

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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF:

June 2023
CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		CI FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION	DAY TANK	
1	7:30	59641238	46,379					40.0	T
2	8:45	59687617	31,401					35	T
3	8:45	59749007	29,989	705 S Main		3.0	2.7	16	T
4	7:30	59782741	33,734					9.40	T
5	9:00	59819421	36,680					30	T
6	13:45	59860616	41,195					20	T
7	11:00	59887895	27,279	201 Newcomer		3.0	2.5	10:40	T
8	9:00	59953135	65,240					30	T
9		59953135	0						T
10		59953135	0						T
11	7:15	60017749	64,614					11:41	T
12	9:15	60052242	34,493	201 newcomer		3.0	1.0	31	T
13	12:30	60094845	42,603					21	T
14	9:45	60126358	31,513	201 Newcomer		3.0	1.5	13:45	T
15	7:00	60168947	42,589					40	T
16	7:30	60204617	35,670					30	T
17	8:30	60237600	32,983					20	T
18	8:00	60268035	30,435	705 S Main		3.0	2.2	11:40	T
19		60268035	0						T
20	9:00	60337791	69,756					23	T
21	9:00	60378364	40,573					13:23	T
22		60410798	32,434					16	T
23	11:20	60454649	43,851	201 newcomer		3.0	2.2	8:40	T
24	8:00	60484099	29,450					32	T
25	9:50	60549990	65,891					22	T
26		60549990	0					15	T
27	8:00	60585434	35,444	705 S Main		3.0	1.2	6:36	T
28	9:45	60624094	38,660					26	T
29	8:30	60652869	28,775					18	T
30	8:30	60685765	32,896	201 Newcomer		3.0	1.0	10:40	T
31									T
Total			1,044,527					255.0	
Ave.			34,817						
Max.			65,891						
Min.			27,279						

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

Cert.

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

MIETER LOCATION: PUMP HOUSE
TYPE OF CI TEST KIT AND/OR METHOD USED:
COLOR DISC

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