

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: January 2024
CHLORINATION

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

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)	*
				Reading	Distribution Address		
**		65454193					
1	8:30	65479943	25,750		705 S Main	3.0	T
2	8:40	65505834	25,891			1.0	T
3	9:00	65531263	25,429		201 Newcomer	3.0	T
4	8:45	65555609	24,346			1.8	T
5	8:45	65579446	23,837				T
6		65579446	0				T
7	9:30	65629443	49,997				T
8	8:00	65654820	25,377		705 S Main	3.0	T
9	9:15	65680884	26,064			1.6	T
10		65680884	0				T
11	15:30	65738812	57,928				T
12	9:30	65758569	19,757				T
13	11:15	65787300	28,731		201 Newcomer	3.0	T
14	9:45	65813562	26,262			1.5	T
15	12:30	65846252	32,690				T
16		65868761	22,509				T
17	8:00	65897552	28,791		201 Newcomer	3.0	T
18	9:00	65928367	30,815		705 S Main	3.0	T
19	8:00	65953372	25,005				T
20	10:30	65984052	30,680				T
21		65984052	0				T
22	8:00	66037894	53,842				T
23	8:45	66066081	28,187		201 Necomer	3.0	T
24	9:45	66088802	22,721		201 Newcomer	3.0	T
25	9:30	66109468	20,666				T
26	11:30	66131885	22,417				T
27	9:00	66149106	17,221		705 S Main	3.0	T
28	8:00	66168061	18,955				T
29	8:30	66190063	22,002				T
30	8:00	66209651	19,588		201 Newcomer	3.0	T
31	8:30	66230302	20,651		201 Newcomer	3.0	T
Total			776,109				
Ave.			25,035				
Max.			30,680				
Min.			17,221				

METER LOCATION: PUMP HOUSE

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

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

Cert. _____

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

REPORTED BY (SIGNATURE): _____

8552
 CERT. OR REG. NO. _____

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