



Month: DECEMBER

Water Treatment Plant



Year: 2024

Filtration Operating Log

Date	Time	Filter (circle #)	Total Flow X1000 Gal	Total Usage X1000 GAL	Pre NaOCl (PPM)	Post NaOCl (PPM)	Fluoride (PPM)	Raw Water Iron	Finished Water Quality (mg/L)						Notes (backwash filter #, filter res. Cl, pressures, etc)	
									Iron	Free Cl2	Total Cl2	Hardness	Flouride	Ortho		pH
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16											1.36	330.00	0.77			
17	10:53	2 / 3	314	496								400.00				
18	9:06	2 / 3	449	135						2.90	2.90	400.00	1.27			CL TOT 0.92 @GND
19	8:18	2 / 3	1,706	1,257				0.17	0.02	2.70	2.40	360.00	1.47			FINISHED TEMP = 63.5
20	10:21	2 / 3	2,507	801				0.26	0.02	2.40	2.90	323.00	2.65			
21		2 / 3														
22		2 / 3														
23	9:32	2 / 3	4,868	2,361				0.21	0.00	1.16	1.32	299.00	0.44			onsite inspection of Ground Storage
24	8:54	1 / 2 / 3	5,711	843				0.23	0.02	2.50	2.40	330.00	1.14			Backwashed all filters
25		1 / 2 / 3														
26	8:19	1 / 2 / 3	7,368	1,657				0.17	0.04	1.60	1.86	306.00	0.36			
27	8:39	1 / 2 / 3	8,170	802				0.31	0.02	0.96	0.97	340.00	0.28			CL TOT 1.47 @ GND
28		1 / 2 / 3														
29		1 / 2 / 3														
30	8:48	1 / 2 / 3	10,690	2,520				0.26	0.01	0.80	1.00	269.00	0.70			Backwashed filter 1. 8 min was good except last cell.
31	8:02	1 / 2 / 3	11,490	800				0.28	0.01	0.87	0.99	295.00	0.59			
				11,672												

UNOFFICIAL

METER LOCATION: Waterloo Plant

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

054-87-2943

Cert. Or Reg. No.

REPORTED BY (SIGNATURE):

Phone: 618-973-0633

12.5% Chlorine Solution Fed
50% Sodium Hydroxide
94% Sulfuric Acid
24% Fluoride Solution Fed
% Orthophosphate

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.

Test Kit used: Hach DR 3900



Month: DECEMBER

Water Treatment Plant



Year: 2024

Chemical Usage Log

Date	Time	Softened X1000 GAL	Filtered X1000 GAL	Sodium Hypochlorite (Chlorine) Usage			Sodium Hydroxide (Caustic) Usage			Sulfuric Acid Usage		Sodium Fluoride Usage		Ortho Phosphate Usage		Calculated Dosing of Solution (mg/L)				
				Bulk Tank (in)	Day Tank (in)	Usage (gal)	Bulk Tank (in)	Day Tank (in)	Usage (gal)	Day Tank (lbs)	Usage (lbs)	(lbs)	Usage (lbs)	(lbs)	Usage (lbs)	CL2	Caustic	Sulfuric	Fluoride	Ortho
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17	10:52	0	496	64.4	27.0	4.6	76.0	21.1	0.1	822.0	0.0	496.0	20.0	779.0	0.0	1.16			1.16	0.00
18	8:43	0	135	64.4	25.7	3.5	76.0	21.1	0.0	822.0	0.0	491.0	5.0	779.0	0.0	3.21			1.07	0.00
19	8:19	0	1,257	64.2\62.9	16.5\31.4	24.5	76.1	21.1	0.0	822.0	0.0	455.0	36.0	779.0	0.0	2.44			0.82	0.00
20	10:35	0	801	62.9\61.9	24.8\35.7	6.6	76.1	21.1	0.0	822.0	0.0	439.0	16.0	779.0	0.0	1.03			0.57	0.00
21																				
22																				
23	9:30	0	2,361	61.9	26.9	23.4	76.0	21.1	113.1	822.0	0.0	402.0	37.0	779.0	0.0	1.24			0.45	0.00
24		0	843	60.6\59.4	25.5\35.4	3.7	76.1	21.1	0.0	822.0	0.0	389.0	13.0	779.0	0.0	0.55			0.44	0.00
25																				
26	8:20	0	1,657	59.8	22.1	13.3	76.1	21.1	0.0	822.0	0.0	361.0	28.0	779.0	0.0	1.00			0.49	0.00
27	8:39	0	802	59.8\58.1	16.7\35.6	14.4	76.1	21.1	0.0	822.0	0.0	347.0	14.0	779.0	0.0	2.24			0.50	0.00
28																				
29																				
30	8:50	0	2,520	58.1	20.9	14.7	76.1	21.1	0.0	822.0	0.0	304.0	43.0	779.0	0.0	0.73			0.49	0.00
31	8:02	0	800	58.1\56.4	16.2\35.7	12.5	76.1	21.1	0.0	822.0	0.0	290.0	14.0	779.0	0.0	1.95			0.50	0.00

UNOFFICIAL

METER LOCATION: Waterloo Plant

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

REPORTED BY (SIGNATURE):

054-87-2943

Cert. Or Reg. No.

Phone: 618-973-0633

12.5% Chlorine Solution Fed
50% Sodium Hydroxide
94% Sulfuric Acid
24% Fluoride Solution Fed
% Orthophosphate

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.

Test Kit used: Hach DR3900