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

VILLAGE OF NORTH HENDERSON
FOR THE MONTH OF: October 2026

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
**				85001855		27					
1*	9:15		0	85001855	0	24	3				
2	8:15		0	85041126	39,271	22	2	705 S Main		1.40	1.33
3			0	85041126	0			705 S Main		1.13	0.60
4	15:30		0	85074626	33,500	16	6				
5			0	85074626	0						
6	11:30		0	85099456	24,830	12	6				
7*			0	85099456	0						
8	8:30		0	85124028	24,572	9	3				
9	8:30		0	85137498	13,470	5;30	4	705 S Main		1.56	0.74
10	8:30		0	85150774	13,276	27	3	705 S Main		1.28	0.54
11			0	85150774	0			705 S Main		1.73	0.55
12	10:40		0	85180396	29,622	23	4				
13*	7:30		0	85192640	12,244	21	2				
14	14:30		0	85219284	26,644	17	4				
15	9:00		0	85242089	22,805	15	2				
16	9:00		0	85255817	13,728	12	3	705 S Main		1.50	
17	10:00		0	85255817	0	10	2				
18			0	85255817	0	7;40	3				
19			0	85255817	0						
20			0	85255817	0						
21			0	85255817	0						
22			0	85255817	0						
23			0	85255817	0						
24			0	85255817	0						
25	7:30		0	85255817	0			201 Necomer		1.63	0.68
26			0	85390209	134,392	22	18	705 S Main		1.56	0.80
27	6:45		0	85390209	0						
28	10:00		0	85421365	31,156	16	6	705 S Main		1.57	0.64
29			0	85435848	14,483	15	1	705 S Main			
30	10:45		0	85435848	0						
31	10:45		0	85461181	25,333	10	5	201 Necomer		1.56	1.30
Total			0	85473274	12,093	9	1	201 Necomer		1.56	1.31
Ave.			**0**		**471,418**		**78**				
Max.					**15,207**						
Min.					**26,644**						
					12,093						

WELL 118.6 #1 2.7 #2 2.5 JOCKEY 540.5 GEN 0.4

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: