ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF PUBLIC WATER SUPPLIES

MONTHLY OPERATION AND CHEMICAL FEEDING REPORT
ON **VILLAGE OF WINSLOW** PUBLIC WATER SUPPLY
FOR MONTH OF **July 2009**

CHLORINATION																	FLUORIDATION					(OTHER CHEMICAL FEED)					REMARKS
				PRE-CHLORINATION CHLORINE DOSAGE			POST-CHLORINATION CHLORINE DOSAGE			FINISHED WATER CHLORINE TESTS (mg/l)							FLUORIDE DOSAGE			TESTS mg/l		(PLEASE INDICATE ABOVE)					
Date	Time Meter Read	Meter Reading (100 gal)	Water Treated (100 gal)	Reading	Amount Used lbs or [1] Gallon	Calcul. mg/l	Reading	Amount Used lbs.	Calcul. mg/l	Time	{N} Read	Time	{C} Read	Time	{W} Read	Time	Read	Reading	Amount Used lbs	Calcul. mg/l	Plant	Service	Reading	Amount Used lbs or [4] Gallons	Calcul. mg/l	Plant	Service	
a	b	c	d	e	f	g	h	k	l	m	n	o	p	r	s	t	u	v	w	x	y	z	aa	bb	cc	dd	ee	ff
*		**29023400**					**190.5**											**269.5**										
1	08:46 AM	29050300	27200				185.5	1.5							0.8			268.0	0.5		1.1	0.9 (W)						
2	06:10 AM	29077500	27600				184.0	0.0					0.6					267.5	1.0		1.1	1.2 (C)						
3	06:15 AM	29105100	55300				184.0	6.0			0.4							266.5	2.5		1.0	0.9 (N)						
4	08:34 AM	29160400	21100				178.0	3.0										264.0	1.0									
5	08:11 AM	29181500	28400				175.0	0.0										263.0	1.0									
6	06:13 AM	29209900	37300				175.0	1.5							0.9			262.0	2.0		1.1	1.2 (W)						
7	08:10 AM	29247200	46500				173.5	0.0					0.6					260.0	1.5		1.1	1.1 (C)						
8	08:43 AM	29293700	25900				173.5	0.0			0.7							258.5	1.0		1.1	1.0 (N)						
9	08:07 AM	29319600	26600				173.5	3.5							0.8			257.5	0.0		1.0	0.8 (W)						
10	09:20 AM	29346200	27300				170.0	4.0					0.9					257.5	1.0		1.2	1.1 (C)						
11	06:08 AM	29373500	29900				166.0	2.0										256.5	1.5									
12	09:37 AM	29403400	27800				164.0	0.0										255.0	1.5									
13	08:42 AM	29431200	28000				164.0	1.0			0.8							253.5	1.0		1.2	0.9 (N)						Fluoride sample to Springfield
14	07:22 AM	29459200	26500				163.0	2.0							0.6			252.5	1.5		1.2	0.8 (W)						Bac-T's to Lyons Labs
15	06:16 AM	29485700	55300				161.0	4.0					0.6					251.0	2.0		1.1	1.0 (C)						
16	07:35 AM	29541000	27100				157.0	1.0			0.7							249.0	1.0		1.2	0.9 (N)						
17	08:53 AM	29568100	27400				156.0	1.0							0.9			248.0	1.0		1.1	1.0 (W)						
18	06:21 AM	29595500	28500				155.0	2.0										247.0	1.0									
19	05:42 AM	29624000	28800				153.0	1.0										246.0	1.0									
20	07:25 AM	29652800	28900				152.0	2.0					0.7					245.0	1.0		1.0	1.0 (C)						
21	10:02 AM	29681700	27500				150.0	1.0			0.8							244.0	0.5		1.1	0.9 (N)						
22	08:03 AM	29709200	54300				149.0	1.0							0.9			243.5	1.0		1.1	1.0 (W)						
23	09:30 AM	29763500	28600				148.0	1.0					1.1					242.5	1.0		1.1	1.1 (C)						
24	10:56 AM	29792100	27100				147.0	2.5			0.9							241.5	1.0		1.2	0.9 (N)						
25	06:05 AM	29819200	26900				144.5	1.0										240.5	1.0									
26	09:23 AM	29846100	28200				143.5	1.5										239.5	1.0									
27	07:45 AM	29874300	28000				142.0	2.0							0.9			238.5	1.0		1.3	0.8 (W)						
28	08:00 AM	29902300	29800				140.0	2.0					1.1					237.5	1.5		1.3	1.0 (C)						
29	07:14 AM	29932100	28200				138.0	2.0			0.8							236.0	1.0		1.2	0.9 (N)						
30	08:01 AM	29960300	55600				136.0	5.0							0.5			235.0	1.5		1.0	1.0 (W)						
31	8:15 AM	30015900	26700				134.0	1.0					0.7					234.0	0.5		0.9	0.8 (C)						
Total			**988500**					**54.0**			**5.1**		**5.5**		**6.3**				**34.5**			**22.3**						
Ave.			**32010**					**1.79**			**0.73**		**0.79**		**0.79**				**1.1**			**1.01**						
Max.			**55300**					**6.0**			**0.9**		**1.1**		**0.9**				**2.5**			**1.2**						
Min.			**21100**					**0.0**			**0.4**		**0.6**		**0.5**				**0.0**			**0.8**						

*ENTER FINAL READINGS LAST MONTH 1 _____ %CL_2 SOLN FED **2** **15% CL_2 SOLN FED** **3** **23% F SOLN FED** 4 _____ % SOLN FED (NOTE: RECORD COLUMNS C,E,H,V,AA AT SAME TIME)

METER LOCATION:

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

_____

REPORTED BY (SIGNATURE):

IL 7080
Cert. Or Reg. No.

Date Monthly
Bacterials Sent: 6/22/09
Fluoride Sample Sent: 6/22/09

Phone: 815-275-8023

CHLORINATION

TYPE OF CHLORINE USED: (CHECK ONE)

CHLORINE GAS
CALCIUM HYPOCHLORITE _____% STRENGTH
SODIUM HYPOCHLORITE 15 % STRENGTH

FLUORIDATION

TYPE OF FLUORIDE USED: FLUORIDE TEST INSTRUMENT

XX HYDROFLUOSILICIC ACID **XX HACH** ___ TAYLOR
___ SODIUM FLUORIDE ___ HELLIGE ___ OTHER
___ SODIUM SILICOFLUORIDE _____ mg/l NATURAL FLUORIDE
___ OTHER OF RAW WATER

This Agency is authorized to require this information under Ill. Rev. Stat. 1979, Chapter 111 1/2, Section 1019. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 for each day the failure continued, a fine up to $1,000.00 and imprisonment up to one year. This form has been approved by the forms Management Center.