

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: _____

January 2026

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION		FINISHED WATER	
						Reading	Gallons	Address	CHLORINE TESTS (mg/l)
1*	9:15		0	80152068	16.351	15	3		
2	9:30		0	80168489	16.421	9	3		
3	9:45		0	80185815	17.326	5:45	4		
4	13:30		0	80205792	19.977	42	3	705 S Main	2.01
5			0	80205792	0				1.72
6	9:00		0	80235661	29.869	36	6		1.04
7*	9:00		0	80251194	15.533	34	2	705 S Main	1.22
8			0	80251194	0				1.09
9	9:30		0	80282424	31.230	28	6	705 S Main	1.74
10			0	80282424	0				1.38
11			0	80282424	0				
12	10:30		0	80332212	49.788	19	9	705 S Main	1.54
13*	7:30		0	80346194	13.982	15	4		1.48
14	9:45		0	80363043	16.849	14	1		
15	9:30		0	80378044	15.001	11	3		
16	9:00		0	80392280	14.236	9	2		
17	8:30		0	80407601	15.321	5:45	4		
18	16:30		0	80430489	22.888	41	4		
19	9:30		0	80441667	11.178	39	2	201 Necomer	1.50
20			0	80441667	0				
21*			0	80441667	0				
22	10:00		0	80490461	48.794	30	9		
23	8:45		0	80505448	14.987	26	4	705 S Main	1.50
24			0	80505448	0				
25	13:15		0	80552961	47.513	20	6	705 S Main	1.57
26	11:00		0	80558470	5.509	18	2		1.32
27*			0	80558470	0				
28	11:00		0	80593076	34.606	14	4		
29			0	80593076	0				
30	9:00		0	80624832	31.756	9	5	705 S Main	1.70
31	10:00		0	80641338	16.506	5:45	4		
Total			0		505.621		90		
Ave.					16.310				
Max.					22.888				
Min.					5.509				

WELL #1 0 #2 0 JOCKEY 552.6 GEN 0.8

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: