

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

Village of North Henderson  
 FOR THE MONTH OF: \_\_\_\_\_

July 2024

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE			FINISHED WATER CHLORINE TESTS (mg/l)		
						Reading	Gallons	Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
**				70301908		40					
1	11:00		0	70341170	39,262	35	5	201 Necomer		1.68	
2			0	70341170	0	35	0				
3	7:45		0	70420411	79,241	24	11				
4			0	70420411	0	24	0				
5	8:30		0	70492696	72,285	12	12				
6	10:30		0	70528583	35,887	6:45		201 Necomer		1.80	
7	9:30		0	70559500	30,917	40	5				
8	9:00		0	70591717	32,217	35	5	201 Necomer		1.70	
9	7:00		0	70623096	31,379	30	5				
10	8:30		0	70664542	41,446	25	5				
11	10:00		0	70699526	34,984	20	5				
12	10:45		0	70735170	35,644	14	6	201 Necomer		1.70	
13	8:45		0	70762889	27,719	9:45	0				
14	10:30		0	70797475	34,586	40	5				
15	10:00		0	70830483	33,008	35	5	705 S Main		1.64	
16	8:00		0	70859912	29,429	30	5				
17	10:30		0	70893992	34,080	24	6	705 S Main		1.85	
18	9:15		0	70925614	31,622	20	4				
19			0	70925614	0	20	0				
20	11:00		0	71005626	80,012	9	11	201 Necomer		1.70	
21	8:00		0	71034446	28,820	4:45	5				
22	9:15		0	71098140	63,694	40	5	201 Necomer		1.7	
23	13:30		0	71136065	37,925	34	6				
24	10:17		0	71164136	28,071	29	5				
25	9:30		0	71194875	30,739	24	5	201 Necomer		1.80	
26	9:20		0	71227379	32,504	19	5				
27	9:30		0	71261891	34,512	14:45	5	705 S Main		1.80	
28	7:45		0	71292399	30,508						
29	7:45		0	71330275	37,876	37	8	201 Necomer		1.89	
30			0	71330275	0	37					
31	7:45		0	71390875	60,600	26	11				
Total			0		1,088,967		150				
Ave.					35,127						
Max.					63,694						
Min.					27,719						

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: