#### CASE NO. WA-2019-0185 OSAGE UTILITY COMPANY, INC.'S FIRST SET OF DATA REQUESTS SUPPLEMENTAL RESPONSES OF MISSOURI WATER ASSOCIATION, INC. AUGUST 16, 2019

1.17	Please provide the last two years of sampling reports for each of the water systems listed	See provided documents numbered MWA 1.17-000100- 000666.
	in response to DR 1.16.	
1.18	Please provide copies of all Notices of Violation sent by MDNR over the last five (5) years for each of the water systems listed in response to DR 1.16.	See provided documents numbered MWA 1.18-000667- 000717.



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 1447		70.	CERTIFICATION NU	MBER	1)				
сіту <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	GOLLEGIIONI GIIVI		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/03/2019	R	Swimming Pool Restroom	003	A	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION Yes ✓ No				
TITLE Laboratory Techn		r	DATE (-30-1						
SIGNATURE (Wy (	yh	Return completed form to Departmen	nt of Natural Possures	- Bublic Drinking	Mater Branch	PO Boy 176 lefferent	City MO 65102.0176		



PUBLIC WATER SYSTEM Breakers Condom			LABORATORY NAM Total Water La		573-346		BER WITH AREA CODE	
STREET ADDRESS	aumo		CERTIFICATION NU		10.0040	, 5010		
PO Box 1447		I	17					
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	OCCEPTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/01/2019	R	Swimming Pool Outside	002	Α	Α	<0.02	<0.02	
			1.			<u> </u>		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	I M	CL VIOLATION  Yes  No			
TITLE Laboratory Techn	ical Directo	r	DATE 6-2-16			-		
SIGNATURE My () MO 780-0438 (05-13)	ylu.	Return completed form to Departme	ent of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferson	1 City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water Laboratories   573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU						
CITY  Lake Ozark		ZIP CODE 65049	.,						
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/02/2019	R	Swimming Pool Restroom	003	A	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION )	  M	CL VIOLATION Yes / No				
TITLE Laboratory Techn		г	DATE 5-4-19						
SIGNATURE (My MO 780-0438 (05-13)	Mu	Return completed form to Departme	nt of Natural Resource	s Public Drinkina	Water Branch.	P.O. Box 176, Jefferson	n City, MO 65102-0176		



Breakers Condom	UBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water L	ER WITH AREA CODE					
PO Box 1447		ZIP CODE	CERTIFICATION NU	IMBER					
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F			RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/05/2019	R	Swimming Pool Outside	002	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	l M	CL VIOLATION Yes 🗹 No				
TITLE Laboratory Techni	ical Director	r	DATE 3-31-19			· · · ·			
SIGNATURE (My ( MO 780-0438 (05-13)	yh	Return completed form to Departme	nt of Natural Resources	s Public Drinking	Water Branch	P.O. Box 176 Jefferson	City. MO 65102-0176		



	reakers Condominiums		Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		T	CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE		SAMPLE COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	OSEEE TOTT ON		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	Swimming Pool Outside	002	Α	Α	<0.02	<0.02		
			-						
						5			
	-								
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION			
1 <sup>TITLE</sup> Laboratory Techni	ical Director		☐ Yes ☑ No  DATE  3-2-19		IL	Yes 🗹 No			
SIGNATURE My A			) ( ( (						
MO 780 0438 (06 43)	W (/ v -	Datum completed to the C. Daniel	at af the terror December 2	Dublic Deletion I	M-1 D	DO Day 170 Jaffaman	Cit. NO 05400 0470		



PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAMI	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		To a constant	CERTIFICATION NU	MBER	,1. · · · · · · · · · · · · · · · · · · ·			
сітү Lake Ozark		ZIP CODE   65049						
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULT		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/02/2019	R	Swimming Pool Outside	002	Α	Α	<0.02	<0.02	
					y			
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	l M	CL VIOLATION  Yes  No		
1 TITLE			☐ Yes ☑ No			Yes 🕜 No		
Laboratory Techn		r 	2-2-1	9				
MO 780-0438 (05-13)	MM	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	1 City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
PO Box 1447		Trip copy	CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		IO NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/11/2018	R	Club House	19	Α	Α	<0.02	<0.02		
							4		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No				
тітье Laboratory Techni	ical Directo	·	DATE 1-2-19		1,				
SIGNATURE (05-13)	Mu	Return completed form to Departm	ent of Natural Basevisce	Bublic Deletion	Mater Branch	DO Boy 176 Jefformon	City NO 55402 0475		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447	imamo		CERTIFICATION NU		070 040	7-0010	
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	OGEECONOIN ON TO	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2018	R	Club House	19	A	A	<0.02	<0.02
				·			
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No				
TITLE Laboratory Techn SIGNATURE			DATE /2-1-	18			
MO 780-0438 (05-13)	Mh	Return completed form to Departme	nt of Natural Resources	s, Public Drinking \	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176

MWA 1.17-000107



Breakers Condom			Total Water L	Total Water Laboratories   Laboratory Telephone Number with Area Code   573-346-3810						
STREET ADDRESS			CERTIFICATION NU	IMBER	1.					
PO Box 1447		ZIP CODE	17							
Lake Ozark		65049								
County Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS KR							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l				
MO/DAY/YR	TYPE	OCCCEOTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
10/02/2018	R	Building 32 - Outside	011	A	Α	<0.02	<0.02			
-							1			
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION Yes  No					
Laboratory Techn	ical Directo	r	-1-18							
MO 780-0438 (05-13)	VVUC	Return completed form to Depar	tment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176			



	UBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NU		1			
PO Box 1447			17					
сіту <b>Lake Ozark</b>		ZIP CODE 65049				#: 		
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/04/2018	R	Swimming Pool - Outside	002	Α	Α	<0.02	<0.02	
9								
	ja .					4-		
	i e							
							-	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION  Yes No			
TITLE Laboratory Techn	ical Directo	r	DATE 9-30-	18				
SIGNATURE AMY (	Mln							
MO 780-0438 (05-13)		Return completed form to Departme	nt of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	1 City, MO 65102-0176	



PUBLIC WATER SYSTEM Breakers Condom			Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 1447		To a constant	CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	GOZZZONOM OM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/06/2018	R	Swimming Pool - Outside	002	A	Α	<0.02	<0.02		
					•				
	-								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes	ATION	M	CL VIOLATION Yes 🗹 No				
Laboratory Techn		r	DATE 941	8					
MO 780-0438 (05-13)	ylin	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Swimming Pool Restroom	003	Α	Α	<0.02	<0.02
		4					
						V	
		-					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M C	CL VIOLATION Yes 7 No		
TITLE Laboratory Techn SIGNATURE	7.1	r	DATE 8-1-1	g			
MO 780-0438 (05-13)	olle	Return completed form to Departmen	nt of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER	tu		
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Swimming Pool Outside	002	Α	Α	<0.02	<0.02
				Sc Sc			
						N N	
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA  ☐ Yes ☑ No	ATION	MC	CL VIOLATION Yes V No	
1 TITLE Laboratory Technical Director		-	DATE 7-2-18			] 162 [√] MO	
SIGNATURE My (	ym	Return completed form to Departmen	nt of Natural Personne	Dublic Delation	Nator Person	P.O. Boy 476 Jaffer	City MO SE402 0470



## MICROBIOLOGICAL ANALYSIS REPORT

Breakers Condom			Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER						
CITY		ZIP CODE								
Lake Ozark COUNTY		65049 ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB						
Camden	(9,99)	IVIO-3238230	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE.			
05/14/2018	R	Building 32	011	A	A	<0.02	<0.02			
				l'						
		=====								
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M C	CL VIOLATION  Yes V No					
Laboratory Techn			DATE 6-4-	18						
SIGNATURE AM	e offer				W-1 5	DO Design Later	City MO SEASO SATE			
VIO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resource	s, Public Drinking	water Branch,	F.O. BOX 1/6, Jenerso	ii €ity, MO 65102-0176			

MWA 1.17-000113



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER			
CITY Lake Ozark		ZIP CODE 65049					
County Camden		ID NUMBER MO-3238250	EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE RE LOCATION			CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/10/2018	R	Swimming Pool Restroom	003	A	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION	
1 TITLE		Yes V No	)		] Yes ☑ No		
Laboratory Technical Director  SIGNATURE  Aux AVA		DATE 5-1-18					
MO 780-0438 (05-13)	VVVV	Return completed form to Departme	nt of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 1447		Tan goor	CERTIFICATION NU	MBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	OCCEDITION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	Building 32 Outside	011	Α	Α	<0.02	<0.02
<del> </del>							
				-			,
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL		M	Yes No		
TITLE Laboratory Techn SIGNATURE		-	DATE 4-21	8			_
MO 780-0438 (05-13)	eph	Return completed form to Departm	ent of Natural Resources	Bublic Drinking	Water Branch	PO Roy 176 Jefferson	City MO 65102.0176



PUBLIC WATER SYSTEM Breakers Condom	Condominiums Total Water Labor		aboratories 573-346-3810				
PO Box 1447		T.	CERTIFICATION NU	MBER			
CITY <b>Lake Ozark</b>		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	v.	-1
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	GOLLEGIIGNI GINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Swimming Pool Restroom	003	Α	Α	<0.02	<0.02
		_					
•							
TOTAL ROUTINE SAMPLE	E ANALZED	R	MONITORING VIOL	ATION	M	CL VIOLATION	
1 TITLE Laboratory Technical Director		☐ Yes ✓ No		L	] Yes ☑ No		
	MV		L 00	<u> </u>			
MO 780-0438 (05-13)		Return completed form to Departmen	nt of Natural Resources	Public Drinking	Water Branch.	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM Breakers Condom			Total Water La	aboratories				
PO Box 1447			CERTIFICATION NU	MBER				
CITY <b>Lake Ozark</b>		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	OCEECTION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/10/2018	R	Building 32 Outside	011	Α	Α	<0.02	<0.02	
		p.i						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	I M	CL VIOLATION Yes V No			
Laboratory Techn		r	DATE 1-31-18					
SIGNATURE Any	Mr	Return completed form to Departm	ent of Natural Pasource	s Public Orinkino	Water Branch	P.O. Box 176. Jefferson	1 City, MO 65102-0176	



Public water system name Breakers Condominiums		Total Water Laboratories   LABORATORY TELEPHONE NUMBER WITH AREA CODE					
PO Box 1447		len cons	17	MBER			
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	MPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Building 52	015	Α	Α	<0.02	<0.02
						141	
				ŧ			
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL			CL VIOLATION  Yes No		
Laboratory Techr		or	1-2-	18			
MO 780-0438 (05-13)	com	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water Laboratories   LABORATORY TELEPHONE NUMBER WITH AREA CODE   573-346-3810						
PO Box 1447		ZIP CODE	17	MRFK				
сітү Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULT		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	OOLLES HONT SHT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/08/2017	R	Building 32 Outside	011	A	Α	<0.02	<0.02	
		0						
			-					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No			
TITLE Laboratory Technical Director		DATE 12-2-	7	***				
SIGNATURE (My MO 780-0438 (05-13)	offen	Return completed form to Departm	ent of Natural Resource	s, Public Drinkina	Water Branch,	P.O. Box 176, Jefferson	1 City, MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1447	millio		CERTIFICATION NU		10.000			
CITY  Lake Ozark		ZIP CODE 65049	''					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	NE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/16/2017	R	Building 52	015	Α	Α	<0.02	<0,02	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes No			
TITLE Laboratory Technical Director		DATE /0-3/	-17					
SIGNATURE Any	offen	Return completed form to Departm	ent of Natural Resource	s Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000120



PUBLIC WATER SYSTEM Breakers Condom			Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
CITY  Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/06/2017	R	Swimming Pool - Outside	002	A	A A	<0.02	<0.02		
22									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION  Yes  No				
TITLE Laboratory Technical Director		DATE 10:3-	17						
MO 780-0438 (05-13)	effen	Return completed form to Departme	nt of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810					
PO Box 1447		ZIP CODE	CERTIFICATION NU	MBER			
Lake Ozark		65049					
COUNTY <b>Camden</b>		ID NUMBER MO-3238250	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	LENEVIE V	CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House	19	Α	Α	<0.02	<0.02
							<u>.</u>
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	   	ICL VIOLATION  ☐ Yes ☑ No		
TITLE Laboratory Techr	nical Directo	or		8-17			
	olln						
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water Laboratories 573-346-3810					
STREET ADDRESS		= 4	CERTIFICATION NU				
PO Box 1447		ZIP CODE	17				
Lake Ozark		65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	SOCIECTION ON O	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	Building 32 Outside	011	A	A	<0.02	<0.02
				1,5			
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION	
1 TITLE		r	☐ Yes ☑ No	25		Yes ☑ No	
Laboratory Techn SIGNATURE	Mu						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176



Breakers Condom	UBLIC WATER SYSTEM NAME Breakers Condominiums		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1447		In a cons	CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS				
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/05/2017	R Swimming Pool Outside 002 A A		Α	<0.02	<0.02				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	)		Yes No				
Laboratory Techr		or	DATE 7-2-	17					
SIGNATURE My	offen	Return completed form to Departm		s Bublic Orinkina	Water Branch	P.O. Box 176 Jefferso	n City MO 65102-0176		



UBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810								
STREET ADDRESS PO Box 2409		T	CERTIFICATION NU	MBER						
сітү Lake Ozark		ZIP CODE 65049								
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE			CHLORINE RE	ORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE			
06/03/2019	R	Building 62 Unit 1A	12	Α	0.89	0.75				
TOTAL POLITING CANON	ANAL ZED		MONITORING VIOL	ATION	ļ.	CL VIOLATION				
TOTAL ROUTINE SAMPLE	= ANAL∠ED		☐ Yes ☑ No	)		Yes No				
Laboratory Techn		г	DATE 6-30	-19						
SIGNATURE WY MO 780-0438 (05-13)	ylu	Return completed form to Departm	ent of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176. Jefferso	n City, MO 65102-0176			



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODI 573-346-3810						
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NU	MBER				
Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/07/2019	R	Building 62 Unit 1B - Outside	06	Α	Α	0.33	0.31	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	L VIOLATION Yes V No	ļ		
TITLE Laboratory Techn	ical Directo	r	DATE 6-2-19			<del>-</del>		
SIGNATURE AWY D	4 =							
MO 780-0438 (05-13)		Return completed form to Departmen	of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
PO Box 2409		Izin cons	CERTIFICATION NU	MBER				
сітү Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE		SAMPLE SAMPL		RESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/28/2019	S	Building 62 Unit 2A	9	Α	Α	1.07	0.70	
05/28/2019	S	Building 103 Unit 1A	11	Α	Α	0.91	0.82	
05/28/2019	S	Building 62 Unit 1A	12	A	Α	1.01	0.76	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION		CL VIOLATION  Yes  No			
TITLE Laboratory Technical Director SIGNATURE		DATE 5-2	9-14					
MO 780-0438 (05-13)	yli	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	



UBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17						
CITY <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	Building 62 Unit 1A	12	Α	Α	0.76	0.53		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes 7 No			
1 TITLE Laboratory Techn	nical Directo	r	DATE 5-449	,		T LES TIMO			
SIGNATURE (05-13)	Mu		, , , , ,						
MO 780-0438 (05-13)	V V -	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	i e		
CITY Lake Ozark		ZIP CODE 65049					
соинту Camden	)	ID NUMBER MO-3031336	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Building 62 Unit 1B - Outside	06	Α	Α	0.69	0.67
							*
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes ✓ No	ATION	I M	CL VIOLATION  Yes V No	L
тітье Laboratory Techn	ical Directo	r	DATE 3-31-19				
SIGNATURE MO 780-0438 (05-13)	wh	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3031336	RG	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDUA			
MO/DAY/YR	TYPE	OCCEDITION ONLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/04/2019	R	Building 62 Unit 1A	12	Α	Α	0.64	0.71		
1			MONITORING VIOL	ATION )	MC C	Yes No			
TITLE Laboratory Techn SIGNATURE		г	DATE 3-2-19						
SIGNATURE MO 780-0438 (05-13)	ym	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NU	MBEK				
Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3031336	RG SAMPLE COLLECTO	OR NAME OR INIT	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F			SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/14/2019	R	Building 62 Unit 1B - Outside	06	Α	Α	1.18	0.82	
							2	
		-						
	-							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes V No	19		
TITLE Laboratory Techn	ical Directo	Г	DATE 2-2-19	Î				
	MM						7,000	
MO 780-0438 (05-13)		Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000131



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17						
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION			SIDUAL (mg/L)		
MO/DAY/YR	TYPE	OCCESTION ON	ID	ID TOTAL FECAL COLIFORM E-COL			FREE		
01/10/2019	S	Well House	01	Α	Α	0.74	0.60		
01/10/2019	s	Building 62 Unit 1B - Outside	06 A A			0.45	0.41		
01/10/2019	S	Building 62 Unit 2B - Outside	07	Α	Α	0.84	0.61		
			· · ·		les.	NAME AT ICO			
TOTAL ROUTINE SAMPLE  0	ANALZED		MONITORING VIOL	ATION	Me	CL VIOLATION Yes ☑ No			
тітье Laboratory Techni	cal Director		DATE 2-2-19	9					
SIGNATURE MAY	Mu	Paturn completed form to Department	of Natural Dagacine	- Bublio Deinkloo	Motor Brown	DO Boy 176 Jefforman	Clty MO 65102-0476		

MWA 1.17-000132



PUBLIC WATER SYSTEM			LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
Evergreen Condo	miniums		Total Water L		573-346	5-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NU	IMBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden	m	ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE			
12/04/2018	R	Building 62 Unit 1B - Outside	06	Α	0.34	0.28			
			-						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No		M	CL VIOLATION Yes  No				
TITLE Laboratory Techn	ical Directo		DATE 1-2-19	i					
SIGNATURE My	Mn								
MO 780-0438 (05-13)		Return completed form to Departmen	of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	1 City, MO 65102-0176		



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water L			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			CERTIFICATION NU						
PO Box 2409		ZIP CODE	17						
Lake Ozark	_	65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	GOLLEGIIONT OINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/06/2018	R	Building 62 1A	12	Α	Α	0.24	0.23		
TOTAL ROUTINE SAMPLE	I E ANALZED	<u> </u>	MONITORING VIOL	ATION	M	L CL VIOLATION ] Yes [] No	l.		
TITLE Laboratory Techn SIGNATURE	1	г	DATE 12-1-	18					
MO 780-0438 (05-13)	Mh	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		

MWA 1.17-000134



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

رگلب								
PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL					
Evergreen Condo	IIIIIIIIIIIS		CERTIFICATION NU		573-346	-3010		
PO Box 2409			17	INIDEK				
CITY		ZIP CODE	<b>∃</b> '′					
Lake Ozark		65049						
соинту Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Building 62 Unit 1B - Outside	06	Α	Α	0.58	0.46	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   <u> </u>	CL VIOLATION Yes 7 No			
TITLE Laboratory Techn	ical Directo		DATE			」 Yes [⊻] No		
CIONATURE			11-173					
MO 780-0438 (05-13)	* 40 000	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000135



PUBLIC WATER SYSTEM NAME		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
Evergreen Condo	miniums		CERTIFICATION NU		5/3-346	)-38 IU			
STREET ADDRESS PO Box 2409			17	MBEK					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY <b>Camden</b>		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  KR						
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/10/2018	R	Building 62 Unit 1B - Outside	06	Α	Α	0.55	0.46		
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION )	M C	Yes VIOLATION			
τιτιε Laboratory Techn	ical Directo	or .	9-30-18	3					
SIGNATURE AMY O	Mu								
MO 780-0438 (05-13)		Return completed form to Departmen	nt of Natural Resource	s, Public Drinking	Water Branch,	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM Evergreen Condo			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS	minuma		CERTIFICATION NU		010-040	7-0010		
PO Box 2409			17					
CITY Lake Ozark		ZIP CODE 65049						
County Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/26/2018	S	Building 62 Unit 1B - Outside	06	Α	Α	0.67	0.55	
09/26/2018	S	Building 62 Unit 1B - Outside	06	Α	Α	0.67	0.55	
09/26/2018	S	Building 62 Unit 1A	12	А	Α	0.63	0.61	
			7					
TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOL		Me	CL VIOLATION Yes 🗹 No		
0 τιτιε Laboratory Techni	ical Director	·	DATE 9-30-14		15	co <u></u>		
WI C	M			0.10-20-20-1		DO Dec 170	Olly Mo order out	
MO 780-0438 (05-13)		Return completed form to Department	t of Natural Resources	s, Public Drinking '	water Branch,	P.O. Box 1/6, Jefferson	1 City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	.44.		
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden	_	ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Building 62 Unit 1A	12	A	Α	0.37	0.35
							(€
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ✓ No	ATION	ı.	ICL VIOLATION  Yes V No		
Laboratory Techn		r	DATE 9-4-1	18			
MO 780-0438 (05-13)	arlu_	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAM			TELEPHONE NUMBER WITH AREA CODE				
Evergreen Condo	miniums		Total Water La		573-346	5-3810			
STREET ADDRESS PO Box 2409			17	MBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden		MO-3031336	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/17/2018	R	Building 62 Unit 1B	06	А	Α	0.78	0.55		
					J	OL MOLATIC:			
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION I	I M	CL VIOLATION  Yes No				
Laboratory Techn	ical Directo	r	DATE 8-1-18						
SIGNATURE My	Mh								
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource:	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	V			
сітү Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	Building 62 Unit 1A	12	Α	Α	0.58	0.56	
						A \		
			3:					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION Yes No			
TITLE Laboratory Technical Director SIGNATURE		DATE 7-2	-18					
MO 780-0438 (05-13)	y Mu	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COI 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сіту Lake Ozark		ZIP CODE 65049					
County Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/02/2018	R	Building 62 Unit 1B	06	A	Α	0.40	0.38
TOTAL ROUTINE SAMPL	F ANALZED		MONITORING VIOL	ATION	I <sub>N</sub>	ICL VIOLATION	
1 TITLE			☐ Yes ☑ No	)	ָ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֞֞֞֟֟	ICL VIOLATION  Yes No	
Laboratory Technical Director  SIGNATURE  Mus Mus				Water Breeze	D.O. Doy 476 Jufferson	n City MO 65402 0476	
NO 780-0438 (05-13)	11.75	Return completed form to Departm	IEIIL OI IVALUI'AI RESOUICE	a, rubiic Drinking	Trater Dranch	I O. DOX 170, Venerau	only me delegatelle



PUBLIC WATER SYSTEM						LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Evergreen Condo	miniums				5/3-346	5-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17						
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/03/2018	R	Building 62 Unit 1A	12	Α	А	0.40	0.39		
				17.01		OL MICHATION			
TOTAL ROUTINE SAMPLE	= ANALZED		MONITORING VIOL  ☐ Yes ☑ No			CL VIOLATION  Yes No			
Laboratory Techn		г	DATE 5-1-18						
MO 780-0438 (05-13)	early	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM  Evergreen Condo			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS			CERTIFICATION NU						
PO Box 2409		71D CODE	17						
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/12/2018	R	Building 62 Unit 1B	06	Α	А	0.57	0.52		
						3			
			5						
	-								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	l <sub>M</sub>	CL VIOLATION				
TITLE Laboratory Techn	ical Directo	г	DATE 4-2-			Yes 🗸 No			
Laboratory Technical Director  SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departm			M			-232			
AO 780-0438 (05-13)	7.	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	OCCEPTION CONT.	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Building 62 Unit 1A	12	12 A A		0.51	0.44
					-		
							5
	9						
•							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION  Yes No	41	
TITLE Laboratory Techn	ical Directo	Г	DATE 2-28-	18			
SIGNATURE MO 780.0438 (05-13)		Return completed form to Department		D. D. D.	Wata Ba	D.O. Doy 476 1-11-	City 880 05400 0450



PUBLIC WATER SYSTEM			LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE			
Evergreen Condor	miniums		Total Water Laboratories 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER				
сітү <b>Lake Ozark</b>		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO	OR NAME OR INITIA	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/19/2018	R	Building 62 Unit 1B - Outside	06 A A		0.62	0.59		
			1					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes	ATION )	Ľ	CL VIOLATION Yes 7 No			
Laboratory Techn	ical Directo	г	DATE /-3/-/	8				
MO 780-0438 (05-13)	Mu	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176	



### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER			
сітү <b>Lake Ozark</b>		65049					
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	SOCIED TON TON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2017	R	Building 62 Unit 1A	12	Α	Α	0,50	0.45
	5.						
						(C	
		-					
		T					
							<u>-</u>
						-	
TOTAL BOUTINE CALLS	E ANAL ZED		MONITORING VIOL	ATION	IM	ICL VIOLATION	
TOTAL ROUTINE SAMPL	E ANALZEU		MONITORING VIOL			CL VIOLATION  Yes No	
TITLE Laboratory Techr		or	DATE 1-2-1	8			
SIGNATURE ding	opr				M-4-5-	DO Boy 176 John	n City MO 66402 0476
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jenerso	II City, MO 85102-0176

MWA 1.17-000146



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		~	CERTIFICATION NU	MBER			
сіту <b>Lake Ozark</b>		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	OCCEPTION OUT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2017	R	Building 62 Unit 1B - Outside	06	A	Α	0.74	0.71
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL  ☐ Yes ✓ No	ATION )	M	CL VIOLATION  Yes  No	
Laboratory Techn		r	DATE 12-2-1	7			
MO 780-0438 (05-13)	ofth	Return completed form to Departmen	it of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176

MWA 1.17-000147



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409			17						
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE	COLLECTION OIL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/09/2017	R	Building 62 Unit 1A	12	Α	Α	0.49	0.44		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	_ATION	    r	CL VIOLATION  ☐ Yes ☑ No			
TITLE Laboratory Techr	nical Directo	or (	DATE /0-3/			_ 103 FT 140			
CICNIATURE	Mu	,	10 7/						
MO 780-0438 (05-13)	ryun	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water La	aboratories	573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сітү <b>Lake Ozark</b>		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2017	R	Building 62 Unit 1B - Outside	06	Α	A	0.60	0.55
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	  M	CL VIOLATION Yes 7 No		
1 TITLE Laboratory Techn		or	DATE /0-3				
SIGNATURE My	open	Return completed form to Departmen	nt of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM <b>Evergreen Condo</b> i			Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
CITY  Lake Ozark		ZIP CODE 65049							
County Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg.			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2017	R	Building 62 Unit 1A	12	Α	Α	0.61	0.53		
					4-				
TOTAL ROUTINE SAMPL  1 TITLE	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	)	Ĭ	CL VIOLATION  Yes No			
Laboratory Techr	nical Directo	or	8-12	8-17					
MO 780-0438 (05-13)	- Min	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferson	City, MO 65102-0176		



COUNTY ID NUMBER SAMPLE COLLECTOR NAME OR INITIALS Camden MO-3031336 KR	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
Lake Ozark  COUNTY Camden  ID NUMBER MO-3031336  SAMPLE DATE MO/DAY/YR  SAMPLE TYPE  COLLECTION POINT  SAMPLE LOCATION ID  SAMPLE RESULTS CHLORINE LOCATION TOTAL COLIFORM FECAL COLIFORM FECAL COLIFORM							
COUNTY CAMPER MO-3031336  SAMPLE DATE MO/DAY/YR  SAMPLE TYPE  ID NUMBER MO-3031336  SAMPLE COLLECTION POINT  SAMPLE LOCATION TOTAL COLIFORM  TOTAL COLIFORM  FECAL TOTAL							
MO/DAY/YR SAMPLE TYPE COLLECTION POINT LOCATION ID TOTAL COLIFORM FECAL COLIFORM TOTAL							
MO/DAY/YR TYPE ID TOTAL FECAL COLIFORM FECAL E-COLI	RESIDUAL (mg/L)						
07/10/2017 R Building 62 Unit 1A 12 A A 0.61	FREE						
	0.55						
TOTAL ROUTINE SAMPLE ANALZED  1  MONITORING VIOLATION Yes No							
TITLE Laboratory Technical Director  DATE 8-1-17							
SIGNATURE  May Market Street S							



#### MICROBIOLOGICAL ANALYSIS REPORT

UBLIC WATER SYSTEM NAME Evergreen Condominiums		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 2409		l-in anni	CERTIFICATION NU	MBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/05/2017	R	Building 62 Unit 1B	06	Α	Α	0.51	0,46		
	3								
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL  ☐ Yes ✓ No	)	M	CL VIOLATION  Yes  No	tu-		
TITLE Laboratory Techn	ical Directo	r	DATE 7-2-1						
SIGNATURE My	Mu	Peturn completed form to Departm	cost of Natural Day	e Dublic Dripbles	Water Branch	P.O. Box 176 Jefferson	n City, MO 65102-0176		

MWA 1.17-000152



The Falls Condom	PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AF						
STREET ADDRESS PO Box 2409		Trip cone	CERTIFICATION NUM	MBER					
сітү Lake Ozark		ZIP CODE 65049							
соинту Camden		ID NUMBER MO-323097	SAMPLE COLLECTO RG	OR NAME OR INITI.	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	OCCEPTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/03/2019	R	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02		
			: 4						
TOTAL ROUTINE SAMPLE ANALZED  1		1	MONITORING VIOL	ATION	I M	IGL VIOLATION  Yes ✓ No	II:		
TITLE Laboratory Techn	nical Directo	יוכ	DATE 6-39						
	york								
AO 700 0439 (05 13)		Return completed form to Departm	ent of Natural Resource	e Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



The Falls Condom	PUBLIC WATER SYSTEM NAME The Falls Condominiums		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLEGIIONI GINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/01/2019	R	Pool Area Outside	09	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL	F ANALZED		MONITORING VIOL	ATION		ICL VIOLATION			
1 TITLE			☐ Yes ☑ No	)		ICL VIOLATION  Yes ✓ No			
Laboratory Techr	9.1	or	DATE 6-2-19						
MO 780-0438 (05-13)	alle	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



MO 780-0438 (05-13)

### MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM The Falls Condom STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 2409		Transport	17					
CITY Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLEGNONTONI		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/02/2019	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02	
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION  Yes No		
TITLE Laboratory Techn	ical Directo	r \	DATE 5-4-19					
SIGNATURE Any O	Mr							

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

MWA 1.17-000155



PUBLIC WATER SYSTEM NAME The Falls Condominiums STREET ADDRESS		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 2409		ZIP CODE	17						
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL	FECAL E-COLI	TOTAL	FREE		
03/05/2019	R	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02		
	L								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M	CL VIOLATION  Yes V No				
TITLE Laboratory Techn	ical Directo	or	DATE 3-31-1	9					
SIGNATURE My MO 780-0438 (05-13)	Nh	Return completed form to Departm	ent of Natural Resource	s Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

رتسب							
PUBLIC WATER SYSTEM The Falls Condom			LABORATORY NAM Total Water La		573-346	RY TELEPHONE NUMB -3810	BER WITH AREA CODE
STREET ADDRESS	IIIIIuiiiis		CERTIFICATION NU		1010010	0010	
PO Box 2409			17				
сіту Lake Ozark		ZIP CODE 65049			_		
COUNTY Camden		ID NUMBER MO-323097	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLL FOTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	ESIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/08/2019	S	Pool Area Outside	09	Α	Α	<0.02	<0.02
03/08/2019	S	Building 77 Unit 1A	10	Α	Α	<0.02	<0.02
03/08/2019	S	Building 37 Unit 1A	012	А	Α	<0.02	<0.02
			-				
		1					
TOTAL ROUTINE SAMPL	E ANALZED	įs.	MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION  Yes  No	il.
TITLE Laboratory Techr	ical Directo	r	DATE 3-10-	19			
SIGNATURE	Mh						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	on City, MO 65102-0176

MWA 1.17-000157



PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
PO Box 2409		Tain cont	17						
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	SOLLEG HOLL CIM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	Building 110 Lower Pool	009	Α	Α	<0.02	<0.02		
			-						
TOTAL ROUTINE SAMPLE	ANALZED	F.	MONITORING VIOL  ☐ Yes ☑ No		M	CL VIOLATION  Yes  No			
тітье Laboratory Techn	ical Directo	r	DATE 3-2-16	7					
SIGNATURE May A	ylu	Return completed form to Departme	nt of National December	e Dublie Destie	Water Branch	P.O. Boy 178, Infformati	0 City, MO 66102-0476		
MO 780-0438 (05-13)		Return completed form to Departme	III OI NAIUTAI KESOUTCE	e, rubiic Diffiking	stater branch,	DOX 110, Jener801			



PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
The Falls Condon	niniums				5/3-346	5-3810		
STREET ADDRESS PO Box 2409		NATION AND ADDRESS OF THE PARTY	CERTIFICATION NU	MBER				
CITY Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-323097	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/22/2019	S	Building 77 Unit 1A	10	Р	Α	<0.02	<0.02	
02/22/2019	S	Building 37 Unit 1A	012	Α	Α	<0.02	<0.02	
02/22/2019	S	Pool Area Outside	09	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes Mo			
Laboratory Techn	1121	r	DATE 2-25	5-19				
MO 780-0438 (05-13)	Mu	Return completed form to Departm	ant of Righters Danas	e Dublic Delation	Water Prench	P.O. Roy 176 lefferso	n City MO 85102-0176	
MC / 60-0436 (US-13)		return completed form to Departm	ent or matural Resource	e, rubiic Drinking	ater Dianen,	r.o. box 176, Jenerso	Ony, and 00 102-0110	



PUBLIC WATER SYSTEM			LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
The Falls Condon STREET ADDRESS	iniums		Total Water La		5/3-346	-3010		
PO Box 2409			17					
сіту Lake Ozark		ZIP CODE 65049						
County Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB					
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/23/2019	S	Pool Area Outside	09	Α	Α	<0.02	<0.02	
02/23/2019	S	Building 37 Unit 1A	012	Α	Α	<0.02	<0.02	
02/23/2019	S	S Building 77 Unit 1A 10 A		Α	<0.02	<0.02		
		-						
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes V No			
Laboratory Techn	10.20	r	DATE 2-25-	-19				
MO 780-0438 (05-13)	offer	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

The Falls Condom	PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAM Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE		
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NU	MBER					
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO	OR NAME OR INITI	R NAME OR INITIALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/02/2019	R	Building 166 Unit 1B	010	A	Α	<0.02	<0.02		
_									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M C	CL VIOLATION  Yes V No				
Laboratory Techn		r	DATE 2-2-(	9					
MO 780-0438 (05-13)	Mh_	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
STREET ADDRESS PO Box 2409		Trun coops	17	MBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO RG	OR NAME OR INITIA	ALS		
	MPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR T	/PE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/17/2019	s	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02
01/17/2019	S	Building 110 - Lower Pool	009	Α	Α	<0.02	<0.02
01/17/2019	S	Building 77 Unit 1A	09	Р	Α	<0.02	<0.02
		3+5					
TOTAL ROUTINE SAMPLE ANALZ	ZED		MONITORING VIOL		M	CL VIOLATION Yes V No	
TITLE Laboratory Technical D	)irecto	r	DATE 2-2-1	9			
SIGNATURE (My / M) MO 780-0438 (05-13)	n	Return completed form to Departme	nt of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS PO Box 2409		ZIP CODE	CERTIFICATION NUMBER 17	MBER					
сіту Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	GOLLEG HOLLY GILLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/18/2019	S	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02		
01/18/2019	S	Pool Area Outside	09	Α	Α	<0.02	<0.02		
01/18/2019	S	Building 77 Unit 1A	10	Α	A	<0.02	<0.02		
			Pi Pi						
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	M	CL VIOLATION  Yes V No				
	TITLE Laboratory Technical Director		DATE 2-7-1	9					
MO 780-0438 (05-13)	olly	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums		Total Water La	LABORATORY NAME LABORATORY TELEPHONE NUMBER  Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 2409		Ton	CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/11/2018	R	Pool Area Outside	09	Α	Α	<0.02	<0.02		
						<del> </del>			
						·			
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL		I M	ICL VIOLATION Yes V No	l .			
TITLE Laboratory Techn	nical Directo	DΓ	DATE 1-2-19						
CICLIATURE	Mh		10						
MO 780-0438 (05-13)		Return completed form to Depart	tment of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	11		
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2018	R	Pool Area Outside	09	Α	Α	<0.02	<0.02
	-						
	\						
		4					
							*
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No		
TITLE Laboratory Techn	ical Directo	ır	DATE  2-1-1	8			
1 V 12	alle	Return completed form to Depar		e Dublie Datata	Water Drane	DO Boy 476 Jafforn	n City MO 85102 0176
MO 780-0438 (05-13)		Return completed form to Depar	unent of Natural Resource	a, rubiic Drinking	Water Branch	F.O. BOX 110, Jellel80	ii Oity, mo ou loz-o 170



MO 780-0438 (05-13)

### MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

PUBLIC WATER SYSTEM The Falls Condor			Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE	
PO Box 2409		ZIP CODE	CERTIFICATION NUMBER 17					
Lake Ozark		65049 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS					
Camden	E ANGE	MO-323097	SAMPLE	SAMPLE F	EQIII TQ	CHI ODINE DE	SIDUAL (mg/L)	
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/20/2018	S	Pool Area Outside	09	Α	Α	<0.02	<0.02	
11/20/2018	S	Building 166 Unit 1B	010	A	Α	<0.02	<0.02	
11/20/2018	S	Lower Pool	009	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL			Yes No			
TITLE Laboratory Techni SIGNATURE  Muy	ical Director	r	DATE 12-1-1	8				
MO 780-0438 (05-13)	WOOL	Return completed form to Departme	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums STREET ADDRESS		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER					
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F					
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/02/2018	R	Pool Area - Outside	09	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	<u> </u>  M	CL VIOLATION Yes V No				
TITLE Laboratory Techn	ical Directo	r	DATE 11-1-18						
SIGNATURE MY	olle	Pature completed form to Departm		Dublis Dealles	Water Brook	D.O. Day 176 Infformati	City MO 65402 0476		



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE  573-346-3810							
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY <b>Camden</b>		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/04/2018	R	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02		
		-							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	<u> </u>	CL VIOLATION Yes V No				
TITLE Laboratory Techn	ical Directo	or	☐ Yes ☑ No			162 [N   NO			
SIGNATURE	offer	Return completed form to Departm	<u>'</u>		Water Branch	P.O. Box 176 Jofferso	n City MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	· · · · · · · · · · · · · · · · · · ·				
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGIIONTOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/06/2018	R	Upper Pool	09	09 A A			<0.02		
		2							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes V No				
TITLE Laboratory Techn	ical Directo	r	DATE 9-4-18			_ 100 F 140			
SIGNATURE AMY	Alla					BO B- 150 : -	Ch. Ho order out		
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000169



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	MO/DAY/YR TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/16/2018	R	R Pool Area Outside 09 A		Α	<0.02	<0.02			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	M L	CL VIOLATION  Yes  No				
1 TITLE Laboratory Technical Director		DATE 8-1-18			_ 100 [2] 110				
SIGNATURE MY MO 780-0438 (05-13)	oth	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums  LABORATORY NAME Total Water Laboratories			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE LOCATION		RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
		£)					
			2				
*							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes No	J.	
Laboratory Technology		٢	DATE 7-2-1	8			
MO 780-0438 (05-13)	other	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM  The Falls Condom			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
CITY <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/14/2018	R	Building 77 Unit 1A	10	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION D	Ě	Yes V No			
Laboratory Techr			DATE 6-4	'-18					
SIGNATURE Muy	e alle	Patters completed form to Danartm	ent of Natural Resource	s Public Drinking	Water Branch	. P.O. Box 176. Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA OF STREET CONTROL OF					
STREET ADDRESS PO Box 2409		Lucian	CERTIFICATION NU	MBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/10/2018	R	Building 110 Lower Pool	009	Α	Α	<0.02	<0.02
<del></del>							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL		MG	CL VIOLATION Yes V No		
тітье Laboratory Techr		DT	DATE 5-1-1				
SIGNATURE ANY	Mu	Return completed form to Denartm	and of Matural Bostonia	e Bublic Deletine	Water Pranch	P.O. Roy 176 Jefferso	n City MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/12/2018	S	Building 31 1B	11	Α	Α	<0.02	<0.02
04/12/2018	S	Building 65 1B	15	Α	Α	<0.02	<0.02
04/12/2018	S	West Shore Hydrant	16	Р	Α	<0.02	<0.02
TOTAL BOLESIA CALLED	ANAL 750		MONITORINA	ATION	Ĭ	CL MOLATION	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	I <sup>M</sup>	CL VIOLATION  Yes No		
Laboratory Techn		·	DATE 4-16-18				
MO 780-0438 (05-13)	oshr	Return completed form to Departme	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS PO Box 2409		74	CERTIFICATION NU	MBER	-1		
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS	Y	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	Tell III III III III III III III III III	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/14/2018	S	Well House	03	Α	Α	1.02	0.79
04/14/2018	S	Building 77 Unit 1A	10	Α	Α	0.43	0.37
04/14/2018	S	Building 41 Unit 1B	13	A	А	0.53	0.47
							_
							1
TOTAL ROUTINE SAMPLE ANALZED 0			MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	
TITLE Laboratory Techni SIGNATURE			DATE 4-16-1	8			
MO 780-0438 (05-13)	Mer	Return completed form to Departmen	nt of Natural Resources	s, Public Drinking \	Vater Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CC 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	DOLL FOTION BOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/19/2018	S	Well House	03	Α	Α	0.87	0.72
04/19/2018	S	Building 77 Unit 1A	10	Α	Α	0.82	0.72
04/19/2018	S	Building 41 Unit 1B	13	A	A	0.44	0.39
				ATION		MCL VIOLATION	
TOTAL ROUTINE SAMPL  0  TITLE	E ANALZED		MONITORING VIOL	) 		Yes No	
Laboratory Technical Director		5-1-18					
MO 780-0438 (05-13)	Mh	Return completed form to Departn	nent of Natural Resource	es, Public Drinking	g Water Branch	ı, P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COI 573-346-3810				
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/24/2018	S	Well House	03	Α	Α	<0.02	<0.02
04/24/2018	S	Building 77 Unit 1A	10	Α	Α	<0.02	<0.02
04/24/2018	S	Building 41 Unit 1B	13	A	Α	<0.02	<0.02
	-						
		3)					
		-					
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	MC	CL VIOLATION Yes 7 No	
TITLE Laboratory Techni			DATE 5-1-18				
SIGNATURE ANY	Mu	Return completed form to Departme	ent of Natural Resources	Public Prinking	Nater Branch	P.O. Box 176 Jefferson	City MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories  1						
STREET ADDRESS PO Box 2409		4	CERTIFICATION NU	MBER				
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg.		
MO/DAY/YR	TYPE	COLLECTION TO SINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/14/2018	R	Building 166 Unit 1B	010	A	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	)	M	CL VIOLATION Yes ✓ No		
TITLE Laboratory Technical Director  SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departin		4-2-1	8	_				
MO 780-0438 (05-13)	Report	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



MO 780-0438 (05-13)

# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM			LABORATORY NAM	E		BORATORY TELEPHONE NUMBER WITH AREA CODE			
The Falls Condon	niniums		Total Water La	aboratories	573-346	5-3810			
STREET ADDRESS			CERTIFICATION NU	MBER					
PO Box 2409		Inn con-	17						
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS EB						
		100 020007	**************************************	SAMPLE RESULTS		CHI ODINE DE	CIDIIAL (ma/L)		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE				SIDUAL (mg/L)		
NAMES OF STREET			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/14/2018	R	Building 110 Lower Pool	009	009 A A		<0.02	<0.02		
			ř.						
TOTAL ROUTINE SAMPLE	ANALZED	J.	MONITORING VIOLA	ATION	Me	CL VIOLATION Yes V No	L		
титье Laboratory Techn	ical Directo	r	DATE 2-28			<u> </u>			

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	i e	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/19/2018	S	Building 166 Unit 1B	010	Α	Α	<0.02	<0.02
02/19/2018	S	Building 110 Lower Pool	009	Α	Α	<0.02	<0.02
02/19/2018	S	Well House	03	А	Α	<0.02	<0.02
						7.	
			MONITORING	ATION		CL VIOLATION	
TOTAL ROUTINE SAMPL  0	E ANALZED		MONITORING VIOL  ☐ Yes ✓ No	)	Ĺ	Yes No	
TITLE Laboratory Technical Director SIGNATURE		7-28	5-18				
MO 780-0438 (05-13)	offen	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME The Falls Condominiums		Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER				
CITY Lake Ozark		ZIP CODE 65049	1'					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/08/2018	R	Building 166 Unit 1B	010	A	Α	<0.02	<0.02	
	14							
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION )		CL VIOLATION Yes ✓ No		
TITLE Laboratory Techr SIGNATURE		or	DATE /-31-	18				
MO 780-0438 (05-13)	och	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER			
Lake Ozark		65049					
Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	LOCATION			
MO/DAY/YR	TYPE	OCCEPTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Hydrant 2nd Tier	14	Α	Α	<0.02	<0.02
							1
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	I M	ICL VIOLATION  Yes V No		
TITLE Laboratory Techr	nical Directo	DF	DATE 1-Z-18				
	agen						
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



The Falls Condominiums Total Water Laboratories 573-346-3810				RY TELEPHONE NUMBE 5-3810	ER WITH AREA CODE				
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
сіту <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/08/2017	R	Building 166 Unit 1B	010	A	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	N F	CL VIOLATION Yes V No			
TITLE Laboratory Techr		or .	DATE 12-Z-1			_ 103 E_ 140			
SIGNATURE My MO 780-0438 (05-13)	offen	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 2409		Tun ooor	CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLEGION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/10/2017	R	Hydrant 2nd Tier	14	А	Α	<0.02	<0.02		
			+1						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION O	  M	CL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE /0-3,						
SIGNATURE Aug	2 Min	Poture completed form to Denarto		o Public Palelino	Water Beanch	DO Roy 176 lefferso	n City MO 65102-0176		



PUBLIC WATER SYSTEM The Falls Condom			Total Water La	aboratories	tatories 573-346-3810			
PO Box 2409		ZIP CODE	17	MBER				
Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/06/2017	R	Pool Area Outside	09	А	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	<u>м</u> [	CL VIOLATION Yes V No		
TITLE Laboratory Techn		or	DATE /0 · 3 -					
SIGNATURE MO 780-0438 (05-13)	colle	Return completed form to Departm	ent of Natural Resource	s. Public Orlnkina	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME  The Falls Condominiums  LABORATORY NAME  LABORATORY TELEPHONE NUMBER  Total Water Laboratories  573-346-3810			ER WITH AREA CODE						
PO Box 2409		Terrore	CERTIFICATION NU	MBER					
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	PLE COLLECTOR NAME OR INITIALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2017	R	Building 118 Unit 1B	011	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION O	L N	ICL VIOLATION  Yes V No	1		
TITLE Laboratory Techr	nical Directo	or	5475	18-17					
SIGNATURE My MO 780-0438 (05-13)	e ophi	Return completed form to Departn	nent of Natural Resource	es. Public Drinklnr	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		
NO 100-0430 (UD-13)		metarn sempleted form to Depart				5			



PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAM Total Water La	ER WITH AREA CODE					
STREET ADDRESS PO Box 2409 DITY		ZIP CODE	CERTIFICATION NU	MBER					
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/12/2017	R	Hydrant 2nd Tier	14	Α	Α	<0.02	<0.02		
		1							
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION Yes V No			
тітье Laboratory Techn	ical Directo	or	DATE 8-1-1						
SIGNATURE AM	of m	Petura completed form to Departm	20 Verilla Land	Dublic Balatti	Water Branch	BO Box 176 Jofferson	n City MO 65102.0176		



PUBLIC WATER SYSTEM NAME The Falls Condominiums  LABORATORY NAME Total Water Laboratories  573-346-3810				ER WITH AREA CODE			
STREET ADDRESS PO Box 2409 DITY		ZIP CODE	CERTIFICATION NU	MBER			
Lake Ozark		65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOR	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Pool Area Outside	09	Α	Α	<0.02	<0.02
						-	
FI							
	1						
			MONITORING	ATION	l la	ICL VIOLATION	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	)	Ĭ	Yes No	
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-	17			
SIGNATURE MY	e Mu	Return completed form to Departs	2007	B. 100 B. 100 B.	Water Descri	DO Doy 476 laffer-	n City MO 85102 0176



### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C Total Water Laboratories 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive	Trip cope	CERTIFICATION NL	IMBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	GOLLEG TION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	WWTP Outside	23	A	Α	<0.02	<0.02
	1						
TOTAL ROUTINE SAMPLE	E ANALZED	ı	MONITORING VIOL		M	CL VIOLATION  Yes No	l.
TITLE Laboratory Techn SIGNATURE		r	DATE 6-30	-19			
MO 780-0438 (05-13)	Mh	Return completed form to Depar	tment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM I Hawk Island Estate			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810			ER WITH AREA CODE			
STREET ADDRESS 1395 Hawk Island	Drive	ZIP CODE	CERTIFICATION NU	MBER					
CITY Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR TYPE		GOLLEG TION TO SINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/01/2019	R	Pool Area	05	Α	Α	<0.02	<0.02		
			_						
TOTAL ROUTINE SAMPLE	 E ANALZED	1	MONITORING VIOL	ATION	<u> </u>   	CL VIOLATION  Yes V No			
TITLE Laboratory Techn	ical Directo	ır	DATE 6-2-1	9					
SIGNATURE May	alle	Return completed form to Depart	ment of Natural Pass	e Dublic Denkins	Water Branch	P.O. Box 176 lefferso	n City. MO 65102-0178		



### MICROBIOLOGICAL ANALYSIS REPORT

JBLIC WATER SYSTEM NAME lawk Island Estates		Total Water Laboratories 573-346-3810							
STREET ADDRESS	Drivo		CERTIFICATION NU	MBER					
1395 Hawk Island	Dilve	ZIP CODE	17						
Osage Beach		65065 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	WWTP - Outside	23	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	ICL VIOLATION  Yes V No			
TITLE Laboratory Techn	ical Directo	ा -	DATE 5-4-14		JL	_ res [v] No			
SIGNATURE My (1) MO 780-0438 (05-13)	1174	Return completed form to Depart	1		Water Branch	P.O. Boy 176 Jafferso	n City MO 65102-0176		



PUBLIC WATER SYSTEM NAME Hawk Island Estates LABORATORY NAME Total Water Laboratories			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 1395 Hawk Island	Drive	lan cons	CERTIFICATION NU	MBER					
сіту Osage Beach		ZIP CODE 65065							
County Camden		id number MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/25/2019	S	1451 Hawk Island Dr.	12	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL 0 TITLE	E ANALZED		MONITORING VIOL  Yes V No	)	Ľ	Yes No			
Laboratory Techr		r	5-4-19						
MO 780-0438 (05-13)	ym	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Hawk Island Estates		Total Water Laboratories 573-346-3810							
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NUMBER 17						
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG						
		SAMPLE COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/18/2019	R	Pool Area	05	Α	Α	<0.02	<0.02		
		2							
			Denie V	17(0)	To the state of th	MOLATION			
TOTAL ROUTINE SAMPL  1 TITLE	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION )	ľ	Yes V No			
Laboratory Techr	- 1	or	3-314	9					
MO 780-0438 (05-13)	MILL	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM Hawk Island Esta			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810						
street address 1395 Hawk Island	Drivo		CERTIFICATION NUMBER 17						
CITY  Osage Beach	Dilve	ZIP CODE 65065	⊣'′						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG						
	8 8 8 8 7	IVIO-3030334	SAMPLE SAMPLE RE		ESULTS	CHI ORINE RE	ESIDUAL (mg/L)		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	WWTP Outside	23	Α	Α	<0.02	<0.02		
	8								
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No							

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176 MO 780-0438 (05-13)



## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Hawk Island Estat STREET ADDRESS 1395 Hawk Island	es		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  17  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
CITY Osage Beach	Dilve	ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG		ALS			
SAMPLE DATE SAMP		COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg		
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/02/2019	S	WWTP Outside	23	Α	Α	<0.02	<0.02	
02/02/2019	S	1593 Ridgeview	31	Α	A	<0.02	<0.02	
02/02/2019	S	1455 Hawk Island	32	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL  ☐ Yes ✓ NO	)	\ [	CL VIOLATION  Yes No			
Laboratory Techn	ical Directo	or	3-Z-19					

MO 780-0438 (05-13)

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  Hawk Island Estates  STREET ADDRESS		LABORATORY NAMI Total Water La	aboratories	573-346	RY TELEPHONE NUMB i-3810	ER WITH AREA CODE			
STREET ADDRESS 1395 Hawk Island CITY Osage Beach	Drive	ZIP CODE 65065	17						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO	OR NAME OR INITIA	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/20/2019	S	1455 Hawk Island	32	Α	Α	<0.02	<0.02		
02/20/2019	S	1459 Hawk Island	33	Α	Α	<0.02	<0.02		
02/20/2019	S	1593 Ridgeview	31	Α	Α	<0.02	<0.02		
					1				
TOTAL ROUTINE SAMPLE	: ANALZED		MONITORING VIOL	ATION	MO	CL VIOLATION Yes V No			
0 गार्टि Laboratory Analyst		DATE 2-21-							
SIGNATURE	Flocks	Return completed form to Departm			Water Branch.	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Hawk Island Estates		Total Water La	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODI  Total Water Laboratories 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive	Lun cont	CERTIFICATION NU	MBER				
сіту <b>Osage Beach</b>		ZIP CODE 65065						
COUNTY <b>Camden</b>		ID NUMBER MO-3036354	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/02/2019	R	Pool Area	Area 05 A A		Α	<0.02	<0.02	
							=	
						1.		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL			ICL VIOLATION  Yes V No			
1 TITLE Laboratory Technical Director		DATE 2-2-1			_ 163 🖸 140			
alauta las	Mu	Return completed form to Depa	dment of Natural Bassins	e Dublic Danklas	Water Branch	P.O. Rox 176 Jefferso	n City. MO 65102-0176	



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
STREET ADDRESS 1395 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NU	MBER				
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS   CHLORINE RE		SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/03/2018	R	Pool Area	05	05 A A		0.76	0.72	
			_					
				-				
						-		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL			ICL VIOLATION  Yes V No			
TITLE			DATE 1-2-19					
SIGNATURE	Mu							
MO 780-0438 (05-13)	V 0 101	Return completed form to Departm	ent of Natural Resource	es, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810  CERTIFICATION NUMBER					
STREET ADDRESS 1395 Hawk Island	Drive	To a constant of the constant	CERTIFICATION NU	MBER				
CITY Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/17/2018	S	WWTP - Outside	23	Α	Α	<0.02	<0.02	
12/17/2018	S	Pool Area	05	Α	Α	<0.02	<0.02	
12/17/2018	S	Pool Area	05	A	Α	<0.02	<0.02	
	1							
				1.1				
				·				
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION OITA	   	ICL VIOLATION  Yes V No			
TITLE Laboratory Techr	nical Directo	DΓ	DATE [-Z-]	9				
Market Control of the	y oslu	Patum completed form to Departm	and of Mintered Processing	se Bublio Balatia	Water Descri	DO Boy 476 Inffare	n City MO 85402.0476	



17	Public water system name Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories  573-346-3810  CERTIFICATION NUMBER					
Sage Baseh		Drive	ZID CODE	1	MBER			
DALMINES   DALMINES   MO-3036354   SAMPLE COLLECTION POINT   SAMPLE   COLLECTION POINT   SAMPLE   COLLECTION POINT   DALMINES   SAMPLE   COLLECTION POINT   DALMINES   COLLECTION POINT   COLLECTION POINT   COLLECTION POINT   COLLECTION POINT   COLLECTION POINT   COLLECTION   COLLECTION POINT   COLLECTION	Osage Beach							
SAMPLE TYPE  COLLECTION POINT  LOCATION  TOTAL  OUTGON  TOTAL  TOTAL  FREE  11/07/2018  R  Pool Area  05  A  A  0.35  0.31  11/07/2018  R  Pool Area  05  A  A  0.35  0.31  11/07/2018  R  Pool Area  05  A  A  0.35  0.31  11/07/2018  INC. WIGLATION    Yes     No    Yes       No    Yes	COUNTY Camden							
10   TOTAL   FREE   11/07/2018   R   Pool Area   05   A   A   0.35   0.31	SAMPLE DATE	SAMPLE	COLLECTION POINT		SAMPLE RESULTS		CHLORINE RESIDUAL (mg	
OTAL ROUTINE SAMPLE ANALZED    MONITORING WICLATION   MCL VIOLATION   MCL VIOL	MO/DAY/YR	TYPE	COLLECTION FOINT		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18	11/07/2018	R	R Pool Area	05	Α	Α	0.35	0.31
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18			,					
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
□ Yes ☑ No □ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
☐ Yes ☑ No ☐ Yes ☑ No  ITLE Laboratory Technical Director  DATE  12-1-18								
aboratory Technical Director	TOTAL ROUTINE SAMPLE ANALZED  1			ATION D	Ĺ	Yes VIOLATION		
IGNATURE ALLO MAIN	TITLE Laboratory Technical Director		DATE 12-1-1	18				
O 790 0439 (05.13)  Return completed form to Department of Natural Resources. Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176	SIGNATURE My	oth						



PUBLIC WATER SYSTEM NAME  Hawk Island Estates		Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COI 573-346-3810						
STREET ADDRESS 1395 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NUMBER 17					
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Pool Area	05	05 A A		0.83	0.80	
						- N		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL		   <u>M</u>	CL VIOLATION		
1 TITLE	1		DATE NO		L	Yes 🗸 No		
Laboratory Techr	ical Directo	or		8				
Muy	offer		nent of Natural Passures	e Bublic Depkins	Water Branch	P.O. Boy 176 Jefferso	n City MO 65102-0176	



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810					
STREET ADDRESS 1395 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	1	
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE RE LOCATION		ESULTS CHLORINE RESIDUA		SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2018	R	Pool Area	05 A A		0.25	0.20	
		=					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ☑ No		Ň	Yes V No		
TITLE Laboratory Technical Director		DATE 9-30-1	8				
MO 780-0438 (05-13)	Men	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FORM	ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE
09/14/2018	S	1451 Hawk Island Drive	12	12 A A		0.37	0.26
09/14/2018	S	1593 Ridgeview	31	Α	Α	0.55	0.53
			2				
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	I E	ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director SIGNATURE (1). (1)		DATE 9-30	18				
MO 780-0438 (05-13)	osh	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A Total Water Laboratories 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RES			CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	MEDITOR GRADE THE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Pool Area	05 A A			1.46	1.37
						OLAMOLATION	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ✓ No	)	ľ	CL VIOLATION  Yes No		
TITLE Laboratory Technical Director		DATE 9-4-18	<b>3</b>				
SIGNATURE MO 780-0438 (05-13)	vshr	Return completed form to Departm	ent of Natural Pasource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferson	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CONTROL TOTAL Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CONTROL TOTAL CONTROL TO THE PHONE NUMBER WITH AREA CONTRO					
STREET ADDRESS 1395 Hawk Island			CERTIFICATION NU				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/31/2018	S	1391 Hawk Island Drive	29	29 A A			0.37
08/31/2018	S	1419 Hawk Island Drive	30	Α	Α	0.38	0.26
08/31/2018	S	1427 Hawk Island Drive	10	A	Α	0.42	0.34
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL		M	CL VIOLATION Yes 7 No		
TITLE Laboratory Technical Director SIGNATURE		DATE 9-4-18	3				
MO 780-0438 (05-13)	Ally	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  Hawk Island Estates		LABORATORY NAME  Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA COD  573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive	1	CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL F COLIFORM E	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	R Pool Area	05	Α	Α	0.62	0.52
							W
			MONITORING	ATION	la la	CL VIOLATION	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )		CL VIOLATION  Yes No		
тітье Laboratory Techn		r	DATE %-/-	(8			
SIGNATURE MAY	oth	Peturn completed form to Departme	at at Natural Bassacce	e Bublio Brighing	Water Branch	P.O. Boy 176 lefferso	n City MO 65102-0176



PUBLIC WATER SYSTEM NAME Hawk Island Estates		Total Water Laboratories 573-346-3810					
street address 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	EB, KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/27/2018	S	WWTP Outside	23	Α	Α	1.51	1.39
07/27/2018	S	Pool Area	05	Α	Α	0.71	0.58
07/27/2018	S	Pool Area	05	A	Α	0.71	0.58
		/					
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	LATION	<u> </u>	ICL VIOLATION  Yes  No		
Laboratory Techr		or	DATE 5-14	8			
My 780 0438 (05.13)	orm	Return completed form to Departu	nent of Natural Resource	s. Public Drinking	Water Branch	. P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
street address 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
<sub>СІТҮ</sub> Osage Beach		ZIP CODE 65065	(9)				
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	OCCCOTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/13/2018	R	W.W.T.P. outside	23	Α	Α	1.40	1.31
		,					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION Yes No		
1 τπτε Laboratory Techr	nical Directo	or	DATE 7-2-				
CICNATURE A	oth			====	M	P.O. Boy 176 Jefferson	City MO SEASO SATO



PUBLIC WATER SYSTEM NAME Hawk Island Estates		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AI 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive	r	CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Pool Area	05	Α	Α	0.50	0.35
		1,000					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	1-	CL VIOLATION  Yes V No		
TITLE Laboratory Techn	nical Directo	г	DATE 6-4-				
SIGNATURE Any offer		Return completed form to Departn	ent of Natural Resource	s, Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Hawk Island Estates			Total Water La		573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE	
street address 1395 Hawk Island		1	CERTIFICATION NU	MBER				
CITY Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	ESULTS CHLORINE R		RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/10/2018	S	1569 Hawk Island Dr	24	Α	Α	0.92	0.74	
05/10/2018	S	1403 Hawk Island	19	Α	Α	0.90	0.78	
05/10/2018	S	1581 Ridgeview	25	А	Α	0.94	0.77	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL		M [	CL VIOLATION Yes 🗸 No			
TITLE Laboratory Technical Director SIGNATURE  May Mu		DATE 6-4-1	18					
MO 780-0438 (05-13)	own	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY TELEPHONE NUMBER WITH AREA COL Total Water Laboratories 573-346-3810					
STREET ADDRESS 1395 Hawk Island	l Drive		CERTIFICATION NU	MBER			
Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	Pool Area	05	A	Α	0.84	0.79
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes 7 No		
TITLE Laboratory Techn	ical Director	r	DATE 5-1-18				
SIGNATURE Aug MO 780-0438 (05-13)	Mu	Return completed form to Departme	ent of Natural Resources	s, Public Drinkina	Water Branch.	P.O. Box 176, Jefferson	n City, MO 65102-0176

MWA 1.17-000211



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810					
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	3/2018 R Pool Area 05 A		Α	0.98	0.85		
-							
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes ✓ No	ATION )	M	CL VIOLATION  Yes No	
Laboratory Techn		r	DATE 4-2-1	18			
MO 780-0438 (05-13)	Mu	Return completed form to Departm	ant of Natural Docume	e Bublic Driptics	Water Branch	DO Poy 176 Jaffarens	City MO 65102-0176



Hawk Island Estates		Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NU	MBER			
1395 Hawk Island	Drive	ZIP CODE	17				
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	PLEASE AND AND A PROPERTY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Pool Area	05	A	A A	0.68	0.58
						4	
TOTAL POLITIME OAVES			MONITORING	ATION	il s	CL VIOLATION	
TOTAL ROUTINE SAMPLE  1 TITLE	E ANAL∠ED		MONITORING VIOL  ☐ Yes ✓ No	)		Yes No	
Laboratory Technical Director		2-28	18				
MO 780-0438 (05-13)  Return completed form to Departm		ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810						
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NU	MBER				
сіту Osage Beach		ZIP CODE 65065						
соинту Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDUAL		
MO/DAY/YR	TYPE	COLLECTION TO SINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/08/2018	R	WWTP Outside	23	23 A A		0.83	0.77	
			-					
			_					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL			CL VIOLATION Yes V No			
TITLE Laboratory Techn	ical Directo	r	DATE /-31-/8					
SIGNATURE ANY AM		ent of Natural Resource	s. Public Drinklan	Water Branch	P.O. Box 176 .lefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME  Hawk Island Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810  CERTIFICATION NUMBER							
STREET ADDRESS 1395 Hawk Island	Drive	ZIP CODE	17						
Osage Beach		65065 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden		MO-3036354	KR		- 115 July 1				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULT		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/06/2017	R	Pool Area 05 A A		Α	1,15	1.10			
		*							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No				
птье Laboratory Techni	ical Directo	ſ	DATE 1-2-18						
SIGNATURE  WO 780.0438 (05.13)  Return completed form to Department		ent of Natural Pagoureas	Public Deloking	Water Branch	P.O. Box 176 Jefferson	City. MO 65102-0176			



PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA COLUMN 1573-346-3810					
STREET ADDRESS 1395 Hawk Island DITY	Drive	ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach COUNTY Camden		65065 ID NUMBER MO-3036354	SAMPLE COLLECTO	DR NAME OR INITIA	ALS		
	(A) (1) (5 %)	100-3030334	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2017	R	WWTP Outside	23	Α	Α	0.91	0.87
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	L VIOLATION Yes 7 No		
ritle Laboratory Techni	ical Directo	г	DATE /2-2-			<del></del>	
SIGNATURE  AU  AU  AU  AU  AU  AU  AU  AU  AU  A	om	Return completed form to Departm	ant of Natural Poscures	- Public Drinking	Water Branch	P.O. Box 176 Jefferson	City MO 65102-0176



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Hawk Island Estat			LABORATORY NAM Total Water La		573-346	RY TELEPHONE NUMB i-3810	ER WITH AREA CODE		
STREET ADDRESS			CERTIFICATION NU	MBER					
1395 Hawk Island	Drive		17						
Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/09/2017	R	Pool Area	05	Α	Α	1.61	1.55		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	MC	CL VIOLATION Yes 🔽 No				
1 गाराह Laboratory Techn	ical Directo	r	DATE /0-3/						
SIGNATURE	y or h					D.O. Doy 470 July	Othy MO 85402 0470		
AO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resources	s, Public Drinking	water Branch,	F.U. DUX 1/0, Jenerson	1 City, mic 00 102-01/6		

MWA 1.17-000217



PUBLIC WATER SYSTEM NAME  Hawk Island Estates		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RE LOCATION		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2017	R	WWTP Outside	23	23 A A		1.04	1.01
W		.12					
	1						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes V No		
TITLE Laboratory Techn	ical Directo	or	DATE 10-3-/				
	Mn		•				
MO 780-0438 (05-13)	(SE) (SE) (SE)	Return completed form to Departn	nent of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NA Hawk Island Estates			LABORATORY NAME Total Water La	aboratories	573-346	RY TELEPHONE NUMBI -3810	ER WITH AREA CODE		
STREET ADDRESS 1395 Hawk Island D DITY	rive	ZIP CODE	CERTIFICATION NUMBER  17						
Osage Beach COUNTY Camden		65065 ID NUMBER MO-3036354	SAMPLE COLLECTO	R NAME OR INITI	ALS				
	SAMPLE TYPE COLLECTION POINT		SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/l			
MO/DAY/YR		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
08/02/2017	R	Pool Area	05	Α	Α	1.00	0.89		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	Mo	CL VIOLATION Yes 7 No				
TITLE Laboratory Technical Director		r	DATE 8-78						
SIGNATURE 40,780,0438 (05.13)	oph	Return completed form to Departm	and of Natural Passage	Bublic Deletion	Water Prench	P.O. Box 176 Jefferson	City MO 65102.0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH / 573-346-3810				
STREET ADDRESS  1395 Hawk Island  CITY	Drive	ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
соилтү Camden		ID NUMBER MO-3036354	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS		
		SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	OGEECONONY ONLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	WWTP Outside	23	Α	Α	0.31	0.26
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ☑ No	ATION	MC	SL VIOLATION Yes  No		
TITLE Laboratory Technical Director		DATE 8-1-17					
SIGNATURE AW	z ollu	Peturn completed form to Denartm	ent of Natural Resource	s Public Drinklag	Water Branch	P.O. Box 176. Jefferson	City. MO 65102-0176

MWA 1.17-000220



PUBLIC WATER SYSTEM Hawk Island Estat			Total Water La	aboratories	573-346	RY TELEPHONE NUMB 3-3810	ER WITH AREA CODE		
STREET ADDRESS 1395 Hawk Island DITY	Drive	ZIP CODE	CERTIFICATION NUMBER  17						
Osage Beach		65065							
COUNTY Camden	<b>'</b>	ID NUMBER MO-3036354	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS					
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/07/2017	R	Pool	05	Α	Α	1,17	0.98		
		4							
	1								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M.	CL VIOLATION Yes \( \bigve{V} \) No				
птье Laboratory Techn	ical Directo	·	DATE 7-2-17	1					
SIGNATURE	Mh								
AO 780 0438 (05-13)	* *	Return completed form to Departm	ent of Natural Resource	Public Drinking	Water Branch.	P.O. Box 176, Jefferson	City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM			LABORATORY NAM			RY TELEPHONE NUMB	ER WITH AREA CODE	
Lakeside at Cross	Creek		Total Water L		573-346	-3810		
STREET ADDRESS  Cross Creek Road	1		CERTIFICATION NU	MBER				
CITY CITY	1	ZIP CODE	→ ''					
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE P	RESULTS	CHLORINE RE	ESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION TO COLL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/04/2019	R	35 Craftsman	03	Α	Α	0.38	0.34	
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	M <sup>C</sup>	CL VIOLATION Yes ☑ No		
TITLE Laboratory Techn	ical Directo	r	DATE 6-30		1-			
SIGNATURE W-/ MO 780-0438 (05-13)	Mhr	Return completed form to Departr	***					

MWA 1.17-000222



Lakeside at Cross	UBLIC WATER SYSTEM NAME _akeside at Cross Creek TREET ADDRESS		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810				
STREET ADDRESS  Cross Creek Road  CITY	I	ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE			SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Club House - Outside	13	Α	Α	0.69	0.58
TOTAL BOUTES SAME	- ANIA! 750		MONITORING VIOL	ATION	1	CL VIOLATION	
TOTAL ROUTINE SAMPLE ANALZED  1		☐ Yes ☑ No	)		Yes No	=-=====================================	
TITLE Laboratory Technical Director SIGNATURE		6-27	9				
MO 780-0438 (05-13)	yh	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  Lakeside at Cross Creek		Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU					
Cross Creek Road	d	Tun cons	17					
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RI			CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	OCEECTION I GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/01/2019	R	35 Craftsman	03	Α	Α	0.62	0.44	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION	I M	CL VIOLATION  Yes V No			
TITLE Laboratory Technical Director		DATE 5-4-19						
SIGNATURE My MO 780-0438 (05-13)	oth	Return completed form to Departn	nent of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810						
STREET ADDRESS  Cross Creek Road			CERTIFICATION NU	MBER				
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS CHLORINE RESI		SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/18/2019	R	Club House - Outside	13	Α	Α	0.32	0.22	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	I M	ICL VIOLATION  Yes V No	L		
TITLE Laboratory Techn	ical Directo	r	DATE 3-31-1					
SIGNATURE My WN					Water	DO Poy 470 leffs	n City MO 55403 0476	
IO 780-0438 (05-13)		Return completed form to Departm	ient of Natural Resource	a, Public Drinking	Avader Branch	, r.o. box ire, Jenerso	Oity, mo 33 102-0110	



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810						
STREET ADDRESS  Cross Creek Road	<u> </u>	Tain cons	CERTIFICATION NU	MBER			
сітү <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO RG	OR NAME OR INIT	IALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION TOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/12/2019	R	35 Craftsman	35 Craftsman 03 A A		Α	0.28	0.32
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ☑ No	ATION D	[	CL VIOLATION  Yes V No		
Laboratory Techn	TITLE Laboratory Technical Director		DATE 3-2-16	f			
MO 780-0438 (05-13)	Mlir	Return completed form to Depart	tment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek	LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
STREET ADDRESS Cross Creek Road		CERTIFICATION NU	MBER				
CITY <b>Camdenton</b>	ZIP CODE 65020						
COUNTY Camden	ID NUMBER MO-5031496	SAMPLE COLLECTO RG	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE SAMPL		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR TYPE	OOLLEO HORT OIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/14/2019 R	Club House - Outside	13	Α	Α	1.60	1.28	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION  Yes No		
TITLE Laboratory Technical Director		DATE 2-2-1		<u>'</u> '			
SIGNATURE	Return completed form to Depart	ment of Natural Pana	e Dublic Dankins	Water Branch	P.O. Roy 176 Jofferson	n City MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek STREET ADDRESS	LABORATORY NAM Total Water La		573-346	RY TELEPHONE NUMBI 3-3810	ER WITH AREA CODE			
STREET ADDRESS  Cross Creek Road  CITY	i	ZIP CODE	CERTIFICATION NU	MBER				
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		1	
SAMPLE DATE	SAMPLE		SAMPLE RES		RESULTS	ESULTS CHLORINE RESIDUAL (m		
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/03/2018	R	Club House - Outside	13	Α	Α	0.37	0.24	
			_					
TOTAL POLITIME SAMPLE	E ANALZED		MONITORING VIOL	ATION	IN	ICL VIOLATION		
TOTAL ROUTINE SAMPLE ANALZED  1		☐ Yes ☑ No	)		☐ Yes ☑ No			
TITLE Laboratory Techn	nical Directo	)T	DATE 1-2-19					
SIGNATURE	04h					B.O. Day 470 1-M	- City MO CEANS OFTO	
AO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000228



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU	MBER				
Cross Creek Road		ZIP CODE	17					
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/07/2018	R	Club House - Outside	13	Α	Α	0.36	0.20	
			MONITORING VIO	ATION		ICL VIOLATION		
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		☐ Yes ☑ No	0		Yes No			
Laboratory Technical Director  SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departm		121-	18					
MO 780-0438 (05-13)	VVVV	Return completed form to Depa	rtment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME  Lakeside at Cross Creek	LABORATORY NAME Total Water Laboratories  1573-346-3810						
STREET ADDRESS  Cross Creek Road	1		CERTIFICATION NU	MBER			
CITY <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		WIII WEIGHT
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Club House - Outside	13	А	Α	0.48	0.40
			1)				
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ☑ No	)	ľ	CL VIOLATION  Yes  No		
Laboratory Techn	2/1	r	DATE 11-1-1	8			
MO 780-0438 (05-13)	offen	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS Cross Creek Road			CERTIFICATION NU	MBER				
CITY <b>Camdenton</b>		ZIP CODE 65020						
COUNTY <b>Camden</b>		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			JLTS CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/05/2018	R	Club House - Outside	13	Α	Α	0.24	0.19	
14								
							V.	
	-							
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION )	l N	ICL VIOLATION  Yes No	1	
TITLE Laboratory Techr	nical Directo	or	DATE 9-30-		<del></del>			
CICNATURE	alla		Aŭ.					
MO 780-0438 (05-13)	INCOME.	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810							
street address Cross Creek Road			CERTIFICATION NUMBER  17						
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/07/2018	R	65 Weather Vane	18 A A			0.34	0.26		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL  ☐ Yes ☑ No	ATION	I M	CL VIOLATION Yes V No				
тітье Laboratory Techn	ical Directo	or	DATE 8-12	-18					
SIGNATURE MY	Mu	Patum completed form to Danarim				DO Dou 476 Johnson	n City, MO 25402 2472		



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAMI	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS  Cross Creek Road	l	ZIP CODE	CERTIFICATION NU	MBER					
CITY Camdenton		65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTION POINT LOCATION			CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	OOLLEG FIGHT GIRT	(D	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/24/2018	s	70 Weather Vane	20	Α	Α	0.58	0.56		
08/24/2018	s	66 Weather Vane	19	Α	Α	0.38	0.36		
08/24/2018	S	Club House - Outside	13	A	Α	0.66	0.63		
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	)		CL VIOLATION  Yes No			
Laboratory Techn		or .	DATE 9-4-	18					
MO 780-0438 (05-13)	rash	Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



Lakeside at Cross	ublic water system name .akeside at Cross Creek		Total Water La	ER WITH AREA CODE			
street address Cross Creek Road	d		CERTIFICATION NU	MBER			
сіту <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	The second finances	
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Club House	13	А	0.98	0.82	
			-				
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION		MCL VIOLATION  Yes V No		
TITLE Laboratory Techr	nical Directo	or	DATE 4-1-		'		
	1 Wh						
MO 700 0420 (05 42)	-	Peturn completed form to Departm	ant of Natural Resource	s. Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO						
STREET ADDRESS Cross Creek Road			CERTIFICATION NU					
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE		SAMPLE	LOCATION		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	78 Fireside	07	Α	Α	0.27	0.21	
						<del> </del>		
b								
			2					
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	   N	ICL VIOLATION  Yes ☑ No		
1 TITLE Laboratory Techr	nical Directo	or	DATE 7-2-					
CIONATURE	after		ħ.					
MO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



	BLIC WATER SYSTEM NAME akeside at Cross Creek		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS Cross Creek Road			CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/l				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/07/2018	R	Club House - Outside	13	А	0.37	0.31			
			MONITORING VIO	ATION	T <sub>k</sub>	MCL VIOLATION			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	)		Yes ✓ No			
Laboratory Techr		DF	DATE 6-4-	18					
SIGNATURE Muy	alle	Patura completed form to Danartme	ont of Natural Danaussa	se Public Orinbios	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176		



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

	JBLIC WATER SYSTEM NAME akeside at Cross Creek		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NU		4			
Cross Creek Road		24	17					
сіту Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS			
SAMPLE DATE	SAMPLE COLLECTION POINT		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg.		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE	
04/04/2018	R	78 Fireside	07	Α	0.37	0.31		
1								
TOTAL ROUTINE SAMPLE	ANALZED	***************************************	MONITORING VIOL  ☐ Yes ✓ No	ATION		ICL VIOLATION  Yes  No		
TITLE Laboratory Technic	cal Directo	ır	DATE 5-1-18					
SIGNATURE AMY O	Mu	Polym consisted form to Departmen					Oh. NO 67400 0/70	



		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810							
street address Cross Creek Roac	ď		CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
соинту Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/13/2018	R	Club House - Outside	13	Α	0.57	0.52			
		V							
		*							
						10 100 AT (2)			
TOTAL ROUTINE SAMPL  1 TITLE	E ANALZED		MONITORING VIOL	)	Ē	Yes No			
Laboratory Techr		or	4-2-1	8					
MO 780 0438 (05.13)	offer	Return completed form to Departur	sent of Natural Resource	s Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176		



	PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
street address Cross Creek Road	1		CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS		*****		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RESULTS LOCATION ID TOTAL COLIFORM FECAL E-COLI			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION TO SINT					FREE		
02/07/2018	R	78 Fireside	07	A	А	0.32	0.21		
			í.				i i		
			-						
						Ξ			
							10		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION D		ICL VIOLATION  Yes ✓ No				
Laboratory Techn	ical Directo	or	DATE 2-25-1	18					
SIGNATURE MAY	oph	Return completed form to Departs		- Dublis Daleties	Water Branch	DO Doy 176 Jofferson	n City MO 86402 0476		



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAM Total Water La	ER WITH AREA CODE						
street address Cross Creek Roac			CERTIFICATION NU	MBER	"				
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO JL	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/20/2018	R	Club House Outside	13	Α	Α	0.56	0.36		
			5						
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	   	icl violation Yes 7 No			
TITLE Laboratory Techn	ical Directo	ır	DATE /-31-15						
SIGNATURE  MO 780.0438 (05.13)	alle	Return completed form to Departn			Washington Brown	DO Boy 476 Jally	. Cib., MO 05402 0470		



ublic water system name Lakeside at Cross Creek		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road			CERTIFICATION NU	MBER			
сітү <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Club House Outside	13	Α	0.39	0.35	
			-				
					\\		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I I	CL VIOLATION  Yes  No		
1 TITLE Laboratory Techn	nical Directo	or	DATE 1-2-1		1.		
SIGNATURE AM	eollu						Ob. HO COM ACTO
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME LABORATORY NAME LABORATORY TELEPHONE NUM Total Water Laboratories  573-346-3810			ER WITH AREA CODE						
STREET ADDRESS Cross Creek Road DITY	I	ZIP CODE	CERTIFICATION NU	MBER					
Camdenton		65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	SAMPLE COLUMNIA POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/13/2017	R	78 Fireside	07	07 A A			0.29		
71									
						-			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION D	\ [	ICL VIOLATION  Yes INO			
TITLE Laboratory Techr	nical Directo	or	DATE /2-2-	17					
SIGNATURE MO 780-0438 (05-13)	often	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA ( 573-346-3810							
STREET ADDRESS  Cross Creek Road	<b>I</b>	ZIP CODE	CERTIFICATION NUMBER 17						
CITY Camdenton		65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLEGIIONI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/09/2017	R	Club House Outside	13	Α	Α	0.32	0.28		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOI ☐ Yes ☑ No	_ATION	<u> </u>   <u> </u>	ICL VIOLATION  Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE /0-3/						
SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departs				Oublic Deletion	Water Descri	P.O. Boy 176 lefferso	n City. MO 65102-0176		



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
TREET ADDRESS Cross Creek Road		Trun coors	CERTIFICATION NU	MBER	11.		
Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	78 Fireside		Α	Α	0.56	0.49
	-			-			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION	ľ	UCL VIOLATION  Yes ☑ No		
1 TITLE		DATE /0 - 3			163 [F] NO		
Laboratory Techi	all Directo	UI	( )	/			
MO 780-0438 (05-13)	ayun	Return completed form to Departs	ment of Natural Resourc	es, Public Drinkin	Water Branch	n, P.O. Box 176, Jeffers	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810					
STREET ADDRESS  Cross Creek Road  CITY	d	ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO KR	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House Outside	13	Α	A	<0.02	<0.02
			(*)				
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIO	0	[	MCL VIOLATION  Yes No		
Laboratory Techi			DATE 8- 2	28-17			
MO 780 0438 (05-13)	z ollu	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	ı, P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810							
STREET ADDRESS Cross Creek Road		ZIP CODE	CERTIFICATION NUMBER 17						
Camdenton		65020							
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/05/2017	S	Club House Outside	13	Α	Α	<0.02	<0.02		
08/05/2017	S	115 Porch Swing	04	Α	Α	<0.02	<0.02		
08/05/2017	S	2985 Cross Creek	17	A	Α	<0.02	<0.02		
							,		
				7					
=======================================									
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION O	I C	CL VIOLATION  Yes V No				
тітье Laboratory Techn	ical Directo	ır	DATE 8-28	3-17					
SIGNATURE Aug	odle	Return completed form to Departu	nent of Natural Persures	e Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS  Cross Creek Road  DITY	i	ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	R 245 Porch Swing 11 A A		Α	<0.02	<0.02	
		•					
	<b>_</b>						
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION ()	   	ICL VIOLATION  Yes V No		
TITLE Laboratory Technical Director		DATE 81-1					
SIGNATURE Au	2 om	^					
MO 700 0439 (DE 43)	-	Peturn completed form to Departn	and of Natural Resource	s Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS Cross Creek Road	l		CERTIFICATION NU	MBER			
сітү <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	Club House Outside	13	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION O	   	ICL VIOLATION Yes V No		
TITLE Laboratory Techr		OT.	DATE 7-2-1				
SIGNATURE AM	2 olm	Return completed form to Departm	Out he was to be a second	e Bublic Deletion	Water Branch	P.O. Box 176 Jefferen	n City, MO 65102-0176
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	water Branch	F.O. DOX 1/0, Deliciso	OAY, INC 30 102-0170



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME  Makalu Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories 573-346-3810							
STREET ADDRESS 5864 Baydy Peak CITY	Rd	ZIP CODE	CERTIFICATION NU						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/04/2019	R	5813 Baydy Peak	09	09 A A		0.43	0.41		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No				
тітье Laboratory Technical Director		DATE 6-30	-19						
SIGNATURE (My MO 780-0438 (05-13)	Mir	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

	PUBLIC WATER SYSTEM NAME		LABORATORY NAM			RY TELEPHONE NUMBI	ER WITH AREA CODE
Makalu Estates			Total Water La		573-346	-3810	
street address 5864 Baydy Peak	Rd		CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	5864 Baydy Peak	008	Α	Α	0.72	0.60
							-
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION	
1 TITLE		☐ Yes ☑ No	)		Yes 🗸 No		
Laboratory Techr SIGNATURE	and the	r	6-2-1	9			

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE					
Makalu Estates			Total Water La		573-346	3-3810	
STREET ADDRESS 5864 Baydy Peak	Rd		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	6808 Baydy Peak	009	Α	Α	0.82	0.76
	-						
			_				
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION  Yes  No		
TITLE Laboratory Techn	Laboratory Technical Director		DATE 5-4-19				
SIGNATURE My MO 780-0438 (05-13)	Mu					DO D. 122	011111111111111111111111111111111111111
AU 78U-0438 (U5-13)		Return completed form to Departme	nt of Natural Resources	, rublic Drinking	water Branch,	F.O. BOX 1/6, Jetterson	1 City, MO 65102-0176



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estatos		LABORATORY NAM			RY TELEPHONE NUMB	ER WITH AREA CODE	
Makalu Estates			Total Water La		573-346	-3810	
STREET ADDRESS	D.1		CERTIFICATION NU	MBER			
5864 Baydy Peak	Ka	ZIP CODE	17				
Osage Beach		65065					
соинту Camden		ID NUMBER MO-3031208	RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	5864 Baydy Peak	800	Α	Α	0.84	0.71
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes 7 No	
1 TITLE		☐ Yes ☑ No			」Yes [∕] No		
Laboratory Techn		r	3-31-1	<del>1</del>			
SIGNATURE Wy ( MO 780-0438 (05-13)	W/W	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA ( 573-346-3810					
STREET ADDRESS 5864 Baydy Peak F	Rd	lan cons	CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	0.25
02/13/2019	R	5813 Baydy Peak	09	Α	Α	0.46	
			-				
							7
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	l l	Yes V No	•	
тітье Laboratory Technic	cal Directo	r	DATE 3-2-				
SIGNATURE My (	ylu		nent of Natural Passaures				



PUBLIC WATER SYSTEM NAME  Makalu Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
street address 5864 Baydy Peak	Rd		CERTIFICATION NUMBER 17						
сіту <b>Osage Beach</b>		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/24/2019	R	5864 Baydy Peak	800	Α	Α	0.63	0.56		
						-			
					-				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION	A 1	ICL VIOLATION  Yes V No				
TITLE Laboratory Technical Director		DATE 2-Z							
SIGNATURE MO 780-0438 (05-13)	edlu								
MO 780-0438 (05-13)	<i>V</i> <b>U</b> ·	Return completed form to Departr	ment of Natural Resource	es, Public Drinkin	g Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810							
STREET ADDRESS 5864 Baydy Peak CITY	Rd	ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden	11	ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		171	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	OOLLEO HONT ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/03/2018	R	5864 Baydy Peak	008	Α	Α	0.49	0.46		
	_								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	_ATION	I M	ICL VIOLATION  Yes V No	J.		
TITLE Laboratory Techr	nical Directo	or	DATE 1-219						
CICNATURE	alle		1 7 3 1 1						
MO 780-0438 (05-13)	v www	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH A 573-346-3810							
street address 5864 Baydy Peak	Rd	ZIP CODE	CERTIFICATION NU	MBER					
CITY Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/07/2018	R	5864 Baydy Peak	800	Α	Α	0.51	0.44		
			_						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIO	LATION D	N	Yes No				
TITLE Laboratory Techr	nical Directo	Dr .	DATE /2-1-1.	8					
SIGNATURE Muy	olli								
MO 700 0420 (05 13)	-	Return completed form to Departu	nent of Natural Resource	es. Public Drinking	Water Branch	, P.O. Box 176, Jeffers	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME  Makalu Estates		Total Water Laboratories 573-346-3810							
street address 5864 Baydy Peak	Rd		CERTIFICATION NU	MBER					
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS  KR						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/01/2018	R	5808 Baydy Peak	07	Α	Α	0.48	0.39		
			V -						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes V No			
TITLE Laboratory Techr	TITLE Laboratory Technical Director		DATE (1-1-18						
SIGNATURE (My) MO 780-0438 (05-13)	om	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



Makalu Estates REET ADDRESS 864 Baydy Peak Rd TY Desage Beach DUNTY Camden  SAMPLE DATE MO/DAY/YR  Desage Beach  SAMPLE DATE MO/DAY/YR  Record  SAMPLE TYPE  COLLECTION POINT  5864 Baydy Peak	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810							
Sage Beach  DUNTY Camden  SAMPLE DATE MO/DAY/YR  SAMPLE TYPE  65065  ID NUMBER MO-3031208  COLLECTION POINT	CERTIFICATION NU	MBER						
SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT								
MO/DAY/YR TYPE COLLECTION FOINT	SAMPLE COLLECTO	OR NAME OR INITI	ALS					
MO/DAY/YR TYPE COLLECTION FOINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L				
09/11/2018 R 5864 Baydy Peak	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
	008	Α	Α	0.64	0.57			
- 7								
			-					
					24			
OTAL ROUTINE SAMPLE ANALZED  1	MONITORING VIOL	LATION	   	ICL VIOLATION  Yes ☑ No				
ITLE Laboratory Technical Director	DATE 9-30-1							
SIGNATURE any after								



PUBLIC WATER SYSTEM NAME  Makalu Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810						
street address 5864 Baydy Peak I city	Rd	ZIP CODE	CERTIFICATION NUMBER 17					
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/01/2018 R	R	5864 Baydy Peak	008	Α	Α	0.66	0.63	
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION )	   	CL VIOLATION  Yes V No		
TITLE Laboratory Techn	ical Directo	or	DATE 9-4-14	3				
SIGNATURE  MO 780-0438 (05-13)	of oth	Return completed form to Departur			Water Deanch	PO Boy 175 Infferen	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
Makalu Estates STREET ADDRESS			Total Water La		0/3-340	-5010				
5864 Baydy Peak	Rd		17	MDEN						
CITY	1.0	ZIP CODE	— ··							
Osage Beach		65065								
соинту Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	Y/YR TYPE COLLECTION FOINT	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
07/11/2018	R	5813 Baydy Peak	09	Α	Α	0.90	0.82			
TOTAL ROUTINE SAMPLE	ANALZED	2	MONITORING VIOL	ATION	Me	CL VIOLATION				
1 TITLE			☐ Yes ☑ No	<u> </u>		Yes 🗸 No				
Laboratory Techn		r	8-1-1	8						
MO 780-0438 (05-13)	am	Return completed form to Departs	ment of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferson	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH					
Makalu Estates			CERTIFICATION NU		373-340	1-3010	
STREET ADDRESS 5864 Baydy Peak	Rd		17	WIDEN			
CITY	i vu	ZIP CODE	11				
Osage Beach		65065					
COUNTY Camden	_	ID NUMBER MO-3031208	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/20/2018	R	5816 Baydy Peak	005	Α	Α	0.98	0.82
						ļ	
	1						
		v					
	-						
						INC. MICHATION	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION D	Ľ	Yes No	
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-1	В			
SIGNATURE My	after						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Makalu Estates			Total Water La		5/3-346	-3810	
street address 5864 Baydy Peak	Rd		CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065					
County Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2018	R	5813 Baydy Peak	09	А	Α	0.47	0.41
		Н					
			MONITORING	ATION	1	ICL VIOLATION	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION )	Ľ	Yes No	
TITLE Laboratory Techr	nical Directo	DT	DATE 6-4-	18			
SIGNATURE My MO 780-0438 (05-13)	e offer						
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH ARE  573-346-3810							
STREET ADDRESS 5864 Baydy Peak CITY	Rd	ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		*		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RE LOCATION		RESULTS CHLORINE RES		SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION TOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/03/2018 R	R	5864 Baydy Peak	800	Α	Α	0.57	0.52		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION	  M  C	CL VIOLATION Yes 7 No				
TITLE Laboratory Techn	ical Directo	r	DATE 5-1-1	18					
SIGNATURE Muy	on	Return completed form to Departm	and of Natural Page	e Bublic Drightne	Water Branch	P.O. Box 176 Jefferso	n City MO 65102-0176		



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE				
				373-346	-3010			
Rd	Is	17	WIDER					
	65065							
	ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	1			
SAMPLE	COLLECTION POINT			RESULTS	CHLORINE RESIDUAL (mg/L			
TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
R	5864 Baydy Peak	800	Α	Α	0.61	0.45		
				10				
		-						
E ANALZED	1	MONITORING VIOL	ATION	N	Yes 🗸 No			
nical Directo	or	DATE 4-2-18	3					
osh	Potum completed form to Davidon	ent of Natural Decourse	s Public Oriokion	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176		
	Rd	Rd  ZIP CODE 65065  ID NUMBER MO-3031208  SAMPLE TYPE  COLLECTION POINT  R 5864 Baydy Peak  IN INTERPRED  A SAMPLE SAME SAME SAME SAME SAME SAME SAME SAM	Total Water Laccertication No. 17    ZIP CODE   G5065     ID NUMBER   MO-3031208   KR    SAMPLE   COLLECTION POINT   LOCATION ID     R   5864 Baydy Peak   008	Rd   Total Water Laboratories	Total Water Laboratories   573-346   Rd	Total Water Laboratories   573-346-3810    Rd		



PUBLIC WATER SYSTEM NAME Makalu Estates		Total Water Laboratories 573-346-3810						
Rd		CERTIFICATION NU	MBER	-				
	ZIP CODE 65065							
	ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
TYPE	OCCEPTION ON		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
R	5864 Baydy Peak	008	Α	A	0.67	0.43		
		44						
E ANIAL ZED		MONITORING WO	ATION	I I I	ICL VIOLATION			
		☐ Yes ☑ No		jč	Yes 🗸 No			
who				Water Branch	P.O. Box 176 Jefferso	n City, MO 65102-0176		
	SAMPLE TYPE  R  E ANALZED	Rd    ZIP CODE     65065     ID NUMBER     MO-3031208      SAMPLE     TYPE     COLLECTION POINT     R   5864 Baydy Peak	Total Water La Certification Nu 17    ZIP CODE   65065	Rd IP CODE 65065    ID NUMBER   SAMPLE COLLECTION POINT   SAMPLE TYPE   COLLECTION POINT   ID   TOTAL COLLEGEM	Total Water Laboratories   \$73-346   Rd	Total Water Laboratories   573-346-3810    Rd		



PUBLIC WATER SYSTEM NAME  Makalu Estates		Total Water Laboratories 573-346-3810					
street address 5864 Baydy Peak Rd			CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE SAMPLE		COLLECTION POINT		SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/	
MO/DAY/YR TY		COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018 R	3	5864 Baydy Peak	800	Α	Α	0.57	0.51
					W.		W
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   	// ACL VIOLATION  ☐ Yes ☑ No	<u> </u>	
TITLE Laboratory Technical Di	irector	ſ	DATE /- 31-1				
SIGNATURE duy of		Return completed form to Departm	7	D. L. D.	Water D.	DO Boy 476 Inflored	n City MO 65102 0476



PUBLIC WATER SYSTEM NAME  Makalu Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS 5864 Baydy Peak CITY	Rd	ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT		CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	5864 Baydy Peak	008	Α	Α	0.56	0.54
		(2)					
						0	
TOTAL BOUTING CASES	E ANAL ZED		MONITORING VIOL	ATION	IM	ICL VIOLATION	
TOTAL ROUTINE SAMPLE ANALZED  1		Yes No	)		CL VIOLATION Yes No		
TITLE Laboratory Technical Director  SIGNATURE  A transport		1-Z-	18				
MO 780-0438 (05-13)	colle	Return completed form to Departs	ment of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



	Rd	ZIP CODE	CERTIFICATION NU	MBER						
Osage Beach		Dity ZIP CODE Osage Beach 65065	17							
		65065								
Camden			SAMPLE COLLECTOR NAME OR INITIALS  KR							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
11/07/2017	R	5864 Baydy Peak	008	Α	Α	0.64	0.58			
							1.0			
							=======================================			
	-									
	-									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	]    F	CL VIOLATION  Yes V No					
1 TITLE Laboratory Technical Director		DATE 12-2-								
SIGNATURE	oden	Return completed form to Departn			Water Deanch	P.O. Box 176 Jufferen	n City MO 66102-0176			



Public water system name Makalu Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODI 573-346-3810					
STREET ADDRESS 5864 Baydy Peak	Rd	T	CERTIFICATION NU	MBER			
оту Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	5813 Baydy Peak	09	Α	Α	0,47	0.44
		· ·					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION D	[	ICL VIOLATION  ☐ Yes ☑ No		
TITLE Laboratory Techi	nical Directo	or	DATE 10-31	1-17			
SIGNATURE	y offer	Return completed form to Departs		Bully Buck	- Water B	DO Boy 176 Johanna	on City MO 65102-0176
MO 700 0439 (05.43)		Return completed form to Departr	nent of Natural Resource	s. Public Drinking	A ANGIEL DLAUCH	I DOX ITO, DELICISE	



PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COLUMN 573-346-3810					
STREET ADDRESS 5864 Baydy Peak	Rd	ZIP CODE	CERTIFICATION NU	MBER			
отү Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	IALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	ESULTS CHLORINE RESID		SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2017	R	5864 Baydy Peak	008	Α	Α	0.71	0.64
						-	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION O	l l	MCL VIOLATION Yes V No		
1 TITLE Laboratory Technical Director		DATE 10-3-1		<u>'</u>			
SIGNATURE A	offer				000		
MO 780 0438 (05-13)	VV	Return completed form to Departs	ment of Natural Resourc	es, Public Drinkin	g Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  Makalu Estates		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COI  573-346-3810						
STREET ADDRESS 5864 Baydy Peak DITY	Rd	ZIP CODE	CERTIFICATION NU	MBER				
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/02/2017	R	5813 Baydy Peak	09	Α	Α	0.91	0.84	
				-				
TOTAL ROLITINE SAMPI	E ANALZED		MONITORING VIO	LATION	I N	ICL VIOLATION		
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		☐ Yes ☑ No	<u> </u>		☐ Yes ☑ No			
Laboratory Technical Director		8-2	18-17					
MO 780-0438 (05-13)	z Nh	Return completed form to Departr	ment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810					
STREET ADDRESS 5864 Baydy Peak	Rd	ZIP CODE	CERTIFICATION NU	MBER				
сітү <b>Osage Beach</b>		65065						
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/12/2017	R	5864 Baydy Peak	008	Α	Α	0.98	0.97	
							1	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	<u> </u>	ICL VIOLATION  Yes No			
TITLE Laboratory Technical Director		DATE 8-1-1	7					
	e ogn	~		NUL WORK CO.	THE STATE OF	DO Boy 475 1484	n City MO 65102 0176	
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	water Branch	, F.O. BOX 178, Jenerso	Oity, mo object-0110	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Makalu Estates	BLIC WATER SYSTEM NAME akalu Estates		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 5864 Baydy Peak	Rd		CERTIFICATION NU	MBER				
сіту Osage Beach		ZIP CODE 65065						
соинту Camden		ID NUMBER MO-3031208	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION TOIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/12/2017	R	5808 Baydy Peak	07	Α	Α	0.54	0.52	
				1				
			X					
			_					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I M C	CL VIOLATION Yes  No			
TITLE Laboratory Techn	ical Directo	r	DATE 7-2					
SIGNATURE My	Mu			******		V-10-20-00-00-00-00-00-00-00-00-00-00-00-00		
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource:	s. Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	

Seminary Reserved. In the Control of the Control of



PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
STREET ADDRESS 1774 N Hwy 5		Trun coops	CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F			
MO/DAY/YR	TYPE	SOZZZONIONY GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2019	R	369 Minnow Brook	018	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	I <sub>M</sub>	CL VIOLATION	
1	= WINNTYED		☐ Yes ☑ No			Yes No	
Laboratory Techn	ical Directo	or	DATE 6-30	-14			
SIGNATURE MO 780-0438 (05-13)	· Mh	Return completed form to Departm		e Bublio Balant	Water Branch	PO Roy 176 laWaren	n City MO 85402.0476



1774 N Hwy 5	PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
Second   S	STREET ADDRESS 1774 N Hwy 5				MBER			
SAMPLE DATE   SAMPLE   COLLECTION POINT   DATE   MO/DAY/YR   TYPE   COLLECTION POINT   SAMPLE   LOCATION   TOTAL   FREE   COLLECTION POINT   LOCATION   TOTAL   FREE   COLLECTION POINT   TOTAL   FREE   COLLECTION POINT   TOTAL   FREE   COLLECTION   TOT	CITY Camdenton							
SAMPLE DATE MO/DAYYYR  TYPE  COLLECTION POINT  LOCATION  TOTAL FREE  COLLECTION POINT  TOTAL PECAL  COLIFORM  TOTAL PECAL  COLIFORM  TOTAL PECAL  COLIFORM  TOTAL PREE  COLLECTION POINT  TOTAL PREE  TOTAL	COUNTY Camden							
10   10   10   10   10   10   10   10	SAMPLE DATE		COLLECTION POINT				CHLORINE RESIDUAL (mg/L)	
TOTAL ROUTINE SAMPLE ANALZED    MONITORING VIOLATION   MCL VIOLATION   THE Laboratory Technical Director   SAMPLE ANALZED   MONITORING VIOLATION   Yes   No   Yes   Yes   NO   Yes   Yes   NO   Yes   Yes   Yes   NO   Yes	MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COLI		3 355 115
TITLE Laboratory Technical Director  DATE  6-2-19	05/01/2019	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19								
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TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19								
TITLE Laboratory Technical Director  DATE  6-2-19	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	_ATION D	I M C	CL VIOLATION Yes 7 No		
SIGNATURE	TITLE	nical Directo	»г	DATE				
AC 790 0439 (05.13)  Patiest completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176	CIGNATURE							



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER			
сітү Camdenton		ZIP CODE 65020					
County Camden		ID NUMBER MO-3030981	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	369 Minnow Brook	018	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	I M	CL VIOLATION Yes V No		
TITLE Laboratory Techn	ical Directo	ır	DATE 5-4-1			<del>_</del>	
SIGNATURE duy 0	-4/-						
MO 780-0438 (05-13)	V	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000276



# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

Minnowbrook Esta	PUBLIC WATER SYSTEM NAME Minnowbrook Estates STREET ADDRESS		LABORATORY NAME  Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE  573-346-3810					
1774 N Hwy 5 CITY Camdenton		ZIP CODE 65020	17					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	S CHLORINE RESIDUAL (m		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/18/2019	R	387 Minnow Brook	010	A	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION O	 	ICL VIOLATION  Yes  No			
Laboratory Techr	nical Directo		DATE 3 3/149					
MO 780-0438 (05-13)	-	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



	PUBLIC WATER SYSTEM NAME Minnowbrook Estates		Total Water La	ER WITH AREA CODE			
STREET ADDRESS 1774 N Hwy 5		y.	CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	RG SAMPLE COLLECTO	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	369 Minnow Brook	018	Α	Α	<0.02	<0.02
i							
-							
					ļ. J		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes	ATION )	M	CL VIOLATION  Yes V No	1	
тітье Laboratory Techn	ical Directo	г	DATE 3-2-19				
SIGNATURE Wy (	Mh					465-5-3- Wasselline	
MO 780-0438 (05-13)	750	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



#### MICROBIOLOGICAL ANALYSIS REPORT

ublic water system name Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		I	CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	OCCEPTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2019	R	182 Arrowhead	09	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes V No		
тітье Laboratory Techn	ical Directo	r	DATE 2-21	ÿ			
SIGNATURE	alla					255-7	
MO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000279



PUBLIC WATER SYSTEM  Minnowbrook Esta			Total Water L		573-346	RY TELEPHONE NUMB 3-3810	ER WITH AREA CODE
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBÉR	al.		
сітү <b>Camdenton</b>		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE LOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/17/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
						-	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION O		CL VIOLATION Yes No	1	
TITLE Laboratory Technical Director		DATE 1-2-1	9				
	ach						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COLUMN Total Water Laboratories 573-346-3810						
STREET ADDRESS 1774 N Hwy 5		I	CERTIFICATION NU	MBER				
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/16/2018	R	401 Minnow Brook	20	Α	Α	<0.02	<0.02	
						-		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	ľ	ICL VIOLATION  ☐ Yes ☑ No			
TITLE Laboratory Technical Director		DATE /21-/	8					
SIGNATURE (05-13)	Mh	Return completed form to Departm	nent of Natural Resource	s. Public Drinking	Water Branch	, P.O. Box 176. Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM  Minnowbrook Esta			Total Water La	aboratories	573-346	RY TELEPHONE NUMB i-3810	ER WITH AREA CODE		
STREET ADDRESS 1774 N Hwy 5		Trun aggs	CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	GOLLEGIIONT GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/01/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )		CL VIOLATION  Yes No				
TITLE Laboratory Technical Director		DATE   - - 8							
SIGNATURE (05.13)	Mu	Return completed form to Departn	nent of Natural Resource	s Public Drinklan	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM Minnowbrook Esta			LABORATORY NAM Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE
STREET ADDRESS 1774 N Hwy 5 CITY		ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
							E
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	  N	ICL VIOLATION Yes V No		
1 TITLE Laboratory Technical Director		DATE 9-30					
SIGNATURE	offer						
MO 780-0438 (05-13)	V V .	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Minnowbrook Estates	LABORATORY NAME Total Water Laboratories  Laboratory Telephone Number with area of 573-346-3810								
STREET ADDRESS	1162		CERTIFICATION NU		070-040	. 0010			
1774 N Hwy 5			17						
CITY		ZIP CODE							
Camdenton		65020	0.11015.00115.001	D NAME OF INT	ALC:				
COUNTY Camden		ID NUMBER MO-3030981	KR	SAMPLE COLLECTOR NAME OR INITIALS  KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	OSEEE TO TO THE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02		
					-				
						<u> </u>			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes V No	L.			
TITLE	1 ritle Laboratory Technical Director		DATE 9-4-1			<del></del>			
SIGNATURE My /				-					
MO 780-0438 (05-13)	400	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Minnowbrook Estates		Total Water Laboratories 573-346-3810					
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER			
сітү Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS		TITLE OF THE STATE
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE RELOCATION		ESULTS	CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION POINT	ID				FREE
07/09/2018	R	387 Minnow Brook	010	А	Α	<0.02	<0.02
						-	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION D	[	ICL VIOLATION Yes ✓ No		
TITLE Laboratory Technical Director		DATE 8-1-					
SIGNATURE MY					Water Door	BO Doy 470 Joseph	n City MO 65402 0476



UBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		ZIP CODE	CERTIFICATION NU	MBER			
CITY Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/11/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
						7/	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION	I M	CL VIOLATION Yes No	
TITLE Laboratory Technical Director		DATE 7-2-1		<u>"</u>			
SIGNATURE MM	Mu	Return completed form to Departm	east of Natural Passures	as Public Orinkins	Water Branch	P.O. Box 176. Jefferso	n City. MO 65102-0176



	UBLIC WATER SYSTEM NAME Minnowbrook Estates		Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU					
сітү Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/15/2018	R	401 Minnow Brook	20	Α	Α	<0.02	<0.02	
		•						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	)	Ď.	ICL VIOLATION  ☐ Yes ☑ No			
Laboratory Technical Director		6-4-	-18					
SIGNATURE Aug MO 780-0438 (05-13)	our	Return completed form to Departme	ent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



CRETECATION NUMBER   CREDITY   CRE	PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH A 573-346-3810				ER WITH AREA CODE	
Sample   Solid   Sol	STREET ADDRESS 1774 N Hwy 5				MBER	19			
DUMMER   DUMER   DUMMER   DUMMER   DUMMER   DUMMER   DUMER	Camdenton								
SAMPLE DATE MO/DAYYR TYPE COLLECTION POINT LOCATION ID TOTAL FREE COLL TOTAL F	County Camden		ID NUMBER		OR NAME OR INITI	ALS			
MO/DAYYR TYPE	SAMPLE DATE	SAMPLE	OCUSOTION DON'T			RESULTS	CHLORINE RESIDUAL (mg/L)		
TOTAL ROUTINE SAMPLE ANALZED  1			ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE		
1	03/14/2018	R	401 Minnow Brook	20	20 A A			<0.02	
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1							ACL MOLATION		
Laboratory Technical Director 9-2-18  SIGNATURE  Aug MAN	TOTAL ROUTINE SAMPLE ANALZED  1		☐ Yes ☑ No	ATION D	[	Yes No			
Muy Ad Ma	TITLE Laboratory Technical Director		DATE 4-2-	18					
	SIGNATURE Muy MAN				Dublic Dublic	. Mater Descri	BO Boy 176 Jefforms	on City MO 65102.0476	



UBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WIT  Total Water Laboratories 573-346-3810				ER WITH AREA CODE		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER				
сітү <b>Camdenton</b>		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGIIONI CINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/05/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02	
_								
						-		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION C	   	ICL VIOLATION  Yes V No			
1 TITLE Laboratory Technical Director		DATE 5-1-1						
SIGNATURE (My) MO 780-0438 (05-13)	ofler	Return completed form to Departs	ment of Natural Resource	es, Public Drinking	j Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Minnowbrook Estates		Total Water La	aboratories	573-346	RY TELEPHONE NUMBE 3-3810	ER WITH AREA CODE		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER				
CITY Camdenton		ZIP CODE 65020			_			
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS	Total Intersticates		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL FE COLIFORM E-		FECAL E-COLI	TOTAL	FREE	
03/14/2018	R	401 Minnow Brook	20	А	Α	<0.02	<0.02	
	77							
							[9	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO ☐ Yes ☑ N	LATION		MCL VIOLATION  Yes V No			
1 тпье Laboratory Technical Director		DATE 4-2-			100 [ 140			
Laboratory Technical Director  SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departs		4-2-		g Water Branch	n, P.O. Box 176, Jefferso	on City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO						
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER				
сітү Camdenton		ZIP CODE 65020						
COUNTY Camden	<u>*</u> )	ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/08/2018	R	174 Arrowhead	15	Α	Α	<0.02	<0.02	
				fa				
		_ 10						
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes No		
Laboratory Techn		or	DATE 2-28	-18				
SIGNATURE MQ 780-0438 (05-13)	ofh	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000291



PUBLIC WATER SYSTEM Minnowbrook Esta			LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS  1774 N Hwy 5  CITY		ZIP CODE	CERTIFICATION NU	MBEK			
Camdenton		65020					
соинту <b>Camden</b>		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		1D	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/28/2018	R	374 Minnow Brook	008	008 A A		<0.02	<0.02
id .							
			-				
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL		M	CL VIOLATION Yes V No	
TITLE Laboratory Techr		or	DATE /-31-18				
SIGNATURE // // // MO 780-0438 (05-13)	easter	Return completed form to Departs	nent of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM Minnowbrook Esta	IC WATER SYSTEM NAME  LABORATORY NAME  LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH TOTAL Water Laboratories		ER WITH AREA CODE				
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE				SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID				FREE
12/06/2017	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
						14	
		-					
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION  Yes V No	
TITLE Laboratory Techr	nical Directo	r	DATE 1-2-18			<u></u>	
	oslu						
MO 780-0438 (05-13)	V	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM I			LABORATORY NAME LABORATORY TELEPHONE NUMBER V Total Water Laboratories 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER					
Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION BOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/13/2017	R	369 Minnow Brook	18 A A <0.02				<0.02		
						1			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	_ATION	   <u> </u>	MCL VIOLATION				
1 TITLE			DATE 12.2		<u> </u> L	Yes ☑ No			
Laboratory Techr		or	16.6						
MO 780-0438 (05-13)	offen	Return completed form to Departme	ent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000294



PUBLIC WATER SYSTEM Minnowbrook Esta			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBE 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS 1774 N Hwy 5		Zin cons	CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE				SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID			TOTAL	FREE
10/16/2017	R	174 Arrowhead	15	Α	Α	<0.02	<0.02
							<u> </u>
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	_ATION D	ľ	ICL VIOLATION  Yes V No	
Laboratory Techr	nical Directo	DF.	DATE /0-3	1-17			
SIGNATURE AM MO 780-0438 (05-13)	y often	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



### MICROBIOLOGICAL ANALYSIS REPORT

NAME ates		Total Water Laboratories LABORATORY TELEPHONE NUMBER W. 573-346-3810		ER WITH AREA CODE		
		CERTIFICATION NU	MBER			
	65020					
	ID NUMBER MO-3030981	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE	COLLECTION POINT	SAMPLE	CAS STREET		CHLORINE RESIDUAL (mg	
TYPE	OCCESSION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
R	369 Minnow Brook	018 A A		<0.02	<0.02	
ļi .						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   <u> </u>	ICL VIOLATION	
nical Directo	or	DATE 10-3-1	) /}		_ 162 (\( \) (\( \) (\)	
oll				Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176
	SAMPLE TYPE  R  E ANALZED	ZIP CODE 65020 ID NUMBER MO-3030981  SAMPLE TYPE COLLECTION POINT  R 369 Minnow Brook  ID NUMBER MO-3030981  R 369 Minnow Brook  R ANALZED  STATE OF THE OF	ALES  Total Water Lace CERTIFICATION NU 17    ZIP CODE     65020	Total Water Laboratories  CERTIFICATION NUMBER 17    SIP CODE     65020	Total Water Laboratories   573-346	Total Water Laboratories   573-346-3810

MWA 1.17-000296



#### MICROBIOLOGICAL ANALYSIS REPORT

UBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1774 N Hwy 5		ZIP CODE	CERTIFICATION NU	MBER				
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/01/2017	R	174 Arrowhead	15	Α	Α	<0.02	<0.02	
				ATION!	l.	ICL MICHATION		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	) 	ľ	Yes No		
TITLE Laboratory Techr		or	DATE 8-28	1-17				
SIGNATURE Any	z offen	Poture completed form to Departs	nent of Natural Recourse	es Public Drinklor	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000297



# 4 4

# MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

PUBLIC WATER SYSTEM  Minnowbrook Esta				ER WITH AREA CODE			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION BOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	LOCATION TOTAL FECAL COLIFORM E-COLI			
07/12/2017	R	369 Minnow Brook	018	Α	Α	<0.02	<0.02
			_				
		×					
			_				
			_				
			_	1			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO ☐ Yes ☑ N	LATION O		MCL VIOLATION ☐ Yes ☑ No	
TITLE Laboratory Techr			DATE 8-1-1				
	z odh	Return completed form to Departs	word of National Description	oe Dublie Drinkin	g Water Branc	h. P.O. Box 176. Jeffers	on City, MO 65102-017
MO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resourc	co, rubiic Dillikili	8 March Diality	MA CONTROL OF THE CON	(5)



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE			
Minnowbrook Esta	ates		Total Water La		573-346	5-3810	
STREET ADDRESS			CERTIFICATION NU	MBER			
1774 N Hwy 5		ZIP CODE	— <sup>17</sup>				
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE R	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE
07/12/2017	R	369 Minnow Brook	018	А	Α	<0.02	<0.02
			1			-	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes	ATION	M	CL VIOLATION  Yes No	
TITLE Laboratory Techn	ical Directo	r	DATE 8-1-17	7			
	e och	· ·					
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176

MWA 1.17-000299



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CONTROL TO STATE OF THE PROPERTY OF THE							
STREET ADDRESS 1774 N Hwy 5		lan cons	CERTIFICATION NU	MBER					
CITY <b>Camdenton</b>		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3030981	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	CHLORINE RE	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	OCCCEDITION ON	ID TOTAL FECAL E-COLI			TOTAL	FREE		
06/05/2017	R	174 Arrowhead	15	Α	<0.02	<0.02			
						<del>                                     </del>			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	LATION	N F	ICL VIOLATION  Yes V No			
TITLE	nical Directo	or .	DATE 7-2-1			_ 100 🖂 110			
Laboratory Technology SIGNATURE	/ MA	<b>.</b>							
MO 780-0438 (05-13)	10	Return completed form to Departr	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000300



UBLIC WATER SYSTEM North Shore	NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER W 573-346-3810		ER WITH AREA CODE				
PO Box 2409		ZIP CODE	CERTIFICATION NU	MRFK					
ıтʏ ₋ake Ozark		65049							
ounty Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID			TOTAL	FREE		
06/03/2019	R	Building C - Outside	03	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAME	PLE ANALZED		MONITORING VIC	L PLATION O		MCL VIOLATION  Yes 7 No	in .		
TITLE Laboratory Tech	nnical Direct	tor	DATE 6-30						
SIGNATURE		Return completed form to Depart		an Dublic Dubli	n Water Breeze	h P.O. Roy 176 Jaffers	on City, MO 65102-017		
MO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resource	co, Fublic Dillikill	9 Hatel Dialic	the restriction of the state of			



PUBLIC WATER SYSTEM North Shore	hore Total Water La		otal Water Laboratories 573-346-3810				
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NU	MBER			
Lake Ozark		65049					
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE		RESULTS	CHLORINE RESIDUAL (m	
MO/DAY/YR	TYPE	OOLLEG HOW TO GIVE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Between A & B	006	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION )	I M	CL VIOLATION Yes V No	
TITLE Laboratory Techn	ical Directo	ır	DATE 6-2-19				
SIGNATURE May (	ylu.	Return completed form to Departm	ant of Natural Ponovina	e Public Drinklag	Water Branch	P.O. Boy 176 Jefferso	n City. MO 65102-0176



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409		Ten	CERTIFICATION NU	MBER			
CITY <b>Lake Ozark</b>		ZIP CODE 65049					
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	COLLEGIONTOIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/02/2019	R	Building C - Outside	03	A	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION Yes 7 No	
TITLE Laboratory Techn	ical Directo	r	DATE 5-4-14				
SIGNATURE MY NO				e Dublic Driebie	Mater Branch	P.O. Box 176 .lefferso	n City MO 65102 0176



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA ( 573-346-3810						
STREET ADDRESS PO Box 2409		I	CERTIFICATION NUMBER 17					
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/03/2019	S	Building D	02	Α	Α	<0.02	<0.02	
04/03/2019	S	Building C - Outside	03	Α	Α	<0.02	<0.02	
04/03/2019	S	Between A & B	006	A	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes No			
Laboratory Techn	ical Directo	г	DATE 5-4-1	9				
SIGNATURE My (	Ylir	Patum completed form to Departm	ent of Natural Passures	e Public Drinking	Water Branch	P.O. Box 176 Jefferso	n City MO 65102-0176	



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CC Total Water Laboratories 573-346-3810								
STREET ADDRESS PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER						
CITY Lake Ozark		65049								
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS  EB							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
03/05/2019	R	Between A & B	006	Α	Α	<0.02	<0.02			
						-				
TOTAL ROLITINE SAMPL	F ANALZED		MONITORING VIOL	ATION	l IN	ICL VIOLATION				
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		☐ Yes ☑ No	)		☐ Yes ☑ No					
Laboratory Techr	nical Directo	DF .	3-31-1	9						
MO 780-0438 (05-13)	yln	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 2409		-	CERTIFICATION NU	MBER					
сіту <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Morgan	46	ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	Building C - Outside	03	Α	Α	<0.02	<0.02		
		V							
TOTAL ROUTINE SAMPLI	I E ANALZED	<u></u>	MONITORING VIOL	ATION	M	CL VIOLATION  Yes V No	J.		
TITLE Laboratory Technical Director		DATE 3-2-1	9						
SIGNATURE My	oph		ant of Natural Passaures	a Dublic Deletion	Water Braceh	DO Doy 176 Jofferson	n City MO 65102-0176		



PUBLIC WATER SYSTEM NAM North Shore	E		LABORATORY NAME LABORATORY TELEPHONE NUMBER W 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS PO Box 2409		7/10 00005	CERTIFICATION NU	MBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1	William		
	AMPLE	COLLECTION POINT	SAMPLE	SAMPLE R		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/02/2019	R	Between A&B	006	Α	Α	<0.02	<0.02		
	(7)								
TOTAL ROUTINE SAMPLE ANA	ALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes 7 No	l		
тітье Laboratory Technical	Director		DATE 2-2-1						
SIGNATURE AW MI	lh	Pature completed form to Departmen	at of blobust D	Dublio Beletie	Matar Passat	D.O. Doy 170 Jawa	CHV MO 65402 0476		



PUBLIC WATER SYSTEM North Shore	NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810				
STREET ADDRESS			CERTIFICATION NU		10,000		
PO Box 2409		Inc	17				
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RES		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLEGIIONT CINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Between A & B	006	Α	Α	<0.02	<0.02
		//					
						, and the second	
							1
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	I M	CL VIOLATION  Yes V No		
τιτιε Laboratory Techn		ır	DATE /-2-1'	9			
SIGNATURE MO 780-0438 (05-13)	MM	<u> </u>				DO D. 150	- Oh. NO 05455 5455
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		In one	CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	YPE OGEEE HONT OINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/16/2018	R	Between A & B	006	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M C	CL VIOLATION  Yes V No		
TITLE Laboratory Techni	ical Directo	r	DATE /2-1-1	8			
SIGNATURE May (1)	dh	Return completed form to Departs			Water Baran	DO Pov 470 Jaffe	City MO 65482 5476



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
STREET ADDRESS PO Box 2409		Tun cons	CERTIFICATION NU	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/02/2018	R	Between A & B	006	Α	Α	<0.02	<0.02		
				ĺ					
TOTAL ROUTINE SAMPL	F ANALZED		MONITORING VIO	ATION	I <sub>M</sub>	CL VIOLATION			
1 TITLE			☐ Yes ☑ No	D		Yes 🗸 No			
Laboratory Techr	nical Directo	DT .	11-1-18	}					
MO 780-0438 (05-13)	ym_	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME North Shore		Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/04/2018	S	Well House	001	Α	Α	<0.02	<0.02		
10/04/2018	S	Building C - Outside	03	Α	Α	<0.02	<0.02		
10/04/2018	S	Building B by Unit 204	04	A	Α	<0.02	<0.02		
					i				
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	   <u> </u>	ICL VIOLATION  Yes V No			
TITLE			☐ Yes ☑ No	)		_ Yes [√] No			
Laboratory Techr	ical Directo	or	11-1-18						
MO 780-0438 (05-13)	MIN	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WI 573-346-3810							
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Lake Ozark		65049							
COUNTY <b>Morgan</b>		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/04/2018	R	Between A & B	006	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	M	CL VIOLATION  Yes ☑ No			
TITLE Laboratory Techn	ical Directo	г	DATE 9-35-1		· ·				
CICNATUDE	ym			D. billa Defable	Water Breech	P.O. Box 176 Jefferson	City, MO 65102 0176		



North Shore		Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU	MBER				
PO Box 2409		ZIP CODE	17 					
Lake Ozark		65049						
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/06/2018	R	Building C - Left side, under bld	11	A	Α	<0.02	<0.02	
							_	
	*							
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes  No		
тітье Laboratory Techn	ical Director	г	DATE 9-4-18					
SIGNATURE My	MM	Datum completed form to Decadement		Dublio Deinkin - 1	Mata - Danash	P.O. Roy 176 Jefferson	Chu MO 65102 0175	



PUBLIC WATER SYSTEM NAME North Shore		Total Water Laboratories 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
<sub>СІТҮ</sub> Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Between A & B	006	A	Α	<0.02	<0.02
,							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	   	ICL VIOLATION Yes V No		
тітье Laboratory Technical Director		DATE 8-1-1					
SIGNATURE (05.13)	y offen	Return completed form to Departn	pent of Natural Resource	es Public Drinking	Water Branch	. P.O. Box 176. Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME  North Shore  STREET ADDRESS  PO Box 2409  CITY  Lake Ozark  ZIP CODE  65049			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
			CERTIFICATION NUMBER 17					
COUNTY ID NUMBER Morgan MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2018	R	Building C Left side, under bld	11	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TITLE Laboratory Technical Director			DATE 7-2-18					
SIGNATURE MMY	alle	Return completed form to Departmen	of Natural Bossesson	e Bublic Dripting	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176	



PUBLIC WATER SYSTEM NAME North Shore STREET ADDRESS PO Box 2409			Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
			CERTIFICATION NUMBER 17					
сіту <b>Lake Ozark</b>		ZIP CODE 65049						
COUNTY ID NUMBER Morgan MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/14/2018	R	Between A & B	006	Α	Α	<0.02	<0.02	
=								
		<u> </u>						
		1						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TITLE Laboratory Technical Director			DATE 6-4-18					
SIGNATURE My MO 780-0438 (05-13)	apri	Return completed form to Departm	ent of Natural Resource	s Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME North Shore STREET ADDRESS PO Box 2409			Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
			CERTIFICATION NUMBER 17						
сіту Lake Ozark		ZIP CODE 65049							
COUNTY ID NUMBER Morgan MO-3238276		ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION TOWN		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/10/2018	R	Building C -Left side, under	11	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TITLE Laboratory Technical Director			DATE 5-7-18						
SIGNATURE AUG MO 780-0438 (05-13)	ofthe	Return completed form to Departme	nt of Natural Resource	es. Public Drinking	Water Branch	P.O. Box 176. Jefferso	on City, MO 65102-0176		



North Shore Street address PO Box 2409			Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER 17						
									CITY ZIP CODE Lake Ozark 65049
COUNTY ID NUMBER Morgan MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS EB							
SAMPLE DATE	SAMPLE		SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/12/2018	R	Building C - Outside	03	Α	Α	<0.02	<0.02		
		57							
-									
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION ☐ Yes ✓ No ☐ Yes ✓ No							
Laboratory Techr	nical Directo	r	DATE 4-2-	18					
MO 780-0438 (05-13)	Min	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME North Shore STREET ADDRESS PO Box 2409			Total Water Laboratories 573-346-3810						
			CERTIFICATION NUMBER 17						
CITY ZIP CODE Lake Ozark 65049									
COUNTY ID NUMBER Morgan MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS  EB							
SAMPLE DATE	SAMPLE		SAMPLE LOCATION - ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/14/2018	R	Building C - Left Side	11	А	Α	<0.02	<0.02		
		1							
							X		
TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TITLE Laboratory Technical Director			DATE 2-28-18						
SIGNATURE AM MO 780-0438 (05-13)	osh	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		