

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: February 2023
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		Cl FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION	DAY TANK	
**		56575886							
1	8:30	56611304	35,418			3.0		15.0	T
2	8:30	56647914	36,610		705 S Main		1.0	6:40	T
3	8:30	56684108	36,194					31	T
4		56684108	0					24	T
5	8:00	56756455	72,347		705 S Main	3.0	1.0	8:40	T
6	9:00	56797802	41,347		705 S Main	3.0	1.0	31	T
7		56797802	0					15	T
8	8:30	56868966	71,164					8:40	T
9	8:00	56904291	35,325					32	T
10	10:30	56944213	39,922		403 Oliver	3.0	1.0	24	T
11	9:45	56978508	34,295					17	T
12	8:30	57012908	34,400					10:40	T
13	8:30	57051694	38,786					33	T
14	7:00	57086861	35,167		403 Oliver	2.5	1.0		T
15		57086861	0					15:40	T
16	9:30	57162022	75,161					32	T
17	9:00	57181849	19,827					21	T
18	16:30	57213411	31,562		705 S Main	3.0	2.5	16	T
19	8:30	57224412	11,001					9:45	T
20	8:45	57245395	20,983					36	T
21	9:00	57264538	19,143					28	T
22	9:00	57282897	18,359					20	T
23	8:30	57301271	18,374		403 Oliver	3.0	1.8	10:40	T
24	9:30	57324251	22,980		705 S Main	3.0	1.8		T
25		57324251	0					26	T
26	9:30	57362891	38,640					19	T
27	9:15	57382789	19,898		705 S Main	3.0	1.4	10:40	T
28	9:15	57402004	19,215						T
29									T
30									T
31									T
Total			826,118					219.0	
Ave.			29,504						
Max.			41,347						
Min.			11,001						

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