

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

FOR THE MONTH OF:

March 2024
 CHLORINATION

VILLAGE OF NORTH HENDERSON

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION		FINISHED WATER		Day Tank	*
				CHLORINE DOSAGE	Distribution Address	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
**		66850480		Reading				23.0	
1	9:30	66872213	21,733			3.0		16	T
2	10:20	66893546	21,333		705 S Main			10.45	T
3	9:00	66913200	19,654					40	T
4		66913200	0						T
5	8:45	66955227	42,027		201 Newcomer	3.0		27	T
6	9:30	66976303	21,076					21	T
7	8:00	66995228	18,925		201 Newcomer	3.0		14	T
8	9:00	67016435	21,207					5.45	T
9		67016435	0						T
10	13:45	67060896	44,461					37	T
11	9:00	67077668	16,772		201 Newcomer	3.0		26	T
12	7:30	67097342	19,674					21	T
13	8:00	67117707	20,365					1.80	T
14	9:00	67138967	21,260					15	T
15	8:30	67176033	37,066					10.45	T
16		67176033	0					40	T
17	9:30	67233788	57,755		201 Newcomer	3.0		29	T
18		67254211	20,423					22.45	T
19	15:05	67281363	27,152					38	T
20	15:25	67301819	20,456					32	T
21	13:15	67320576	18,757					25	T
22	9:00	67340175	19,599		705 S Main			1.65	T
23	9:00	67363556	23,381					20.45	T
24		67363556	0					38	T
25	8:45	67363556	0					25	T
26	8:00	67428546	64,990		201 Newcomer	3.0		20	T
27		67428546	0						T
28	8:45	67472018	43,472					10.40	T
29		67472018	0						T
30	8:30	67513575	41,557		201 Newcomer	3.0		29	T
31	8:30	67536107	22,532					23	T
Total			685,627					188.0	
Ave.			22,117						
Max.			37,066						
Min.			16,772						

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:

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

METER LOCATION: PUMP HOUSE

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