

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY
FOR THE MONTH OF: November 2019
CHLORINATION

Date ***	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		* T
				Reading	Amount Used lbs	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
1	16:40	32425768	12,435			1.0	1.0	25.0
2	9:10	32445499	7,296			1.0	1.0	20
3	9:00	32457557	12,058			2.5	1.0	17
4	14:00	32473011	15,454			2.5	1.0	13
5	6:00	32482734	9,723			2.5	1.0	7.45
6		32482734	-			2.5	1.0	42
7	6:15	32506125	23,391			2.6	1.4	34
8	9:45	32518857	12,732			2.6	1.4	28
9	7:15	32528149	9,292			2.6	1.2	25
10	6:50	32541495	13,346			2.5	1.2	20
11	8:15	32554187	12,692			2.8	1.2	15
12	6:10	32564851	10,664			2.0	1.0	10.45
13	11:00	32580124	15,273			2.0	1.0	40
14	6:00	32590737	10,613			2.0	1.0	36
15		32590737	-			2.0	1.0	36
16	9:30	32614130	23,393			2.0	1.0	26
17	14:00	32632113	17,983			2.2	1.2	20
18	9:00	32641546	9,433			2.0	1.0	16
19	6:00	32651285	9,739			2.5	1.0	12.45
20		32651285	-			2.0	1.2	31
21	6:00	32674280	22,995			2.5	1.2	24
22	8:45	32686990	12,710			2.0	1.0	15
23	13:00	32699697	12,707			2.0	1.0	10.45
24	8:45	32708908	9,211			2.0	1.0	36.45
25	13:00	32725671	16,763			2.3	1.8	41
26	9:30	32735250	9,579			3.0	2.0	35
27	9:30	32746257	11,007			2.0	1.0	27
28	9:00	32757784	13,706			1.8	1.8	20
29	10:15	32771490	14,400			1.8	1.1	11.45
30	13:30	32785890						
31		32785890						
Total			360,122					166.0
Ave.			12,004					
Max.			17,983					
Min.			7,296					

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

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: