

PUBLIC WATER SYSTEM NAME North Shore			Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		Tein cons	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 LOCATION	ON		CHLORINE RESIDUAL (n			
MO/DAY/YR	TYPE	COLLEGIION TONY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/08/2018	R	Building C - Outside	03	Α	Α	<0.02	<0.02		
		=							
	21								
-									
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes No			
Laboratory Techn	ical Directo	r	j-31-1	8					
My	ofh	Date of the Control o	ant of National Designment	- Bublio Delaking	Water Propeh	P.O. Box 176 Jefferson	o City MO 65102-0176		



PUBLIC WATER SYSTEM NAME North Shore	LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AR 573-346-3810					
PO Box 2409	CERTIFICATION NUMBER 17					
CITY ZIP CODE Lake Ozark 65049						
COUNTY ID NUMBER MO-3238276	SAMPLE COLLECTO	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	
12/05/2017 R Between A & B	006	Α	А	<0.02	<0.02	
1						
TOTAL ROUTINE SAMPLE ANALZED 1	MONITORING VIOL	_ATION	 	ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director	DATE 1-2-14	5				
SIGNATURE AND TRO 0438 (05.13) Return completed form to Depart	Level of Notice Library	se Bublic Delatine	Water Branch	P.O. Rox 176 lefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C					
STREET ADDRESS PO Box 2409		1	CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID TOTAL FEC		FECAL E-COLI	TOTAL	FREE
11/13/2017	R	Building C - Outside	03	Α	Α	<0.02	<0.02
		4					
		*					
							V
TOTAL ROUTINE SAMPLE 1	E ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION Yes V No	
TITLE Laboratory Techn	ical Directo	r	DATE 12-2-				
SIGNATURE AMY	own	Return completed form to Departm			Water Branch	P.O. Box 176. Jefferson	1 City, MO 65102-0176



PUBLIC WATER SYSTEM NAME North Shore		Total Water Laboratories Laboratory Telephone number with area code 573-346-3810 Certification number					
STREET ADDRESS PO Box 2409 CITY		ZIP CODE	17	MDEK			
Lake Ozark		65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	OCCEDITION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/09/2017	R	Between A & B	006	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL		M C	CL VIOLATION Yes No	
Laboratory Techr	nical Directo	or	DATE /0-3	7-17			
MO 780-0438 (05-13)	e opli	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 100-0439 (03-13)		Vernin combinered to un re pehanti					* 110000-0000000000000000000000000000000



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore		Total Water Laboratories Laboratory Telephone number with area code 573-346-3810 CERTIFICATION NUMBER					
STREET ADDRESS PO Box 2409		Zun cont	17	MBER			
сітү Lake Ozark		ZIP CODE 65049					
соинту Morgan		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		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Building C - Outside	03	A	Α	<0.02	<0.02
			=				
						*	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION D	<u> </u>	ICL VIOLATION Yes No		
TITLE Laboratory Technical Director SIGNATURE		DATE 0 - 3	7				
MO 780-0438 (05-13)	eym	Return completed form to Departm	ment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000324



PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810						
PO Box 2409		ZIP CODE	17	MBER				
Lake Ozark		65049						
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS			
MO/DAY/YR	TYPE	COLLECTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/01/2017	R	Between A&B	006	Р	Α	<0.02	<0.02	
			_					
							2	
	-						,	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION OITA	ľ	ICL VIOLATION Yes No			
тітьє Laboratory Techr	nical Directo	or	DATE 8-28	-17-				
SIGNATURE May MM Return completed form to Depart			nent of Natural Passaures	se Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



North Shore		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 2409		ZIP CODE	17	MIDEN			
ытү Lake Ozark		65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO KR	OR NAME OR INIT!	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (m	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	Р	Between A&B	006	Α	Α	<0.02	<0.02
08/02/2017	Р	Between A&B	006	Α	Α	<0.02	<0.02
08/02/2017	Р	Well House	001	A	Α	<0.02	<0.02
77							
TOTAL ROUTINE SAMPLE ANALZED O TITLE		MONITORING VIOL)		ICL VIOLATION Yes No		
TITLE Laboratory Technical Director SIGNATURE MY MY A A A A A A A A A A A A A		DATE 8-28	-17				
MO 780-0438 (05-13)	ym	Return completed form to Departn	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 STREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810								
PO Box 2409		ZIP CODE	17							
Lake Ozark		65049								
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTO EB							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	ID TOTAL FECAL E-COLI		TOTAL	FREE			
07/12/2017	R	Building C Outside	03	Α	Α	<0.02	<0.02			
	1									
	1.									
			-							
				-						
	ļ									
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No				
TITLE Laboratory Techn	ical Directo	ır	DATE 8-1-17							
SIGNATURE Aug	own	·								
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 North Shore		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810							
PO Box 2409		Living	CERTIFICATION NU	MBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Morgan	40	ID NUMBER MO-3238276	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS KR					
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		
06/05/2017	R	Between A & B	006	Α	A	<0.02	<0.02		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION D	, [ICL VIOLATION ☐ Yes ☑ No	I.		
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-						
	- Dh								
MO 700 0420 (05 12)		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 Oak Shadows Sub			Total Water La	aboratories	ATORY TELEPHONE NUMBER WITH AREA CODE 346-3810		
STREET ADDRESS 1539 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		No.
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	6231 Shadow Circle	04	Α	Α	0.95	0.57
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	I M	CL VIOLATION Yes 7 No	
Laboratory Techr	14		DATE 6-30-	14			
SIGNATURE (My 780-0438 (05-13)	Mer	Return completed form to Departm	nent of Natural Resource	s. Public Drinkina	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS 1539 Hawk Island	Drive	I was a constant of the consta	CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
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
05/01/2019	R	6255 Shadow Circle - Side	15	Α	Α	0.85	0.51
						2	
TOTAL POLITINE SAMPL	E ANALZED		MONITORING VIOL	ATION	IM	CL VIOLATION	
TOTAL ROUTINE SAMPLE ANALZED 1 TITLE		☐ Yes ☑ No)		Yes 🗸 No		
Laboratory Techr	nical Directo	or	6-2-19				
MO 780-0438 (05-13)	ym	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 Oak Shadows Subdivision		LABORATORY NAM Total Water La		RY TELEPHONE NUMBER WITH AREA CODE -3810					
STREET ADDRESS 1539 Hawk Island CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLEGIIONT GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	6231 Shadow Circle	04	Α	Α	0.93	0.86		
			_						
	V								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M C	CL VIOLATION Yes 7 No				
TITLE Laboratory Techn	ical Directo	r	DATE 5-4-14						
SIGNATURE Any (Alla		ment of Natural Resource				100 MO 07470 0470		



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision LABORATORY NAME Total Water Laboratoric		aboratories							
STREET ADDRESS 1539 Hawk Island	Drive		CERTIFICATION NU	MBER					
Osage Beach		ZIP CODE 65065							
COUNTY Camden		MO-5031544	SAMPLE COLLECTOR NAME OR INITIALS RG						
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		
03/18/2019	R	6255 Shadow Circle - Side	15	Α	Α	0.73	0.65		
				1					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	LATION	IN	ICL VIOLATION				
1 TITLE	- ONALEU		☐ Yes ☑ No)		ICL VIOLATION Yes V No			
Laboratory Techr	VIII.	OT .	3-3/-/°	9					
MO 780-0438 (05-13)	ylu	Return completed form to Departme	nt of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM Oak Shadows Sub			LABORATORY NAME LABORATORY TELEPHONE NUMB Total Water Laboratories 573-346-3810		MBER WITH AREA CODE					
STREET ADDRESS 1539 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NUMBER 17							
Osage Beach		65065								
COUNTY Camden	<u></u>	ID NUMBER MO-5031544	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	TYPE	YPE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
02/13/2019	R	6231 Shadow Circle	04	A	Α	0.74	1.0			
TOTAL POLITICISM	E ANIA! 750		MONITORING VIOL	ATION	In	ICL VIOLATION				
TOTAL ROUTINE SAMPLE ANALZED 1 TITLE		☐ Yes ☑ No		<u>ַ</u> בֿוֹן	ICL VIOLATION Yes V No					
Laboratory Techr		or	3-219							
MO 780-0438 (05-13)	ollu	Return completed form to Departn	nent 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 Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1539 Hawk Island CITY	Drive	ZIP CODE	17	MRFK			
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-5031544	RG SAMPLE COLLECTO	OK 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
01/14/2019	R	6255 Shadow Circle - Side	15	Α	Α	0.91	0.70
	<u> </u>						
	 						
					-		
	-						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION D	I M	CL VIOLATION Yes V No		
TITLE Laboratory Techr	nical Directo	or	DATE 2-2-14				
CICNIATURE	odh						
MO 780-0438 (05-13)	VV	Return completed form to Departme	nt of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAM Total Water La	ER WITH AREA CODE				
STREET ADDRESS 1539 Hawk Island			CERTIFICATION NU	MBER	•		
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	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 FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	6255 Shadow Circle - Side	55 Shadow Circle - Side 15 A A		Α	0.84	0.83
				ļ			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL		n L	ICL VIOLATION Yes V No		
TITLE Laboratory Techr	nical Directo	or	DATE /-2-19				
	Mr		-N				
MO 700 0439 (05 13)	V V	Peturn 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 Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810					
STREET ADDRESS 1539 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2018	R	6231 Shadow Circle	04	A	Α	0.74	0.69
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION		ICL VIOLATION		
1 TITLE		☐ Yes ☑ No	0][Yes 🗸 No		
Laboratory Techi	and the second	OF .	121-18	S			
MO 780-0438 (05-13)	aller	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	ı, P.O. Box 176, Jefferse	on City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARI Total Water Laboratories 573-346-3810					
STREET ADDRESS 1539 Hawk Island	Drive	ZIP CODE	CERTIFICATION NU	MBER			
CITY Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		1500-500
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS CHLORINE RESIDUAL		SIDUAL (mg/L)
MO/DAY/YR	TYPE	OOLLEG HOLVY OILVI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	6231 Shadow Circle	04	Α	Α	0.78	0.74
–							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION D		Yes VIOLATION		
Laboratory Techr	A. A	or	11-1-18				
MO 780-0438 (05-13)	offen	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



	SEIG THAT EACH TO THE MANAGEMENT AND THE SEIGHT AND		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH A 573-346-3810						
STREET ADDRESS 1539 Hawk Island	Drive		CERTIFICATION NU	MBER					
сітү Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RELOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/10/2018	R	6255 Shadow Circle - Side	15	Α	Α	0.69	0.64		
		-							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	LATION C	N [MCL VIOLATION ☐ Yes ☑ No				
TITLE Laboratory Techr		Dľ	DATE 9-30-4						
SIGNATURE My	other	Return completed form to Departme	ent of Natural Resource	es Public Drinking	Water Branch	P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		Total Water Laboratories 573-346-3810					
STREET ADDRESS	2011101011		CERTIFICATION NU				
1539 Hawk Island	Drive		17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO	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
08/01/2018	R	6231 Shadow Circle	04	A	Α	0.84	0.78
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M C	CL VIOLATION Yes 7 No		
TITLE Laboratory Techn	ical Directo	r	DATE 9-4-1		(,1).is		
SIGNATURE MY MO 780-0438 (05-13)	odle	Return completed form to Departm	ent of Natural Resource	s. Public Drinkina	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 Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810							
STREET ADDRESS 1539 Hawk Island	Drive	ZIP CODE	CERTIFICATION NUMBER 17						
сіту Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F					
MO/DAY/YR	TYPE	ID ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
07/10/2018	R	6255 Shadow Circle	15	Α	Α	0.86	0.68		
				17:01	1	CL MOLATION			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION)	Ľ	CL VIOLATION Yes No			
Laboratory Techr			DATE 81-	18					
SIGNATURE (NO 780-0438 (05-13)	work	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 Oak Shadows Subdivision		Total Water Laboratories Laboratory Telephone Number With area code 573-346-3810							
street address 1539 Hawk Island	Drive		CERTIFICATION NU	MBER					
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB					
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		
06/11/2018	R	6231 Shadow Circle	04	Α	Α	0.65	0.51		
							1		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL)		Yes No				
TITLE Laboratory Technical Director SIGNATURE		or	DATE 7-2-1	8					
MO 780 0438 (05.13)	Aller	Return completed form to Departm	ent of Natural Resource	es. Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



	BLIC WATER SYSTEM NAME Pak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AF Total Water Laboratories 573-346-3810				
STREET ADDRESS 1539 Hawk Island			CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS		
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2018	R	6255 Shadow Circle - Front	10	А	Α	0.87	0.81
	,						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION	I N	ACL VIOLATION ☐ Yes ✓ No	
TITLE Laboratory Techr	nical Directo	or	DATE 6-4-				
	Mu	Return completed form to Departmen	Wind Mahara I Barra	Public Palation	Water Branch	PO Boy 178 leffore	on City. MO 65102-0176



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		Total Water Laboratories 573-346-3810					
STREET ADDRESS 1539 Hawk Island	Drive	lan ooos	17	MRFK			
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	MPLE COLLECTOR NAME OR INITIALS R			
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
04/03/2018	R	6231 Shadow Circle	04	Α	Α	1.13	1.04
))					
×							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	I E	CL VIOLATION Yes V No		
тітье Laboratory Techn		r	DATE 51-18				
SIGNATURE 0438 (05-13)	aghi	Return completed form to Departme	ent of Natural Resource	s. Public Drinkino	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		Total Water Laboratories Laboratory Telephone Number with area code					
STREET ADDRESS 1539 Hawk Island	Drive	71D CODE	17	WRFK			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	T-1-2-D-2	
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	GOLLEGIIONI GINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	6255 Shadow Circle - Front	10	A	Α	0.81	0.74
		2					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	 	ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director		DATE 4-2-					
SIGNATURE Alw MO 780-0438 (05-13)	alle	Return completed form to Departme	nt of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000344



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 1539 Hawk Island	Drive		CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE LOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID TOTAL FECAL COLIFORM E-COL		FECAL E-COLI	TOTAL	FREE
02/07/2018	R	6231 Shadow Circle	04 A A		0.81	0.81	
-							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No)	M [ICL VIOLATION Yes No		
Laboratory Technical Director SIGNATURE		2-28	718				
SIGNATURE AMY MO 780-0438 (05-13)	ogni	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 Oak Shadows Subdivision		Total Water Laboratories 573-346-3810							
STREET ADDRESS			CERTIFICATION NU	MBER	1/				
1539 Hawk Island	Drive	ZIP CODE	17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	ESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLEGIIONT GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/08/2018	R	6280 Shadow Circle	06 A A		0.91	0.90			
11									
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	l N	ICL VIOLATION Yes ✓ No				
TITLE Laboratory Techr	nical Directo	or	DATE /- 31-18				<		
Laboratory Technical Director SIGNATURE MO 780 0439 05 133 Return completed form to Departs			cont of Natural Possesses	se Public Denkins	Water Branch	P.O. Box 176 Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories 1573-346-3810					
STREET ADDRESS 1539 Hawk Island	Drive		CERTIFICATION NU	MBER				
сітү Osage Beach		ZIP CODE 65065						
соилтү Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULT		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	THE STEEL OF THE STEEL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/06/2017	R	6255 Shadow Circle - Front	10 A A		0.70	0.65		
							,	
			12					
							11	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ✓ No	ATION	 M D	CL VIOLATION Yes 7 No			
TITLE Laboratory Techn	nical Directo	or	DATE 1-2-1		•			
SIGNATURE ANY	often	Return completed form to Departmen	nt of Natural Resource	s. Public Drinkina	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM I Dak Shadows Sub			LABORATORY NAME LABORATORY TELEPHONE NUMBER W 573-346-3810		ER WITH AREA CODE						
TREET ADDRESS 1539 Hawk Island CITY	Drive	ZIP CODE	CERTIFICATION NU	MBER							
Osage Beach		65065	SAMPLE COLLECTO	SAMPLE COLLECTOR NAME OR INITIALS							
County Camden		MO-5031544	KR	NAME ON BALL							
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				
11/13/2017	R	6267 Shadow Circle	13 A A		Α	0.90	0.88				
							11				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I I I	ICL VIOLATION Yes ✓ No						
1 TITLE Laboratory Techn	ical Directo	or	DATE 12-2-								
Laboratory Technical Director SIGNATURE MO 780-0438 (05-13) Return completed form to Departs					Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176				



PUBLIC WATER SYSTEM Oak Shadows Sul			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
STREET ADDRESS 1539 Hawk Island DITY	Drive	ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	COLLECTION POINT LOCATION ID		FECAL E-COLI	TOTAL	FREE		
10/16/2017	R	6267 Shadow Circle	13	Α	Α	0.95	0.92		
	1								
				-					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO ☐ Yes ☑ N	LATION O	[MCL VIOLATION ☐ Yes ☑ No				
TITLE Laboratory Technical Director		DATE /0 -	31-17						
SIGNATURE	y osh	Return completed form to Depart	ment of National Descript	as Bublic Orinkin	g Water Branch	ı. P.O. Box 176. Jefferso	on City, MO 65102-0176		
MO 780-0438 (05-13)		Return completed form to Depart	ment of Natural Resourc	es, ruune Dinkiii	a .tate. Dialici	3.1.2.	5		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AFT 1573–346-3810						
street address 1539 Hawk Island	Drive		CERTIFICATION NU	MBER				
сіту Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/05/2017	R	6280 Shadow Circle	ole 06 A A		Α	0.69	0.66	
			9.					
	<u> </u>							
	_						7	
		=						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION O	M	ICL VIOLATION Yes No			
TITLE Laboratory Technical Director		DATE 10-3						
Laboratory Techr	coolin			e Bublic Deletion	Water Branch	PO Roy 176 lefferso	n City, MO 65102-0176	
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jeherso	п слу, мо вътиг-и1/6	

MWA 1.17-000350



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			Total Water Laboratories 573-346-3810							
STREET ADDRESS 1539 Hawk Island	Drive	I-m coop	CERTIFICATION NU	MBER						
сітү Osage Beach		ZIP CODE 65065								
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLUECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
08/01/2017	R	6231 Shadow Circle	04 A A		Α	0.68	0.62			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION C	N [MCL VIOLATION ☐ Yes ☑ No					
Laboratory Techr	nical Directo	or	DATE 8-28-	-17						
MO 780 0438 (05-13)	e offi	Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COLUMN TOTAL WATER STATEMENT OF THE PROPERTY O						
STREET ADDRESS 1539 Hawk Island	Drive	l-n cons	CERTIFICATION NU	MBER				
отү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTO	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	
07/10/2017	R	6280 Shadow Circle	06	06 A A		0.66	0.65	
		3						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	[CL VIOLATION Yes V No			
TITLE	nical Directo	r	DATE 8-1-17					
Laboratory Techr	2 oth		10.					
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 Oak Shadows Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810						
STREET ADDRESS 1539 Hawk Island		Y	CERTIFICATION NU	MBER				
сітү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE F		RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION TO ONE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/07/2017	R	6237 Shadow Circle	07	07 A A		0.98	0.61	
						-		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	LATION	N F	ICL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 7-2					
DIGNIA TUDE (A)	Ale							
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 Osage Heritage Condominiums		Total Water La		- 1	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy !			CERTIFICATION NU				_	
сітү Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3238092	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	OOLLECTION DOINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2019	R	Building 4B	10 A A		0.99	0.68		
TOTAL ROUTINE SAMPLE AI	NALZED		MONITORING VIOL ☐ Yes ☑ No	ATION)	M	CL VIOLATION ☐ Yes 🗹 No		
TITLE Laboratory Technica	al Directo	r	DATE 6-30	-14				
SIGNATURE My MV			ent of Natural Resource					



MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

			lunon		li ancores	DV TELEDUONE N. "**	ED WITH ADEA CODE	
PUBLIC WATER SYSTEM			LABORATORY NAM Total Water La		573-346		ER WITH AREA CODE	
Osage Heritage C	onaominiur	118	CERTIFICATION NU		373-340	-3010		
STREET ADDRESS 505 Old South Hw	N/ 5		17	INIDEL				
CITY	уЗ	ZIP CODE	''					
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/01/2019	R	Building 4A	06	А	Α	0.49	0.42	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes No			
CIONATURE	Laboratory Technical Director		DATE 6-2-19	g				
MO 780-0438 (05-13)	Mu	Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	on City, MO 65102-0176	

MWA 1.17-000355



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 505 Old South Hw	/y 5		CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	Building 4 B	10	A	Α	0.96	0.89
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	 M	CL VIOLATION Yes No	
1 TITLE Laboratory Technical Director		DATE 5-4-1			_ Yes [∕] No		
SIGNATURE AMY O	d -				Ulana B	DO Boy 470 1.85	n City MO SEARS AARS
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	water Branch,	F.O. BOX 176, Jenerso	11 City, MC 05102-0176



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810							
STREET ADDRESS 505 Old South Hw	ry 5	Ten con	CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE			CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL	FECAL E-COLI	TOTAL	FREE		
03/18/2019	R	Building 4A	06	Α	Α	0.74	0.69		
			-						
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	I E	CL VIOLATION Yes V No			
тітье Laboratory Techn	ical Directo	r	DATE 3-31-/	9					
SIGNATURE My	offen					DO D. 452	Oh: NO 67102 0477		
HO 700 0420 /DE 421		Pature completed form to Danartm	ent of Natural Pasource	e Public Drinking	Water Branch	P.O. Box 176, Jefferson	n City. MO 65102-0176		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Osage Heritage C		ns	Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS	GIRGOTTIITIUI		CERTIFICATION NU		15.5070				
505 Old South Hw	/y 5		17						
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3238092	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	Building 4A	06	Α	Α	0.61	0.60		
-									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL)	 	CL VIOLATION Yes No				
Laboratory Techr	TITLE Laboratory Technical Director		DATE 4-2-1	8					
SIGNATURE Ally MO 780-0438 (05-13)	oph	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 1.17-000358



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		Total Water L	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810							
STREET ADDRESS 505 Old South Hw	ry 5	ZIP CODE	CERTIFICATION NU	JMBER						
Camdenton		65020								
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECT	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POIN	SAMPLE LOCATION	SAMPLE F	ESULTS	CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE	COLLECTION FOR	ID	ID TOTAL FECAL E-COLI			FREE			
02/13/2019	R	Building 4 B	10	Α	Α	0.61	0.39			
						-				
				-						
						-				
	ļ. -									
	-									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO ☐ Yes ☑ No	LATION	I M	CL VIOLATION Yes V No					
TITLE Laboratory Techn	ical Directo	or	DATE 3-2-19							
SIGNATURE	odh									
MO 780-0438 (05-13)	V W V	Return completed form to De	epartment of Natural Resource	es, 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 Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AR 573-346-3810							
STREET ADDRESS 505 Old South Hw CITY	ry 5	ZIP CODE	17						
Camdenton		65020	0.110 5 00:15 ===	D MANE OF BUT	ALC:				
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OK NAME OK INIII	MLO				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE		
01/08/2019	R	Building 4B	10	Α	Α	1.04	0.98		
	<u> </u>								
	-								
						 			
			_						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	ATION D	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ICL VIOLATION ☐ Yes ☑ No				
TITLE Laboratory Techi	nical Directo	OF .	DATE 2-2-1	9					
CICNIATURE	M/m								
MO 300 0430 (06 13)		Peturn completed form to Departu	ant of Natural Posource	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 Osage Heritage C		ns	LABORATORY NAM Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE
STREET ADDRESS 505 Old South Hw	y 5	ZIP CODE	CERTIFICATION NU	MBER			
сіту Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	1100	CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/09/2019	s	Duplex on Shell Bay	09	Α	Α	1.20	0.99
01/09/2019	S	Building 4A	06	Α	Α	1.11	0.97
01/09/2019	S	Building 4B	10	А	Α	1.09	0.94
			l				
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	
0 тітье Laboratory Techn	ical Directo	r	DATE 2-Z-16		<u>J</u> L] 162 M M0	
CICNATURE	alle	Return completed form to Departm			Water Branch	P.O. Box 176 .lefferso	n City. MO 65102-0176

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 Osage Heritage Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
Osage Hemage C	oridornii ildi		CERTIFICATION NU		15.5510			
505 Old South Hw	y 5		17					
CITY		ZIP CODE						
Camdenton		65020 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
Camden		MO-3238092	KR KR	STATE OF HALL				
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	LOCATION		ESULTS CHLORINE RESI		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/03/2018	R	Building 4A	06	Α	Α	0.52	0.46	
				-	-			
				-				
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO	LATION O		ICL VIOLATION Yes No			
TITLE Laboratory Techr	nical Directo	DΓ	DATE 1-2-1	9				
SIGNATURE	y allu							
MO 780 0438 (05 13)	The state of the s	Return completed form to Departs	nent of Natural Resource	es. Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAM Total Water L	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 505 Old South Hw			CERTIFICATION NU.	MBER				
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden	,	ID NUMBER MO-3238092	SAMPLE COLLECTO KR	OR NAME OR INITI	IALS	S		
SAMPLE DATE	SAMPLE	MPLE COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RE		ESULTS CHLORINE RESIDU		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/07/2018	R	Duplex on Shell Bay	09	Α	Α	0.70	0.64	
<u> </u>				U				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO ☐ Yes ☑ N			ICL VIOLATION Yes V No			
1 τιτιε Laboratory Techr	nical Directo	or	DATE 12-1-1					
SIGNATURE My	yli			M. Car.		0.0 D. 470 Leff	- City MO 55402 0470	
MO 780-0438 (05-13)		Return completed form to Depar	tment of Natural Resource	es, Public Drinking	water Branch	, r.U. DUX 1/6, Jenerso	11 Sity, MO 00102-01/6	



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C						
STREET ADDRESS 505 Old South Hw			CERTIFICATION NUMBER 17					
CITY Camdenton	, -	ZIP CODE 65020	.,					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (m		
MO/DAY/YR			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Building 4A	06 A A			0.40	0.33	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	N [CL VIOLATION Yes No			
Laboratory Techr		or	DATE 11-1-19	Ś				
SIGNATURE My	MM	Return completed form to Departu	nent of Natural Resource	s Public Drinking	Water Branch	. P.O. Box 176. Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810							
STREET ADDRESS 505 Old South Hw	/y 5	T	17 SAMPLE COLLECTOR NAME OR INITIALS						
сітү Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		neli se monece i		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	ESULTS CHLORINE RESIDU			
MO/DAY/YR	TYPE	COLLECTION POINT	TOTAL FECA		FECAL E-COLI	TOTAL	FREE		
09/05/2018	R	Building 4A	06	Α	Α	0.62	0.57		
· ·									
			_						
TOTAL ROUTINE SAMPL	E ANALZED	5	MONITORING VIO	LATION	l h	MCL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 9-30 -/						
Secretary Control of Control	allu		1 7 7 7						
MO 700 0420 (05 40)	VVV	Patum completed form to Departs	ment of Natural Resource	es Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums STREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
505 Old South Hw CITY Camdenton	ry 5	ZIP CODE 65020	17					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/06/2018	R	Building 4B	10	Α	Α	1.26	0.94	
				,				
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION		CL VIOLATION Yes No			
Laboratory Techr	0.01	or	DATE 9-4-	18				
MO 780-0438 (05-13)	oph	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 Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810					
STREET ADDRESS 505 Old South Hw			CERTIFICATION NU				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Building 4A	06	А	А	0.82	0.79
						4	
			- (
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	, [ICL VIOLATION Yes 7 No		
тітье Laboratory Techn	ical Directo	ır	DATE 8-1	-18			
SIGNATURE MO 780-0438 (05-13)	Mu	Return completed form to Departm		o Bublio Balatina	Water Dage 5	DO Boy 176 Infferen	n City MO 85102.0176



MICROBIOLOGICAL ANALYSIS REPORT

	sage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AF					
STREET ADDRESS 505 Old South Hw	y 5	lan ann	CERTIFICATION NU	MBER				
сітү Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3238092	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	
07/26/2018	S	Building 2	04	Α	Α	1.16	1.05	
07/26/2018	S	Building 4A	06	Α	Α	1.14	1.06	
07/26/2018	S	Building 4A	06	A	Α	1.14	1.06	
			<					
			Δ					
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL)	L	CL VIOLATION Yes V No			
Laboratory Techn	ical Directo	r	DATE 8-1-1	4				
MO 780-0438 (05-13)	V V VV	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 1.17-000368



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 505 Old South Hw			CERTIFICATION NU	MBER				
сітү Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	Building 4B	10	Α	Α	1.10	1.03	
					-			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION	 	MGL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-1					
SIGNATURE MO 780-0438 (05-13)	alla	Return completed form to Departm	ent of Natural Possure	es. Public Orinking	Water Branch	i, P.O. Box 176. Jefferso	on City, MO 65102-0176	



Osage Heritage C	UBLIC WATER SYSTEM NAME Dsage Heritage Condominiums TREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810						
505 Old South Hw	y 5	ZIP CODE 65020	17						
Camdenton COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/22/2018	S	Building 1	03	Α	Α	0.98	0.86		
06/22/2018	S	Building 2	04	Α	Α	0.92	0.81		
06/22/2018	S	Building 4 A	06	A	Α	0.96	0.84		
				90					
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL		M	CL VIOLATION Yes No				
тітье Laboratory Techn	ical Directo	r	DATE 6-24	18					
SIGNATURE My MO 780-0438 (05-13)	when	Return completed form to Departm	ent of Natural Resource	s, Public Drinkina	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



JBLIC WATER SYSTEM NAME Dsage Heritage Condominiums		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hw CITY	y 5	ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/27/2018	S	Building 1	03	Α	Α	1.11	1.07
06/27/2018	S	Building 4A	06	Α	Α	1.28	1.23
06/27/2018	S	Building 4B	10	A	Α	1.20	1.17
-							
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION)		CL VIOLATION Yes No	
TITLE Laboratory Techn	ical Directo	г	DATE 7-2-18	7			
SIGNATURE AWY	aplu	Peturn completed form to Departm	ant of Natural Papauron	s Bublic Drinking	Water Branch	P.O. Roy 176 Jefferson	n City MO 65102-0176



MICROBIOLOGICAL ANALYSIS REPORT

STREET ADDRESS 505 Old South Hwy 5 CITY Camdenton COUNTY Camden SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT CERTIFICATION NUMBER 17 CERTIFICATION NUMBER 17 SAMPLE COLLECTOR NAME OR INITIALS EB SAMPLE RESULTS CHLORINE RESIDU TOTAL COLIFORM FECAL TOTAL FECAL COLIFORM FECAL TOTAL FECAL TOTAL FECAL FECAL TOTAL FECAL TOTAL FECAL FEC	Total Water Laboratories 573-346-3810					
COUNTY CAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT SAMPLE LOCATION ID TOTAL COLIFORM FECAL TOTAL	·					
Camdenton COUNTY Camden County						
SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT SAMPLE LOCATION ID SAMPLE RESULTS CHLORINE RESIDU						
SAMPLE DATE MO/DAY/YR TYPE COLLECTION POINT LOCATION TOTAL FECAL COLIFORM FECAL E-COLI						
MO/DAY/YR TYPE ID TOTAL FECAL COLIFORM E-COLI TOTAL I	IAL (mg/L)					
05/07/2018 R Building 4A 06 A A 1.17	FREE					
	0.98					
TOTAL ROUTINE SAMPLE ANALZED MONITORING VIOLATION MCL VIOLATION MCL VIOLATION						
1						
SIGNATURE MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, I						

MWA 1.17-000372



PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Osage Heritage C	ondominiur	ns	Total Water L		5/3-346	0-3610	
505 Old South Hw	/v 5		17	WIDLIN			
CITY	, -	ZIP CODE	1 ' '				
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB				
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
04/03/2018	R	Building 4B	10	Α	Α	0.63	0.56
	-		_	-			
	-						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION)	Ľ	CL VIOLATION Yes No		
TITLE Laboratory Techn	ical Directo	Г	DATE 5-1-18				
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 Osage Heritage Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
STREET ADDRESS 505 Old South Hw		ZIP CODE	CERTIFICATION NUMBER 17					
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLEGIION TOM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/13/2018	R	Building 4A	06	Α	Α	0.61	0.60	
1								
							0	
							+	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIC	L DLATION O		MCL VIOLATION Yes V No		
TITLE Laboratory Techi	nical Directo	or	DATE 4-2-1	8				
SIGNATURE AUY	oph	Return completed form to Depart	ment of Natural Resource	es. Public Drinkin	g Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-017	



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		Total Water Laboratories 573-346-3810					
STREET ADDRESS 505 Old South Hw	vy 5		CERTIFICATION NU	IMBER			
CITY Camdenton	, -	ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092	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 TONY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Duplex on Shell Bay	09	A	A	0.98	0.92
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	 M C	ICL VIOLATION Yes No		
Laboratory Techr		or	DATE 2-26	1-18			
MO 780-0438 (05-13)	alle	Return completed form to Depar	tment of Natural Resource	s, Public Drinking	Water Branch,	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NU	MBER			
505 Old South Hw	y 5	ZIP CODE	17				
Camdenton		65020		OD 11171			
County Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	Building 4A	06	Α	А	0.83	0.73
					\		
		4					
		*)					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOI ☐ Yes ☑ No	ATION	 	ICL VIOLATION Yes V No		
1 TITLE Laboratory Techr	nical Directo	DT	DATE 1-3/-18			<u></u>	
SIGNATURE Any MO 780-0438 (05-13)	appr	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



	UBLIC WATER SYSTEM NAME OSAGE Heritage Condominiums		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 505 Old South Hw DITY		ZIP CODE	CERTIFICATION NU	MBER					
Camdenton COUNTY Camden		65020 ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMDIE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR			LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/19/2017	R	Duplex on Shell Bay	09	А	Α	0.59	0.42		
						a.			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	l _M	CL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 1-2-19						
SIGNATURE Aug	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		



PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		Total Water La	aboratories		ORATORY TELEPHONE NUMBER WITH AREA CODE 3-346-3810				
STREET ADDRESS 505 Old South Hw	y 5		CERTIFICATION NUMBER 17						
сітү Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULT		LTS CHLORINE RESIDUAL			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/13/2017	R	Building 4A	06	А	Α	0.32	0.31		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION)	, [CL VIOLATION Yes V No	•			
Laboratory Techr		or	DATE 12-2	-17					
SIGNATURE Aug MO 780-0438 (05-13)	all	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 Osage Heritage Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS 505 Old South Hw	ry 5	luo acce	CERTIFICATION NU	MBER			
сіту Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092	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
10/16/2017	R	Duplex on Shell Bay	09	Α	Α	0.54	0.47
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION)		ICL VIOLATION ☐ Yes ☑ No	
тітье Laboratory Techr	nical Directo	DF	DATE /0-3	71-17			
CICNATURE	in other						
MO 780-0438 (05-13)	LUF	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 Osage Heritage Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE					
STREET ADDRESS 505 Old South Hw	ry 5	In one	CERTIFICATION NUI	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden	Y	ID NUMBER MO-3238092	SAMPLE COLLECTO	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION BOINT	LOCATION		ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/12/2017	R	Building 4 A	06	A	Α	0.47	0.43
TOTAL ROUTINE SAMPL	E ANAL ZED		MONITORING VIOL	ATION	IN	ICL VIOLATION	
1 TITLE			☐ Yes ☑ No)	<u> </u>	Yes 🗸 No	
Laboratory Technical Director SIGNATURE May MM		DATE 10-3-	-17				
MO 780-0438 (05-13)	1000	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 Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS 505 Old South Hw		ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO KR	R NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Duplex on Shell Bay	09	Α	Α	0.82	0.80
						+	
TOTAL ROUTINE SAMPL	DTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	Į.	ICL VIOLATION Yes ✓ No	
1			Yes V No)		_ Yes ☑ No	
Laboratory Techr	1870	or	8-28	1-17			
MO 780-0438 (05-13)	e ofth	Return completed form to Departn	nent 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 Osage Heritage Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 505 Old South Hw			CERTIFICATION NUMBER 17							
CITY Camdenton		ZIP CODE 65020								
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	SAMPLE	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
07/18/2017	R	Duplex on Shell Bay	09	09 A A		1.00	0.86			
			_							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)	M	cl violation Yes / No					
TITLE Laboratory Techr	nical Directo	or	DATE 8-1-1	7						
	work	^	pent of Natural Resource	e Dublie Deleti-	Water Branch	P.O. Boy 176 Infform	City MO 65102-0176			

AO 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



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS 505 Old South Hw CITY	y 5	ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3238092	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 POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	Duplex on Shell Bay	09	Α	Α	0.87	0.81
		j'					
	-						
TOTAL ROUTINE SAMPL	E ANALZED	1	MONITORING VIO	LATION O	, [ICL VIOLATION Yes V No	
TITLE Laboratory Techi	nical Directo	or	DATE 7-2				
	Mu						_42444
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	es, Public Drinkin	g Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176

MWA 1.17-000383



PUBLIC WATER SYSTEM Park Place On Th STREET ADDRESS			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER V 573-346-3810			BER WITH AREA CODE		
PO Box 2409		ZIP CODE	17	MBER				
Lake Ozark COUNTY Camden		65049 ID NUMBER MO-3282326	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	ESULTS CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/03/2019	R	Building 5	07	А	Α	0.67	0.52	
							-	
TOTAL ROUTINE SAMPLE 1 TITLE	ANALZED		MONITORING VIOLA Yes No		M	CL VIOLATION Yes No		
Laboratory Techni			6-30-1	19			-	
MO 780-0438 (05-13)	Mu	Return completed form to Departme	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	





MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER	W ==		
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	AY/YR TYPE COLLECT	OGECEO HOMO ON I	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Building 2A	011	011 A A		1.04	0.73
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION	
1 TITLE Laboratory Techn	ical Directo	r	DATE 6-2-19			Yes 🗹 No	
SIGNATURE (MO 780-0438 (05-13)		Return completed form to Departm			Water Branch	P.O. Box 176 laffaceo	n City, MO 55102-0175

MWA 1.17-000385



PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH A 573-346-3810								
PO Box 2409		ZIP CODE	CERTIFICATION NUMBER 17							
Lake Ozark		65049								
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS EB							
SAMPLE DATE SAMPLE		SAMPLE COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
04/03/2019	R	Building 5	07 A		Α	0.83	0.76			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIC			MCL VIOLATION Yes 7 No					
TITLE Laboratory Techi	nical Directo	or	DATE 5-4-1		-					
SIGNATURE (My)	oylu	Return completed form to Depart	AVOI		-11/2 5	h D.O. Boy 475 Infform	on City MO 65102.047			





MICROBIOLOGICAL ANALYSIS REPORT

	PUBLIC WATER SYSTEM NAME PARK Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU					
CITY Lake Ozark		ZIP CODE 65049						
County Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	Land the second second	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/05/2019	03/05/2019 R Bu		011	Α	Α	0.70	0.55	
						2		
						 		
-								
			= 1					
TOTAL ROUTINE SAMPLE 1	ANALZED		MONITORING VIOLA ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No		
тітьє Laboratory Techni	ical Director		DATE 3-31-19					
SIGNATURE	alle		(1					
MO 780-0438 (05-13)		Return completed form to Departme	ent of Natural Resources	. Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	

MWA 1.17-000387





PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 2409			CERTIFICATION NU	IMBER	1,		
сіту Lake Ozark		ZIP CODE 65049					
County Camden		ID NUMBER MO-3282326	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLEGIION CITY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/15/2019	S	189 Duplex	18	Α	Α	1.01	0.89
03/15/2019	S	232 Duplex	19	А	Α	1.07	0.91
03/15/2019	S	Building 11	09	A	Α	1.15	0.95
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL ☐ Yes ☑ No		M.	CL VIOLATION Yes 7 No	
TITLE Laboratory Technical Director SIGNATURE Way Affin		DATE 3-3/-19					
MY (MO 780-0438 (05-13)	yyun	Return completed form to Departme	ent of Natural Resources	, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO							
STREET ADDRESS	е саке		CERTIFICATION NU		373-340	-3010			
PO Box 2409			17						
CITY Lake Ozark		ZIP CODE 65049							
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden		MO-3282326	RG			2112-02			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	OOZZZONOWY ONW	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	Building 5	07	Α	Α	0.94	0.74		
					-				
						 			
					-				
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	I _M C	VIOLATION Yes V No			
тітье Laboratory Techni	ical Director	-	DATE 3-2-19		- 12	118			
SIGNATURE Any M		Return completed form to Departm			AND A DEC MANDE CONTRACTOR				



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810								
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17							
сіту Lake Ozark		ZIP CODE 65049								
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO 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			
01/02/2019	R	Building 2A	011	Α	A	0.79	0.56			
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	ATION	MC C	Yes No				
TITLE Laboratory Technic	cal Director		DATE 2-2-19	9						
SIGNATURE duy o	Wh			******************	WAR 1 - WAR - U.S.					

MO 780-0438 (05-13)

Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 66102-0176





MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA 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-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	255115115151515151515151515151515151515	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	SOLLEGIION TONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Building 2A	11	Α	Α	1.05	1.01
		<u>'</u>					
						-	
		*>					
OTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	ATION	IMC	CL VIOLATION	
1 TITLE			☐ Yes ☑ No			Yes No	
Laboratory Techni			1-2-19	,			
SIGNATURE AWY (11/h						

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





MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810						
STREET ADDRESS PO Box 2409		10	CERTIFICATION NU	MBER	I,			
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden	•	ID NUMBER MO-3282326	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE RE		RESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	SOLLEGIION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/15/2018	R	Club House	17	A	Α	0.99	0.87	
		=						
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ✓ No	ATION	<u> </u> M	CL VIOLATION Yes V No			
1 TITLE Laboratory Technical Director		DATE 12-1-18						
SIGNATURE (MY A MO 780-0438 (05-13)	the	Return completed form to Departm	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	





MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Park Place On Th			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBE 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS PO Box 2409 CITY		lan oons	CERTIFICATION NU	MBER	dii .		
Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/02/2018	R	Club House	17	17 A A		0.90	0.86
		- 3					

			141				
				Í.			
TOTAL ROUTINE SAMPLE 1 TITLE			MONITORING VIOL Yes No		M	CL VIOLATION Yes No	
Laboratory Techni							
SIGNATURE (hy () MO 780-0438 (05-13)	1m	Return completed form to Departm	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176





MICROBIOLOGICAL ANALYSIS REPORT

Park Place On The Lake		Total Water Laboratories Laboratory Telephone number with area codi					
STREET ADDRESS			CERTIFICATION NU				
PO Box 2409		I	17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/04/2018	R	Building 2A	011	A	Α	0.63	0.59
	5	3					
					-		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ATION	MC	L VIOLATION Yes V No		
TITLE Laboratory Techni			DATE 9-30-18	3			
SIGNATURE MW //	ylu	Return completed form to Departme		Production and the second			





			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO				
STREET ADDRESS PO Box 2409		× _	CERTIFICATION NU		12.00		
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	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
09/26/2018	S	Building 3 Unit 315	02	Α	Α	0.80	0.46
09/26/2018	S	Building 5	07	Α	Α	0.76	0.44
09/26/2018	S	Building 6 Unit 614	04	A	Α	0.74	0.42
			7		1		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	I	L CL VIOLATION] Yes [] No	l .
TITLE Laboratory Techn	ical Directo	r	DATE 9-30-10				
SIGNATURE Muy	aller	Datum complete VI	and of Natural Barrier	Dublic School	Water Caret	D.O. Boy 476 John	o City MO SEASO DATE
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resources	s, Public Drinking	water Branch,	P.O. BOX 1/6, Jenerso	11 City, MC 65102-0176





MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Park Place On Th		LABORATORY NAME LABORATORY TE Total Water Laboratories 573-346-387			Y TELEPHONE NUMBER WITH AREA CODE 3810		
PO Box 2409		Tala cons	CERTIFICATION NU	MBER			
Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	MPLE COLLECTOR NAME OR INITIALS B			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	ESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/08/2018	R	Club House	17	AAA		0.69	0.53
			1				
TOTAL ROUTINE SAMPLE 1 TITLE	ANALZED		MONITORING VIOLA Yes No	ATION	Mo	CL VIOLATION Yes V No	
Laboratory Techni			DATE 9-4-19	8			
MO 780-0438 (05-13)	alle	Return completed form to Departme	ant of Natural Possumos	Public Denking V	Vater Branch	D O Day 175 Joffeen on C	Nh. MO 05400 0470

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





Park Place On The Lake	rk Place On The Lake		Total Water Laboratories 573-346-3810					
STREET ADDRESS		CERTIFICATION NU	MBER					
PO Box 2409	ZIP CODE	17						
Lake Ozark	65049	CAMPLE COLLEGE	OD NAME OF INST	ALC.				
County Camden	ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS EB				u casavites ettinis tar		
SAMPLE DATE SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR TYPE	GOLLEGIIGITT GIITT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/10/2018 R	Club House	17	А	Α	1.10	1.02		
	_							
						3		
	16							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION	 	ICL VIOLATION Yes ✓ No			
TITLE Laboratory Technical Directo		DATE 8-1-1						
SIGNATURE MAY CYM	Return completed form to Departme	***	× 111 2 2 17	WALES	DO Dou 475 1 5	- Cit. MO crace ocra		



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MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

Park Place On Th			Total Water Laboratories Laboratory Telephone Numb		ER WITH AREA CODE			
STREET ADDRESS PO Box 2409			CERTIFICATION NU	IMBER	N.			
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2018	R	Building 3 Unit 315	02	A	Α	0.86	0.71	
			= 1					
**								
			h					
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes 🗸 No		
тіть Laboratory Techni			DATE 7-2-1	8				
SIGNATURE ANY	adli			D. LU- D. LU-	Mater Durant	DO D 470 LW	Oib. MO 05402 0470	





PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHONE NUM Total Water Laboratories 573-346-3810			ER WITH AREA CODE		
Park Place On The	е саке		Total Water La		5/3-346	5-3810		
PO Box 2409			17	WIDER				
CITY		ZIP CODE	1					
Lake Ozark		65049					547	
County Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	GOLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/14/2018	R	Building 2	012	А	Α	0.71	0.64	
		4						
TOTAL ROUTINE SAMPLE	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ATION	MC	CL VIOLATION Yes No		
тітье Laboratory Techni			DATE 6-4-19					
SIGNATURE (144) (MO 780-0438 (05-13)	ylu	Return completed form to Departmen	CALINATINE PRESENTATION	Dublia Patala	Water Blanch	D.O. Day 476 July 200	City MO CEARS DATE	



UBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA (573-346-3810					
Park Place On The	e Lake		Total Water La		573-346	5-3810	
STREET ADDRESS PO Box 2409			CERTIFICATION NU	IMBER			
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPL LOCATION		RESULTS	CHLORINE RESIDUAL (m	
MO/DAY/YR	TYPE	OCCLESTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/17/2018	R	Club House	17	Α	Α	1.58	1.48
						3	
							_
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M	CL VIOLATION Yes No		
тітье Laboratory Techni	cal Directo	r	DATE 5-1-18				
SIGNATURE AWY MO 780-0438 (05-13)	Mu	Return completed form to Departme	ent of Natural Persures	s. Public Drinkina	Water Branch	P.O. Box 176 laffareou	n City, MO 65102-0176





MICROBIOLOGICAL ANALYSIS REPORT

UBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810					
STREET ADDRESS	CLUNC		CERTIFICATION NU		0.000		
PO Box 2409			17				
сіту Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION			CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	OCCEDITION TO ONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Club House	17	17 A A		1.12	1.01
			-				
							=
TOTAL ROUTINE SAMPLE	I ANALZED		MONITORING VIOL ☐ Yes	ATION	M	CL VIOLATION Yes V No	
тітье Laboratory Techn	ical Directo	г	DATE 4-2-1	8			
SIGNATURE divy	yhr	Return completed form to Denartm	ant of Natural Pagaines	e Public Drinkins	Water Branch	P.O. Box 178 Jefferson	City MO 65102-0176





MICROBIOLOGICAL ANALYSIS REPORT

	LIC WATER SYSTEM NAME LABORATORY NAME LABORATORY TELEPHONE NUMBER Total Water Laboratories 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION -	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	OCCEPTION OUT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	02/14/2018 R Building 2		011	A	Α	0.93	0.70
-							
						, , , , , , , , , , , , , , , , , , ,	
_							
TOTAL ROUTINE SAMPLE 1	E ANALZED		MONITORING VIOL)	M	CL VIOLATION Yes V No	
Laboratory Techn		r	DATE 2-28-	-18			
MO 780-0438 (05-13)	often	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 Park Place On The Lake		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS	Lunc		CERTIFICATION NU		010-040	, 5510	
PO Box 2409			17				
сіту Lake Ozark		ZIP CODE 65049				_	
County Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	CATION		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	COLIFORIW		TOTAL	FREE
01/09/2018	R	Club House	17 A A		A	0.88	0.85
			ii ii				
		,					
3							
TOTAL ROUTINE SAMPLE 1	ANALZED	1.	MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	
Laboratory Techni			DATE :- 3/-	18			
SIGNATURE	- Mu					W-12	

MO 780-0438 (05-13)

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



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MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS	LABORATORY NAMI	aboratories	573-346	RY TELEPHONE NUMBE 3-3810	R WITH AREA CODE			
STREET ADDRESS PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER				
сіту Lake Ozark		65049	-					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO	SAMPLE COLLECTOR NAME OR INITIALS EB				
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	
12/06/2017	R	Club House	17	Α	Α	1.32	1.13	
				-				
					-			
			MONITORING VIO	LATION]	MCL VIOLATION		
TOTAL ROUTINE SAMPL 1 TITLE	E ANALZED		MONITORING VIO ☐ Yes ☑ No			MCL VIOLATION Yes No		
Laboratory Techr			DATE 1-2-1	8				
MO 780-0438 (05-13)	y osm	Return completed form to Departr	nent of Natural Resourc	es, Public Drinkin	g Water Branci	n, P.O. Box 176, Jefferso	on City, MO 65102-0176	





PUBLIC WATER SYSTEM	NAME		LABORATORY NAMI			RY TELEPHONE NUMBE	R WITH AREA CODE
Park Place On The			Total Water La		573-346	-3810	
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
итү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	BULTS CHLORINE RESID	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/08/2017	R	Building 2A	011	Α	Α	0.60	0.40
				-	-		
						-	
	1						
	11						
TOTAL ROUTINE SAMPI	LE ANALZED		MONITORING VIC	DLATION		MCL VIOLATION ☐ Yes ☑ No	
TITLE Laboratory Tech	nical Direct	Or	DATE	2-17-		<u> </u>	
		OI					
MO 780-0438 (05-13)	on	Return completed form to Depart	ment of Natural Resource	es, Public Drinkir	ng Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-01





PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
PO Box 2409		ZIP CODE	17	MBER			
CITY Lake Ozark		65049					
COUNTY Camden		ID NUMBER MO-3282326	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 POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2017	S	Building 3 Unit 315	02	Α	Α	0.45	0.39
11/15/2017	S	Building 4 Unit 416	03	Α	Α	0.48	0.41
11/15/2017	S	Building 3 Unit 315	02	А	Α	0.45	0.39
TOTAL ROUTINE SAMPL	E ANALZED	31	MONITORING VIO	LATION O		MCL VIOLATION Yes No	
Laboratory Techi		DI	DATE 12-2	-17			
MO 780-0438 (05-13)	z osh	Return completed form to Depart	ment of Natural Resourc	es, Public Drinkin	g Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-017



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Park Place On The			ER WITH AREA CODE				
STREET ADDRESS PO Box 2409		Ten acce	17	MREK			
сітү Lake Ozark		ZIP CODE 65049	5.				
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS	Ţi-	
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
11/16/2017	S	Building 2A	11	Α	Α	0.68	0.61
11/16/2017	S	Building 3 Unit 315	02	Α	Α	0.64	0.59
11/16/2017	S	Building 4 Unit 416	03	A	Α	0.83	0.79
							7
- 2							
						ACI MOLATION	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	0		MCL VIOLATION Yes No	
Laboratory Techi		OF	DATE /2-2-	.17			
SIGNATURE ANY	open		want of National Process	oe Public Drinkin	Water Branch	n. P.O. Box 176, Jefferso	on City, MO 65102-0176

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 Park Place On The Lake STREET ADDRESS	Total Water La	aboratories	573-346	RY TELEPHONE NUMBE 3-3810	ER WITH AREA CODE			
PO Box 2409		ZIP CODE	CERTIFICATION NU	MBER				
сітү Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	SAMPLE	SAMPLE	SAMPLE RESULT		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/10/2017	R	Club House	17	Α	Α	0.80	0.62	
	+							
				+				
	-							
		N N						
	-			+	-			
TOTAL ROUTINE SAMP	LE ANALZED		MONITORING VIC	DLATION O		MCL VIOLATION Yes No		
1 TITLE Laboratory Tech	nical Direct	or	DATE	31-17				
Regularity and Colors	ny often							
MO 780-0438 (05-13)	popul	Return completed form to Depart	ment of Natural Resource	es, Public Drinkir	ng Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-017	





PUBLIC WATER SYSTEM Park Place On The		-	Total Water Laboratories 573-346-3810		EK WITT/IKEN GOSE		
STREET ADDRESS PO Box 2409			CERTIFICATION NU	MBER			
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/17/2017	S	Building 3 Unit 315	02	А	Α	0.63	0.49
10/17/2017	S	Building 3 Unit 315	02	Α	Α	0.63	0.49
10/17/2017	S	Building 4 Unit 416	03	A	Α	0.58	0.51
					-		
TOTAL ROUTINE SAMP	LE ANALZED		MONITORING VIO	DLATION		MCL VIOLATION	
O TITLE			☐ Yes ☑ N	31-17		Yes 🗸 No	
Laboratory Tech	nical Direct						
MO 780-0438 (05-13)	LUVV	Return completed form to Depart	tment of Natural Resource	ces, Public Drinkin	g Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-01





PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS	LABORATORY NAMI	aboratories	573-346	RY TELEPHONE NUMBE -3810	R WITH AREA CODE		
STREET ADDRESS PO Box 2409 DITY		ZIP CODE	CERTIFICATION NU	MBER			
Lake Ozark		65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Building 3 Unit 315	02	А	Α	0.84	0.68
					· ·		
				-			
	-						
TOTAL ROUTINE SAMPI	LE ANALZED		MONITORING VIO	DLATION		MCL VIOLATION Yes 7 No	
TITLE Laboratory Tech	nical Direct	ог	DATE /0-3-				
OLOULT INDE							
MO 780-0438 (05-13)	eashin	Return completed form to Departs	ment of Natural Resource	es, Public Drinkir	ng Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-017



UBLIC WATER SYSTEM NAME Park Place On The Lake		Total Water Laboratories 573-346-3810					
		CERTIFICATION NU	MBER				
	ZIP CODE 65049						
·	ID NUMBER MO-3282326	EB	OR NAME OR INITI.	ALS			
SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
TYPE	COLLEGION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
R	Building 3 Unit 315	02	A	Α	0.84	0.68	
				-			
						**	
E ANALZED		MONITORING VIO	LATION		MCL VIOLATION Yes 7 No		
nical Directo)C			k			
	SAMPLE TYPE R	E Lake ZIP CODE 65049 ID NUMBER MO-3282326 SAMPLE TYPE COLLECTION POINT R Building 3 Unit 315 In the second of the sec	e Lake Certification Nu	E LAKE Total Water Laboratories CERTIFICATION NUMBER 17 SEPTIFICATION NUMBER SAMPLE COLLECTOR NAME OR INITIL EB	Total Water Laboratories 573-346	e Lake Total Water Laboratories 573-346-3810	





CERTIFICATION NUMBER 17	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810				
Lake Ozark 65049 COUNTY Camden SAMPLE COLLECTION POINT SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT SAMPLE COLLECTION POINT SAMPLE COLIFORM TOTAL COLIFORM FECAL COLIFORM 10 10 10 10 10 10 10 10 10 10 10 10 10 1					
SAMPLE DATE MO/DAY/YR SAMPLE DATE TYPE ID NUMBER MO-3282326 SAMPLE COLLECTION POINT SAMPLE LOCATION TOTAL COLIFORM FECAL CO					
SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT LOCATION TOTAL COLIFORM FECAL COLIFORM OF A COLIF					
MO/DAY/YR TYPE COLLECTION OUT ID TOTAL FECAL COLIFORM FECAL E-COLI	CHLORINE RESIDUAL (mg/L)				
08/01/2017 R Building 2 012 A A 0.49	FREE				
	0.47				
MONITORING VIOLATION MCL VIOLATION					
TOTAL ROUTINE SAMPLE ANALZED ☐ Yes ☑ No ☐ Yes ☑ No					
TITLE Laboratory Technical Director 8-28-17					
MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson C					



MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

JBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AR 573-346-3810					
STREET ADDRESS PO Box 2409		-#	CERTIFICATION NU	MBER			
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		E 5750
SAMPLE DATE	SAMPLE	SAMPLE	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2017	R	Club House	17	A	Α	0.66	0.58
		1)					
			(#)				
			1				
	,						
			-				
TOTAL ROUTINE SAMPI	LE ANALZED		MONITORING VIC	0		MCL VIOLATION Yes No	
Laboratory Tech	nical Direct	or	DATE 8-1	-17			
MO 780-0438 (05-13)	your	Return completed form to Depart	ment of Natural Resourc	es, Public Drinkin	g Water Branc	h, P.O. Box 176, Jeffers	on City, MO 65102-017





Park Place On Th	BLIC WATER SYSTEM NAME ark Place On The Lake		Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER					
PO Box 2409		I	17	MBER				
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/13/2017	R	Building 3 Unit 315	02	A	Α	0.54	0.52	
	-							
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	LATION		MCL VIOLATION Yes No		
TITLE		nr	☐ Yes ☑ No		ļ	LI LES ET MO		
Laboratory Techr SIGNATURE MO 780-0438 (05-13)	MM	Of Return completed form to Departn			g Water Branch	n, P.O. Box 176, Jefferse	on City, MO 65102-	



PUBLIC WATER SYSTEM Parkview Subdivis			LABORATORY NAMI	aboratories	573-346	RY TELEPHONE NUMBI -3810	ER WITH AREA CODE		
STREET ADDRESS 5766 Parkview Ct		710 0005	CERTIFICATION NU	MBER					
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	RG						
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		
06/05/2019	R	5706 Parkview	04	Α	Α	0.87	0.74		
	-								
	-				-				
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL		I.	CL VIOLATION Yes V No			
TITLE Laboratory Techn	ical Directo	Г	DATE 6-30						
SIGNATURE (MY) MO 780-0438 (05-13)	osh	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 Parkview Subdivis			LABORATORY NAME LABORATORY TELEPHO Total Water Laboratories 573-346-3810			LEPHONE NUMBER WITH AREA CODE			
STREET ADDRESS 5766 Parkview Ct		In one	CERTIFICATION NU	MBER		-			
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	OOLLEO WORK ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/01/2019	R	5710 Parkview	03	Α	Α	0.74	0.66		
							•		
			_						
				ATION		ICL VIOLATION			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No						
Laboratory Techr	nical Directo	r	DATE 6-2-1	9					
SIGNATURE MO 780-0438 (05-13)	Mlu	Return completed form to Departn	nent of Natural Resource	s. Public Drinklan	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 Parkview Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810					
street address 5766 Parkview Ct		ZID COOF	CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	1. (1.)	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	OOLLESTION TO SILV	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2019	R	5706 Parkview	04	А	Α	0.36	0.29
					ļ		
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	l M	CL VIOLATION	
1 TITLE			☐ Yes ☑ No)	[Yes 🗸 No	
Laboratory Technosignature	.1	ſ	5.4-19				
MO 780-0438 (05-13)	WW.	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 Parkview Subdivis			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER 573-346-3810			ER WITH AREA CODE			
STREET ADDRESS 5766 Parkview Ct		Izo cope	CERTIFICATION NU	MBER					
сітү Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RESULTS			SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/18/2019	R	5722 Parkview	10	Α	Α	0.22	0.19		
= =====================================		17.							
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No						
TITLE Laboratory Techr	nical Directo	or	DATE 3-31-1						
SIGNATURE duy	ash								
MO 790 0428 (05.12)		Return completed form to Departs	nent of Natural Resource	s Public Drinking	Water Branch	. P.O. Box 176, Jefferso	in City, MO 65102-0176		



	BLIC WATER SYSTEM NAME Arkview Subdivision		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 5766 Parkview Ct			CERTIFICATION NU	MBER				
CITY Osage Beach		ZIP CODE 65065	OMBI F COLLEGE	D MANE OD 1577	ALC:			
COUNTY Camden	Lesses	ID NUMBER Non-Permitted	RG	OK NAME OR INITI	MLO			
SAMPLE DATE	SAMPLE	COLLECTION POINT	LOCATION TOTAL FECAL COLIFORM E-COLI			CHLORINE RE	ESIDUAL (mg/L)	
MO/DAY/YR	TYPE					TOTAL	FREE	
02/13/2019	R	5706 Parkview	04	Α	Α	0.87	0.63	
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	l _M	CL VIOLATION		
1	LANALZED		☐ Yes ☑ No)		Yes No		
TITLE Laboratory Techn	ical Directo	r	DATE 3 - 2 - 19					
SIGNATURE PMY	alle							
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 Parkview Subdivision		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU		!		
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER Non-Permitted	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	The state of	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE
01/24/2019	R	5710 Parkview	03	Α	Α	0.91	0.71
	1						
	-						
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	
TITLE Laboratory Techn	ical Directo	г	DATE 2-2-1				
SIGNATURE	allu		•				
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 Parkview Subdivis			LABORATORY NAME LABORATORY TELEPHONE NUMBER Total Water Laboratories 573-346-3810			ER WITH AREA CODE	
street address 5766 Parkview Ct			CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER Non-Permitted	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
12/03/2018	R	5720 Pinnacle	07	Α	Α	0.71	0.68
				-			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL			ICL VIOLATION Yes V No	
TITLE Laboratory Techr	nical Directo	or	DATE 1-2-1				
SIGNATURE	e offen		327			DO Day 470 1-#-	n City MO 05402 0470
MO 780-0438 (05-13)		Return completed form to Depar	tment of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM Parkview Subdivis			LABORATORY NAME LABORATORY TELEPHONE NUMBER V 573-346-3810			ER WITH AREA CODE	
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		NCS2 - 2-11 2-
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION			SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2018	R	5720 Pinnacle	07	A	Α	0.55	0.45
TOTAL POLITIME CAME:	E ANALZED		MONITORING VIOL	ATION	114	CL VIOLATION	
TOTAL ROUTINE SAMPLE 1 TITLE	E ANALZED		Yes No)	l l	CL VIOLATION Yes V No	
Laboratory Techn SIGNATURE Muy &		r	12-1-18	8			
MO 780-0438 (05-13)	VVV	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 Parkview Subdivision		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 5766 Parkview Ct			CERTIFICATION NU		,				
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION POINT	ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE		
10/17/2018	R	5706 Parkview	04	Α	Α	0.37	0.28		
							=======================================		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION)	. E	CL VIOLATION Yes V No			
TITLE Laboratory Techn	ical Directo	ſ	DATE - - 9						
SIGNATURE My	MM								
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		



	LIC WATER SYSTEM NAME rkview Subdivision		LABORATORY NAME Total Water Laboratories 573-346-3810				
street address 5766 Parkview Ct			CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		Non-Permitted	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	COLLEGIIONI GIIVI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2018	R	5710 Parkview	03	A	A	0.42	0.36
		P					
							Х
						ICL MOLATION	
TOTAL ROUTINE SAMPL 1 TITLE			MONITORING VIOL)	ľ	ICL VIOLATION ☐ Yes ☑ No	
Laboratory Techr	nical Directo	DF	DATE 9-30 -1	8	_		
MO 780-0438 (05-13)	νψυ	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 Parkview Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	s			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS LOCATION		CHLORINE RE	HLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	OCCEPTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/06/2018	R	5720 Pinnacle	007	Α	Α	0.50	0.42		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes 7 No			
TITLE Laboratory Techn	ical Directo	r	DATE 9-4-						
SIGNATURE (My) MO 780-0438 (05-13)	oll	Return completed form to Departn	ant of Network Press	e Dublie Detable	Mater Bernet	P.O. Boy 176 Johnson	n City MO 65102.0176		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 5766 Parkview Ct		lan cons	CERTIFICATION NU	MBER					
сітү Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE			SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/10/2018	R	5706 Parkview	004	Α	Α	0.66	0.56		
			-						
	-								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	LATION	I _N	ICL VIOLATION			
1	LANALLU		Yes N	0		☐ Yes ☑ No			
TITLE Laboratory Techr		or	BATE 8-1-1	18					
SIGNATURE My	ealn	1		o Bublic Balatia	Mator Branch	P.O. Box 175 Infferen	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. BOX 178, Jenerso	11 Oity, 1910 00 102-01/6		



5766 Parkview Ct ZIP CODE CITY ZIP CODE Osage Beach 65065 COUNTY ID NUMBER	SAMPLE COLLECTO EB SAMPLE LOCATION ID 10		RESULTS	CHLORINE RE			
Osage Beach COUNTY Camden SAMPLE DATE MO/DAY/YR County Non-Permitted COLLECTION POINT COUNTY Non-Permitted	SAMPLE LOCATION ID	SAMPLE F	RESULTS	CHLORINE RE			
SAMPLE DATE MO/DAY/YR SAMPLE TYPE COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE F	RESULTS	CHLORINE RE			
MO/DAY/YR TYPE COLLECTION POINT	LOCATION			CHLORINE RE			
WODATTR TIPE	ID	TOTAL COLIFORM	FECAL		RESIDUAL (mg/L)		
06/04/2018 R 5722 Parkview	10			TOTAL	FREE		
		Α	Α	0.35	0.32		
			1				
	1		, p				
	MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes 7 No			
1 TITLE Laboratory Technical Director	DATE 7-2-18			7 169 F) MO	es 🖂 NO		
SIGNATURE MY MM MO 780-0438 (05-13) Return completed form to Department of	of Natural Resources	Public Drinking	Maran Baran	D.O. Pour 470 July	CHU MO 65402 0470		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COLUMN 573-346-3810							
street address 5766 Parkview Ct			CERTIFICATION NU	MBER						
CITY Osage Beach		ZIP CODE 65065								
COUNTY Camden		Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB							
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
05/07/2018	R	5706 Parkview	04	A	Α	049	0.46			
TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOL	ATION	M	ICL VIOLATION Yes No				
TITLE Laboratory Techn	ical Directo	лг	DATE 6-4-1			_ 1 <i>e</i> 2 €7 140				
SIGNATURE 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			



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH 573-346-3810					
street address 5766 Parkview Ct		Ten ann	CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	5722 Parkview	10	Α	0.63	0.51	
				ATION	1	CL WOLATION	
TOTAL ROUTINE SAMPL 1 TITLE	E ANALZED		MONITORING VIOL Yes V No)		CL VIOLATION ☐ Yes ☑ No	
Laboratory Techr			5/-1	8			
MO 780-0438 (05-13)	· Mu	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 Parkview Subdivision LABORATORY NAME LABORATORY TELEPHONE NUMBER 573-346-3810		ER WITH AREA CODE					
street address 5766 Parkview Ct			CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	MPLE COLLECTION BOINT	SAMPLE SAMPLE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	5706 Parkview	04	04 A A		0.58	0.49
							8
		2					
TOTAL ROUTINE SAMPLE	I E ANALZED		MONITORING VIOL	ATION] [ICL VIOLATION Yes V No	
TITLE Laboratory Techn		r	DATE 4-2-18				
SIGNATURE May	Mu	Return completed form to Departu	and of Notices Bogovers	e Bublic Orinking	Water Branch	P.O. Roy 176 Jefferso	n City, MO 65102-0176



	UBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
street address 5766 Parkview Ct		lan agai	CERTIFICATION NUMBER 17						
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden	y)	ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2018	R	5740 Pinnacle	800	Α	0.62	0.60			
						-			
		`							
		1							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL		M	CL VIOLATION				
TITLE	teal Direct		DATE			Yes 🗸 No			
Laboratory Techn SIGNATURE MO 780-0438 (05-13)	a MM	of	2-28	10					
MO 780-0438 (05-13)	y	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 Parkview Subdivision		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS 5766 Parkview Ct			17						
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden		Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	MPLE COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/19/2018	R	5722 Parkview	10	Α	Α	0.76	0.61		
			84						
	1								
						E .			
TOTAL ROUTINE SAMPLE	I ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	M	CL VIOLATION Yes V No			
TITLE Laboratory Techn SIGNATURE		г	DATE /-31-1	8					
SIGNATURE AMY MO 780-0438 (05-13)	Men	Return completed form to Departm	nent 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 Parkview Subdivision			Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NU	MBER				
Osage Beach		65065						
COUNTY Camden		ID NUMBER Non-Permitted	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	
12/05/2017	R	5706 Parkview	04 A A			0.60	0.34	
		<i>y</i>						
TOTAL ROUTINE SAMPLE	ANALZED	<u>!</u>	MONITORING VIOL ☐ Yes ☑ No	ATION)	M	CL VIOLATION Yes No		
TITLE Laboratory Techn	ical Directo	r	DATE (-2-1	8				
SIGNATURE (M)	y orth	Return completed form to Departm	and of Mahawal Danasawa	e Bublic Drightee	Water Branch	P.O. Box 176 Jefferson	City. MO 65102-0176	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU		1			
CITY Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER Non-Permitted	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	
11/13/2017	R 5710 Parkview		03	Α	Α	0.64	0.52	
	-							
			_					
\$								
TOTAL ROUTINE SAMPLI	E ANIAL ZED		MONITORING VIOL	ATION	Im	CL VIOLATION		
1 TITLE	E WINWITED		MONITORING VIOL Yes No			Yes No		
Laboratory Techn	- 11	r	DATE 12-2-1	7				
MO 780-0438 (05-13)	agh	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 Parkview Subdivision			Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD							
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	17							
Osage Beach		65065								
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB							
SAMPLE DATE	SAMPLE	MPLE COLLECTION DOINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
10/09/2017	R	5706 Parkview	04	Α	Α	0.73	0,58			
	1)									
						101 1401 471011				
TOTAL ROUTINE SAMPL 1	E ANALZED		MONITORING VIOL) 		CL VIOLATION Yes No				
TITLE Laboratory Techr		or	DATE /0 - 3	71-17						
SIGNATURE AUG	colle	Return completed form to Departn	nent 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 PARKVIEW SUBDIVISION		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810							
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NU	MBER					
Osage Beach		65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	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		
09/12/2017	R	5722 Parkview	10	Α	Α	0.43	0.33		
				2:					
				1.8					
			_						
						-			
				1					
TOTAL ROUTINE SAMPL	_E ANALZED		MONITORING VIO	LATION D	N [ACL VIOLATION ☐ Yes ☑ No	*		
TITLE Laboratory Techi	nical Directo	Or	DATE /0-3	.17					
	open								
MO 780-0438 (05-13)		Return completed form to Departr	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 5766 Parkview Ct		T	CERTIFICATION NUMBER 17						
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/02/2017	R	5706 Parkview	04	А	0,38	0.32			
	ļ								
					100				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION D	I M	CL VIOLATION Yes No				
Laboratory Techr	nical Directo	Dr.	DATE 8-22	3-17					
	ofthe	6			w.c. s	DO Day 170 Informa	n City MO 65102.0476		
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	s, Public Drinking	water Branch	F.O. DOX 170, Jenerso	11 Only, 1110 00 102-0170		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810						
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NUMBER 17					
Osage Beach		65065						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	V		
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	
07/18/2017	R	5720 Pinnacle	07	07 A A		0.99	0.73	
		×						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL		I.	ICL VIOLATION Yes V No		
TITLE Laboratory Techi	nical Directo	or	DATE 8-1-	17				
SIGNATURE	y odr	a						
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	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Parkview Subdivision		Total Water La		RY TELEPHONE NUMBE -3810	TELEPHONE NUMBER WITH AREA CODE 310		
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	5706 Parkview	04	A	Α	0.47	0.45
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION)	M C	CL VIOLATION Yes No	
TITLE Laboratory Techn	ical Directo	r	DATE 7-2-	17			
SIGNATURE My	oth	Return completed form to Departmen	ent of Natural Passaura	s. Public Orlakica	Water Branch	P.O. Box 176. Jefferson	1 City. MO 65102-0176



PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1205		Izin oons	CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	GOLLEG HOW GIRL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)		CL VIOLATION Yes V No		
Laboratory Techr	ical Directo	or	DATE 6-30	-19			_
SIGNATURE	Mh						
MO 780-0438 (05-13)		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 Robyn Point		Total Water Laboratories Laboratory Telephone Number with Area Code 573-346-3810						
STREET ADDRESS PO Box 1205		ř	CERTIFICATION NU	MBER				
сітү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/01/2019	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	 M C	CL VIOLATION Yes 7 No			
TITLE Laboratory Technical Director SIGNATURE		DATE 6-2-19						
MO 780-0438 (05-13)	Mir	Return completed form to Departm	ent of Natural Resource	s. Public Drinkino	Water Branch.	P.O. Box 176. Jefferso	n City, MO 65102-0176	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME Total Water Laboratories Laboratory Telephone Number with AF 573-346-3810						
STREET ADDRESS PO Box 1205 CITY		ZIP CODE	CERTIFICATION NU	MBER				
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	OOLLEG HOLL GILL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/01/2019	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)		ICL VIOLATION Yes ✓ No			
TITLE Laboratory Techr SIGNATURE	nical Directo	ır	DATE 5-4-14	1				
MO 780-0438 (05-13)	Mu	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	j Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS PO Box 1205			CERTIFICATION NU		-4/				
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden	All and a second	ID NUMBER MO-3030474	SAMPLE COLLECTO RG	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		
03/18/2019	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No				
TITLE Laboratory Technical Director		DATE 3-31-19		<u> </u>					
SIGNATURE My MO 780-0438 (05-13)	Mn	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 Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA (573-346-3810							
STREET ADDRESS PO Box 1205			CERTIFICATION NU						
CITY Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3030474	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	6547 Robyn Point	19	Α	Α	<0.02	<0.02		
-									
	i:								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes	ATION)	[CL VIOLATION Yes V No	¥X.			
TITLE Laboratory Technical Director		DATE 3-2-19	()						
SIGNATURE (My 0 MO 780-0438 (05-13)	ylu		***						
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 Robyn Point	NAME		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810						
STREET ADDRESS			CERTIFICATION NU						
PO Box 1205		ZIP CODE	17						
Osage Beach		65065	SAMPLE COLLECTOR NAME OR INITIALS						
COUNTY Camden		ID NUMBER MO-3030474	RG	ON IMPLIANCE					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	PE COLLECTION FOINT	LOCATION	District Control of the last	FECAL E-COLI	TOTAL	FREE		
01/24/2019	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02		
			_						
	-								
	-								
	-								
<u> </u>		-							
			_						
	 								
		it it							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION C	l N	ICL VIOLATION Yes V No				
TITLE Laboratory Techr	nical Directo	Or .	DATE 2-Z-1		l-				
SIGNATURE MAY AMM									
MO 780-0438 (05-13)	V	Return completed form to Departr	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Robyn Point			LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1205			CERTIFICATION NU					
сітү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	IALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	TYPE COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/03/2018	R 6523 Robyn Point 20 A A		Α	<0.02	<0.02			
,								
				1				
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	I N	ICL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo)F	DATE 1-2-1					
SIGNATURE A	Mu							
MO 780-0438 (05-13)	VVV	Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER				
CITY Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR					
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	
11/07/2018	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE	E ANALZED	*	MONITORING VIOL	ATION	Ľ	CL VIOLATION Yes No	Y	
Laboratory Techn	1.	г	DATE 12-1-18					
MO 780-0438 (05-13)	offen	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 Robyn Point		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1205		lan oor	CERTIFICATION NUMBER 17						
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR						
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		
10/01/2018	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02		
				1					
		7							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION D	l 	CL VIOLATION Yes 7 No				
TITLE Laboratory Techn	ical Directo	ır	DATE [1-1-18	3					
SIGNATURE day	olle		cont of Natural Passures	natile Beat	Water Branch	D.O. Pay 476 Jallary	n City MO 55102.0176		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810					
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULT		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	TO STATE OF THE PARTY OF THE PA	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2018	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02
					9		
98							
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	M I	ICL VIOLATION Yes No	
TITLE Laboratory Techr	nical Directo	or	DATE 9-33-18				
SIGNATURE Awy							
MO 780-0438 (05-13)	4	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 Robyn Point		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA (573-346-3810)						
STREET ADDRESS PO Box 1205 CITY		ZIP CODE	CERTIFICATION NU	MBER				
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RE	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGIIONY ONLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/01/2018	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02	
	-							
				İ				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No	1		
TITLE Laboratory Technical Director		DATE 9-4-1	8					
SIGNATURE	off							
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 Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH A 573-346-3810					
STREET ADDRESS PO Box 1205 CITY		ZIP CODE	CERTIFICATION NU	MBER			
Osage Beach		65065					
COUNTY Camden		ID NUMBER MO-3030474	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
07/11/2018	R	R 6523 Robyn Point 20 A		Α	<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION		CL VIOLATION Yes V No		
1 τιτιε Laboratory Techn	nical Directo	ır	DATE 8-1-1				
	MW						
MO 780-0438 (05-13)	100	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 Robyn Point	NAME		LABORATORY NAME LABORATORY TELEPHONE NU Total Water Laboratories 573-346-3810			ER WITH AREA CODE	
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER			
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE SAMPL		RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	6564 Robyn Point	17	A	Α	<0.02	<0.02
ž.	v						
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	MC	VIOLATION Yes V No		
тітье Laboratory Techni	cal Director		DATE 7-2-18				
SIGNATURE MILY (Mn	Return completed form to Departm	ent of Natural Parausan	Dublic Detailers	Nator Beans	DO Boy 176 Joseph	City MO 65402 0476



PUBLIC WATER SYSTEM I Robyn Point	(3131 EW) 14-AWIE		CONTRACTOR OF THE	ABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1205			CERTIFICATION NU		1,01		
сітү Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	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
05/14/2018	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02
				1			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL		M [ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director		DATE 6-4-					
SIGNATURE (MY)	osh	Return completed form to Departn	cont of Natural Pass	e Public Drinkles	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176



PUBLIC WATER SYSTEM NAME ROBYN Point	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810							
STREET ADDRESS			CERTIFICATION NU		5/3-346	5-3810		
PO Box 1205			17	MDEK				
сітү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO	OR NAME OR INITIA	ALS			
SAMPLE DATE	SAMPLE	COLL FOTION DOINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/09/2018	R	6564 Robyn Point	17	А	Α	<0.02	<0.02	
			1					
3.60								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	TION	MC	L VIOLATION Yes 7 No			
ritle Laboratory Technic	cal Director		DATE 5.1-18	<i>y</i>	ř.,			
SIGNATURE My 1	Mr	Return completed form to Departmen					CH., MO CEANS DATE	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		Total Water Laboratories LABORATORY 1ELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER			
сітү Osage Beach		ZIP CODE 65065				94	
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	COLLEGIION I ON I	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	6523 Robyn Point	20	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ NO)	ľ	CL VIOLATION Yes V No		
Laboratory Technical Director SIGNATURE MY MW MW MW MW MW MW MW MW MW		DATE 4-2-	18				
MO 780-0438 (05-13)	z opin	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 Robyn Point		Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER					
сітү Osage Beach		ZIP CODE 65065							
соинту Camden	11.	ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE R LOCATION		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/07/2018	R	6564 Robyn Point	17	A	Α	<0.02	<0.02		
							2		
							al a		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION D	\ [ICL VIOLATION Yes No	75.			
TITLE Laboratory Techr	nical Directo	or	DATE 2-28	-18					
SIGNATURE Muy MO 780-0438 (05-13)	ylu	Return completed form to Departn	and of Natural Page	e Bublic Delation	Motor Dranch	DO Boy 176 Jofferso	n City MO 65102.0175		
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	e, Public Duuking	AASTEL BLOUCU	, r.o. box 170, Jenerso			



PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1205			CERTIFICATION NU				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	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 TOIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/19/2018	R	6523 Robyn Point	20	Α	A	<0.02	<0.02
			-				
				//			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	M F	CL VIOLATION Yes 7 No		
1 TITLE Laboratory Technical Director		DATE 1-31-18			_ 103 [J 140		
SIGNATURE	am					2502	
MO 780-0438 (05-13)		Return completed form to Departn	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 Robyn Point		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER				
сіту Osage Beach		ZIP CODE 65065						
соинту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	HLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGION TO ONE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/06/2017	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02	
		1						
		,						
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	•		
TITLE Laboratory Techn	nical Directo	Г	DATE 1-2-18	3				
CONTRACTOR OF THE PARTY OF THE	alm							
MO 780-0438 (05-13)	VV	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 Robyn Point	NAME		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER V 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER	***		
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	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	GOLLEG HOLLY GIVE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2017	R	6564 Robyn Point	17	A	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	l _M	CL VIOLATION	
1	LAMALLO		MONITORING VIOL Yes NO			Yes 🗹 No	
Laboratory Techn		r	12-2-	17			
MO 780-0438 (05-13)	eally	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	1 City, MO 65102-0176



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810					
STREET ADDRESS PO Box 1205			CERTIFICATION NU				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3030474	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
10/16/2017	R	6523 Robyn Point	20	Α	A	<0.02	<0.02
				31			
					-		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)	M	ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director			7-17				
SIGNATURE	rallin	Return completed form to Departm	ent of Natural Decomes	s Public Drinking	Water Branch	. P.O. Box 176. Jefferso	n City, MO 65102-0176
MO 780-0438 (05-13)		Return completed form to Departing	ient of Matural Resource	e, rubiic billiking	uter Drantil	, , , , , , , , , , , , , , , , , , , ,	



PUBLIC WATER SYSTEM Robyn Point	NAME	LABORATORY NAME LABORATORY TELEPHONE NUMBER WIT Total Water Laboratories 573-346-3810		ER WITH AREA CODE					
STREET ADDRESS PO Box 1205		I	CERTIFICATION NU	MBER					
Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/11/2017	R	6564 Robyn Point	17	Α	Α	<0.02	<0.02		
	-								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION	 r	ICL VIOLATION Yes V No			
TITLE Laboratory Techi	nical Directo	or .	DATE 10-3						
Laboratory Technology	MM.								
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 Robyn Point		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810								
STREET ADDRESS PO Box 1205		I-un cons	CERTIFICATION NU							
отү Osage Beach		ZIP CODE 65065								
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RELOCATION		RESULTS	CHLORINE RESIDUAL (mg/				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
08/01/2017	1/2017 R 6523 Robyn Point		20	Α	Α	<0.02	<0.02			
							-			
		1								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION O		ICL VIOLATION Yes No					
TITLE Laboratory Technical Director		DATE 8-28	-17							
SIGNATURE My	e offer			=		D.O. Day 470 July	City MO 55402 0472			
MO 700 0439 (05 13)		Return completed form to Departm	ent of Natural Resource	s. Public Drinking	water Branch	, P.U. BOX 1/6, Jenerso	11 Gity, MO 00 102-0176			



PUBLIC WATER SYSTEM NAME Robyn Point		Total Water La	ER WITH AREA CODE					
STREET ADDRESS PO Box 1205 DITY	ZIP CODE	CERTIFICATION NU	MBER					
Osage Beach	65065							
County Camden	ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR TYPE	COLLEGIIONI CINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/12/2017 R	6564 Robyn Point	17 A A		<0.02	<0.02			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes	ATION)	M C	CL VIOLATION Yes V No			
TITLE Laboratory Technical Direct	or	DATE 8 -1-17	1 -					
SIGNATURE any of h	Return completed form to Departu		D. L. (1)	Water Dr.	B.O. Por 470 Johnson	o City MO 65102 5175		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Robyn Point		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
PO Box 1205		ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO EB	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		
06/12/2017	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02		
			_						
	1								
				1					
				 					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL		ľ	Yes 🗸 No				
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-	17					
OLON LEVIES	ophi								
MO 780-0438 (05-13)		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 Seven Trails West		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 583 CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Camdenton		65020							
COUNTY Camden		ID NUMBER MO-3031220	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/04/2019	R	Office Sink	031	Α	Α	0.85	0.54		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No		MC F	CL VIOLATION Yes \(\overline{\cup No} \)				
TITLE Laboratory Techn	ical Directo	Г	DATE 6-30-			1:100 F. 140			
SIGNATURE (ILLY	Mhu		1 6 70	· 1					
MO 780-0438 (05-13)	V. V. V.	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 Seven Trails West	JBLIC WATER SYSTEM NAME seven Trails West		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810				
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER			
CITY Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION BOINT	SAMPLE SAMPLE		RESULTS	CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2019	R		021	Α	Α	0.45	0.41
		7					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION	M	CL VIOLATION Yes V No		
TITLE Laboratory Techr	nical Directo	DΓ	DATE 6-2-19				
SIGNATURE Aug (Mh						
MO 780-0438 (05-13)	***	Return completed form to Departr	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
County Camden		ID NUMBER MO-3031220	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE SAMPLE R		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	Office Sink	031	Α	Α	0.47	0.38		
									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)	ľ	Yes No				
Laboratory Techr	-1	or	5-419						
MO 780-0438 (05-13)	u vn	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 Seven Trails West			Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 583		ZIP CODE	CERTIFICATION NU	MBER					
сіту Camdenton		65020							
COUNTY Camden		ID NUMBER MO-3031220	RG SAMPLE COLLECTO	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		
03/06/2019	R	Office Sink	031 A A			0.80	0.51		
			.js						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	Į N	ICL VIOLATION			
1 TITLE		☐ Yes ☑ No)		Yes 🛮 No				
Laboratory Techr	all.	or	3-31-1	9					
MO 780-0438 (05-13)	alle	Return completed form to Departr	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810							
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER	All				
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	RG	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/18/2019	R	Office Sink	031	Α	Α	0.38	0.24		
				1					
TOTAL BOLITING CAMPI	E ANAL 75D		MONITORING VIOL	ATION	In In	ICL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1 TITLE		DATE Ves V No)	Ĺ	Yes ✓ No				
Laboratory Techr		or	3-2-16						
MO 780-0438 (05-13)	run	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 66102-0176		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER			
сіту Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	144 Christopher	021	Α	Α	0.83	0.72
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	lw.	CL VIOLATION	
TOTAL ROUTINE SAMPLE ANALZED 1 TITLE		☐ Yes ☑ No)		Yes 🗸 No		
Laboratory Techn		r ,	DATE 2-2-1	9			
MO 780-0438 (05-13)	WW	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 Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 583			CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLL FOTION DOINT	SAMPLE	SAMPLE F	RESULTS	S CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/04/2018	R	R Lab Sink 024 A A		Α	1.26	1.17		
		j						
<u>-</u>								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION D	N [ICL VIOLATION ☐ Yes ☑ No			
TITLE Laboratory Techr	nical Directo	ır	DATE 1-2-19					
SIGNATURE	alle							
MO 780-0438 (05-13)	UU	Return completed form to Departn	nent 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 Seven Trails West		Total Water La	RY TELEPHONE NUMB -3810	E NUMBER WITH AREA CODE					
STREET ADDRESS			CERTIFICATION NU		15.5510				
PO Box 583		W	17						
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		_		
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/15/2018	R	Lab Sink	024	Α	Α	0.86	0.85		
		No.							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL		M	CL VIOLATION Yes No	··			
TITLE Laboratory Techr	nical Directo	or	DATE 12-1-19	8	*		34		
SIGNATURE	Mh		1.1						
MO 780-0438 (05-13)	V VV	Return completed form to Departm	nent 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 Seven Trails West		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 583		Time	CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	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		
10/03/2018	R	Lab Sink	024	Α	Α	0.58	0.57		
-									
				<u> </u>					
	-								
TOTAL BOLITIME CAMPI	E ANALZED		MONITORING VIOL	ATION	IM	ICL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		☐ Yes ✓ No)		Yes V No				
Laboratory Techn		or	11-1-19	3					
MO 780-0438 (05-13)	Who	Return completed form to Departm	nent 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 Seven Trails West			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WIT						
STREET ADDRESS PO Box 583			CERTIFICATION NUMBER 17						
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS				
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		
09/10/2018	R	Lab Sink	024	Α	Α	0.39	0.35		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION Yes V No				
тітье Laboratory Techn	ical Directo	r	DATE 9-30 1						
SIGNATURE	allu				H arrison T.	DO DO: 270	Chy MO order of		
MO 780-0438 (05-13)		Return completed form to Depar	tment of Natural Resource	s, Public Drinking	water Branch,	F.O. BOX 1/6, Jenerso	11 City, MC 65102-01/6		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS PO Box 583		·	CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020							
County Camden		ID NUMBER MO-3031220	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		
08/08/2018	R	Sample Port #2 at 423 Jamie	2A	Α	Α	0.68	0.56		
			-						
		,							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes 7 No	11.			
TITLE Laboratory Techn	ical Directo	r	DATE 9-4-1	18					
SIGNATURE MW MO 780-0438 (05-13)	yer	Return completed form to Departmen	t of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176, Jefferson	n City, MO 65102-0176		



001011111110111011		al Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 583		ZID CODE	CERTIFICATION NU	MBER				
сіту Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	ATION		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLECTION TO CITY	ID TOTAL FECAL COLIFORM E-COLI		FECAL E-COLI	TOTAL	FREE	
07/09/2018	R	Lab Sink	024	Α	Α	0.38	0.29	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL		I M	ICL VIOLATION Yes V No			
1 TITLE Laboratory Techn	nical Directo	or	DATE S-1-1		1	_ 100 _ 140		
	ny odh				Mark Barrella	DO Do 476 1-5	o City MO ceans name	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West			Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 583		T-	CERTIFICATION NU	MBER				
сіту Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (m		
MO/DAY/YR	TYPE	COLLECTION FOINT	TOTAL TOTAL		FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	Office Sink	031	Α	Α	0.42	0.38	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes No			
TITLE Laboratory Techn	nical Directo	or	DATE 7-2-1	9				
L.	ofler				W. 5	DO Pay 470 July	- City MO 55400 0470	
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	water Branch,	F.O. BOX 176, Jenerso	11 Gity, WIG 05 102-01/6	



PUBLIC WATER SYSTEM NAME Seven Trails West			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CONTROL TOTAL Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CONTROL TOTAL NUMBER WITH ARE					
STREET ADDRESS PO Box 583		ZIP CODE	CERTIFICATION NU	MBER				
CITY Camdenton		65020						
COUNTY Camden	.,	ID NUMBER MO-3031220	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 FOINT	ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE	
05/07/2018	R	Office Sink	031	Α	Α	0.41	0.36	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL)	<u> </u>	ICL VIOLATION Yes ✓ No			
Laboratory Techr	TITLE Laboratory Technical Director		6-4-1	8				
MO 780-0438 (05-13) Return completed form to Depart			ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME LABORATORY TELEPHONE NUL Seven Trails West LABORATORY TELEPHONE NUL 573-346-3810			ER WITH AREA CODE				
Seven Trails West			CERTIFICATION NU		373-340	-3010	
PO Box 583			17				
сіту Camdenton		ZIP CODE 65020					
County Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/04/2018	R	Lab Sink	024	А	Α	0.36	0.32
	2	•10					
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION)	M	CL VIOLATION Yes No	
Laboratory Techn		г	DATE 5-1-19	8			
SIGNATURE Any MM Return completed form to Depar			nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Seven Trails West			er Laboratories 573-346-3810				
STREET ADDRESS PO Box 583		T.	CERTIFICATION NU	MBER	,		
Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3031220	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 POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/27/2018	R	Office Sink	031	Α	А	0.47	0.37
1,57							
							f
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION		CL VIOLATION Yes No		
TITLE Laboratory Techn	nical Directo	or	DATE 4-2-	18			
SIGNATURE AWY	offen						
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 Seven Trails West			Total Water Laboratories 573-346-38			Y TELEPHONE NUMBER WITH AREA CODE 3810		
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
сітү Camdenton		2IP CODE 65020	2:					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FORM	ID			TOTAL	FREE	
02/13/2018	R	Lab Sink	024	А	Α	0.70	0.60	
		X*.						
TOTAL ROUTINE SAMPL	E ANALZED	· · · · · · · · · · · · · · · · · · ·	MONITORING VIOL		N F	ICL VIOLATION Yes V No	<u></u>	
1 τιτιε Laboratory Techr	nical Directo	or	DATE 2-28		J.	T I 62 [₄] IAO		
OLONIA TURE	ash							
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 LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Seven Trails West Total Water Laboratories 573-346-3810		ER WITH AREA CODE					
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
соилту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITE	ALS	1	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID			TOTAL	FREE
01/09/2018	R	Lab Sink	024	Α	Α	0.46	0.33
			-				
						(1	
						TO A TION	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION)		CL VIOLATION Yes No	
Laboratory Techn		r	DATE -31-15	8			
O 780-0438 (05-13) Return completed form to Depart			nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



MICROBIOLOGICAL ANALYSIS REPORT

Seven Trails West	Total Water L		573-346	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
TREET ADDRESS PO Box 583 ITY ZIP CODE	CERTIFICATION NU.	MBER				
ITY ZIP CODE Camdenton 65020						
OUNTY ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	ESIDUAL (mg/L)	
MO/DAY/YR TYPE COLLECTION ON	ID			TOTAL	FREE	
12/06/2017 R Lab Sink	024	Α	Α	0.55	0.51	
TOTAL ROUTINE SAMPLE ANALZED 1	MONITORING VIO	LATION O	 	ICL VIOLATION Yes V No		
TITLE Laboratory Technical Director	DATE 1-2-18					
SIGNATURE AWY MILE	epartment of Natural Resource					



MICROBIOLOGICAL ANALYSIS REPORT

Seven Trails West Total Water Laboratories 573-3			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	GOLLEG HONT GIRT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/08/2017	R	Lab Sink	024	Α	Α	0.57	0.45
			V				
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION	M	CL VIOLATION Yes V No		
TITLE Laboratory Techn SIGNATURE		Г	DATE 12-2-	17			
MO 780-0438 (05-13)	olle	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 SEVEN Trails West STREET ADDRESS			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
PO Box 583		ZIP CODE	17	MBEK						
Camdenton		65020	C							
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l				
MO/DAY/YR	TYPE	OCCESION ON	ID	TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE			
10/09/2017	R	Sample Port #1@401Christoper	1A	Α	Α	0.94	0.88			
		5 1								
-										
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No	ATION	 M C	CL VIOLATION Yes 7 No					
тітье Laboratory Techn	ical Directo	ır	DATE (0-3	11-17						
SIGNATURE AW	zodlu	Return completed form to Department	of Natural Bassuras	e Dublic Drinking	Water Branch	P.O. Box 176 Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810								
PO Box 583		ZIP CODE	CERTIFICATION NU	MBER						
Camdenton		65020								
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	<u> </u>				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS LOCATION		CHLORINE RE	SIDUAL (mg/L)				
MO/DAY/YR	TYPE	COLLECTION FORM	ID TOTAL FECAL E-COLI			TOTAL	FREE			
09/06/2017	R	Sample Port #2 @ 423 Jamie	2A	Α	Α	0.61	0.48			
			-							
		L								
				-						
		W.								
				-						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION O	1	MCL VIOLATION ☐ Yes ☑ No					
TITLE Laboratory Techr	nical Directo	DΓ	DATE /0-3-1	7						
SIGNATURE My	Mu						o Cib. MO 05400 0470			
MO 780-0438 (05-13)		Return completed form to Departmen	nt of Natural Resource	es, Public Drinking	Water Branch), P.O. Box 176, Jefferso	III CITY, MO 65102-0176			



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Seven Trails West	Trails West Total Water Laboratories 573-346-3810		ER WITH AREA CODE					
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT			CHLORINE RE	RINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/20/2017	S	Sample Port #2 @ 423 Jamie	2A	Α	Α	1.38	0.88	
09/20/2017	S	Sample Port # 3 @ 159 Velvet	3A	Α	Α	0.87	0.84	
09/20/2017	S	Well House	01	A	Α	1.49	1.30	
	1							
			MONITORING VIOL	ATION	1.0	MCE VIOLATION		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL)	Ĩ	Yes No		
Laboratory Techr		or	DATE 10-3	17				
SIGNATURE May JAM			et of Natural Passures	e Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	

MO 780-0438 (05-13)



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 583		Lan cons	CERTIFICATION NU	MBER	- A		
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	OOLLEG HOLL OILL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/21/2017	S	93 Angel	030	Α	Α	0.80	0.66
	-			7			
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION)	I M	CL VIOLATION Yes No		
TITLE Laboratory Techr	nical Directo	DF .	DATE /0 · 3-1				
SIGNATURE ANY	ofth			741.00			Oliv. MO orace care
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



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West		Total Water La	R WITH AREA CODE				
STREET ADDRESS PO Box 583 CITY		ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-3031220	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 ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	R Lab Sink 024 A		Α	0.68	0.48		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	 M C	cl violation Yes / No		
TITLE Laboratory Techn	nical Directo	r	DATE 8-28	1-17			
SIGNATURE Muy	zoylu	Return completed form to Denartin	and of National Page	e Bublic Oriotics	Water Branch	P.O. Box 175 lefferso	n City, MO 65102-0176

ner n

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



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 583		I	CERTIFICATION NU	MBER				
Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	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	
07/10/2017	R	Sample Port #2 @ 423 Jamie	2A	Α	Α	0.51	0.48	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)	M	Yes No			
TITLE Laboratory Techr	nical Directo	r	DATE 81	17				
SIGNATURE a	y or	n					CIN. NO 65402 0476	

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



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	OCCESTION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/12/2017	R	Lab Sink	024	Α	Α	0.45	0.41	
					E-			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No		M	CL VIOLATION Yes No			
Laboratory Techn		r	DATE 7-2-1	7				
MO 780-0438 (05-13)	Mu	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 Sierra Bay Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE							
STREET ADDRESS 153 Blue Dolphin I	Drive	Trip copy	17						
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	RG	OR NAME OR INITI	ALS				
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		
06/04/2019	R	Building 72 Unit 2C	04	Α	Α	0.98	0.90		
1									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	M L	CL VIOLATION Yes 7 No				
TITLE Laboratory Techn	ical Directo	r	DATE 6-30						
SIGNATURE (MA) 780-0438 (05-13)	MM	Return completed form to Departm	ent of Natural Resource	s. Public Drinklag	Water Branch	P.O. Box 176, Jefferson	1 City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
Sierra Bay Condo	miniums				5/3-346	5-3810	
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION DON'T	SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDU	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2019	R Building 72 Unit 1C 02 A		Α	0.96	0.92		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	I M	CL VIOLATION Yes No	l,	
TITLE Laboratory Techn	ical Directo	r	DATE 6-219		1		
SIGNATURE ANY	1.4						
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 Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810					
STREET ADDRESS			CERTIFICATION NU		15.00		
153 Blue Dolphin	Drive	ZIP CODE	17				
сітү Camdenton		65020					
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS	1	
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
04/01/2019	R	Building 72 Unit 2C	04	Α	Α	1.21	0.95
	-						
	i i						
				2			
•							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes	ATION	M	CL VIOLATION Yes V No		
тітье Laboratory Techn	nical Directo	r	DATE 5-4-19				
SIGNATURE My	de						
MO 780-0438 (05-13)	100	Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810					
STREET ADDRESS 153 Blue Dolphin			CERTIFICATION NU	MBER	11.		
сітү Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RE LOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	OCCESION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Building 72 Unit 1C	02	Α	Α	1.27	0.95
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION)	M	CL VIOLATION Yes No		
TITLE Laboratory Techn	ical Directo	r	DATE 3-3/-19	į			
SIGNATURE (My MO 780-0438 (05-13)	Mu	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 Sierra Bay Condominiums		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 153 Blue Dolphin		ZIP CODE	CERTIFICATION NU	MBER			
Camdenton		65020					
COUNTY Camden		ID NUMBER MO-5301497	RG SAMPLE COLLECTO	OR NAME OR INIT	ALS	V .	
SAMPLE DATE	SAMPLE		SAMPLE RE			ESULTS CHLORINE RESIDUAL (r	
MO/DAY/YR	TYPE	COLLECTION CONT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	Building 72 Unit 2C	04	Α	Α	0.93	0.84
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO	LATION O	1	MCL VIOLATION Yes V No		
TITLE Laboratory Techr	nical Directo	Dr	DATE 3-7-14		.		
SIGNATURE AWY							
MO 780-0438 (05-13)	V V	Return completed form to Departr	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 153 Blue Dolphin			CERTIFICATION NU				
сітү Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	RG	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESUL		SULTS CHLORINE RESIDUAL	
MO/DAY/YR	TYPE	OOLLEG HOLL OILL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/14/2019	R	Building 72 Unit 1C	02	A	A	0.96	0.62
1							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION)	= M	CL VIOLATION Yes V No		
TITLE Laboratory Technical Director SIGNATURE		DATE 2-2-1	9				
MO 780-0438 (05-13)	allin	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 Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER			
сітү Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	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		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/12/2018	R	Building 72 Unit 2C	04	Α	Α	0.69	0.44
			_				
							-
						<u> </u>	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION)	M	CL VIOLATION Yes V No	
TITLE Laboratory Techn		or	DATE 1-2-19	1			
SIGNATURE My (MO 780-0438 (05-13)	yMr.					DO D. 450	Oliv. NO SPACE TAR
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.U. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Sierra Bay Condo STREET ADDRESS	miniums		Total Water La		573-346	-3010	
153 Blue Dolphin	Drive		17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden	-211	ID NUMBER MO-5301497	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLUECTION BOINT	SAMPLE	SAMPLE R	RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2018	R	Building 72 Unit 1C	02	Α	Α	0.80	0.69
				-			
4							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes		M.C.	CL VIOLATION Yes No		
TITLE Laboratory Techn		r	DATE /2-1-1	8			
SIGNATURE My	oshr						
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 I Sierra Bay Condor			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER V 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS 153 Blue Dolphin I		ZIP CODE	CERTIFICATION NU	MBER					
Camdenton		65020							
COUNTY Camden	T.	ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS				
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		ESULTS CHLORINE RESIDUAL (m		SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/01/2018	R	Building 72 Unit 2C	04	Α	Α	0.67	0.40		
							=		
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M L	CL VIOLATION Yes ✓ No			
тітье Laboratory Techn	ical Directo	r	DATE 11-1-18)					
SIGNATURE May	ash	Paties completed form to Donards		e Bublic Balakina	Water Paget	DO Boy 176 Joseph	City MO 65102 0476		



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810							
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER					
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	1			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS LOCATION			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/10/2018	R	Building 72 Unit 1C	02	Α	Α	0.89	0.80		
				1					
			MONITORINA	ATION		CL MOLATION			
TOTAL ROUTINE SAMPLE 1 TITLE	E ANALZED		MONITORING VIOL)	ľ	CL VIOLATION Yes V No			
Laboratory Techn	4.1	r	DATE 9-30 -14	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 Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NUMBER 17						
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	OCCUPATION OF THE PROPERTY OF	ID			TOTAL	FREE		
08/01/2018	R	Building 72 Unit 2C	04	Α	Α	0.86	0.78		
				-					
<u> </u>									
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA ☐ Yes ☑ No	TION	MC	L VIOLATION Yes ☑ No			
 тітье Laboratory Techni	cal Director		DATE 9-4-18		L	1 169 1/10			
SIGNATURE My MO 780-0438 (05-13)									
MO 780-0438 (05-13)	V W - V C	Return completed form to Departme	nt of Natural Resources	Public Drinking V	Vator Branch	O Roy 176 Jaffarean	CHy MO 65102 0176		



PUBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C Total Water Laboratories 573-346-3810					
Sierra Bay Condo	miniums				5/3-346	5-3810	
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBEK			
сіту Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/17/2018	R	Building 72 Unit 1C	02	Α	Α	0.95	0.59
-							
		0					
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No	
тітье Laboratory Techn	ical Director		DATE 8-1-18				
SIGNATURE (MO 780-0438 (05-13)	y ym		<i>V</i> .				
MO 780-0438 (05-13)	V	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 Sierra Bay Condo			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS 153 Blue Dolphin	Drive	lan cons	CERTIFICATION NU	MBÉR			
сітү Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION TONY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/11/2018	R	Building 54 2C	09	Α	Α	0.84	0.56
						::	
					5		
	ANAL 252		MONITORINO	ATION	1	CL VIOLATION	
TOTAL ROUTINE SAMPLI TITLE	= ANALZED		MONITORING VIOL		I ^M	CL VIOLATION Yes V No	
Laboratory Techn		r	7-2-18	3			
MO 780 0438 (05-13)	oll	Return completed form to Departm	ant of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferson	n City. MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAM		TORY TELEPHONE NUMBER WITH AREA CODE			
Sierra Bay Condo	miniums		Total Water La		573-346	5-3810	
153 Blue Dolphin	Drive		17	MIDEN			
CITY		ZIP CODE					
Camdenton		65020					
County Camden		ID NUMBER MO-5301497	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 FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/02/2018	R	Building 72 Unit 1C	02	Α	Α	1.04	0.81
	-						
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL ☐ Yes	ATION	M	CL VIOLATION Yes V No	
TITLE Laboratory Techn	ical Directo	r	DATE / -4-18		1,,,		
SIGNATURE	Mh.						
MO 780-0438 (05-13)	MIM	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 Sierra Bay Condominiums		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER					
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS						
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO	OR NAME OR INITI	ALS	1			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RESULTS LOCATION			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	TOTAL	FREE			
04/05/2018	R	Building 72 Unit 2C	04	A	Α	0.93	0.90		
							-1		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	<u> </u>		ICL VIOLATION Yes V No			
Laboratory Technical Director SIGNATURE MO 780-0438 (05-13) Return completed form to Departm		DATE 5-1-1	8						
MO 780-0438 (05-13)	of m	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 Sierra Bay Condominiums		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS	minums		CERTIFICATION NU		570 040				
153 Blue Dolphin	Drive		17				1		
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLUMN TO THE REAL PROPERTY.	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE		
03/13/2018	R	Building 72 Unit 1C	02	Α	Α	0.75	0.63		
			- 0						
	<u> </u>								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL		M	CL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 4-2-	18					
SIGNATURE ANY	Mu						200-200-200-200-200-200-200-200-200-200		
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		

MWA 1.17-000507



			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 153 Blue Dolphin I		ZIP CODE	CERTIFICATION NUMBER 17					
CITY Camdenton		65020						
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/17/2018	S	Building 72 Unit 2C	04	Α	Α	0.86	0.61	
03/17/2018	S	Building 72 Unit 1C	02	Α	Α	0.84	0.54	
03/17/2018	S	Building 54 Unit 1C	08	A	Α	0.84	0.51	
		(1						
=								
				V.				
TOTAL ROUTINE SAMPLE O TITLE	E ANALZED		MONITORING VIOL			CL VIOLATION Yes V No		
Laboratory Techn		or	DATE 3-19-1	18				
anz	Mln		ent of Natural Pascurce	o Public Drinking	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER					
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	1	=		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS			CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FORM	ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE		
02/08/2018	R	Building 72 Unit 1C	02 A A			0.79	0.68		
		y.							
. 52									
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	 F	icl violation Yes 7 No			
TITLE Laboratory Techr		ır	DATE 2-28						
SIGNATURE AWY MO 780-0438 (05-13)	agm	Return completed form to Departn	nent 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 Sierra Bay Condominiums		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 153 Blue Dolphin I			CERTIFICATION NU		1				
сітү Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAMÉ OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID				FREE		
01/28/2018	R	Building 72 Unit 2C	04	А	0.74	0.50			
			-						
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	M	CL VIOLATION Yes No			
тітье Laboratory Techn	ical Directo	r	DATE /-3/-/	8					
SIGNATURE Any	olle	Return completed form to Departm	ant of Natural Passarusa	e Dublic Drinklas	Water Branch	P.O. Box 176 Jefferson	City, MO 65102-0176		

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



MICROBIOLOGICAL ANALYSIS REPORT

Sierra Bay Condominiums Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 153 Blue Dolphin Drive CITY	ZIP CODE	CERTIFICATION NU	MBER					
Camdenton	65020							
COUNTY Camden	ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE SAMPL	E COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/06/2017 R	Building 72 Unit 1C	02	Α	Α	0.67	0.64		
	-							
TOTAL ROUTINE SAMPLE ANALZED	*	MONITORING VIOL ☐ Yes ☑ No	ATION)	MC C	CL VIOLATION Yes ☑ No			
TITLE Laboratory Technical Direc	tor	DATE 1-2-18						
SIGNATURE MAY AM	Return completed form to Departs							

MWA 1.17-000511



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810						
STREET ADDRESS 153 Blue Dolphin I		Izo coor	CERTIFICATION NU	MBER	- 40			
сіту Camdenton		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	OOLLES TION YOU	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/13/2017	R	Building 72 Unit 2C	04	Α	Α	0.78	0.76	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Yes V No		
TITLE Laboratory Techn	ical Directo	or	DATE 12-2		J.	_ , , , , , , , , , , , , , , , , , , ,		
PICKATURE	all							
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	City, MO 65102-0176	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810								
STREET ADDRESS 153 Blue Dolphin			CERTIFICATION NU	MBER	•					
сіту Camdenton		ZIP CODE 65020								
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l				
MO/DAY/YR	R TYPE COLLECTION POINT		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
10/09/2017	R	Building72 Unit 1C	02	Α	Α	0,64	0.63			
							-			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	I M	☐ CL VIOLATION ☐ Yes ☑ No	4			
27272	nical Directo	or	DATE /0~3/							
Laboratory Techn SIGNATURE MO 780-0438 (05-13)	y after				were -	DO 0-0476 (105-000)	City MD 65402 0470			
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	water Branch,	P.U. Box 1/6, Jefferso	II Gity, MO 65102-01/6			

MWA 1.17-000513



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COI 573-346-3810								
STREET ADDRESS 153 Blue Dolphin	Drive		CERTIFICATION NU	MBER						
Camdenton		ZIP CODE 65020								
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	MO/DAY/YR TYPE SOLLED HONT SI		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
09/12/2017	R	Building 72 Unit 2C	04	Α	Α	0.73	0.71			
							#			
		-								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	ľ	ICL VIOLATION ☐ Yes ☑ No	î.			
TITLE	nical Directo	Dr	DATE 10:3-1							
Laboratory Techr	ashr									
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			

MWA 1.17-000514



PUBLIC WATER SYSTEM Sierra Bay Condol			Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE
STREET ADDRESS 153 Blue Dolphin I	Drive	I-un cons	CERTIFICATION NU	MBER			
сітү Camdenton		ZIP CODE 65020					
соинту Camden		ID NUMBER MO-5301497	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 ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Building 72 Unit 1C	02	А	Α	1,03	0.70
	- AMAI 353		MONITORING VIOL	ATION	l lan	CL VIOLATION	
TOTAL ROUTINE SAMPL	E ANALZED		☐ Yes ☑ No)	Ľ	Yes No	
Laboratory Techr		DT .	B-29	3-17			
MO 780-0438 (05-13)	coffee	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 I Sierra Bay Condor			Total Water La	aboratories	573-346	RY TELEPHONE NUMBE -3810	ER WITH AREA CODE	
STREET ADDRESS 153 Blue Dolphin [CITY	Orive	ZIP CODE	CERTIFICATION NU	MBER	, TI			
Camdenton		65020						
COUNTY Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/10/2017	R	Building 72 Unit 2C	04	Α	Α	0.97	0.83	
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION)	M	CL VIOLATION Yes No		
TITLE Laboratory Techn	ical Directo	or	DATE 8-1-1					
SIGNATURE My	olli	Return completed form to Departm	ant of Natural Passausa	e Public Drinkins	Water Branch	P.O. Box 176. Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums			Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER						
STREET ADDRESS 153 Blue Dolphin [CITY	Orive	ZIP CODE	17	W D ∟ K					
Camdenton COUNTY		65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-5301497	EB	Sa. 132. 4	E0111 70	OUI OBINE DE	CIDUAL /		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE			
WOODATTIK	IIIE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/05/2017	R	Building 72 Unit 1C	02	Α	Α	1,21	1,02		
TOTAL ROUTINE SAMPLE	E ANALZED	-	MONITORING VIOL ☐ Yes ☑ No	ATION)	\ [CL VIOLATION Yes No			
TITLE Laboratory Techn	nical Directo	or	DATE 7-2-	17					
SIGNATURE MO 780 0438 (05 13)	offen	Return completed form to Departn		e Bublio Deletion	Water Branch	P.O. Boy 176 Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM St. Moritz Estates			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH. Total Water Laboratories 573-346-3810			ER WITH AREA CODE			
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLEGIONI CINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/04/2019	R	Unit 9 - Outside	008	Α	Α	1.06	0.98		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	I M	CL VIOLATION Yes No			
TITLE Laboratory Techn	ical Directo	r	DATE 6-30						
SIGNATURE MO 780,0438 (05.13) Return completed form to Department of the completed for the completed for the completed for the completed			ant of Natural Possesses	e Dublic Driabina	Water Branch	P.O. Box 176 Jefferson	City MO 65102-0176		



PUBLIC WATER SYSTEM I St. Moritz Estates	NAME		Total Water La	aboratories	573-346	RY TELEPHONE NUMBI i-3810	ER WITH AREA CODE		
STREET ADDRESS PO Box 1447		ř	CERTIFICATION NU	MBER					
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	RG SAMPLE COLLECTO	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	GOLLEG HOINT GIAT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/01/2019	R	Unit 5 - Outside	007	Α	Α	1.18	1.04		
					<u>. </u>				
							<u></u>		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M M	cl violation Yes No			
TITLE Laboratory Techn	ical Directo	r	DATE 6-2-19						
SIGNATURE DAY O	.1	Return completed form to Departme	17		Matau P	B.O. Doy 476 Jallana	OHV MO 65402 0476		



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates LABORATORY NAME Total Water Laboratories 573-346-3810	ER WITH AREA CODE								
STREET ADDRESS PO Box 1447	CERTIFICATION NU	MBER	•						
city ZIP CODE Lake Ozark 65049									
COUNTY ID NUMBER Camden MO-3238024	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				
04/01/2019 R Unit 9 -Outside	800	Α	Α	0.67	0.64				
TOTAL ROUTINE SAMPLE ANALZED 1	MONITORING VIOL	ATION	M	CL VIOLATION Yes V No					
TITLE Laboratory Technical Director	DATE 5-4-19								
SIGNATURE MO 780.0438 (05-13) Return completed form to Dec	partment of Natural Resource	P. L. II. D. L. L.	Water Day	DO Day 476 Jawa	- CH. MO CE102 D176				

MWA 1.17-000520



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 1447		In acce	CERTIFICATION NUMBER 17						
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	CONTRACTION COUNT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/18/2019	R	Unit 5 - Outside	007	Α	Α	1.0	0.90		
			.,						
			-						
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	I I	ICL VIOLATION Yes No			
TITLE Laboratory Techr	nical Directo	or	DATE 3-31-19			_			
SIGNATURE (My) MO 780-0438 (05-13)	offer	Return completed form to Departm	nent of Natural Resource	s Public Orinking	ı Water Branch	. P.O. Box 176. Jefferso	n City, MO 65102-0176		

MWA 1.17-000521



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CC 573-346-3810								
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER						
CITY Lake Ozark		ZIP CODE 65049								
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO	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 POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
03/26/2019	S	Unit 9 - Outside	008	Α	Α	0.51	0.39			
03/26/2019	S	Unit 5 - Outside	007	Α	Α	0.53	0.41			
03/26/2019	S	Unit 27	014	A	Α	0.55	0.42			
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	ľ	ICL VIOLATION Yes V No					
TITLE Laboratory Technical Director		DATE 3-3/-/	9	-11						
SIGNATURE duy	offen	2.1	ent of Natural Pesource	n Bublic Ddnkins	Water Branch	P.O. Boy 176 Jefferso	on City MO 65102-0176			



MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

St. Moritz Estates			LABORATORY NAM Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA COD		
STREET ADDRESS PO Box 1447 DITY		ZIP CODE	CERTIFICATION NUMBER 17						
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3238024	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR TYPE		OCEEC HONT GIRT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	Unit 9 - Outside	800	Α	Α	1.34	1.03		
TOTAL ROUTINE SAMPL	F ANALZED		MONITORING VIOL	ATION	IM	CL VIOLATION			
1 TITLE			☐ Yes ☑ No)	[Yes 🗸 No			
Laboratory Techr		г	3-2-19						



PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water Laboratories 573-346-3810							
PO Box 1447		ZIP CODE	17	MRFK					
Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS				
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	LOCATION		ESULTS	CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	GOZZZONIONY GINY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/08/2019	R	Unit 9 - Outside	008	A	Α	0.38	0.27		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL Yes ✓ No			CL VIOLATION Yes No				
TITLE Laboratory Techr SIGNATURE	and Assessment	or	2-2-1	9					
MO 780-0438 (05-13)	aym	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 NAME St. Moritz Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS PO Box 1447		ZIP CODE	CERTIFICATION NUMBER 17						
CITY Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INIT	IALS				
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/03/2018	/2018 R Unit 9 - Outside 08 A		Α	0.81	0.72				
	1								
						+			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO ☐ Yes ☑ N	LATION O		ICL VIOLATION ☐ Yes ☑ No				
TITLE Laboratory Techi	nical Directo	ЭГ	DATE 1-2-1	9					
TO SUMME	ash								
MO 700 0439 (05 13)	V VIO	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 St. Moritz Estates		Total Water Laboratories 573-346-3810							
PO Box 1447		ZIP CODE	17	MBEK					
CITY Lake Ozark		65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS				
SAMPLE DATE	SAMPLE		SAMPLE RILLIOCATION SAMPLE RI			CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/06/2018	R	Unit 9 - Outside	08	Α	Α	0.94	0.90		
	-								
	-								
TOTAL ROUTINE SAMPL	E ANALZED	1	MONITORING VIOL			Yes No			
Laboratory Techr	71	or .	DATE 12-1-1	\$					
SIGNATURE duy	od h	Return completed form to Departn	and of National Paraceter	e Dublic Deinking	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1447		ZIP CODE	CERTIFICATION NUMBER 17						
сітү Lake Ozark		65049							
COUNTY Camden	v	ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE	OCEECO HOLLY CHAT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/02/2018	R	Unit 9 - Outside	80	Α	Α	1.33	1.29		
	-								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION] [ICL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE))- -						
CIONATURE	MW								
MO 780-0438 (05-13)	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 St. Moritz Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
CITY Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	-	- 14		
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/10/2018	R	Unit 5 - Outside	007	Α	Α	1.28	1.25		
		· ·							
						2			
•		1							
	-								
_									
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO	LATION O	ľ	MCL VIOLATION Yes V No				
TITLE Laboratory Techr	nical Directo	or	DATE 9-30-	18					
	Mh	Return completed form to Departr	The second second	e Dublie Dutation	Water Branch	PO Boy 176 lafferer	on City. MO 85102-0176		
MO 780-0438 (05-13)		Return completed form to Departr	nent of Natural Resource	ss, Public Drinking	A Angres Branci	i, F.O. BOX 170, Jenerst	July, 1110 00 102-0110		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	0011 507(011 50/1)7	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/28/2018	S	Unit 9 - Outside	08	Α	Α	1.44	1.38	
09/28/2018	S	Unit 9 - Outside	08	Α	Α	1.44	1.38	
09/28/2018	S	Unit 5 - Outside	007	A	Α	1.44	1.39	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	LATION D	I N	I MCL VIOLATION ☐ Yes ☑ No			
Laboratory Technical Director SIGNATURE May MM		DATE 9-35-7	18					
MO 780-0438 (05-13)	Marc	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE			SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION TO CITY	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2018	R	Unit 9 - Outside	08	Α	Α	1.23	1.17		
				-					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION)	[M	CL VIOLATION Yes No				
Laboratory Techn		or	DATE 9-4-18						
SIGNATURE MO 780-0438 (05-13)	ow	Return completed form to Departn	and of Natural Description	e Public Oriokino	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176		

MWA 1.17-000530



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COLUMN 573-346-3810							
STREET ADDRESS PO Box 1447		1	CERTIFICATION NU	MBER					
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	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		
08/24/2018	S	Unit 5 - Outside	007	Α	Α	1.53	1.48		
08/24/2018	S	Unit 9 - Outside	008	Α	Α	1.62	1.42		
08/24/2018	S	Unit 27	14	А	Α	1.38	1.31		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION D	N E	ICL VIOLATION ☐ Yes ☑ No			
Laboratory Techr		or .	DATE 9-4-18						
MO 780-0438 (05-13)	Mu	Return completed form to Departr	ment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY TELEPHONE NUMBER WITH AREA (573-346-3810						
STREET ADDRESS PO Box 1447			CERTIFICATION NU					
CITY Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/10/2018	R	Pool	005	Α	Α	0.86	0.82	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL ☐ Yes ☑ No		M	CL VIOLATION Yes No			
Laboratory Techn			DATE 8-1-18	,)			-	
MO 780-0438 (05-13)	zolln	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferse	on City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME St. Moritz Estates			LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		I-m according	CERTIFICATION NU	MBER	•		24	
сітү Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238024	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	
06/04/2018	R	Unit 9	008	Α	Α	1.58	1.47	
							72	
						1		
							26	
TOTAL ROUTINE SAMPL	E ANALZED	Al-	MONITORING VIOL	ATION	M	CL VIOLATION Yes V No		
тітье Laboratory Techn	ical Directo	DT	DATE 7-2-1	8				
SIGNATURE My	allu							
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 St. Moritz Estates		Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
_{СІТҮ} Lake Ozark		ZIP CODE 65049	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
COUNTY Camden	1	ID NUMBER MO-3238024	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	PE COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/14/2018	R	Unit 9	008	A	Α Α	1.98	1.95		
=									
TOTAL POLICE CALCE	E ANN 750		MONITORING VIOL	ATION	I N	ICL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1 TITLE		MONITORING VIOL		Ï	Yes No				
Laboratory Techr	nical Directo								
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1447			CERTIFICATION NU		1,			
сіту Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238024	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		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/03/2018	R	Unit 5 Front	007	А	Α	0.84	0.79	
TOTAL BOUTINE OMBU	- ANAL 750		MONITORING VIOL	ATION	la.	CL VIOLATION		
TOTAL ROUTINE SAMPLI	E ANALZEU		☐ Yes 🗹 No)		Yes No		
Laboratory Techn		г	DATE 5-1-18					
SIGNATURE MO 780-0438 (05-13)	allu	Return completed form to Departm	ent of Natural Pasource	s Public Drinking	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM St. Moritz Estates	NAME	LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17						
сіту Lake Ozark								
COUNTY Camden		ID NUMBER MO-3238024	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	
04/25/2018	S	Unit 9	008	Α	Α	0.42	0.27	
04/25/2018	S	Unit 4	011	Α	Α	0.44	0.27	
04/25/2018	S	Well House	01	Α	Α	<0.02	<0.02	
						Ψ,		
TOTAL ROUTINE SAMPLE ANALZED 0			MONITORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No					
Laboratory Techn	- 10	DATE 5.148						
MO 780-0438 (05-13)	offen	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 St. Moritz Estates STREET ADDRESS PO Box 1447			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
			CERTIFICATION NUMBER 17						
CITY ZIP CODE Lake Ozark 65049									
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR						
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		
03/12/2018	R	Unit 9	008	А	Α	0.82	0.79		
							*>		
TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOL	MONITORING VIOLATION MCL VIOLATION					
1 TITLE Laboratory Technical Director			☐ Yes ☑ No ☐ Yes ☑ No DATE 4-2-18						
	ollu								
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		