

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

VILLAGE OF NORTH HENDERSON
 FOR THE MONTH OF: September 2023
 CHLORINATION

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (100 gal)	PRE-CHLORINATION		FINISHED WATER		*
				CHLORINE DOSAGE	Distribution Address	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION	
**		62571112	29,472					
1	8:30	62600584	30,622	705 S Main	2.5	1.0	24.0	T
2	8:00	62631206	32,228				15	T
3	10:00	62663434	0				6.40	T
4		62663434	58,458	202 Newcomer	2.5	1.0	30	T
5	8:45	62721892	0				15.45	T
6		62721892	62,621				25	T
7	16:45	62784513	31,755	202 Newcomer	2.5	1.0	15	T
8	7:30	62816268	24,832				8	T
9	17:00	62841100	28,605				2.35	T
10	16:00	62869705	27,536				28	T
11	16:45	62897241	27,439	201 Newcomer	2.5	1.0	20	T
12	16:45	62924680	27,765				10.40	T
13	16:45	62952445	0				25	T
14		62952445	45,991					T
15	9:00	62998436	0				8.40	T
16		63054859	56,423				30	T
17	8:30	63087062	32,203	705 S Main	2.5	1.7	29	T
18	10:30	63111082	24,020				13.40	T
19	8:00	63139421	28,339					T
20	8:30	63139421	0				25	T
21		63195523	56,102				16	T
22	8:30	63222046	26,523	201 Newcomer	3.0	1.5	8.40	T
23	8:00	63252290	30,244				30	T
24	8:00	63286630	34,340				23	T
25	10:15	63313439	26,809				15	T
26	9:20	63339877	26,438	705 S Main	3.0	1.0	8.35	T
27	8:30	63365172	25,295					T
28	6:30	63365172	0				20	T
29		63421603	56,431	201 Newcomer	3.0	1.5		T
30	8:30							T
31			850,491				249.0	T
Total			28,349					
Ave.			34,340					
Max.			24,020					
Min.								

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

Cert.

DATE MONTHLY BACTERIOLOGICAL SAMPLES SUBMITTED:

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

METER LOCATION: PUMP HOUSE

TYPE OF CI TEST KIT AND/OR METHOD USED:
 COLOR DISC