

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

VILLAGE OF NORTH HENDERSON  
 FOR THE MONTH OF: October 2020  
 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	Amount Used lbs	Calcu mg/l	CI FINISHED		
1	11:00	37109330	21793				1.8	20.0	T
2	10:00	37131123	14600				1.8	13	T
3		37145723	0				1.0	6:45	T
4	9:25	37174875	29152				1.5	32	T
5	8:30	37194593	19718				1.5	25	T
6	6:20	37207663	13070				1.5	20	T
7	8:15	37224499	16836				1.5	14	T
8	9:00	37239640	15141				1.5	7:45	T
9	9:00	37254173	14533				1.5	40	T
10	8:30	37268964	14791				1.5	35	T
11		37268964	0				1.5		T
12	8:30	37301444	32480				1.6	23	T
13	6:15	37315919	14475				1.6	17	T
14	8:30	37332997	17078				1.6	11	T
15	8:30	37348816	15819				1.6	5:45	T
16	9:00	37363480	14664				1.8	40	T
17		37363480	0				1.5		T
18		37363480	0				1.5		T
19	9:30	37411344	47864				2.0	24	T
20	6:15	37423921	12577				2.0	19	T
21	7:30	37440567	16646				2.0	14	T
22	8:00	37456918	16351				2.0	3:45	T
23	6:15	37470828	13910				2.0	39	T
24	8:30	37486670	15842				2.0	30	T
25	9:20	37503097	16427				2.0	21	T
26	6:15	37517630	14533				2.0	15	T
27	6:15	37533689	16059				2.0	8:45	T
28	9:15	37551195	17506				2.0	38	T
29	6:15	37564784	13589				2.0	31	T
30	9:00	37582036	17252				2.0	24	T
31	9:00	37596131	14095				2.0	15	T
Total			486,801					200.0	
Ave.			15,703						
Max.			19,718						
Min.			13,070						

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.

Cert.

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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

\*INDICATE TYPE OF CI RESIDUAL  
 F=FREE; C=COMBINED; T=TOTAL

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