

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF:

June 2026

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION			FINISHED WATER		
						CHLORINE DOSAGE			CHLORINE TESTS (mg/l)		
						Reading	Gallons	Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
1	7:30		0	82724608	19,234	30	5				
2			0	82743842	0	25					
3	10:00		0	82796129	52,287	17	8	705 S Main		1.84	0.61
4			0	82796129	0						
5*			0	82796129	0	10	7				
6	9:00		0	82856913	60,784	8	2				
7	9:15		0	82874051	17,138	5:45	3				
8	9:45		0	82898087	24,036	36	8	705 S Main		1.86	0.93
9			0	82898087	0						
10	10:00		0	82947150	49,063	26	10				
11*	9:30		0	82966364	19,214	23	3				
12	7:30		0	82980550	14,186	20	3	201 Necomer		1.11	
13			0	82980550	0						
14			0	82980550	0						
15			0	82980550	0						
16	9:30		0	83059380	78,830	5:40	15	705 S Main		1.25	0.52
17	10:00		0	83096479	37,099	34	6	705 S Main			
18*		gen	26	83096479	0						
19				83096479	0						
20			0	83096479	0						
21	9:00		0	83221717	125,238	14	20				
22	7:30		0	83235629	13,912	11	3				
23	8:00		0	83256925	21,296	8	3	201 Necomer		1.80	0.90
24	7:45		0	83273983	17,058	5:45	3				
25			0	83273983	0						
26*	8:45		0	83309216	35,233	38	7	705 S Main		1.68	0.90
27			0	83309216	0						
28	7:00		0	83341055	31,839	31	7				
29			0	83341055	0						
30	9:30		0	83381109	40,054	24	7	705 S Main		1.80	
31			0	83381109	0						
Total			26	656,501			120				
Ave.				21,885							
Max.				37,099							
Min.				13,912							

I certify that the information in this report is complete and accurate to the best of my knowledge:

WELL

185

14.2

13.1 JOCKEY 553

GEN 28.2

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: