

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY
 FOR THE MONTH OF: October 2019
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION		FINISHED WATER		DAY TANK	*
				CHLORINE DOSAGE	Amount Used lbs	FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	7:15	3198535	15900			1.5	1.0	25	T
2	8:30	32003153	17618			1.2	1.0	20	T
3	7:15	32019946	16793			1.2	1.2	15	T
4	9:30	32038740	18794			1.5	1.0	9.45	T
5	9:20	32054926	16186			1.6	1.0	41	T
6	9:00	32071766	16840			1.0	0.8	37	T
7	9:00	32090753	18987			1.0	0.8	31	T
8	7:15	32109374	18621			1.0	0.8	26	T
9	8:45	32127399	18025			2.5	1.5	16	T
10	7:15	32144494	17095			2.8	2.2	7.45	T
11	9:30	32162115	17621			2.2	2.0	39	T
12	9:15	32178981	16866			1.8	1.0	34	T
13	9:00	32195643	16662			1.0	1.0	28	T
14	9:30	32214359	18716			1.2	1.0	22	T
15	7:10	32230340	15981			1.0	1.0	17	T
16	11:30	32243953	13613			1.2	1.0	14	T
17	7:15	32253066	9113			1.2	1.0	10.45	T
18	9:30	32265368	12302			1.2	1.8	42	T
19		32265368	0						T
20		32265368	0						T
21	9:45	32303541	38173			1.5	1.4	37	T
22	7:15	32313583	10042			1.5	1.0	34	T
23	9:00	32325283	11700			1.5	1.0	30	T
24	7:15	32335848	10565			1.5	1.0	25	T
25	11:30	32349152	13304			1.2	1.0	20	T
26	9:20	32359053	9901			1.2	1.0	16	T
27	9:20	32371452	12399			1.5	1.0	11.45	T
28	11:00	32385923	14471			1.5	1.0	40	T
29	7:15	32400769	14846			1.5	1.0	35	T
30		32400769	0						T
31	13:45	32425768	24999			1.5	1.0	25	T
Total			456,133					142.0	
Ave.			14,713						
Max.			18,987						
Min.			9,113						

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: