ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

FACILITY # IL1310300

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: JUNE 2025

CHLORINATION

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	CHLORINE RESIDUAL DIST
**										TOTAL	FREE
1	10:00			76417487		40					
2	10:15		0	76446333	28,846	35	5				
3			0	76473806	27,473	31	4	705 S Main		2.00	
4	11:00		0	76473806	0	31	0				
5	10:00		0	76551358	77,552	19	12				
6			0	76566698	15,340	15	4	705 S Main		1.96	1.75
7	8:30		0	76566698	0	15	0				
8			0	76604980	38,282	6;40	9				
9	9:00		0	76604980	0	40	0				
10	7:00		0	76638650	33,670	31	9	705 S Main		1.09	1.05
11			0	76671048	32,398	26	5				
12			0	76671048	0	26	0				
13	9:30		0	76671048	0	26	0				
14			0	76757730	86,682	14	12				
15	9:00		.0	76757730	0	14 .	0				.
16	9:00		0	76794542	36,812	5;40	9				
17	10:00		0	76818302	23,760	33	7	201 Necomer		1.76	1.49
18			0	76846893	28,591	27	6				
*19	7:30		0	76846893	0	27	0				
20	10:45		0	76877332	30,439	20	7	705 S Main		1.90	
21	8:00		0	76894498	17,166	15;11	5				
22	11:30		0	76906767	12,269	14	1				
23	8:00		0	76926922	20,155	10	4	705 S Main		1.89	1.71
24	10:30		0	76944572	17,650	5;40	5				
25	10:40		0	76962386	17,814	36	4	201 Necomer		1.70	
26	12:30		0	76989371	26,985	30	6				
27			0	76998820	9,449	26	4	201 Necomer		1.59	1.44
28	18:00		0	76998820	0	26	0				
29	17:30		0	77044705	45,885	16	10				
30	17:00		0	77063483	18,778	11	5				
31			0	77088288	24,805	7;45	4	705 S Main		1.70	
Total			0	77088288	0						
Ave.			**0**		**670,801**		**137**				
Max.					**22,360**						
Min.					**32,398**						
					9,449						
	WELL 168.2		# 1 9.6	# 2 8.6	Jockey 555	Gen 0,8					

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: