964536	42,907					34	T
12	9:00	54984968	20,432					27	T
13	7:00	55003712	18,744	403 olvier		2.5		1.5	T
14	8:30	55022873	19,161					15	T
15	8:30	55042390	19,517					10.45	T
16		55042390	0						T
17		55042390	0						T
18	8:30	55099370	56,980	705 S Main		2.5		2.0	T
19	8:45	55121145	21,775					26	T
20	8:30	55140384	19,239					20	T
21	8:30	55159256	18,872					15	T
22		55159256	0					10.45	T
23	8:30	55201485	42,229	403 olvier		3.0		2.0	T
24	9:00	55226214	24,729					35	T
25		55226214	0					28	T
26	9:00	55269375	43,161					15	T
27	9:00	55291608	22,233	705 S Main		3.0		1.2	T
28		55291608	0					10.45	T
29	8:00	55356962	65,354					42	T
30	8:15	55395836	38,874	403 olvier		3.0		1.0	T
31	9:00	55434924	39,088	403 olvier		3.0		1.0	T
Total			804,790					173.0	
Ave.			25,960						
Max.			39,088						
Min.			18,744						

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