

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: June 2022
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	*
				Amount Used lbs	g/l			
1	8:00	49016973						
2	7:45	49046089	29,116	201 necomer	3.0	1.0	25.0	T
3	8:30	49081072	34,983				20	T
4	9:00	49119896	38,824				16	T
5		49168049	48,153				13	T
6	8:00	49168049	0				8:45	T
7	8:00	49236126	68,077				36	T
8	9:00	49276881	40,755	201 necomer	3.0	1.0	32	T
9	8:15	49317064	40,183	705 S main	3.0	1.0	28	T
10	9:30	49342476	25,412				24	T
11	8:15	49370685	28,209				20	T
12		49398292	27,607				15	T
13		49398292	0					T
14	7:45	49457555	59,263				7:45	T
15	7:30	49493060	35,505	201 necomer	3.0	1.0	41	T
16		49493060	0					T
17		49493060	0					T
18		49493060	0					T
19	11:30	49644802	151,742	705 main	3.0	1.0	30	T
20	9:00	49673518	28,716				27	T
21	10:00	49707781	34,263				24	T
22		49759122	51,341	705 main	3.0	1.0	20	T
23	8:00	49793244	34,122				16	T
24	9:00	49840339	47,095				13:45	T
25	10:30	49874748	34,409				42	T
26	11:00	49910890	36,142				40	T
27	8:00	49910890	0	201 necomer	3.0	1.0		T
28		49965261	54,371				35	T
29		49965261	0				26	T
30	7:30	50023368	58,107				23	T
31	7:30	50052946	29,578	201 necomer	3.0	2.2	16	T
Total			1,035,973				116.0	T
Ave. Max.			345,324					
Min.			48,153					
			25,412					

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:

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