

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: July 2023
 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	Distribution Address			
**		60685765						
1	15:00	60724947	39,182				40.0	T
2		60724947	0				28	T
3	9:00	60777146	52,199	705 S Main		2.5	1.0	T
4	8:00	60806111	28,965	201 Newcomer		2.5	1.0	T
5		60806111	0					T
6	7:45	60866247	60,136				19	T
7	9:00	60905898	39,651				10.40	T
8	10:15	60935433	29,535	705 S Main		2.5	1.0	T
9		60935433	0	705 S Main		2.5	1.0	T
10	9:00	60992338	56,905				15.40	T
11	9:00	61023944	31,606				25	T
12	8:30	61051673	27,729				21	T
13	9:00	61082614	30,941				12.45	T
14	8:45	61110805	28,191	201 Newcomer		2.5	1.5	T
15	9:00	61139756	28,951				25	T
16	12:15	61174071	34,315				15	T
17	7:45	61204054	29,983				8.45	T
18	8:30	61238859	34,805	705 S Main		2.5	1.2	T
19	8:30	61267524	28,665				40	T
20	9:00	61296943	29,419				32	T
21		61296943	0				23	T
22	7:30	61354281	57,338				6.40	T
23		61354281	0					T
24	8:45	61422566	68,285	201 Newcomer		3.0	1.5	T
25	9:00	61452563	29,997				21	T
26	7:00	61487031	34,468				13	T
27	8:45	61520063	33,032	705 S Main		3.0	4.40	T
28	8:00	61551122	31,059				2.0	T
29	9:15	61587435	36,313				20	T
30	8:30	61616414	28,979				11.40	T
31	8:45	61650469		201 Newcomer		3.0	32	T
Total			964,704				23	T
Ave.			31,119				267.0	
Max.			39,651					
Min.			27,729					

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:

COLOR DISC

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

Cert. ()

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