

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: November 2023
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		*
				Reading	Distribution Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
1	9:45	64127866	19,639					T
2	13:30	64147505	23,087		705 S Main	3.0	2.0	T
3	9:30	64187091	16,499					T
4	9:40	64206594	19,503		201 Newcomer	3.0	2.5	T
5	8:30	64227271	20,677					T
6	9:00	64250155	22,884		201 Necomer	3.0	1.5	T
7	9:00	64270161	20,006					T
8		64270161	0					T
9	8:15	64309352	39,191		705 S Main	3.0	2.2	T
10		64309352	0					T
11	8:15	64347592	38,240					T
12	8:30	64368590	20,998		201 Newcomer	3.0	2.5	T
13		64368590	0					T
14	9:15	64411838	43,248			3.0	1.0	T
15		64411838	0					T
16	8:30	64452728	40,890					T
17	10:00	64475101	22,373		201 Newcomer	3.0	1.0	T
18	8:45	64495360	20,259		705 S Main	3.0	1.2	T
19	11:00	64520896	25,536		705S Main	3.0	1.8	T
20	9:30	64541825	20,929					T
21	9:00	64562168	20,343					T
22	9:00	64582932	20,764					T
23	9:00	64604858	21,926		201 Newcomer	3.0	1.8	T
24		64604858	0		201 Newcomer	3.0	1.3	T
25	11:00	64650133	45,275					T
26	10:00	64670382	20,249					T
27	7:30	64690891	20,509		705 S Main	3.0	1.2	T
28	9:00	64712980	22,089					T
29		64712980	0					T
30	8:30	64753496	40,516		201 Newcomer	3.0	2.5	T
31		64753496			201 Newcomer			
Total			625,630					
Ave.			20,854					
Max.			25,536					
Min.			16,499					

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:
 COLOR DISC

REPORTED BY (SIGNATURE):

8552

CERT. OR REG. NO.

*INDICATE TYPE OF CI RESIDUAL
 F=FREE; C=COMBINED; T=TOTAL

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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