



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.

System Name: **Henderson** PWSID: **1720006**

Date Collected:	05/10/2023	Lab Sample #:	23E0955-01
Date Received:	05/10/2023	Field #:	
Date Analyzed:	05/16/2023		
Collector Name:	James Kroehler		

Sampling Point:	900 Minnesota st Booster Station	Reporting Limit:	0.2
Lab Result:	0.6	Units:	mg/L
Field Result:	.80		
PO4 Residual:	1.1		
	(Field)		

Lab Comments:

Recommended Actions

Comments

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

Date Report Generated: 5/31/2023