

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

Village Of North Henderson

FOR THE MONTH OF: December 2024
 CHLORINATION

| Date ** | Time Meter Read | PUMP METER | Hours | Meter Reading (1000 gal) | Water Treated (1000 gal) | PRE-CHLORINATION CHLORINE DOSAGE | | FINISHED WATER CHLORINE TESTS (mg/l) | | | |
|---------|-----------------|------------|-------|--------------------------|--------------------------|----------------------------------|---------|--------------------------------------|---------|-------------|--------------------------------------|
| | | | | | | Reading | Gallons | | Address | CI FINISHED | CHLORINE RESIDUAL DISTRIBUTION TOTAL |
| 1 | 11:30 | | 0 | 73014475 | | 42 | 3 | 201 Necomer | | 1.43 | |
| 2 | 9:30 | | 0 | 73091490 | 77,015 | 39 | 4 | 201 Necomer | | 1.45 | |
| 3 | 8:00 | | 0 | 73106259 | 14,769 | 35 | 2 | 201 Necomer | | 1.40 | |
| 4 | 10:30 | | 0 | 73120408 | 14,149 | 33 | 3 | | | 1.01 | |
| 5 | | | 0 | 73138150 | 17,742 | 30 | 0 | | | 1.20 | |
| 6 | 9:45 | | 0 | 73138150 | 0 | 30 | 7 | 201 Necomer | | | |
| 7 | 8:45 | | 0 | 73171569 | 33,419 | 23 | 3 | | | | |
| 8 | | | 0 | 73185254 | 13,685 | 20 | 0 | | | | |
| 9 | 8:30 | | 0 | 73185254 | 0 | 20 | 7 | 705 S Main | | | |
| 10 | 7:15 | | 0 | 73218010 | 32,756 | 13 | 3 | | | | |
| 11 | 9:45 | | 0 | 73232864 | 14,854 | 10 | 4 | | | | |
| 12 | 10:45 | | 0 | 73249013 | 16,149 | 6,45 | 2 | 201 Necomer | | | |
| 13 | 9:30 | | 0 | 73266485 | 17,472 | 41 | 0 | | | | |
| 14 | | | 0 | 73281231 | 14,746 | 39 | 0 | | | | |
| 15 | 9:45 | | 0 | 73281231 | 0 | 39 | 7 | 705 S Main | | | |
| 16 | 9:45 | | 0 | 73311950 | 30,719 | 32 | 4 | 201 Necomer | | 1.00 | |
| 17 | | | 0 | 73329330 | 17,380 | 28 | 0 | | | 1.20 | |
| 18 | 9:45 | | 0 | 73329330 | 0 | 28 | 7 | | | | |
| 19 | | | 0 | 73359608 | 30,278 | 21 | 2 | | | | |
| 20 | 10:00 | | 0 | 73374567 | 14,959 | 19 | 4 | | | | |
| 21 | 9:00 | | 0 | 73390524 | 15,957 | 15 | 3 | | | | |
| 22 | 9:30 | | 0 | 73405062 | 14,538 | 12 | 5 | 705 S Main | | 1.32 | |
| 23 | 14:00 | | 0 | 73412321 | 7,259 | 7,45 | 4 | | | | |
| 24 | | | 0 | 7342048 | 29,727 | 41 | 0 | | | | |
| 25 | | | 0 | 73442048 | 0 | 41 | 0 | | | | |
| 26 | 9:00 | | 0 | 73442048 | 0 | 41 | 9 | 201 Necomer | | 1.00 | |
| 27 | 12:30 | | 0 | 7348626 | 44,578 | 32 | 3 | 705 S Main | | 1.72 | |
| 28 | 9:00 | | 0 | 73505105 | 18,479 | 29 | 4 | | | | |
| 29 | 17:30 | | 0 | 73518017 | 12,912 | 25 | 4 | | | | |
| 30 | 10:45 | | 0 | 73540869 | 22,852 | 21 | 3 | | | | |
| 31 | 11:30 | | 0 | 73551718 | 10,849 | 18 | 3 | | | | |
| | | | 0 | 73568107 | 16,389 | 15 | 3 | | | | |
| Total | | | 0 | | 553,632 | | 104 | | | | |
| Ave. | | | | | 17,859 | | | | | | |
| Max. | | | | | 29,727 | | | | | | |
| Min. | | | | | 7,259 | | | | | | |

I certify that the information in this report is complete and accurate to the best of my knowledge:

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:

REPORTED BY (SIGNATURE):

8552

CERT. OR REG. NO.

*INDICATE TYPE OF CI RESIDUAL
 F=FREE; C=COMBINED; T=TOTAL