

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

VILLAGE OF NORTH HENDERSON  
FOR THE MONTH OF: March 2021  
CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	FINISHED WATER		* T			
				CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION				
Reading	Distribution Address								
1	9:20	39382043	12,981	15.3	705 s main	2.0	1.0	25.0	T
2	6:15	39395024	12,066	14.4	705 s main	2.0	1.0	21	T
3	8:15	39407090	17,824	15.2	705 s main	2.0	1.0	16	T
4	6:00	39447729	22,815	25.3	705 s main	2.0	1.0	10.35	T
5	8:45	39463639	15,910	14.2	705 s main	2.0	1.6	31	T
6	9:00	39476095	12,456	12.7	201 newcorner	3.0	2.7	25	T
7		39476095	0	13.5	201 newcorner			19	T
8	9:00	39504866	28,771	14.8	705 s main	2.5	2.0	8.45	T
9	6:00	39516614	11,748	13.7	705 s main	2.5	2.0	43	T
10	9:00	39532451	15,837	14.2	201 newcorner	3.0	2.5	36	T
11		39532451	0	12.9	201 newcorner			26	T
12	9:00	39558105	25,654	12.5	201 newcorner	3.0	2.5	21.25	T
13	9:30	39570834	12,729	12.8	300 short	2.5	2.5	20	T
14	10:30	39588809	17,975	17.7	201 newcorner	2.5	2.5	15	T
15	10:30	39604157	15,348	15.3	201 newcorner	2.5	2.0	11	T
16	6:00	39615200	11,043	13.7	705 s main	2.5	2.0	5.45	T
17	9:00	39630205	15,005	12.8	300 short	2.5	2.0	41	T
18	10:00	39644315	14,110	13.7	300 short	2.5	2.0	36	T
19	10:00	39663561	19,246	18.7	705 s main	2.5	1.8	27	T
20	12:30	39688186	24,625	23.7	705 s main	2.5	1.8		T
21		39688186	0	13.1	300 short			20	T
22	9:30	39714202	26,016	14.8	705 s main	2.0	2.2	15	T
23	6:00	39725021	10,819	12.9	300 short	2.0	1.1	10	T
24	9:30	39745172	20,151	18.1	705 s main	2.0	1.4	5.45	T
25	6:00	39756734	11,562	13.6	300 short	2.0	2.2	38	T
26	10:30	39773209	16,475	13.1	300 short	2.0		25	T
27		39773209	0	14.5	201 newcorner			17	T
28	9:30	39799731	26,522	15.2	201 newcorner	2.5	2.2	11	T
29	8:00	39814871	15,140	13.4				4.45	T
30	8:45	39828045	13,174	12.5				166.0	T
31	8:15	39840726	458,683	461.9					T
Total			14,796						
Ave.			24,625						
Max.			10,819						
Min.									

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:

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

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:  
COLOR DISC