

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: _____

CHLORINATION

PRE-CHLORINATION CHLORINE DOSAGE					FINISHED WATER CHLORINE TESTS (mg/l)						
Date	Time Meter Read	PUMP METER	Hours	Meter Reading (1000 gal)	Water Treated (1000 gal)	Reading		Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
						Gallons				TOTAL	FREE
**				78509343		16				2.19	1.99
1	9:45		0	78530579	21.236	10	6	705 S Main			
2	8:30		0	78550003	19.424	4:40	6				
3			0	78550003	0	40	0				
4			0	78550003	0	40	0				
5	9:15		0	78603559	53.556	20	20				
6	9:30		0	78622482	18.923	11	9				
7*	8:00		0	78640869	18.387	5:45	0	705 S Main		2.20	2.20
8			0	78640869	0		0				
9	9:30		0	78674048	33.179	30	15	201 Necomer		1.60	1.41
10	18:30		0	78674048	0		0				
11	9:30		0	78705987	31.939	16	14				
12	16:30		0	78728915	22.928	8	8				
13*	8:00		0	78739314	10.399	4:35	4				
14			0	78739314	0		0				
15	9:50		0	78780579	41.265	20	15			2.20	2.16
16			0	78780579	0		0	201 Necomer			
17	8:00		0	78815008	34.429	5:35	15				
18			0	78815008	0		0				
19	17:00		0	78858129	43.121	24	11				
20	18:30		0	78878261	20.132	15	9				
21*			0	78878261	0		0				
22	6:15		0	78902628	24.367	5:40	10				
23	9:00		0	78920704	18.076	36	4	705 S Main		2.20	2.20
24			0	78920704	0		0				
25	9:30		0	78953884	33.180	21	15				
26			0	78953884	0		0				
27*	10:00		0	78991103	37.219	7:45	14	705 S Main		1.52	1.36
28	9:00		0	79012251	21.148	39	6	705 S Main		1.45	1.32
29			0	79012251	0		0				
30			0	79012251	0		0				
31	8:30		0	79073876	61.625	16	23	705 S Main		1.80	1.67
Total			0		564.533		204				
Ave.					18.210						
Max.					22.928						
Min.					10.399						
WELL	201.5	#1 3	#2 2.7	JOCKEY 615.6	GEN 0.8						
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											
**RECORD METER READING FROM LAST DAY OF PREVIOUS MONTH:											
METER LOCATION: PUMP HOUSE											
TYPE OF CI TEST KIT AND/OR METHOD USED: DR 300											
DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:											