

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF:

February 2022
CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		CI FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)		DAY TANK	*
				Distribution Address			CHLORINE RESIDUAL DISTRIBUTION			
**		46294289								
1	7:00	46312629	18,340		201 Necomer	3.0		1.8	25.0	T
2	10:00	46333465	20,836						20	T
3	8:30	46351393	17,928						12	T
4	9:00	46370584	19,191						6.45	T
5		46370584	0						37	T
6	8:30	46408569	37,985		705 S Main	3.0		2.0	24	T
7	9:30	46434017	25,448						18.40	T
8	3:30	46464141	30,124		403 oliver	3.0		2.0	34	T
9	6:00	46485670	21,529						25	T
10	15:45	46501871	16,201						20	T
11	7:15	46514026	12,155						15.45	T
12	9:00	46533213	19,187						36	T
13	7:25	46551238	18,025						30	T
14	7:50	46572285	21,047						30	T
15	7:30	46591014	18,729						24	T
16	7:45	46612363	21,349						17	T
17	7:45	46631375	19,012						10.45	T
18	9:45	46651267	19,892						37	T
19	9:15	46676005	24,738						30	T
20		46676005	0						20	T
21	8:30	46708699	32,694		403 oliver	3.0		1.2	10.35	T
22	8:45	46727405	18,706						27	T
23		46727405	0							T
24	10:45	46765787	38,382							T
25	7:30	46781347	15,560		403 oliver	3.0		1.0	14	T
26	9:00	46804304	22,957						7.45	T
27		46804304	0		705 s main	3.0		1.0	39	T
28	9:00	46844879	40,575							T
29		46844879	0		705 s main	3.0		1.0	26	T
30		46844879	0							T
31		46844879								T
Total			550,590							
Ave.			19,663							
Max.			30,124							
Min.			12,155							

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:

COLOR DISC

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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