

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY
FOR THE MONTH OF: July 2019

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Amount Used lbs	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
1	8:30	30172583	10982			1.0	15.0	T
2	8:30	30202915	19350			1.0	11	T
3		30202915	0				6	T
4	10:30	30244422	41507			1.2	2:36	T
5	11:00	30264067	19645			1.2	31	T
6	8:30	30278956	14889			1.0	26	T
7		30278956	0					T
8	8:30	30317005	38049			0.8	19	T
9	7:30	30333966	16961			0.8	15	T
10	8:30	30351391	17425			1.0	10:45	T
11		30351391	0					T
12	8:30	30388976	37585			1.2	35	T
13		30388976	0					T
14	7:45	30426389	37413			1.0	25	T
15	8:00	30448820	22431			1.0	20	T
16	8:40	30481919	33099			1.0	15:45	T
17	12:00	30515166	33247			1.0	42	T
18	8:45	30539730	24564			1.0	40	T
19	8:45	30549018	9288			1.5	37	T
20	8:30	30567068	18050			0.8	33	T
21	10:00	30588927	21859			1.0	28	T
22	9:00	30609219	20292			1.2	24	T
23	19:00	30641033	31814			1.6	16	T
24	18:00	30655905	14872			0.8	14	T
25	18:00	30674581	18676			0.8	9	T
26	10:00	30686196	17468			1.0	6:45	T
27	8:30	30703664	19971			1.0	40	T
28	9:00	30723635	19632			0.8	33	T
29	8:30	30743267	28801			1.0	29	T
30	8:00	30772068	31870			1.0	25	T
31	9:00	30803938	631.355			1.2	22	T
Total			20.366				121.0	
Ave.			33.245					
Max.			9.288					
Min.								

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

CHLORINATION

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: