



*Protecting, maintaining and improving the health of all Minnesotans*

July 11, 2023

Skyline City Council  
c/o Ms. Catherine Dahl, Clerk  
Skyline City Hall  
164 South Skyline Drive  
Mankato, Minnesota 56001

Dear Council Members:

SUBJECT: Sanitary Survey Report for Skyline Public Water System (PWS), Blue Earth County, PWSID 1070018

Enclosed is a copy of the sanitary survey report summarizing an on-site inspection of your Community Public Water System. This report includes a review of the system's water source, facilities, equipment, operation, maintenance, and monitoring compliance for the purpose of evaluating the adequacy of the facilities for producing and distributing safe drinking water. Technical and management information regarding the operation of the system may also be provided. Conducting sanitary surveys on a regular basis is an important element in preventing contamination of drinking water supplies and in maintaining compliance with the National Primary Drinking Water Standards. Mark Weber was present during this inspection.

Please take appropriate action to address any deficiencies or recommendations identified within this report. A deficiency may lead to a contamination of the water supply or failure of the system to be in compliance with the Safe Drinking Water Act. The enclosed report must be kept on file and made available for public review for not less than ten (10) years.

The Minnesota Department of Health (MDH) continues to monitor your PWS for contaminants identified by state and federal drinking water regulations. The results of such monitoring are not part of this report. They are sent to you under separate cover as they become available.

If you have questions concerning the information contained in the report, please contact me at 507/344-2713.

Sincerely,

Amy L. Lynch  
MDH-Drinking Water Protection  
Environmental Health Division  
12 Civic Center Plaza, Suite 2105  
Mankato, Minnesota 56001

ALL  
Enclosures  
cc: Water Superintendent



**MINNESOTA DEPARTMENT OF HEALTH  
SECTION OF DRINKING WATER PROTECTION  
Public Water Supply Inventory Report**



System Name: <b>Skyline</b>	Survey Date: <b>06/28/2023</b>
PWSID: <b>1070018</b>	Surveyor: <b>Amy L. Lynch</b>
System Contact: <b>Mark Weber</b>	PWS Type: <b>Community</b>

**Contact Information**

<u>Name</u>	<u>Address</u>	<u>Phone/Email</u>
-------------	----------------	--------------------

**Contact**

Mark Weber		Business Phone 1 507/351-5129, Ext. Cell Email markw@it-cs.net
------------	--	---

**Owner/Responsible Party**

Skyline City Council	c/o Ms. Catherine Dahl, Clerk Skyline City Hall 164 South Skyline Drive Mankato, MN 56001	Business Phone 1 507/345-5390 Email cityofskylineclerk@gmail.com
----------------------	--	---

**Financial**

City of Skyline	Skyline City Hall 164 S. Skyline Dr. Mankato, MN 56001	Business Phone 1 507/345-5390 Email clerk@cityofskyline.com
-----------------	--	--

**Sample Bottles/General Correspondence**

Water Superintendent	Skyline Municipal Water 38352 Honeysuckle Lane North Mankato, MN 56003	Business Phone 1 507/351-5129 Email weber@it-cs.net
----------------------	--	--

**Emergency Workday**

Mark Weber		Business Phone 1 507/351-5129, Ext. Cell Email weber@it-cs.net
Brian Powers		Business Phone 1 507/381-8939, Ext. Cell

**Emergency After-Hours**

Mark Weber		Business Phone 1 507/351-5129, Ext. Cell Email weber@it-cs.net
Brian Powers		Business Phone 1 507/381-8939, Ext. Cell

**Consumer Confidence Report**

Mark Weber		Business Phone 1 507/351-5129 Email weber@it-cs.net
------------	--	--

**Classification Information**

Owner Type:	Municipal	Population:	289
System Class:	D	Service Connections:	123
Service Area Characteristics:	Municipal	Class Points:	21

**Certified Operators**

<u>Name</u>	<u>Class</u>	<u>Expiration Date</u>	<u>Name</u>	<u>Class</u>	<u>Expiration Date</u>
Weber, Mark J.	D	08/31/2025			



**MINNESOTA DEPARTMENT OF HEALTH**  
**SECTION OF DRINKING WATER PROTECTION**  
**Public Water Supply Inventory Report**



System Name: <b>Skyline</b>	Survey Date: <b>06/28/2023</b>
PWSID: <b>1070018</b>	Surveyor: <b>Amy L. Lynch</b>
System Contact: <b>Mark Weber</b>	PWS Type: <b>Community</b>

**Production Totals**

Design Capacity: 205 Gallons per Minute	Emergency Capacity: Gallons per Minute
Average Daily: 30,000 Gallons	Storage Capacity: 50,000 Gallons
Highest Daily: 55,000 Gallons	

**Source Information**

Well #1

Unique Well No.: 00240110	Source Type: Groundwater
Type: Well	Pump Capacity (gpm): 55
Status: Active	Pumping Rate (gpm): 55
Availability: Primary	Emergency Capacity:
Year Constructed: 1953	Static Depth (ft):
Well Depth (ft): 440	Drawdown (ft):
Casing Depth (ft): 258	Pump Type: Submersible
Casing Diameter (in): 8	Vulnerable: No
Screen Length (ft):	
Aquifer: Tunnel City-Wonewoc	

Well #2

Unique Well No.: 00147952	Source Type: Groundwater
Type: Well	Pump Capacity (gpm): 150
Status: Active	Pumping Rate (gpm): 150
Availability: Primary	Emergency Capacity:
Year Constructed: 1977	Static Depth (ft):
Well Depth (ft): 501	Drawdown (ft):
Casing Depth (ft): 297	Pump Type: Submersible
Casing Diameter (in): 8	Vulnerable: No
Screen Length (ft):	Last Rehabilitated: 2016
Aquifer: Tunnel City-Wonewoc	

**Treatment Information**

COMBINED DISCHARGE

Type: Treatment Plant	Source Water: Groundwater
Status: Active	Design Capacity: 205 Gallons per Minute
Availability: Primary	Emergency Capacity: Gallons per Minute
<u>Treatment Objective</u>	<u>Treatment Process Mechanism</u>
Disinfection	Chlorine/Gas
Fluoridation	Fluoridation/Hydrofluosilicic acid



**MINNESOTA DEPARTMENT OF HEALTH  
SECTION OF DRINKING WATER PROTECTION  
Public Water Supply Inventory Report**



System Name: <b>Skyline</b>	Survey Date: <b>06/28/2023</b>
PWSID: <b>1070018</b>	Surveyor: <b>Amy L. Lynch</b>
System Contact: <b>Mark Weber</b>	PWS Type: <b>Community</b>

**Storage Information**

Elevated 50000

Type: Storage-Elevated  
Status: Active

Capacity:	50,000	Gallons
Availability:		Primary
Chlorination:		<input type="checkbox"/>



**MINNESOTA DEPARTMENT OF HEALTH  
SECTION OF DRINKING WATER PROTECTION  
Public Water Supply Inventory Report**



System Name: <b>Skyline</b>	Survey Date: <b>06/28/2023</b>
PWSID: <b>1070018</b>	Surveyor: <b>Amy L. Lynch</b>
System Contact: <b>Mark Weber</b>	PWS Type: <b>Community</b>

**Bacteriological Sample Site Plan**

**Distribution**

<u>Sample Site ID</u>	<u>Sample Location</u>	<u>Status</u>	<u>Notes</u>
002	164 South Skyline Dr	Active	City Hall
003	Other Residence	Active	



**MINNESOTA DEPARTMENT OF HEALTH**  
**Section of Drinking Water Protection**  
**Sanitary Survey Report**



System Name: **Skyline**  
PWSID: **1070018**  
System Contact: **Mark Weber**

Survey Date: **06/28/2023**  
Surveyor: **Amy L. Lynch**  
PWS Type: **Community**

## **Requirements and Recommendations**

### **Water Source**

As a reminder, it is required that a well for a community public water supply be located according to distances specified in Minn.Rules 4725.4450, including not less than 50 feet from a source of contamination including buried sewers (except as specified in Minn. Rules 4725.5850).

It is recommended the well be physically protected against accidental damage from vehicles by installing at least three protective posts, or other protective barricades around the well.

### **Pumps/Pump Facilities and Controls**

To ensure continuous service when the primary power has been interrupted, it is recommended that a standby power source be provided through: 1. a direct connection to at least two independent public power sources, or 2. dedicated portable or in-place auxiliary power of adequate supply and connectivity. [Minn. Rules 4720.3927]

### **Treatment**

It is recommended that all containers holding hydrofluosilicic acid be labeled, sealed as air tight as possible and vented to the outside atmosphere to minimize the effect of the acid fumes.

### **Water Storage**

It is recommended that all water storage structures be inspected externally on a seasonal basis to assess and repair environmental damage and verify integrity of vents and screens. A written maintenance program should include periodic internal inspection and cleaning. Operating procedures addressing minimum and maximum water levels and target turnover rates should be in place. [AWWA Standards Distribution Systems Operation and Management, Sec. 4.3]

### **Distribution**

It is recommended that a free chlorine residual of at least 0.2 to 0.5 milligrams per liter or a total chlorine residual of at least 1.0 milligrams per liter be maintained on all points of the distribution system.



**MINNESOTA DEPARTMENT OF HEALTH**  
**Section of Drinking Water Protection**  
**Sanitary Survey Report**



System Name: **Skyline**  
PWSID: **1070018**  
System Contact: **Mark Weber**

Survey Date: **06/28/2023**  
Surveyor: **Amy L. Lynch**  
PWS Type: **Community**

**Requirements and Recommendations**

**Monitoring/Reporting Data Verification**

The following applicable records are required to be maintained by the water supply system:

- a. Coliform bacteria results - 5 years
  - b. Chlorine residual results - 5 years
  - c. Chemical results - 10 years
  - d. Sanitary survey reports - 10 years
  - e. All lead and copper materials - 12 years
  - f. Consumer confidence reports - 3 years
  - g. Public Notices - 3 years
  - h. Fluoride quarterly results and monthly reports - 1 year
  - i. Turbidity results - 3 years
- [Minn. Rules 4720.0350]

It is recommended that the PWS consider options for additional bacteriological sampling locations to ensure all points of the distribution system are represented in the site plan.

**Water System Management/Operation**

Engineering plans for new, modifications to, or additions to the water supply system, including watermains, are required to be properly submitted to the Minnesota Department of Health for review. All plans must be approved prior to the start of construction. [Minn. Rules 4720.0010]

To ensure security, it is recommended that a daily check of critical system components be conducted, including confirmation that all doors and access hatches are locked.

It is recommended that a list of all testable backflow prevention devices, their locations and maintenance records be maintained by the public water supply. [Minn. Rules, 4720.0025].

**Operator Compliance with State Requirements**

The certified operators are required to qualify themselves by attending waterworks operators training seminars offered throughout the state. Continuing education is valuable experience for anyone engaged in this field. The required contact hours in the previous 3 years for certification renewal are:

- Class A 32 contact hours
  - Class B 24 contact hours
  - Class C 16 contact hours
  - Class D 8 contact hours
  - Class E 4 contact hours
- [Minn. Rules 9400.1200]



**MINNESOTA DEPARTMENT OF HEALTH**  
**Section of Drinking Water Protection**  
**Sanitary Survey Report**



System Name: <b>Skyline</b>	Survey Date: <b>06/28/2023</b>
PWSID: <b>1070018</b>	Surveyor: <b>Amy L. Lynch</b>
System Contact: <b>Mark Weber</b>	PWS Type: <b>Community</b>

**Bacteriological Results and Chlorine Residuals**

<u>Date</u>	<u>Sampling Location</u>	<u>Chlorine Residual Free / Total (mg/L)</u>	<u>Coliform Bacteria</u>	<u>E.Coli</u>
06/28/2023	well #1	/	Absent	
06/28/2023	Well #2	/	Absent	
06/28/2023	City Hall	0.29 / 1.90	Absent	