



**MINNESOTA DEPARTMENT OF HEALTH**  
**SECTION OF DRINKING WATER PROTECTION**  
**Report of Analytical Results**



625 Robert St. N. St. Paul MN 55155  
P.O. Box 64975 St. Paul MN 55164 - 0975

Final Report - Client Copy

The following are the results of your quarterly fluoride sample analysis required for compliance with Minnesota Rules, Chapter 4720, part 4720.0030. If you have any questions, call David Rindal at 651/201-4660.

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System Name:	<b>Henderson</b>	PWSID:	<b>1720006</b>
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Date Collected:	07/26/2023	Lab Sample #:	23G1780-01
Date Received:	07/26/2023	Field #:	
Date Analyzed:	07/27/2023		
Collector Name:	James Kroehler		
Sampling Point:	900 Fort Road	Reporting Limit:	0.2
Lab Result:	0.61	Units:	mg/L
Field Result:	0.76		
PO4 Residual:	1.12		
(Field)			
Lab Comments:			

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**Recommended Actions**

**Comments**

WATER SUPERINTENDENT  
HENDERSON CITY HALL  
600 MAIN STREET, P.O. BOX 433  
HENDERSON MN 56044

Date Report Generated: 8/9/2023