

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY  
 FOR THE MONTH OF: **January 2017**

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	CHLORINATION					
				PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)			
				Reading	Amount Used lbs	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION	DAY TANK	*
**		15370566							
1	17:15	15408917	38351			2.0		16	T
2		15408917	0						T
3		15408917	0						T
4	7:00	15476430	67513			1.8		6:45	T
5	8:30	15502872	26442			2.1		40	T
6	9:00	15529455	26583			2.0		35	T
7	9:30	15557805	28350			1.8		29	T
8	10:00	15585575	27770			1.5		24:35	T
9	9:30	15612116	26541			1.7		30	T
10	13:00	15641192	29076			1.9		25	T
11		15641192	0						T
12		15641192	0						T
13	8:30	15715242	74050			2.0		11:45	T
14	8:30	15740925	25683			2.2		41	T
15		15740925	0						T
16	9:00	15797827	56902			1.5		32	T
17		15797827	0						T
18	9:30	15850737	52910			1.6		24	T
19		15850737	0						T
20	9:30	15874232	23495			2.0		18	T
21	7:45	15884152	9920			2.2		16	T
22	9:30	15897568	13416			1.9		13:45	T
23	8:45	15911747	14179			1.5		42	T
24	8:30	15922881	11134			1.6		40	T
25	9:00	15934231	11350			1.3		37	T
26		15934231	0						T
27	10:30	15959028	24797			1.2		31	T
28		15959028	0						T
29	9:00	15984053	25025			1.2		25	T
30	9:00	15996394	12341			1.0		22	T
31	9:45	16008235	11841			1.0		19	T
Total			637669						
Ave.			20570.00						
Max.			28350						
Min.			11134						

I certify that the information in this report is complete and accurate to the best of my knowledge:  REPORTED BY (SIGNATURE):  <b>8552</b> CERT. OR REG. NO.  *INDICATE TYPE OF CI RESIDUAL F=FREE; C=COMBINED; T=TOTAL	<b>METER LOCATION: PUMP HOUSE</b>
	TYPE OF CI TEST KIT AND/OR METHOD USED: <b>COLOR DISC</b>
	DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:  **RECORD METER READING FROM LAST DAY OF PREVIOUS MONTH: