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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: November 2025

CHLORINATION

Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE Reading	Gallons	Address	FINISHED WATER CHLORINE TESTS (mg/l) CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION TOTAL	CHLORINE RESIDUAL DIST FREE
**				79073876		16					
1			0	79073876	0	16	0				
2	9:30		0	79110418	36,542	4;40	12				
3	10:00		0	79130122	19,704	30	10	705 S Main		1.19	1.09
4			0	79130122	0	30	0	705 S Main		2.00	1.73
5	9:15		0	79162364	32,242	8;45	22				
6			0	79162364	0	40	5				
7*	7:45		0	79193660	31,296	40	0	705 S Main		1.60	
8	8:00		0	79209407	15,747	40	0				
9			0	79209407	0	40	0	201 Necomer		1.55	0.55
10	9:30		0	79247230	37,823	34	6	705 S Main		1.44	0.58
11	7:00		0	79261584	14,354	30	4				
12			0	79261584	0	30	0				
13*	7:30		0	79284852	23,268	23	7	705 S Main		1.66	0.52
14			0	79284852	0	23	0				
15	13:50		0	79330801	45,949	15	8	705 S Main		1.40	0.49
16	8:50		0	79343303	12,502	13	2				
17	9:00		0	79363289	19,986	9	4				
18	8:00		0	79379205	15,916	5;45	4				
19			0	79379205	0	5;46	0				
20			0	79379205	0	5;47	0				
21*	9:00		0	79427376	48,171	35	10	705 S Main		1.69	0.59
22			0	79427376	0	35	0				
23	12:30		0	79464452	37,076	26	9	705 S Main		1.70	
24	12:45		0	79482771	18,319	23	3				
25			0	79482771	0	23	0				
26	11:30		0	79514427	31,656	17	6				
27*			0	79514427	0	17	0				
28	8:30		0	79545702	31,275	10;45	7	201 Necomer		1.71	0.61
29			0	79545702	0	10;46	0				
30	8:00		0	79580122	34,420	41	5	705 S Main		1.70	
31			0	79580122	0	41	0				
Total			**0**		**506,246**		**124**				
Ave.					**16,874**						
Max.					**19,986**						
Min.					**12,502**						

WELL 126.3 #1 0,1 #2 0.1 JOCKEY 549 GEN 0.6

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: