

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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF:

January 2021

CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE			FINISHED WATER CHLORINE TESTS (mg/l)			Day Tank	*
				Reading	Amount Used lbs	Calcu mg/l	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION			
1	8:30	38515887	0	15.9			1.5	1.0	39.0	T	
2	8:30	38549632	33745	17.2			1.5	1.0	23	T	
3	9:00	38567541	17909	17.4			1.5	1.0	15	T	
4	8:30	38586574	19033	18.4			1.5	1.0	7.45	T	
5	8:45	38605595	19021	18.7			1.5	1.0	40	T	
6	8:45	38623286	17691	17.8			1.5	1.0	30	T	
7	9:00	38642229	18943	18.4			1.5	1.0	21	T	
8	10:45	38656735	14506	15.4			1.5	1.0	15	T	
9	11:00	38670615	13880	13.7			1.5	1.0	7.45	T	
10		38670615	0	14.2			1.5	1.0		T	
11	9:00	38697955	27340	14.8			1.5	1.0	32	T	
12	7:00	38710203	12248	13.7			1.5	1.0	25	T	
13	9:00	38729300	19097	15.4			1.5	1.0	16	T	
14	9:30	38743474	14174	15.9			1.5	1.0	9	T	
15	8:00	38755561	12087	13.4			1.5	1.0	2.45	T	
16		38755561	0	13.9						T	
17		38755561	0	14.5						T	
18	8:30	38799002	43441	14.7			1.5	1.0	24	T	
19	8:30	38813556	14554	14.2			1.5	1.0	16	T	
20	8:30	38826654	13098	13.3			1.5	1.0	10	T	
21	6:15	38838514	11860	13.4			1.5	1.0	4.45	T	
22	10:15	38854306	15792	13.3			1.5	1.0	37	T	
23	9:30	38866849	12543	13.1			1.5	1.0	31	T	
24		38866849	0	14						T	
25	8:30	38895901	29052	15.4			1.5	1.0	17	T	
26	6:00	38907819	11918	13.7			1.5	1.0	12	T	
27	6:45	38922724	14905	14.1			1.5	1.0	5.45	T	
28	9:00	38937558	14834	13.6			1.5	1.0	40	T	
29	9:00	38950831	13273	13.3			1.5	1.0	34	T	
30		38950831	0	14.1						T	
31	8:30	38978757	27926	14.5			1.5	1.0	20	T	
Total			462,870	463.4					259.0		
Ave.			14,931								
Max.			19,097								
Min.			11,860								

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.

Cert.

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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:

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