ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

FACILITY # IL1310300 **FOR THE MONTH OF: July 2026**

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	CHLORINATION: PRE-CHLORINATION CHLORINE DOSAGE Reading	Gallons	Address	FINISHED WATER CHLORINE TESTS (mg/l): CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
**				83381109		19					
1	10:30		0	83411678	30,569	15	4	201 Necomer		1.84	0.65
2*	11:30		0	83438981	27,303						
3			0	83438981	0	7:45	8				
4	10:30		0	83476392	37,411		0				
5			0	83476392	0		0				
6			0	83476392	0	35	10				
7	9:15		0	83526255	49,863			705 S Main		1.42	0.92
8*			0	83526255	0	30	5				
9	9:30		0	83560699	34,444			705 S Main		1.84	0.87
10			0	83560699	0	25	5				
11	7:00		0	83564403	3,704	20	5				
12	7:30		0	83611989	47,586	19	1				
13	9:00		0	83629497	17,508	15	4				
14	7:00		0	83646643	17,146						
15*			0	83646643	0	10	5				
16	8:45		0	83681190	34,547	5:45	5				
17	6:15		0	83697521	16,331	40	5	705 S Main		1.42	0.92
18	10:00		0	83715214	17,693	38	2				
19	9:00		0	83732212	16,998	35	3	705 S Main		1.50	
20	8:30		0	83750860	18,648	30	5				
21	9:30		0	83776982	26,122						
22*			0	83776982	0	26	4				
23	8:30		0	83834898	57,916						
24			0	83834898	0		0				
25			0	83834898	0						
26			0	83834898	0		0				
27			0	83834898	0		0				
28	8:30		0	83942348	107,450	5:45	21	201 Necomer		1.80	
29			0	83942348	0						
30	9:30		0	83942348	0	36	9				
31			0	83996339	53,991		0				
Total			**0**		**615,230**		**101**				
Ave.					**19,846**						
Max.					**47,586**						
Min.					**3,704**						
		155.9		572	9.2	12.1		0.7			

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: