

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

FOR THE MONTH OF:

CHLORINATION

November 2024

| Date | Time Meter Read | PUMP METER | Hours | Meter Reading (1000 gal) | Water Treated (1000 gal) | PRE-CHLORINATION CHLORINE DOSAGE | | FINISHED WATER CHLORINE TESTS (mg/l) | | | |
|-------|-----------------|------------|-------|--------------------------|--------------------------|----------------------------------|---------|--------------------------------------|-------------|--------------------------------------|-----------------------------|
| | | | | | | Reading | Gallons | Address | CI FINISHED | CHLORINE RESIDUAL DISTRIBUTION TOTAL | CHLORINE RESIDUAL DIST FREE |
| ** | | | | 72635030 | | 40 | | | | | |
| 1 | 9:40 | | 0 | 72646900 | 11,870 | 36 | 4 | 201 Necomer | | 1.40 | |
| 2 | 9:30 | | 0 | 72659252 | 12,352 | 33 | 3 | | | | |
| 3 | | | 0 | 72659252 | 0 | 33 | 0 | | | | |
| 4 | 8:30 | | 0 | 72689910 | 30,658 | 22 | 11 | | | | |
| 5 | | | 0 | 72689910 | 0 | 22 | 0 | | | | |
| 6 | 12:40 | | 0 | 72719735 | 29,825 | 10 | 12 | 705 S Main | | 1.35 | |
| 7 | 8:40 | | 0 | 72731361 | 11,626 | 5.40 | 5 | | | | |
| 8 | 9:30 | | 0 | 72745420 | 14,059 | 35 | 5 | | | | |
| 9 | | | 0 | 72745420 | 0 | 35 | 0 | | | | |
| 10 | 4:50 | | 0 | 72778949 | 33,529 | 25 | 10 | 705 S Main | | 1.20 | |
| 11 | | | 0 | 72778949 | 0 | 25 | 0 | | | | |
| 12 | 7:30 | | 0 | 72802171 | 23,222 | 20 | 5 | 705 S Main | | 1.10 | |
| 13 | | | 0 | 72802171 | 0 | 20 | 0 | | | | |
| 14 | 8:30 | | 0 | 72830915 | 28,744 | 15 | 5 | | | | |
| 15 | 9:45 | | 0 | 72845488 | 14,573 | 10 | 5 | | | | |
| 16 | 8:30 | | 0 | 72858265 | 12,777 | 8.45 | 2 | 201 Necomer | | 1.45 | |
| 17 | 13:35 | | 0 | 72877606 | 19,341 | 4.3 | 2 | | | | |
| 18 | 8:45 | | 0 | 72890686 | 13,080 | 4.0 | 3 | | | | |
| 19 | | | 0 | 72890686 | 0 | 4.0 | 0 | | | | |
| 20 | 8:30 | | 0 | 72920824 | 30,138 | 3.5 | 5 | 705 S Main | | 1.20 | |
| 21 | 8:30 | | 0 | 72935278 | 14,454 | 3.1 | 4 | | | | |
| 22 | 8:30 | | 0 | 72949397 | 14,119 | 2.8 | 3 | | | | |
| 23 | | | 0 | 72949397 | 0 | 2.8 | 0 | 705 S Main | | 1.20 | |
| 24 | 14:20 | | 0 | 72965197 | 15,800 | 2.1 | 7 | | | | |
| 25 | | | 0 | 72965197 | 0 | 2.1 | 0 | | | | |
| 26 | 8:00 | | 0 | 73010027 | 44,830 | 1.6 | 5 | | | | |
| 27 | | | 0 | 73010027 | 0 | 1.6 | 0 | | | | |
| 28 | 8:30 | | 0 | 73041375 | 31,348 | 1.0 | 6 | 201 Necomer | | 1.10 | |
| 29 | 9:00 | | 0 | 73057992 | 16,617 | 7.45 | 3 | | | | |
| 30 | 10:00 | | 0 | 73074492 | 16,500 | 4.2 | 3 | | | | |
| 31 | | | 0 | 73074492 | 0 | 4.2 | 0 | | | | |
| Total | | | 0 | | 439,462 | | 108 | | | | |
| Ave. | | | | | 14,648 | | | | | | |
| Max. | | | | | 19,341 | | | | | | |
| Min. | | | | | 11,626 | | | | | | |

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:

DR 300

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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