

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

VILLAGE OF NORTH HENDERSON

FOR THE MONTH OF: **September 2021**

CHLORINATION

Date **	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION CHLORINE DOSAGE		CI FINISHED	FINISHED WATER CHLORINE TESTS (mg/l)			*
				Reading	Distribution Address		CHLORINE RESIDUAL DISTRIBUTION	DAY TANK		
1	8:30	43396667	29,327		201 Newcomer			1.0	20.0	T
2	8:00	43421350	24,683		705 S Main	2.5		1.0	10:45	T
3		43445155	23,805						35	T
4	8:00	43470139	24,984		201 Newcomer	2.5		1.0	28	T
5	8:45	43470139	0							T
6	7:00	43522590	52,451						16	T
7	11:25	43550622	28,032		201 Newcomer	2.5		1.0	10:45	T
8	8:30	43575080	24,458		705 S Main	2.5		1.0	40	T
9	15:30	43601606	26,526						30	T
10	18:40	43618859	17,253						25	T
11	17:00	43642402	23,543						17	T
12	15:40	43662995	20,593		300 Short	2.5		1.2	11:45	T
13	16:15	43685331	22,336		201 Newcomer	2.5		1.2	40	T
14	11:30	43706274	20,943		201 Newcomer	2.5		1.2	32:45	T
15	17:00	43736670	30,396						38	T
16	15:30	43757365	20,695						31	T
17	18:50	43777668	20,303		201 Newcomer	2.5		1.6	25	T
18	8:30	43790882	13,214		705 S Main	2.5		1.6	20	T
19	8:00	43816909	26,027						14	T
20		43841297	24,388						7:45	T
21	9:00	43864339	23,042						39	T
22	7:30	43886274	21,935						32	T
23	7:30	43907091	20,817		300 short	3.0		1.7	25	T
24	8:00	43928784	21,693		201 Newcomer	3.0		1.7	19	T
25	8:00	43928784	0							T
26		43977410	48,626						6:45	T
27	9:00	44006040	28,630						39	T
28		44028755	22,715		705 S Main	3.0		1.5	33	T
29		44058170	29,415						24:45	T
30		44058170	0							T
31		44058170								T
Total			690,830							
Ave.			23,821							
Max.			30,396							
Min.			13,214						190.0	

I certify that the information in this report is complete and accurate to the best of my knowledge:

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: _____

REPORTED BY (SIGNATURE): _____

8552

CERT. OR REG. NO.

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