

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: October 2021
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)	DAY TANK	*
				Reading	Distribution Address			
**		44058170	0				45.0	T
1		44058170						T
2	13:30	44122177	64,007				25	T
3	9:00	44138693	16,516				20	T
4	11:00	44164269	25,576		201 Newcomer	2.5	13:45	T
5		44164269	0					T
6	17:45	44213500	49,231		705 S Main	2.5	30	T
7	15:30	44233177	19,677		201 Newcomer	2.5	25	T
8	16:20	44255620	22,443				17	T
9	9:00	44270371	14,751		705 S Main	2.5	13:45	T
10	15:00	44299131	28,760				40	T
11	8:25	44314840	15,709				35:45	T
12	15:45	44343200	28,360				37	T
13	15:45	44364062	20,862				30	T
14		44364062	0					T
15	9:00	44400441	36,379				18	T
16	9:00	44421715	21,274				11	T
17	8:15	44443909	22,194		201 Newcomer	2.5	5:45	T
18	12:30	44471904	27,995		705 S Main	2.5	38	T
19	9:30	44491392	19,488		705 S Main	2.5	32	T
20	9:30	44513346	21,954				25	T
21	9:15	44537990	24,644				20	T
22	9:00	44559755	21,765		300 Short	3.0	14	T
23		44581922	22,167				7:45	T
24		44581922	0					T
25	9:00	44623487	41,565		201 Necomer	3.0	34	T
26	9:00	44638503	15,016				27	T
27	7:00	44653634	15,131		705 S Main	3.0	21	T
28	9:00	44667647	14,013				15	T
29		44667647	0					T
30	9:00	44695629	27,982		201 Newcomer	3.0	5:45	T
31	8:30	44711383	15,554		201 Newcomer	3.0	39	T
Total			653,231				188.0	
Ave.			21,071					
Max.			28,760					
Min.			14,013					

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:

Cert. ()

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