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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF: February 2026

CHLORINATION

Date	Time Meter Read	Pump Meter Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	Reading	Gallons	Address	Cl Finished	Chlorine Residual Distribution TOTAL	Chlorine Residual DIST FREE
1	12:30	0	80641338		45					
2	9:30	0	80660626	19,288	42				1.33	0.68
3		0	80676982	16,356	40					
4	8:45	0	80676982	0						
5*	10:00	0	80706819	29,837	35		705 S Main		1.40	
6	8:00	0	80706819	0	30					
7	8:30	0	80739312	32,493						
8		0	80739312	0						
9	9:30	0	80739312	0	21		705 S Main		1.37	0.83
10	18:30	0	80787739	48,427	20		705 S Main			
11*	9:30	0	80801942	14,203						
12	7:30	0	80801942	0	15					
13		0	80833035	31,093	13		705 S Main		1.70	0.62
14	9:00	0	80848370	15,335	11					
15	9:45	0	80865475	17,105	9					
16	9:30	0	80880825	15,350	6:45					
17	10:00	0	80880825	0	43		705 S Main		1.20	
18*		0	80911683	30,858						
19		0	80911683	0						
20		0	80911683	0						
21	7:45	0	80970482	58,799	35		201 Necomer		1.19	0.71
22	9:30	0	80970482	0						
23	10:30	0	81018151	47,669	28		705 S Main		1.20	
24	11:00	0	81018151	0	25					
25		0	81034199	16,048			705 S Main		1.14	0.71
26*	8:45	0	81034199	0						
27		0	81064297	30,098	21					
28		0	81080259	15,962	19					
29	9:45	0	81080259	0			705 S Main		1.20	
30	8:45	0	81080259	0						
31		0	81080259	0						
Total		0		438,921	65					
Ave.				15,675						
Max.				19,288						
Min.				14,203						

WELL 112.4 | #1 0.1 | JOCKEY 466.4 | GEN 0.6 | #2 0.1

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 Cl RESIDUAL
F=FREE; C=COMBINED; T=TOTAL

METER LOCATION: PUMP HOUSE

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

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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