

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

VILLAGE OF NORTH HENDERSON PUBLIC WATER SUPPLY
FOR THE MONTH OF: September 2019
CHLORINATION

Date **	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		* T
				Reading	Amount Used lbs	Cl FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
1	9:15	31429550	19020			1.0	15.0	T
2	8:45	31448570	16217			1.0	11	T
3	8:45	31485640	20853			0.8	7/45	T
4		31485640	0				41	T
5	15:00	31524411	38771			1.0		T
6	6:45	31535040	10629			0.8	33	T
7	9:00	31553125	18085			1.0	30	T
8	9:45	31575775	22650			1.0	25	T
9	9:00	31596306	20531			1.0	20	T
10	7:45	31611971	15665			1.0	15	T
11		31611971	0				11/45	T
12	8:45	31648143	36172			1.0	40	T
13	8:50	31664940	16797			1.0	35	T
14	8:45	31688770	23830			0.8	31	T
15	9:45	31707534	18764			0.8	28	T
16	9:00	31725398	17864			1.2	24	T
17	12:00	31745371	19973			1.2	17	T
18	9:35	31760430	15059			1.0	13	T
19	9:00	31777106	16676			1.0	8/45	T
20	10:40	31794526	17420			1.2	40	T
21	9:35	31809960	15434			1.0	36	T
22	10:00	31828575	18615			1.0	31	T
23	9:45	31846497	17922			1.2	26	T
24	9:30	31862964	16467			1.0	21	T
25	10:20	31879890	16926			1.2	15	T
26	8:50	31894835	14945			1.2	11	T
27	8:00	31910319	15484			1.2	7/45	T
28	9:00	31929752	19433			1.0	40	T
29	8:40	31950681	20929			1.0	35	T
30	9:00	31969635	18954			1.0	30	T
31								T
Total			540085				133.0	
Ave.			18002.00					
Max.			23830					
Min.			10629					

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