

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY  
 FOR THE MONTH OF: January 2020

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		Day Tank	*
				Reading	Amount Used lbs	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	9:15	33154500	7263			2.0	2.0	22.0	T
2	9:00	33161763	11882			2.5	2.0	17	T
3	10:45	33173645	12447			2.5	2.0	10.45	T
4	9:00	33186092	9780			2.5	2.0	36	T
5	9:00	33195872	12122			2.5	2.0	30	T
6	8:30	33207994	13624			2.5	2.0	21	T
7	6:00	33221618	9951			2.5	2.0	13	T
8	9:00	33231569	13835			2.0	1.5	10.45	T
9	9:30	33245404	11646			2.0	1.4	40	T
10	9:15	33257050	11360			1.5	1.0	36	T
11	9:45	33268410	15187			1.5	1.0	32	T
12	8:50	33283597	12640			1.5	1.0	26	T
13	9:15	33296237	13816			1.5	1.0	21	T
14	7:15	33310053	10027			1.5	1.0	17	T
15	9:30	33320080	12529			1.5	1.0	13	T
16	6:00	3332609	9056			1.5	1.0	9.45	T
17	10:00	33341665	14700			1.5	1.0	42	T
18	9:20	33356365	10339			1.5	1.0	37	T
19	9:15	33366704	11818			1.5	1.0	34	T
20	9:45	33378522	13968			1.5	1.0	30	T
21	6:15	33392490	10035			1.5	1.0	25	T
22		33402525	0			1.5	1.0	20	T
23	6:00	33429365	26840			1.5	1.0	12	T
24	9:15	33442349	12984			1.5	1.0	7.45	T
25	10:20	33453805	11456			1.5	1.0	41	T
26	11:40	33466536	12099			1.5	1.0	37	T
27	10:00	33478635	9255			1.5	1.0	33	T
28	6:15	33487890	0			1.5	1.0	30	T
29	6:15	33487890	22446			2.0	1.0	21	T
30	9:00	33510336	12752			2.0	1.0	17	T
31		33523088	368,588					149.0	T
Total									
Ave.									
Max.									
Min.									

I certify that the information in this report is complete and accurate to the best of my knowledge:

REPORTED BY (SIGNATURE): \_\_\_\_\_

CERT. OR REG. NO. 8552

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED: COLOR DISC

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED: \_\_\_\_\_

\*INDICATE TYPE OF CI RESIDUAL  
 F=FREE; C=COMBINED; T=TOTAL

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