

DIVISION OF PUBLIC WATER SUPPLIES

ON CITY OF LA SALLE PUBLIC WATER SUPPLY
FOR MONTH OF MARCH 2024

Meter Read AM	RAW WATER			CHEMICALS APPLIED								FILTERS				CHEMICAL TESTS											REMARKS							
	Reading (1000 gal.)	Treated (1000 gal.)	Chlorine		Fluoride		NaMnO4		Ortho Phosphate		Each day indicate total previous backwash. If backwashed at mid-day, indicate hours previous/ hours following.				Wash Water Used Gal.	RAW					FINISHED													
			Used lbs. or Gal.	Calc mg/l	Used lbs. or Gal.	Calc mg/l	Used lbs. or Gal.	Calc mg/l	Used lbs. or Gal.	Calc mg/l	Used lbs. or Gal.	Calc mg/l	1	2		3	4	pH	Alk. as CaCO3 mg/l	Hard as CaCO3 mg/l	Fe mg/l	Mn mg/l	pH	Ortho Phosphate mg/l	Hard as CaCO3 mg/l	Fe mg/l		Mn mg/l	F mg/l	Cl res. F = free T = total				
			mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l		mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l		mg/l	mg/l	mg/l	mg/l			
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	bb	cc	dd	ee	ff	gg	hh	ii
1	11:00A	48328	1.606	1088	9.75	26	0.35	51	0.76	73	5.45								7.36			0.14	0.253	7.88	1.51			0.02	0.033	0.84	3.05	3		
2	8:10A	1606	1.721	1000	8.36	26	0.33	52	0.72	65	4.53																		0.031	0.93	0.66	0.56		
3	7:55A	3327	1.561	873	8.05	21	0.29	39	0.6	56	4.3			95															0.051	0.85	1.17	0.48		
4	7:15A	4888	1.803	1255	10.02	26	0.31	54	0.71	71	4.69								7.41			0.13	0.242	7.81	1.69			0.03	0.019	0.78	0.67	0.54		
5	8:30A	6691	1.493	1265	12.19	23	0.34	48	0.77	70	5.62								7.37			0.14	0.247	7.81	1.98			0.03	0.023	0.8	1.09	0.75		
6	10:55A	8184	1.439	1200	11.99	22	0.33	46	0.77	58	4.83								7.38			0.16	0.234	7.8	1.88			0.03	0.034	0.79	1.4	1.42		
7	7:10A	9623	1.974	1222	8.91	26	0.29	51	0.62	73	4.43			94					7.36			0.12	0.231	7.85	1.83			0.08	0.034	0.8	2.85	2.39		
8	10:40A	11597	1.436	1289	12.91	26	0.39	51	0.85	77	6.42								7.4			0.11	0.231	7.86	1.86			0.03	0.018	0.89	2.57	2.39		
9	8:00A	13033	1.46	868	8.55	19	0.28	40	0.65	58	4.76								7.47										0.03	0.86	2.94	2.39		
10	8:00A	14493	1.898	861	6.53	20	0.23	43	0.54	55	3.47			69					7.24					7.53	2				0.047	0.88	1.19	0.79		
11	6:50A	16391	1.249	1050	12.1	23	0.4	43	0.82	70	6.72								7.39			0.11	0.239	7.84	1.7			0.03	0.023	0.78	1.07	0.92		
12	9:30A	17640	1.503	1159	11.09	24	0.35	25	0.4	67	5.34								7.45			0.11	0.237	7.94	1.7			0.03	0.023	0.76	1.7	1.6		
13	8:00A	19143	1.997	1129	8.13	21	0.23	24	0.29	62	3.72								7.39			0.11	0.28	7.81	1.8			0.03	0.03	0.85	1.65	1.14		
14	7:35A	21140	1.382	1256	13.08	24	0.38	49	0.85	72	6.25								7.49			0.15	0.234	7.91	1.73			0.04	0.023	0.93	1.92	1.66		
15	7:10A	22522	1.646	1336	11.67	27	0.36	22	0.32	58	4.23			118					7.36			0.12	0.245	7.84	1.83			0.03	0.022	0.75	2.45	2.2		
16	7:56A	24168	1.679	1075	9.21	19	0.25	0	0	57	4.07																		0.017	0.89	1.82	1.91		stopped feeding NaMO4
17	8:05A	25847	1.578	1255	11.44	25	0.35	0	0	51	3.87																		0.019	0.81	3	2.75		
18	7:15A	27425	1.493	1225	11.81	25	0.36	0	0	58	4.67								7.47			0.14	0.242	7.92	1.77			0.02	0.008	0.8	1.88	1.56		
19	8:00A	28918	1.515	1043	9.91	21	0.3	0	0	68	5.38								7.33			0.13	0.262	7.84	1.95			0.03	0.019	0.87	1.68	1.33	started feeding chlorine in place of NaMO4	
20	7:15A	30433	1.896	1129	8.56	20	0.23	0	0	65	4.11								7.4			0.13	0.251	7.88	1.66			0.02	0.012	0.77	2.24	1.8		
21	7:10A	32329	1.349	1252	13.35	26	0.42	0	0	73	6.48								7.39			0.11	0.237	7.91	2.07			0.03	0.013	0.8	2.09	1.87		
22	6:15A	33678	1.636	1286	11.31	26	0.35	0	0	77	5.64								7.46			0.1	0.254	7.83	1.93			0.01	0.024	0.78	2.12	1.89		
23	7:30A	35314	1.867	964	7.42	20	0.23	0	0	68	4.36			192															0.022	0.83	3.09	2.99		
24	8:00A	37181	1.447	1164	11.57	28	0.42	0	0	73	6.05																		0.023	0.79	2.35	2.3		
25	6:20A	38628	1.418	1072	10.88	23	0.35	0	0	66	5.58			47					7.37			0.31	0.259	7.81	1.88			0.11	0.079	0.86	1.64	1.41		
26	6:25A	40046	1.718	1122	9.4	21	0.27	0	0	66	4.61			22					7.41			0.15	0.253	7.65	1.91			0.16	0.125	0.58	1.97	1.36		
27	6:10A	41827	1.446	1294	12.88	26	0.39	0	0	86	7.13			25					7.49			0.1	0.269	7.88	1.97			0.02	0.163	0.82	2.14	2.31		
28	6:10A	43273	1.687	1300	11.08	79	1.02	74	1.05	87	6.18			21					7.27			0.14	0.24	7.83	1.83			0.03	0.149	0.81	2.01	1.8	feeding NaMO4/pre chlorine feed off	
29	7:50A	44960	1.884	1184	9.04	10	0.12	19	0.21	86	5.47			23															0.088	0.95	2.37	2.02		
30	8:00A	46844	1.487	1280	12.39	33	0.48	32	0.52	86	6.93																		0.048	0.63	2.23	2.11		
31	7:50A	48331	1.318	952	10.39	12	0.2	26	0.47	63	5.73																		0.044	0.95	2.52	2.51		
TOT.	0	797808	49.586	35448	324		10.6	789	11.92	2115	161	0	0	706	0	0	248	0	162.7	0	0	2.71	4.91	172.1	58.23	0	0	0.81	1.294	25.43	61.53	1		
MAX.	0	48331	1.997	1336	13.35	79	1.02	74	1.05	87	7.13	0	0	192	0	0	25	0	7.49	0	0	0.31	0.262	7.94	2.5	0	0	0.16	0.163	0.95	3.09	3	0	
MIN.	0	1606	1.249	861	6.53	10	0.12	0	0	51	3.47	0	0	21	0	0	24	0	7.24	0	0	0.1	0.231	7.53	1.51	0	0	0.01	0.008	0.58	0.66	0.48	0	
AVE.	#DIV/0!	26735.742	1.5995484	1143	10.45	24.77	0.342	25.45	0.385	68.23	5.194	#####	#####	70.6	#####	#####	24.8	#####	7.394	#####	#####	0.136	0.246	7.822	1.878	#####	#####	0.041	0.042	0.82	1.985	1.746	#####	

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 continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management Center.

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

Reported by: (Signature) _____ Cert or Rag Number _____ Date _____
Phone: 815 223 0068 Date Monthly Done by I PDC LABS _____ Bacterials Sent _____

*Enter Final Reading Last Month

POINT OF APPLICATION

METER LOCATION: Main Pump Station

2. % Fluoride Solution Fed

3. % Solution Fed

4. % Solution Fed

CHLORINE
Type of Chlorine Used:

X Chlorine Gas %
Calcium Hypochlorite %
Sodium Hypochlorite %

FLUORIDATION
Type of Fluoride Used:

X Hydrofluosilicic Acid, %F %
Sodium Fluoride %
Other %

Chlorine Test Kit Used Hach DPD

Type of Test Instrument Used: Hach SPADNS

DIVISION OF PUBLIC WATER SUPPLIES

DATE	TIME METER READ	METER READING (1000 gal.)	WATER TREATED (1000 gal.)	CHLORINATION												FLUORIDATION						(OTHER CHEMICAL FEED)				REMARKS		
				PRE-CHLORINATION			POST-CHLORINATION			FINISHED WATER						FLUORIDE DOSAGE			TEST mg/l			(PLEASE INDICATE ABOVE)						
				CHLORINE DOSAGE			CHLORINE DOSAGE			CHLORINE TESTS (mg/l)						Amount			mg/l									
				READING	AMOUNT USED	CALCUL mg/l	READING	AMOUNT USED	CALCUL mg/l	TIME	READ	TIME	READ	TIME	READ	TIME	READ	READING	Amount Used	CALCUL mg/l	PLANT	SERVICE	READING	Amount Used	CALCUL mg/l		PLANT	SERVICE
a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	bb	cc
1	8:15A	29815	1.021				908	50	0.7				6:40A	0.2	6:40A	0.08												
2	8:10A	1021	0.946				866	42	0.64				8:30A	0.31	8:30A	0.01												
3	7:55A	1967	0.989				807	59	0.86				8:10A	0.45	8:10A	0.16												
4	6:30A	2956	1.053				748	59	0.81				6:30A	2.55	6:30A	0.39												
5	8:30A	4009	1.085				676	72	0.95				6:40A	0.27	6:40A	0.02												
6	7:50A	5094	1.088				615	61	0.81				6:50A	1.2	6:50A	0.16												
7	7:10A	6182	1.028				553	62	0.87				6:25A	2.17	6:25A	0.19												
8	7:15A	7210	1.065				483	70	0.94				6:25A	0.32	6:25A	0.11												
9	8:00A	8275	1.108				429	54	0.7				7:30A	0.36	7:30A	0.15												
10	8:00A	9383	1.053				373/1625	56	0.77				8:00A	0.33	8:00A	0.19												
11	7:30A	10436	1.119				1567	58	0.75				6:50A	0.3	6:50A	0.23												
12	9:30A	11555	1.166				1501	66	0.81				7:30A	0.12	7:30A	0.11												
13	8:00A	12721	1.164				1430	71	0.91				6:40A	0.92	6:40A	0.26												
14	7:30A	13885	1.057				1361	70	0.95				6:35A	0.34	6:35A	0.21												
15	7:10A	14942	1.136				1285	76	0.96				6:25A	0.31	6:25A	0.16												
16	7:55A	16078	1.022				1219	66	0.93				8:15A	0.97	8:15A	0.13												
17	8:05A	17100	1.083				1149	70	0.93				8:25A	0.4	8:25A	0.24												
18	7:10A	18183	1.06				1082	67	0.91				6:20A	0.41	6:20A	0.21												
19	8:00A	19243	1.091				1015	67	0.88				7:00A	0.93	7:00A	0.21												
20	7:10A	20334	1.024				950	65	0.91				6:40A	0.38	6:40A	0.22												
21	7:10A	21358	0.997				883	67	0.96				6:25A	0.31	6:25A	0.2												
22	6:15A	22355	1.053				810	73	0.99				6:40A	1.08	6:40A	0.45												
23	7:30A	23408	0.962				748	62	0.92				7:30A	0.45	7:30A	0.2												
24	8:00A	24370	1.076				699	49	0.66				8:30A	0.41	8:30A	0.21												
25	6:20A	25446	1.001				634	65	0.93				6:55A	0.28	6:55A	0.21												
26	6:25A	26447	1.049				568	66	0.91				7:00A	0.91	7:00A	0.2												
27	6:10A	27496	1.133				498	70	0.88				6:40A	0.28	6:40A	0.36												
28	6:10A	28629	0.97				426	72	1.07				6:45A	2.32	6:45A	0.26												
29	7:50A	29599	1.094				359	67	0.88				8:35A	2.6	8:35A	0.61												
30	8:00A	30693	1.07				291	68	0.91				8:15A	0.34	8:15A	0.29												
31	7:50A	31763	1.077				232	59	0.79				8:10A	2.33	8:10A	0.48												
TOT.			32.84	0	0	0	24792	1979	26.89	0	0		24.55	0.2917	6.91	0	0	0	0	0	0	0	0	0	0	0	0	0
MAX.	0	31763	1.166	0	0	0	1567	76	1.07	0	0	0	2.6	0.2917	0.61	0	0	0	0	0	0	0	0	0	0	0	0	0
MIN.	0	1021	0.946	0	0	0	232	42	0.64	0	0	0	0.12	0.2917	0.01	0	0	0	0	0	0	0	0	0	0	0	0	0
AVE.	#DIV/0!	16837.19	1.059355	#DIV/0!	#DIV/0!	#DIV/0!	826.4	63.839	0.8674	#DIV/0!	#DIV/0!	#DIV/0!	0.7919	0.2917	0.2229	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

*ENTER FINAL READINGS LAST MONTH 1 % Cl2 SOLN FED 2 % Cl2 SOLN FED 3 % F SOLN FED 4 % SOLN FED (NOTE: RECORD COLUMNS C, E, H, V, AA AT SAME TIME)

METER LOCATION: Main Pump Station		CHLORINATION				FLUORIDATION				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.
I certify that the information in this report is complete and accurate to the best of my knowledge:		TYPE OF CHLORINE USED (CHECK ONE)				TYPE OF FLUORIDE USED				
REPORTED BY (SIGNATURE) _____ Cert. or Reg. No. _____		CHLORINE GAS				HYDROFLUORSILICIC ACID				
		CALCIUM HYPOCHLORITE % STRENGHT				SODIUM FLUORIDE				
DATE MONTHLY BACTERIALS SENT DONE BY PDC		X SODIUM HYPOCHLORITE 12 % STRENGHT				SODIUM SILICOFLUORIDE				FLUORIDE TEST INSTRUMENT
Phone: 815-223-0068										HACH TAYLOR
										HELLIGE OTHER
										0.49 mg/l NATURAL FLUORIDE OF RAW WATER