

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: November 2020

CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION		FINISHED WATER		Day Tank	*
				Reading	Amount Used lbs	Calculated mg/l	CHLORINE TESTS (mg/l) RESIDUAL DISTRIBUTION		
1	8:45	37612150	16019	15.4			2.6	15.0	T
2	9:15	37628932	16782	16.6			2.6	7.45	T
3	9:00	37644270	15338	15.5			2.6	38	T
4		37644270	0	15.4			2.0	30	T
5	8:00	37674696	30426	15.6			2.0	15	T
6	8:00	37689320	14624	14.7			2.0	8.45	T
7	8:30	37704616	15296	15.2			2.0	37	T
8	10:00	37720847	16231	15.1			2.0	29	T
9	8:15	37734982	14135	15.3			2.0	21	T
10	8:15	37750454	15472	15.3			2.0	15	T
11	8:30	37766464	16010	15.8			2.2	7.45	T
12	6:15	37781744	15280	16.4			2.2	40	T
13	6:15	37797069	15325	15.8			2.2	31	T
14	9:45	37814864	17795	15.5			2.2	23	T
15		37814864	0	16.4			2.0		T
16	9:00	37848357	33493	17.4			2.0	8.45	T
17	11:00	37865392	17035	15.2			2.0	40	T
18		37865392	0	15.9			2.5		T
19	9:15	37894131	28739	15.1			2.5	25	T
20	10:15	37909800	15669	15			2.5	18	T
21	8:50	37922614	12814	14.1			2.5	10	T
22	7:30	37937655	15041	16			2.0	4.45	T
23	10:00	37956485	18830	16.5			2.2	38	T
24	10:00	37970695	14210	14.6			2.2	31	T
25	10:00	37985575	14880	14.6			2.2	24	T
26		37985575	0	14.6			2.4	10	T
27	8:30	38015211	29636	16.2			2.5	2.45	T
28	7:00	38028547	13336	14.5			2.5		T
29		38028547	0	14			1.8		T
30	9:45	38061042	32495	16.1			2.5	30	T
31									T
Total			464,911	463.8				219.0	
Ave.			15,497						
Max.			18,830						
Min.			12,814						

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: