

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: February 2025

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION		FINISHED WATER	
						CHLORINE DOSAGE		CHLORINE TESTS (mg/l)	
						Reading	Gallons	Address	CHLORINE RESIDUAL DISTRIBUTION TOTAL
**				74068279	0	15	0		
1	8:00		0	74097436	29,157	9	6	705 S Main	1.16
2	8:00		0	74116117	18,681	5.40	4		0.50
3	8:00		0	74116117	0	5.40	0		
4	9:45		0	74148746	32,629	31	9		
5	9:30		0	74165213	16,467	26	5		
6			0	74165213	0	26	0		
7	10:15		0	74197992	32,779	19	7		
8			0	74197992	0	19	0		
9	8:45		0	74212707	14,715	10	9	705 S Main	1.57
10	7:00		0	74248473	35,766	5.45	5		1.22
11	10:00		0	74265403	16,930	41	4		
12	9:00		0	74281814	16,411	38	3		
13			0	74281814	0	38	0		
14	9:00		0	74281814	0	38	0		
15			0	7431072	49,258	25	13	705 S Main	1.48
16	10:00		0	74350450	19,378	20	5		0.65
17	8:45		0	74367594	17,144	15	5		
18	12:00		0	74386336	18,742	10	5	705 S Main	1.67
19	9:30		0	74401414	15,078	5.45	5		1.45
20	9:50		0	74418092	16,678	41	4		
21	9:30		0	74435045	16,953	36	5		
22			0	74435045	0	36	0	705 S Main	1.80
23	10:30		0	74484656	49,611	23	3	705 S Main	1.45
24	9:30		0	74503520	18,864	18	5		
25			0	74503520	0	18	0		
26	10:15		0	74538572	35,052	9	9	201 Necomer	1.78
27			0	74538572	0	9	0		1.52
28			0	74538572	0	9	0		
29			0	74538572	0	9	0		
30			0	74538572	0	9	0		
31			0	74538572	0	9	0		
Total			0		470,293		121		
Ave.					16,796				
Max.					35,766				
Min.					14,715				

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:

DR 300

DATE MONTHLY BACTERIOLOGICAL SAMPLES
SUBMITTED:

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