

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF PUBLIC WATER SUPPLIES  
FACILITY #427370300

VILLAGE OF NORTH HENDERSON  
FOR THE MONTH OF: May 2021

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/L)		DAY TANK	*
				Feeding	Distribution Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	8:30	40276921	16,231				4.50	39	T
2	9:00	40334120	20,968				3.1	31	T
3	8:45	40332295	18,275		201 Newcomer	3.0	2.2	25	T
4	6:00	40346761	11,386		705 S Main	3.0	2.2	20	T
5	8:30	40362373	18,612				1.8	15	T
6	6:00	40373927	11,554		705 S Main		1.8	14	T
7	12:00	40391901	17,994		8 Newcomer		5.45	43	T
8	8:00	40402310	10,389				4.3	39	T
9	9:20	40427575	25,265				2.0	30	T
10	8:30	40447922	20,347		208 Newcomer	3.0	1.0	24	T
11	6:00	40461042	19,120		705 S Main	2.5	1.0	16	T
12	8:30	40489173	22,131				1.0	10	T
13	6:00	40507224	18,051		705 S Main	2.5	1.0	10	T
14	8:00	40534585	27,361				3.45	38	T
15		40534585	0						T
16	8:30	40575721	41,136				3.3	25	T
17	10:30	40601931	26,210				1.0	20	T
18	6:00	40617794	15,803		705 S Main	2.5	1.0	13	T
19	8:30	40640289	22,535		705 S Main	3.0	1.2	13	T
20	6:00	40659330	19,061		300 Short	3.0	1.6	39	T
21	8:30	40684065	24,725						T
22		40684065	0						T
23	8:30	40727298	43,213			3.0	2.2	18	T
24	8:30	40750457	23,189		201 Newcomer	3.0	1.5	12	T
25	6:00	40778635	28,078		705 S Main	3.0	2.2	40	T
26	7:15	40811362	32,827		201 Newcomer	3.0	2.2	25	T
27	7:30	40832984	21,622			3.0	2.2	18	T
28		40832984	0						T
29	8:15	40875005	42,021		227 Newcomer	3.0	1.5	11	T
30	8:45	40896445	21,440		705 Main	3.0	1.8	11	T
31	8:45	40916796	22,311		300 Short	3.0	1.8	11	T
Total			641,835					193.0	
Ave.			20,704						
Max.			32,827						
Min.			10,389						

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  
DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:  
\*\*RECORD METER READING FROM LAST DAY OF PREVIOUS MONTH: