



OLMSTED COUNTY
MINNESOTA

RICKEY PANEK
18158 WILLOW RD
ALTURA, MN 55910

SE MINNESOTA WATER ANALYSIS LABORATORY
2100 CAMPUS DR SE
ROCHESTER, MN 55904-4722
PHONE: (507) 328-7495
FAX: (507) 328-7485
EMAIL: waterlab@co.olmsted.mn.us

Report Date: 6/9/2023
Lab Number: 37286
Received Date: 6/8/2023
Received Time: 11:45
Sampled Date: 6/7/2023
Sampled Time: 12:30
Sampler: DAREN HOFSCHULTE
Sampler Title: CONTRACTOR

Unique Number:
Temp(C)@ receipt: 17.2~

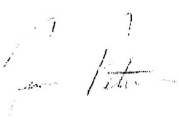
Sample Name: RICKEY PANEK

Sample Location: 18158 WILLOW RD ALTURA MN 55910

Reason For Test: FINANCING / SALE

Comments: This sample meets EPA primary drinking water standards for all of the analytes tested.

Analyte	Result	Method	(LRL*)	Analyzed	Analyst
Chloride	0.9 mg/L	EPA 300.0 Rev 2.1	(0.5 mg/L)	06/08/23 13:13	oc09323
Fluoride	< 0.2 mg/L	EPA 300.0 Rev 2.1	(0.2 mg/L)	06/08/23 13:13	oc09323
Nitrate	< 0.25 mg/L	EPA 300.0 Rev 2.1	(0.25 mg/L)	06/08/23 13:13	oc09323
Nitrite	Not Detected	EPA 300.0 Rev 2.1	(0.1 mg/L)	06/08/23 13:13	oc09323
Sulfate	21.5 mg/L	EPA 300.0 Rev 2.1	(0.5 mg/L)	06/08/23 13:13	oc09323
E. coli	Absent	SM 9223 B	(1 colony / 100 ml)	06/09/23 13:10	TWP
Total Coliform	Absent	SM 9223 B	(1 colony / 100 ml)	06/09/23 13:10	TWP


Digitally signed by
Timothy Peterson
Date: 2023.06.09
13:11:25 -05'00'
Lab Analyst or Lab Manager

Laboratory Certification: MN LAB # 027-109-399 EPA LAB CODE MN00096
SEM WAL is accredited by the Minnesota Department of Health
Environmental Laboratory Accreditation Program and conforms to current TNI standards.
** = See 'Meaning of Test Results' fact sheet for additional information.
(LRL*) = Laboratory Reporting Limit is the lowest value of the analyte that can be quantitatively determined.
~ = Sample received outside temperature range specified in Minnesota statutes.
EX = Sample received outside holding time specified in EPA 300.0 Rev. 2.1

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

Property information

Parcel ID# or Sec/Twp/Range: 020001380 Local tracking number: _____
 Reason for Inspection: Property Transfer
 Local regulatory authority info: Winona County
 Property address: 18158 Willow Rd Altura
 Owner/representative: Ricky Panek Owner's phone: 251-6801
 Brief system description: 1000 Gallon Septic Tank Approx 600-700 Sq. Ft Rock Trench Treatment

System status

System status on date (mm/dd/yyyy): 6-27-23

Compliant – Certificate of compliance*

(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)

***Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

Noncompliant – Notice of noncompliance

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

By typing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: Hofschulte Backhoe & Septic

Inspector signature: [Signature]
(This document has been electronically signed)

Certification number: C1758

License number: L836

Phone: 507-876-2700

Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- System/As-Built
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list): _____