

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: _____

May 2024

CHLORINATION

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE			FINISHED WATER		
						Reading	Gallons	Address	Cl FINISHED	CHLORINE TESTS (mg/l)	
										CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
**											
1	9:30		0	82087457	15.244	20					
2			0	82102701	0	19	1	201 Necomer			
3	9:30		0	82102701	0	15	4				
4			0	82135723	33.022						
5	10:00		0	82135723	0	10	5				
6	8:00		0	82174457	38.734	9	1				
7*	8:30		0	82190988	16.531	6.40	3				
8	10:30		0	82201004	10.016	35	5				
9			0	8220460	19.456						
10	9:30		0	8220460	0	33	2				
11	20:00		0	82251566	31.106	29	4	705 S Main		1.90	1.35
12			0	82267583	16.017						
13*	8:30		0	82284083	16.500	24	5	705 S Main		1.83	1.82
14	9:00		0	82302656	18.573	20	4	201 Necomer		1.73	1.23
15	14:00		0	82322011	19.355	18	2				
16			0	82340348	18.337			705 S Main		1.85	1.10
17			0	82340348	0						
18			0	82340348	0						
19	8:30		0	82399805	59.457	10	8				
20			0	82421492	21.687	6.45	4				
21*			0	82421492	0						
22	9:30		0	82472140	50.648	35	10				
23			0	82472140	0			705 S Main		2.13	1.05
24	9:00		0	82513965	41.825	28	7				
25			0	82513965	0			705 S Main		2.20	1.07
26	10:15		0	82569275	55.310	18	10				
27*			0	82569275	0						
28	14:30		0	82569275	87.148	2:40	16				
29			0	82656423	0						
30			0	82656423	0			705 S Main			
31	10:15		0	82656423	0					1.83	1.00
Total			0	82724608	68.185	30	10				
Ave.					637.151		101				
Max.					20.553						
Min.					21.687						
					10.016						

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

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: