

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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF:

May 2025

CHLORINATION

Date **	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		
						Reading	Gallons	Address	FINISHED CI	CHLORINE RESIDUAL DISTRIBUTION TOTAL
1	13:00		0	75748929	23,931	15	7	705 S Main		1.32
2			0	75748929	0	5:40	10			
3	9:15		0	75791026	42,097	32	8			
4	12:30		0	75819370	28,344	25:40	7			
5	9:30		0	75840442	21,072	32	8	705 S Main		1.25
6	14:30		0	75869475	29,033	32	0			0.60
7			0	75869475	0	32	0			
8			0	75869475	0	32	0			
*9	9:45		0	75940055	70,580	14:40	18			
10			0	75940055	0	14:40	0			
11	17:40		0	76022199	82,144	25	15			
12			0	76022199	0	25	0			
13	7:00		0	76067463	45,264	15	10			
14	10:00		0	76088597	21,134	10	5	706 S Main		1.16
*15	7:30		0	76103247	14,650	6:40	4			1.03
16	9:30		0	76127734	24,487	36	4			
17			0	76127734	0	36	0			
18	17:00		0	76167528	39,794	27	9			
19	8:00		0	76174088	6,560	25	2	705 S Main		2.19
20	8:30		0	76187926	13,838	23	2			
*21	8:45		0	76201696	13,770	20	3	201 Necomer		1.85
22	9:45		0	76220643	18,947	15	5			
23	9:15		0	76241378	20,735	10	5			
24	9:00		0	76255215	13,837	6:40	4			
25			0	76255215	0	6:40	0			
26			0	76255215	0	6:40	0			
27	8:45		0	76299289	44,074	30	10	705 S Main		1.98
28			0	76299289	0	30	0			
*29	9:00		0	76343858	44,569	20	10	705 S Main		1.15
30	10:30		0	76387388	43,530	12	8			1.04
31	10:00		0	76417487	30,099	8:40	4			
Total			0		692,489		178			
Ave.					22,338					
Max.					43,530					
Min.					6,560					

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

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:

REPORTED BY (SIGNATURE):

8552

CERT. OR REG. NO.

*INDICATE TYPE OF CI RESIDUAL