

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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: October 2023
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	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	8:30	63449219	27,616					10:40	T
2	10:00	63480472	31,253		705 S Main	2.5		40	T
3	8:30	63506879	26,407				1.0	31	T
4	10:15	63536028	29,149					24	T
5	8:00	63560412	24,384					15	T
6		63560412	0					7:40	T
7	8:30	63615481	55,069		201 Newcomer	2.5		22	T
8	8:45	63643032	27,551					14:40	T
9		63643032	0		705 S Main	2.5			T
10	7:45	63699608	56,576				2.2	25	T
11	8:30	63720942	21,334					16	T
12	8:00	63740154	19,212					8:40	T
13		63740154	0		201 Newcomer	2.5		21	T
14	9:30	63779321	39,167		201 Newcomer	2.5		12:45	T
15	11:30	63801376	22,055						T
16		63801376	0						T
17	9:30	63841628	40,252		201 Newcomer	2.5		28:32	T
18		63841628	0		705 S Main	2.5			T
19	9:00	63881595	39,967					15	T
20	7:30	63899921	18,326					7:40	T
21		63899921	0						T
22	9:30	63940555	40,634					21	T
23	8:00	63961284	20,729					11:45	T
24	9:30	63982646	21,362		201 Newcomer	3.0	1.5	40	T
25	9:00	64003000	20,354					31	T
26		64003000	0						T
27	8:00	64041469	38,469		705 S Main	3.0		15	T
28	8:30	64061464	19,995					5:40	T
29	9:00	64061464	0					31	T
30	9:00	64106816	45,352					23	T
31	10:00	64127866	21,050		201 Newcomer	3.0	2.5	14	T
Total			706,263					254.0	
Ave.			22,782						
Max.			31,253						
Min.			18,326						

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

Cert.:

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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

METER LOCATION: PUMP HOUSE
TYPE OF CI TEST KIT AND/OR METHOD USED:
COLOR DISC