

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: March 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	*
				Cl	FINISHED	CHLORINE RESIDUAL DISTRIBUTION			
1	8:45	46863085	18,206		403 oliver			26.0	T
2	9:00	46881546	18,461					20	T
3	8:30	46900851	19,305					13	T
4	9:00	46918681	17,830					6.45	T
5	10:00	46937050	18,369		705 s main			33	T
6		46937050	0					2.2	T
7	9:00	46975882	38,832					15	T
8	7:00	46994661	18,779		705 s main			2.0	T
9	9:00	47012710	18,049					8.41	T
10	9:30	47031163	18,453		403 oliver			3.0	T
11	9:00	47051194	20,031					2.2	T
12		47051194	0					2.2	T
13	10:00	47090460	39,266					10.40	T
14	9:45	47110685	20,225		201 necomer			2.0	T
15		47110685	0					3.0	T
16	10:00	47158587	47,902					2.4	T
17	10:00	47177180	18,593		201 necomer			3.0	T
18		47177180	0					2.4	T
19	9:00	47217419	40,239					7.40	T
20	11:00	47237537	20,118		403 oliver			3.0	T
21	15:30	47270021	32,484					2.2	T
22	15:30	47292831	22,810					2.2	T
23	15:30	47311245	18,414					2.0	T
24	13:00	47327481	16,236					14	T
25	10:00	47342796	15,315		705 s main			9.30	T
26	10:00	47367555	24,759					2.0	T
27	9:00	47385234	17,679					25.40	T
28	7:30	47404768	19,534					3.0	T
29	7:30	47425271	20,503		705 s main			2.0	T
30		47425271	0					2.0	T
31	7:45	47462031	36,760					9.40	T
Total			617,152						
Ave.			19,908						
Max.			32,484						
Min.			15,315						

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:

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:

COLOR DISC

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