



Drinking Water Laboratory Test Report

| Report #: | | | Report Issue Date: | | | |
|--|------------|-----------|-------------------------------|---------------|---------------|----------------------------------|
| 23-11594 | | | 10/27/2023 | | | |
| CLIENT INFORMATIO | N | | | | | |
| CLIENT/CLIENT ADDRESS: | | | OWNER/OWNER ADDRESS: | | | |
| Don Stodola Well Drilling 3841 North Main Street St. Bonifacius, MN 55375 | | | Hendel Homes | | | |
| WELL#: | | | WELL ADDRESS: | | | |
| 869421 | | | 3345 Fox St Orono, MN | | | |
| SAMPLE RESULTS | | | | | | |
| | | | | | | |
| DATE/TIME COLLECTION OF SAMPLE: | | | DATE/TIME OF SAMPLE RECEIPT: | | | |
| 10/25/2023 - 12:36 | | | 10/25/2023 - 13:56 | | | |
| SAMPLE RECEIVED ON ICE: | | | TEMP. OF SAMPLE UPON RECEIPT: | | | |
| | ✓ YES | □ NO | 15° C | | | |
| SAMPLE COLLECTION | ON POINT: | | COLLECTED BY | . | | |
| Well | | | | ☐ TCWC | CLIENT | OTHER |
| | | | | | | |
| SAMPLE RESULTS | | | | | | |
| LABORATORY SAMPLE ID: 23-11594 | | | CLIENT ID: | | | |
| | | | | | | |
| ANALYTE | PASS/FAIL* | Result | MCL | ANALYSIS DATE | ANALYSIS TIME | METHOD |
| Total Coliform | FAIL X | PRESENT | <1 cfu/100mL | 10/25/2023 | 16:13 | SM9222B (M-Endo) + G (EC MUG) -9 |
| Nitrate as N | PASS / | <1.0 mg/L | 10 mg/L | 10/26/2023 | 13:14 | EPA 353.2 Rev 2.0 |
| Arsenic | PASS / | 4.43 µg/L | 10 μg/L | 10/27/2023 | 12:12 | SM3113B-93 |

NOTES

APPROVED BY:

Bill VanArsdale - Lab Manager

Minnesota Laboratory ID # 027-053-119

The result(s) listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed unless otherwise noted. The analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health unless otherwise noted.

Rev. 1 - 4/2023

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