

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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF:

November 2022  
CHLORINATION

PRE-CHLORINATION CHLORINE DOSAGE				FINISHED WATER CHLORINE TESTS (mg/l)					
Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	Reading	Distribution Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION	DAY TANK	*
**		53730482						28.40	T
1	9:15	53755304	24.822		201 Necomer		1.0	30	T
2	11:00	53784319	29.015		705 S Main	2.5	1.0	18	T
3	8:15	53808355	24.036					8.40	T
4		53808355	0					17.45	T
5	9:00	53862917	54.562				2.3	40	T
6	9:00	53893393	30.476		201 Necomer	3.0			T
7		53893393	0					13	T
8	6:50	53946951	53.558					10.45	T
9	9:00	53977886	30.935		705 S Main	3.0	1.3	39	T
10	8:00	54004050	26.164					33	T
11	8:00	54038867	34.817					25	T
12	8:30	54068045	29.178		201 necomer	2.5	1.5	20	T
13	8:30	54097970	29.925		201 Newcomer	2.5	1.5	14	T
14	8:00	54124695	26.725					7.45	T
15	8:00	54143960	19.265					39	T
16	9:30	54183300	39.340						T
17		54183300	0					26	T
18	8:30	54238806	55.506		201 Necomer	2.5	1.5	20	T
19	9:30	54266940	28.134					14	T
20	10:00	54296135	29.195					8.45	T
21	8:00	54327140	31.005					39	T
22	8:30	54359683	32.543					33	T
23	9:00	54394745	35.062		705 S Main	3.0	1.5	25	T
24	9:00	54429779	35.034		201 Newcomer	3.0	1.5	20	T
25	9:00	54463022	33.243					13	T
26	10:00	54497466	34.444					7.45	T
27	8:00	54527157	29.691			3.0		40	T
28	8:30	54562177	35.020					33	T
29	9:00	54594953	32.776				1.5	26	T
30	10:45	54630134	35.181		201 Newcomer	3.0	1.5		T
31			899.652					237.0	
Total			29.988						
Ave.			39.340						
Max.			19.265						
Min.									

REFERRED LOCATION: PUMP HOUSE

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:

\*\*RECORD METER READING FROM LAST DAY  
OF PREVIOUS MONTH:

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:  
COLOR DISC