

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

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

Date	Time Meter Read	Meter Reading (1000 gal)	Water Treated (1000 gal)	PRE-CHLORINATION CHLORINE DOSAGE		FINISHED WATER CHLORINE TESTS (mg/l)		DAY TANK	*
				Reading	Amount Used lbs	CI FINISHED	CHLORINE RESIDUAL DISTRIBUTION		
1	8:00	28271246	8743			1.2		9.45	T
2	10:20	28279989	12621			1.2		42	T
3		28292610	0						T
4	9:00	28317171	24561			1.2		35	T
5	12:15	28330566	13385			1.0		31	T
6	13:00	28342023	11467			1.0		27	T
7	12:00	28352627	10604			1.0		25	T
8	10:45	28353084	457			1.2		21	T
9		28408518	0			1.2		11	T
10	10:30	28435880	27362			1.4		7.45	T
11	10:40	28449541	13661			1.2		42	T
12	16:30	28449541	0			1.4		37	T
13	10:00	28495362	18592			1.2		31	T
14	17:00	28514734	0			1.0		27	T
15	9:00	28529169	14435			1.0		24	T
16	10:30	28540236	11067			1.4		20	T
17	9:30	28553435	13199			1.2		16	T
18	11:00	28558446	5011			1.2		14	T
19	8:30	28599609	41163			1.0		7.45	T
20	9:30	28625422	0			1.2		38	T
21	9:45	28635658	10236			1.2		35	T
22	8:30	28647263	11605			1.4		32	T
23	9:00	28658415	11152			1.4		29	T
24	16:30	28690461	32046			1.4		25	T
25	10:45	28698908	8447			1.2		22	T
26	8:30	28791122	92214			1.2		18	T
Total			519876						
Ave.			16770.00						
Max.			32046						
Min.			8447						

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: