



PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810 CERTIFICATION NUMBER						
РО Вох 2409 спу		ZIP CODE	17	WREK					
Lake Ozark		65049							
COUNTY Camden	·1	ID NUMBER MO-3282326	SAMPLE COLLECTOR NAME OR INITIALS JL						
SAMPLE DATE MO/DAY/YR	SAMPLE	I am a second a secon	SAMPLE LOCATION	SAMPLE R	****** * * * * * *	CHLORINE RE	SIDUAL (mg/L)		
	TYPE		ID				FREE		
10/10/2017	R	Club House	17	A	<u> </u>	0.80	0.62		
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TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOLAT	TION	MC	L VIOLATION Yes 7 No			
πιε Laboratory Technic	al Director		DATE /0-3/-	17-					
	cooper		1						
(0.760-0438 (05-13)		Return Completed form to Department	of Habiral Basoucces	Public Original V	lor Branch D	O Boy 176 lefferson f	City NO 65102-0176		





PUBLIC WATER SYSTEM Park Place On Th			LABORATORY NAME LABORATORY TELEPHONE NUMBER V Total Water Laboratories 573-346-3810				ER WITH AREA CODE		
STREET ADDRESS			CERTIFICATION NU						
PO Box 2409			17						
сіту Lake Ozark		ZIP CODE 65049							
county Camden		ID NUMBER MO-3282326	SAUPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RI	SULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	OOLLEG HOW FOIN	LOCATION TOTAL FECAL TOTAL COLIFORM E-COLI				FREE		
10/17/2017	S	Building 3 Unit 315	02	Α	Α	0.63	0.49		
10/17/2017	S	Building 3 Unit 315	02	Α	Ą	0.63	0.49		
10/17/2017	S	Building 4 Unit 416	03	Α	Α	0.58	0.51		
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TOTAL ROUTINE SAMPLE A	WALZED		MONITORING VIOLATION MCL VIOLA Yes 7 No						
nte Laboratory Technic	al Director		DATE /0 · ?/	-17					
O 780-0439 (05-13)	f Not and Potouron	Dublic Edubing Wa	(at Besech O	.Q. Box 176, Jefferson	CH., MO 61402 0176				



PUBLIC WATER SYSTEM NAME	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE							
Park Place On The Lake		Total Water L		573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NO.	MBER					
CITY	ZIP CODE	17						
Lake Ozark	65049							
COUNTY Camden	ID NUMBER MO-3282326	EB	OR NAME OR INITIA	ıs				
SAMPLE DATE SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR TYPE		ID	TOTAL COLIFORM	FECAL .	TOTAL	FREE		
09/06/2017 R	Building 3 Unit 315	02	A	Α	0.84	0.68		
					 			
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes 7 No	TION	MC	L VIOLATION Yes 7 No			
rnte Laboratory Technical Directo		DATE /0-3-17						
SIGNATURE duy by				O Pay 476 InStanton C				



PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS PO Box 2409			LABORATORY NAME Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER 17						
сту Lake Ozark		ZIP CODE 65049	<u> </u>						
COUNTY Camden		ID NUMBER MO-3282326	SAMPLE COLLECTO EB	OR NAME OR INITE	ALS				
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		
09/06/2017	R	Building 3 Unit 315	02	Α	Α	0.84	0.68		
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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLA Yes 7 No	TION	MC	L VIOLATION Yes 7 No			
ntle Laboratory Technic	al Director		DATE /0-3-1	7					
SIGNATURE MY (Mu	Politin completed form to Department of					O.L. N.O. 65406 A.T.		



PUBLIC WATER SYSTEM NAME Park Place On The Lake STREET ADDRESS PO Box 2409			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER 17						
city Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB						
сочиту Camden		10 NUMBER MO-3282326							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	<u> </u>				
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2017	R.	Building 2	012	Α	• A	0.49	0.47		
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	тюн		L VIOLATION Yes 📝 No				
пт.е Laboratory Technical Director			DATE 8-28-						
SGNATURE My	M	Pabus completed form to Dakadonso			· · · · · · · · · · · · · · · · · · ·				





Public water system Park Place On Th	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810								
STREET ADDRESS	e rake		CERTIFICATION NUMBER						
PO Box 2409		A	17	- ADLIN					
СПҮ		ZIP CODE							
Lake Ozark		65049 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden	T	MO-3282326	EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS CHLORINE RESIDUAL LOCATION						
MO/DAY/YR	TYPE	<u> </u>					FREE		
07/10/2017	R	Club House	17	A	Α	0.66	0.58		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ИОН	МС	L VIOLATION Yes 7 No				
YAYA P	al Director		DATE 8-1-1'						
Laboratory Technic	alla								
(O 780.0438 /05.13)	VPV	Relute completed form to Departmen	a of Maharat Changings	Bablle Deatlan III	star Branch D	O Day 476 taffarann	Car 110 05103 0176		



·		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810							
Park Place On The	e Lake	1 100	E .		15/3-346)-381U			
STREET ADDRESS			CERTIFICATION MU	MBER					
PO Box 2409		ZIP CODE							
Lake Ozark		65049							
COUNTY		ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3282326	EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGION	ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE		
06/13/2017	R	Building 3 Unit 315	02	A	Α	0.54	0.52		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	ATION	<u> M</u>	CL VIOLATION Yes / No				
					」Yes [∕] No				
тятье Laboratory Techni	cal Director	r	DATE 7-2-1	7					
	ofen								
	vyv.	Return completed form to Department	of Natural Resources	. Public Orinklan V	Valer Branch	P.O. Box 176. Jellerso	n City, MO 65102-0176		
MO 780-0438 (05-13)		versus combiners tous to neberturus	O' HEISTEL HADARIES	t - Anim sequend 1	- President San geführt. A.	ee tyrees	. ••		



PUBLIC WATER SYSTEM NAME PARKVIEW SUDDIVISION STREET ADDRESS 6766 Parkview Ct			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER					
5766 Parkview Ct city Osage Beach		ZIP CODE 65065	17					
COUNTY Camden		io number Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (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	
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4						·		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA ☐ Yes ☑ No	MOIT	iac	LVIOLATION Yes ☑ No			
-itle Laboratory Technical Director		DATE 6-30	-(4)					
O 780 0438 (05-13)	osh	Return completed form to Departmen	of Natural Resources	Public Drinking V	Valer Branch P	O Rox 175 Jefferson	City, 840 65107-0176	



PUBLIC WATER SYSTEM NAME Parkview Subdivision STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER						
5766 Parkview Ct		ZIP CODE	17						
Osage Beach		65065 ID NUMBER	SAMPLE COLLECTO	DE MALLE OF USTIA			, ,=- ,,		
соинту Camden		Non-Permitted	EB	A TABLE ON THE					
SAMPLE DATE	SAMPLE	COLUMN TOUR	SAMPLE SAMPLE RESULTS CHLORINE RES						
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COU	- TOTAL	FREE		
05/01/2019	R	5710 Parkview	03	Α	Α	0.74	0.66		
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TOTAL ROUTINE SAMPLE	ANAL ZED		MONITORING VIOL	ATION	[MC	CL VIOLATION			
1	., , , , , , , , , , , , , , , , , , ,		Yes No			Yes 🕖 No			
ти. Laboratory Techni	cal Director		6.2-1	1					
SIGNATURE (LLL) / MQ 780,0433 (05-13)	ylle						AND DISCAPAGE NAME		
MO 780-0433 (05-13)		Return completed form to Department	of Hatural Resources	s, Public Drinking Y	Anter Rieuch'	r.u. Hox 115, Jenerson	City, MO 66102-0116		



PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA OF STATEMENT OF S							
STREET ADDRESS 5766 Parkview Ct CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Camden		io ויטאשפּר Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER	ESULTS	LTS CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE		
04/03/2019	R	5706 Parkview	04	A	A	0.36	0.29		
		Carray Control							
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION		CL VIOLATION Yes (7) No				
TITLE Laboratory Technic		-	DATE 5.4-14				· · · · · · · · · · · · · · · · · · ·		
SIGNATURE AM MO 760-0438 (05-13)	llu	Return completed form to Departme	nt of Natural Resources	, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	CRy, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810							
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU	MBER					
спү Osage Beach		ZIP CODE 65065							
соинту Camden	**************************************	ID NUMBER Non-Permitted	RG	OR NAME OR INITI	ALS	202200000000000000000000000000000000000			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		מו	TOTAL COLLEGRA	FECAL E-COLI	TOTAL	FREE		
03/18/2019	R	5722 Parkview	10	Α	A	0.22	0.19		
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TOTAL POLITILE CALLS	ANALZEO		MONITORING VIOLA	LTION	luc	2 VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		Yes No			Yes No	-114			
TITLE Laboratory Techni	cal Director		3-31-19	7474287	······································				
SIGNATURE MMY /	Mn	Return completed form to Department	of Natural Resources	. Public Dahlari	Nator Branch	P.O. Box 176. Jefferson	City, MO 55102-0178		



PUBLIC WATER SYSTEM NAME Parkview Subdivision STREET ADDRESS			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 5766 Parkview Ct CITY		ZIP CODE	17						
Osage Beach		65065							
соилту Camden	·	ID NUMBER Non-Permitted	RG	OR NAME OR INTH	us				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R			SIDUAL (mg/L)		
WOODATTIN	III		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	5706 Parkview	04	Α	Α	0.87	0.63		
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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLA	TION	MC	VIOLATION Yes ✓ No			
TITLE Laboratory Technical Director			3 - 2 - 1 G						
SIGNATURE (May ().	Oliv	Return completed form to Department		Dubba Dania - 4	latas Os C	O D. 475	CH., 110 55103 0170		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO. Total Water Laboratories 573-346-3810					
STREET ADDRESS 5766 Parkview Ct		lan cons	CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065						
County Camden		ю нимвек Non-Permitted	RG SAMPLE COLLECTO	OR NAME OR INITIA	LS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE	
01/24/2019	R	5710 Parkview	03	A	Α	0.91	0.71	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ATION	I.KC	L VIOLATION Yes [7] No			
TITLE Laboratory Technic	cal Director		DATE 2-2-19					
SIGNATURE Ally (ylu 💮	Falury completed form to Decadment		A.M. A.J.M. W.		- A	AU. 410 AVES 012	



PUBLIC WATER SYSTEM NAME Parkview Subdivision		Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER							
street address 5766 Parkview Ct		In a control	17	MBER					
стү Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS						
соилту Camden		ю мимвек Non-Permitted	KR	e name or initi	ALS	() () () () () () () () () ()			
SAMPLE DATE	SAMPLE	WPLE COLLECTION POINT	SAMPLE RE		50 (ga 654 (54 (5	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/03/2018	R	5720 Pinnacle	07	Α	Α	0.71	0.68		
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	<u> </u>		1						
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL. Yes No	MOITA)	i i	CLVIOLATION Yes [] No				
TITLE Laboratory Techn SKINATURE		r	1-2-19	1					
MO 780-0438 (05-13)	Mh	Return completed form to Department	of Natural Resource:	s, Public Drinking	Waler Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176		

Parkview Subdivision		Total Water Laboratories 573-346-3810						
STREET ADORESS			CERTIFICATION NU					
5766 Parkview Ct		ZIP CODE	17					
Osage Beach		65065						
COUNTY Camden		ю нимвек Non-Permitted	SAMPLE COLLECTO KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/07/2018	R	5720 Pinnacle	07	Α	A	0.55	0.45	
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TOTAL ROUTINE SAMPLE ANALZED		MONTTORING VIOLA ☐ Yes ☑ No	TION	INC.	L VIOLATION Yes 📝 No			
		DATE /2-/-/8		ᆜ	LES [7] NO			
GRATURE MY M			161.18			<u> </u>		
0.780-0438 (05-13)	F*- =	Return completed form to Department o	f Hatural Rezources,	Public Orinking W	ater Branch, P.	O. Box 175, Jefferson :	City, MO 55102-0176	



PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAM Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 5766 Parkview Ct		ZIP CODE	CERTIFICATION NUMBER 17						
спу Osage Beach		65065	1						
соинту Camden		io NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE SAMPLE RE		ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR			ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE		
10/17/2018	R	5706 Parkview	04	Α .	A	0.37	0.28		
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ASSESSED						-			
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-			MONETO DILICIA DI	ATION	112	CL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL)	Ē	Yes No				
TITLE Laboratory Techn		r	11-1-18						
; f	MW	Return completed form to Department	of National Processing	■ Dublin the - the -	Water Desert	P.O. Roy 176 Inffarence	City, MO 65102.0174		
MO 780-0438 (05-13)		Return completed form to Department	OI WEGINER HESDUICE	a, roome transing	mater transcit	t in the it of Acide 201			



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
street address 5766 Parkview Ct			CERTIFICATION NU						
city Osage Beach		21P CODE 65065							
County Camden		Ю NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITIA	LS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER	ESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID TOTAL FECAL COUFORM E-COLI			TOTAL	FREE		
09/05/2018	R	5710 Parkview	03	Α	Α	0.42	0.36		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes (No	TION	MC	Yes / No				
rate Laboratory Technic	cal Director		DATE 9-30-18						
GIGHATURE ALLY 1	yla								
(0 780-0438 (05-13)		Return completed form to Department of	f Natural Resources.	Public Orinking W	iter Branch, P	O. Box 176, Jefferson	CKv. MO 65102-0178		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			Total Water Laboratories Laboratory Telephone Number With 573-346-3810						
street ADDRESS 5766 Parkview Ct		In a cons	CERTIFICATION NUMBER 17						
сіту Osage Beach		ZIP CODE 65065							
соинту Carnden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION				CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/06/2018	R	5720 Pinnacle	007	Α	Α	0.50	0.42		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	MC L	L VIOLATION Yes ☑ No				
1 Tinte Laboratory Techni	cal Director	·	DATE 9-4-1			3 , 00,127 (10			
Laboratory Technical Director SIGNATURE WY WY Return completed form to Depart on the Department of the Complete of the Comp							Am. 11/4 27/127 A		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAVI Total Water La		RY TELEPHONE NUME -3810	TELEPHONE NUMBER WITH AREA CODE 810		
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NUM	MBER				
стү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	H NAME OR INITIA	us			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	K-1000-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1-100-1	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/10/2018	R	5706 Parkview	004	Α	A	0.66	0.56	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA ☐ Yes 7 No	TION	MC	L VIOLATION Yes 📝 No			
TITLE Laboratory Technic	cal Director	-	DATE 8-1-/8	3				
SIGNATURE MO 780 0428 (05-13) Return completed form to Departmen					Jales Branch	O Boy 176 Jefferson	CBv MO 65102-0176	



Public water system name Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO						
STREET ADDRESS 5766 Parkview Ct CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
соилту Camden		id Number Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB				VYTERA ELEMENTE ENTERPORT		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	1.496,040,047.0440.00	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/04/2018	R	5722 Parkview	10	Α	Α	0.35	0.32		

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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOU ☐ Yes ☑ No	ATION	MC	L VIOLATION Yes 7 No			
нтье Laboratory Technic	cal Director		DATE 7-2-18						
SIGNATURE (LWY)	ym	Return convoleted form to Denattment	- I had I Bosouroon	Bublls Balablas II	John Persen I	O Sov 476 lefferenn	C80 HO 55107.0175		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C Total Water Laboratories 573-346-3810					
STREET ADDRESS 5766 Parkview Ct		Luc coor	CERTIFICATION NU	MBER				
CITY Osage Beach COUNTY		ZIP CODE 65065 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIA	LS			
Camden	F	Non-Permitted	E8			100 00 to 4 halles a second reco	inelisk op eis espekt rogus	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	8 P 197-4 COM 1974-1	CHLORINE RE	RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/07/2018	R	5706 Parkview	04	Α	<u>A</u>	049	0.46	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	I.C.	L VIOLATION Yes [7] No			
TITLE Laboratory Technical Director		DATE 6-4-18		I				
SIGNATURE DWY	Mir					·	·	
(O 780-0438 (05-13)	-7	Return completed form to Department	of Natural Resources	. Public Drinking Y	rater Branch, i	O. Box 176, Jellerson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME Total Water La	boratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 5766 Parkview Ct		Lucione	CERTIFICATION NUM	ABER .			į		
сту Osage Beach		ZIP CODE 65065							
соилу Camden		ID HUMBER Non-Permitted	SAMPLE COLLECTO EB	R HAME OR INITIA	NAME OR INITIALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	TS CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORIA	FECAL E-COLI	TOTAL	FREE		
04/03/2018	R	5722 Parkview	10	Α	A	0.63	0.51		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA ☐ Yes ☑ No	KOIT	M.C	L VIOLATION Yes 🗸 No				
тпье Laboratory Techni	cal Director		DATE 5/-18	3					
SIGNATURE AMY MO 780-0438 (05-13)	Mu	Return completed form to Department	of Natural Passuran	Bublic Delakine 14	talor Scanish	PO Box 176 Jeffecto	n Cilv. UO 65102-0125		



PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WIT Total Water Laboratories 573-346-3810					
street address 5766 Parkview Ct			CERTIFICATION NU.	IMBER	1.		
сіту 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 LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
03/13/2018	"R	5706 Parkview	04	Α	Α	0.58	0.49
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FOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	люн	Imc	L VIOLATION	
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Laboratory Technic GRATURE GWY			4-2-18				
00 780-0438 (05-13)	vyen	Return consists from to Constrain	of Natural Pacources	Public Delaklan K	lator Graneb I	O Poy 176 toller on	Cit., NO 66403 0476



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
street adoress 5766 Parkview Ct	<u> </u>		CERTIFICATION NU		<u> </u>				
сту Osage Beach		ZIP CODE 65065							
соилту Camden		ю кимвек Non-Permitted	SAMPLE COLLECTO EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER	ESULTS	CHLORINE RE	RINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2018	R	5740 Pinnacle	008	A	Α	0.62	0.60		
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		11.00							
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes No	TION	MC	CVIOLATION Yes ✓ No				
rnte Laboratory Technic			DATE 2-28-	-18					
SIGNATURE Auy 10 783-0433 (05-13)	Mm	Return completed form to Degariment o							



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810					
street address 5766 Parkview Ct			CERTIFICATION NUM	MBER				
CITY		ZIP CODE	17					
Osage Beach		65065						
соилту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE		ID TOTAL FECAL TOTAL				FREE	
01/19/2018	R	5722 Parkview	10 A A 0.76				0.61	
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT	TON	МС	L VIOLATION Yes 7 No			
ITLE			☐ Yes ☑ No			TES [J] NO		
_aboratory Technic	al Director		1-31-18				i	
IGNATURE AMIZ-	u1 1.						#174.7	
0.780-0438 105-131	1 p / UN	Return completed form to Denartment of	filatural Percurent	Public Dentise His	dar Desagn D	O Bay 476 lafteran	City DO CEANS BAZE	



PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA OF STA-346-3810					
STREET ADORESS 5766 Parkview Ct	e ter a radio sa	ZIP CODE	CERTIFICATION NU 17	MBER			
Osage Beach		65065					
COUNTY Camden		IO NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITIO	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOIN)	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
12/05/2017	R	5706 Parkview	04	Α	Α	0.60	0.34
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	i.x.	CL VIOLATION Yes 📝 No		
ππ.ε Laboratory Technical Director		DATE 1-2-1	8				
SIGNATURE any orm							
MO 780,0438 (05:13)	VV	Return completed form to Department	of Natural Resources	. Public Drinking	Valer Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Parkview Subdivision STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810						
STREET ADDRESS 5766 Parkview Ct		ZIP CODE	CERTIFICATION NO.	JMBER					
Osage Beach		65065							
соинту Camden		о помвек Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB						
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		
11/13/2017	R	5710 Parkview	03	03 A A 0.64					
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	TION	MCC	VIOLATION Yes No				
TLE aboratory Technical Director		DATE 12-2-17							
GNATURE (114) (05.13)	ylu	Return completed form to Department of	F Haliszal Dasgurgas	Dukso Odobla - 111-	day Deveale D	O Par 476 Jakanan	OH. 110 05100 0470		



Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
street appress 5766 Parkview Ct		•	CERTIFICATION NU	IMBER	_					
CITY	* *************************************	ZIP CODE	<u> </u>							
Osage Beach כסטאדץ Camden		65065 ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB							
SAMPLE DATE	SAMPLE	IE .	SAMPLE SAMPLE RE		RESULTS CHLORINE I		ESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE			
10/09/2017	R	5706 Parkview	04	Α	Α	0.73	0,58			
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	TION	MCI	LVIOLATION Yes 🗹 No	<u></u>				
ить Laboratory Technical Director		DATE /0-3/-	-17	L						
O 780-0438 (05-13)	other	Return completed form to Department o	Matural Possessa	noby nation W	le Brunch O	O Boy 475 leVerson	CH. 110 65 600 0170			



William Louis	PUBLIC WATER SYSTEM NAME Parkview Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
COUNTY	STREET ADDRESS			CERTIFICATION NU					
OSAGE BBACH COMINY CAMPLE DATE MO/DAYYN SAMPLE DATE MO/DAYYN R 5722 Parkview 10 A A A 0.43 0.33 0.33 0.33 0.33 0.33 0.33 0.33			THE CONF	17					
Camden Non-Permitted EB SAMPLE DATE MODAY/YR SAMPLE TYPE COLLECTION POINT SAMPLE RESULTS CHLORINE RESIDUAL (a COLLECTION POINT) 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 5722 Parkview 10 A A 0.43 0.33 09/12/2017 R 09/12/2017 R 0.43 0.43 0.33 09/12/2017 P 09/12/2017 P 0.43 0.43 0.33 09/12/2017 09/12/2017 09/12/2017 09/12/2017 0.43 0.43 0.33	Osage Beach		65065						
NAMPLE UNITE TYPE					OR NAME OR INITE	us			
10 10 10 10 10 10 10 10			COLLECTION POINT	SAMPLE LOCATION			CHLORINE RE	SIDUAL (mg/L)	
TOTAL ROUTING SAMPLE AMALZED MONITORING WOLATION MECLYCOLATION Yes No	MO/DAY/YR	TYPE			TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE	
TOTAL ROUTINE SAMPLE ANALZED TOTAL ROUTINE SAMPLE ANALZED TOTAL POUT TO TALL TALL	09/12/2017	R	5722 Parkview	10	0.43	0.33			
TOTAL ROUTINE SAMPLE ANALZED 1			·						
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			MONITORING VIOLA	TION	I MC	x, violation Yes 7 No			
	TITLE					4 - 40 (24 10			
SIGNATURE My HM Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, HO 6610.	any 1	HM						BU. 110 46444 4-1-	



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COST Total Water Laboratories 573-346-3810						
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU.	MDER					
city Osage Beach		ZIP CODE 65065							
County Camden	.	ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	R NAME OR INITIA	LS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RE	SULTS	CHLORINE RI	HLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/02/2017	R	5706 Parkview	04 A A 0,38				0.32		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA Yes No	TION	Mci	VIOLATION Yes 🗸 No				
ritus Laboratory Technic	al Director		DATE 8-28	-17	1				
SIGNATURE (144)	oth	Return completed form to Department o	National Baconson	Dublic Calabias Wa	Mr Hranch D	O Roy 176 Julieron	CIN MA EF102.0175		



PUBLIC WATER SYSTEM NAME Parkview Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS 5766 Parkview Ct			CERTIFICATION NU		1010-040				
слү Osage Beach		ZIP CODE 65065	-						
COUNTY Camden	1.81	ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INTU	LS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS CHL			CHLORINE R	HLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	OOLLEGIONICIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/18/2017	R	5720 Pinnacle	07	0.73					
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ТЮИ	MC	L VIOLATION Yes [7] No				
TITLE Laboratory Technic	cal Director		DATE 8-1-1"						
SIGNATURE ALL	codu.	Relum completed form to Densetment C		6 () DATE	afae Datas	A Devide 110 118	OH. 110 CE403 C477		



Public water system name Parkview Subdivision			LABORATORY NAME Total Water Laboratories S73-346-3810					
street Adoress 5766 Parkview Ct			17	MBER				
CITY Osage Beach		ZIP CODE 65065						
соинту Camden	· 	ю мимвек Non-Permitted	SAMPLE COLLECTO KR	R NAME OR INITIA	iLS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	E RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	TOTAL	FREE		
06/12/2017	R	5706 Parkview	04	A	A	0.47	0.45	
A CONTRACTOR OF THE CONTRACTOR							-	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	ไม่ต	L VIOLATION		
1 TITLE		☐ Yes ☑ No ☐ Yes ☑ No						
Laboratory Technic			7-2-1	<u>'</u>				
MO 780-0438 (05-13)	Mu	Return completed form to Department	of Hatural Resources.	Public Orinking V	later Branch, l	P.O. Box 176, Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME ROBYN Point STREET ADDRESS			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810 CERTIFICATION NUMBER					
PO Box 1205		Zin cons	17	rot (selfact to				
Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLER		ESULTS CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE		D	TOTAL COLIFORM	TOTAL	FREE		
06/04/2019	R	6523 Robyn Point	20	Α .	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	MC C	L VIOLATION Yes 7 No			
тп.є Laboratory Techni	cal Director		DATE 6-30-					
SIGNATURE MY	Mh	Folian completed form to Consciner	of Natural Barners	Dublie fidakise l	ilaior Renorb	O Say 17A Jefferson	CHU NO REINIANTE	



Robyn Point STREET ADDRESS PO Box 1205 SITY ZIP CODE Osage Beach 65065 COUNTY ID NUMBER Camden MO-3030	474 LECTION POINT	CERTIFICATION NU 17 SAMPLE COLLECTO		*			
Osage Beach 65065 COUNTY ID NUMBER		RG	IR NAME OR INITIA				
		RG	R NAME OR INTU				
	LECTION DON'T	RG					
SAMPLE DATE SAMPLE COL	LECTION POINT	SAMPLE LOCATION	SAMPLE SAMPLE RE		CHLORINE RE	CHLORINE RESIDUAL (mg/L)	
MODALITY		OI	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/01/2019 R 65	64 Robyn Point	17	A	A	<0.02	<0.02	
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	ион	MC	LVIOLATION Yes 7 No		
ITLE Laboratory Technical Director IGNATURE INTURE INTURE		DATE 6-2-19					



ROBUS WATER SYSTEM NAME ROBYN Point			Total Water Laboratories 573-346-3810						
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER					
слу Osage Beach		ZIP CODE 65065							
County Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO EB	OR NAVE OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE R	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	©TYPE ==		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02		

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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA ☐ Yes ☑ No	TION	MC	VIOLATION Yes 🗹 No				
rrrue Laboratory Technic	al Director		DATE 5-4-19						
SIGNATURE ANY M	Ur	Return completed form to Departmen							
780-0438 (05-13)		Return commisted from to Departmen	nt of National Resources.	Public Drinking W	ater Branch, P	D. Box 176 Jefferson	n 1314 UO 85182.5176		



PUBLIC WATER SYSTEM I Robyn Point	NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AF Total Water Laboratories 573-346-3810					
STREET ADDRESS PO Box 1205			CERTIFICATION NUM		<u> </u>			
слу Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RE		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID *	TOTAL COLIFORN	FECAL E-COU	TOTAL	FREE	
03/18/2019	R	6564 Robyn Point	17	A	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOLA Yes 7 No	TION	Ŭ WC	VIOLATION Yes [] No	. :	
тпт.E Laboratory Technic	cal Director		DATE 3-31-19		····			
SIGNATURE AUY 1	Yn.							
MO 760-0439 (05-13)		Return completed form to Department	n Naturai Resources,	, Public Drinking Yes	ter Branch, P	.u. Box 176, Jelienson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME ROBYN Point		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
PO Box 1205		ZIP CODE	CERTIFICATION NU.	JMBER					
Osage Beach		65065 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIA	ALS.	,			
Camden		MO-3030474	RG						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE SAMPLE RE LOCATION						
			· ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
02/13/2019	R	6547 Robyn Point	19	Α	Α	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	TION	МС	L VIOLATION Yes 🗹 No				
τητε Laboratory Technic	al Director		DATE 3-7-19			1.03 [-] 140			
SIGNATURE (My (V)	lu		1,						
AO 780-0438 (05-13)		Return completed form to Departmen	nt of Natural Resources,	Public Drinking W	ater Branch, F	O. Box 176, Jefferson	City, MO 65102-0176		



Robyn Point STREET ADDRESS	TREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER				
PO Box 1205		ZIP CODE	17					
Osage Beach		65065 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS					
Camden		MO-3030474	RG	OK TRAME ON HITT	<i>1</i> C5			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COUFORM—	FECAL E-COU	TOTAL	FREE	
01/24/2019	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02	
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nnte Laboratory Technic	al Director		DATE 2:2-19					
SIGNATURE WY W	lh	Robum completed form to Department	total and Barrier	Marketta market and a second		0.5.77.1.4	Maria de la compansión de	



PUBLIC WATER SYSTEM Robyn Point	UBLIC WATER SYSTEM NAME Robyn Point			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU		1010-040	7-0010				
PO Box 1205			17							
CITY		ZIP CODE	' '							
Osage Beach		65065								
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INIT	IALS					
Camden		MO-3030474	KR							
	1200 Texas 1000. Control (1000)		SAMPLE	SAMPLE SAMPLE RESULT			SIDUAL (mg/L)			
SAMPLE DATE	SAMPLE	COLLECTION POINT	LOCATION	OMNITE RESULTS		OTEO (TE				
MO/DAY/YR	TYPE		ID I	TOTAL COLIFORM	FECAL E-COLI	TOTAL	_ FREE			
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1	TOTAL ROUTINE SAMPLE ANALZED 1		☐ Yes ☑ No	IIUN		LVIOLATION Yes ☑ No				
тпьє Laboratory Technic	cal Director		DATE 1-2-19							
SIGNATURE A			, , , , , 1	, , , ,		. , ,				
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XO 780-0435 (05-13)		Return completed form to Departme	nt of Natural Resources,	Public Orinking V	vater Branch, P	.U. Box 176. Jefferson	CRV. NO 65102-0178			



Robyn Point		LABORATORY NAME Total Water Laboratories Laboratory Telephone NUMBER WITH AREA C 573-346-3810							
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER					
стү Osage Beach		ZIP CODE 65065							
соилту Camden		ю number MO-3030474	SAMPLE COLLECTOR NAVE OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	LOCATION -		ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID *	TOTAL COLFORA	FECAL E-COU	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	Ľ	CL VIOLATION ☐ Yes [7] No				
TITLE Laboratory Techn	ical Directo	r	DATE 12-1-18						
SIGNATURE DAY	Mu				w	BA B	.cm. 180 seen Atre		
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Robyn Point			Total Water Laboratories Laboratory Telephone Number with Area Code						
STREET ADDRESS PO Box 1205			17	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 RE		ESULTS CHLORINE RESIDUAL (r		RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	тюн	H.C.	L VIOLATION Yes 7 No				
TITLE Laboratory Technical Director			DATE - -18						
SIGNATURE (My /1	Mr	Return completed form to Department o	f Haturat Razouccia	Public Brinkles Ut	ifer Branch C	O. Box 176 labore	on City 110 Ek102.0170		



PUBLIC WATER SYSTEM I Robyn Point	BLIC WATER SYSTEM NAME LABORATORY NAME Total Water Laboratory Name		boratories 573-346-3810					
STREET ADDRESS PO Box 1205		The coop	CERTIFICATION NUMBER 17					
CITY Osage Beach		2P CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INTIV	us	**************************************		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
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TOTAL ROUTINE SAMPLE ANALZED 1		Yes 🗹 No			Yes 🕜 No			
тпьє Laboratory Techni	cal Director	r	DATE 9-35:18					
SIGNATURE DWY D	M	Return completed form to Departmen	Lof Mahural Dannumor	Duhlla Didablaa	Valor Hranch	PO Roy 176 Jefferen	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Robyn Point		Total Water Laboratories 573-346-3810				NUMBER WITH AREA CODE			
STREET ADDRESS PO Box 1205		I a cope	CERTIFICATION NUMBER 17						
сіту Osage Beach		ZIP CODE 65065							
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITIA	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	and the second of the second o	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE COLLECTION POINT	COLLECTION	۵l	TOTAL COLIFORM	E-COLI E-COLI	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE AVAILZED 1			MONITORING VIOLA ☐ Yes ☑ No	ATION	MC L	L VIOLATION Yes 🗹 No	·		
τπιε Laboratory Techni	cal Director		DATE 9-4-18			<u> </u>	<u> </u>		
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MO 780-0438 (05-13)	û li v.	Return completed form to Departmen	of Natural Resources	, Public Orinking V	Vater Branch, I	P.O. Box 176, Jefferson	City, NO 65102-0178		



PUBLIC WATER SYSTEM Robyn Point	Robyn Point		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1205		ZIP CODE	CERTIFICATION NUMBER 17						
CITY Osage Beach COUNTY		65065	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3030474	EB	 					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS CHLORINE RESIDUAL		SIDUAL (mg/L)		
MO/DAY/YR	TYPE		(D	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONTORING VIOL	ATION	M	EL VIOLATION Yes [] No				
TITLE Laboratory Techni	_	•	DATE 8-1-18	<u>.</u>					
SIGNATURE MAY	MM			Butto Balling	Value Branch	P.O. Box 176 Jellerson	City UO 65102.0176		



PUBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
Robyn Point STREET ADDRESS			CERTIFICATION NU		5/3-346	5-3810		
PO Box 1205			17	MBER				
CITY		ZIP CODE	1''					
Osage Beach		65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITIAL	.\$ 			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	OCCESTION TO MA	ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
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TOTAL ROUTINE SAMPLE A	ANALZED		MONITORING VIOLA	TION	MC	L VIOLATION Yes No		
глье Laboratory Technic	al Director		DATE 7-2-18					
SIGNATURE AWY M		· - ····· · · · · · · · · · · · · · · · ·						
O 780-0438 (05-13)	, ·	Return completed form to Department o	f Natural Resources.	Public Drinking Wa	ler Branch, P	.O. Box 176. Jefferson	City, IAO 65102-0176	



L 3		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1205	A STATE OF THE STA		CERTIFICATION NU		1010 010				
сіту Osage Beach		ZIP CODE 65065							
соинту Camden	· es vicisiones vicios	ID NUMBER MO-3030474	SAMPLE COLLECTO KR	R NAME OR INITIA	LS				
SAMPLE DATE	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	OIDAITA TEE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE		
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		MONTORING VIOLA	LION	MC	L VIOLATION				
1 TITLE Laboratory Technic	cal Director		☐ Yes ☑ No ☐ Yes ☑ No ☐ Yes ☑ No						
SIGNATURE ANY O			0 110	<u> </u>					
MA-7 (05-13)	Mar.	Return completed form to Department o	f Natural Resources,	Public Drinking W	ler Branch, P	O. Box 176, Jefferson	City, MO 65102-0176		



Robyn Point		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS PO Box 1205			CERTIFICATION NU	MBER					
стү Osage Beach		ZIP CODE 65065							
County Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER		CHLORINE RI	ESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA Yes 7 No	TION	M.C	L VIOLATION Yes 7 No				
птье Laboratory Technic	cal Director		DATE 5.1-18	,					
SIGNATURE AMY 1	yw_	Return completed form to Department c	f Haluzil Pacources	Qublic Drinking II	Palar Branch L	O Pay 176 Infloren	CH., NO 65102 0175		



Robyn Point	STREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810					
PO Box 1205		ZIP CODE	17					
Osage Beach		65065						
соилту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	PLE DATE SAMPLE COLLECTION PO		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
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1 TITLE:			BITE			1 162 FT MO		
Laboratory Techni			4-2-1	8				
MVZ	alle	Return completed form to Department	l of Halurai Resources	, Public Drinking	Water Branch, i	P.O. Box 176, Jefferson	City, MO 65102-0178	



PUBLIC WATER SYSTEM Robyn Point	NAME		LABORATORY NAME Total Water La		573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE
STREET ADDRESS PO Box 1205		, , , , , , , , , , , , , , , , , , ,	CERTIFICATION NUI		ul-afficience and minimum survivors su		
стү Osage Beach		7:P CODE 65065					F-1/2
County Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITIA	LS		
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
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA ☐ Yes ☑ No	THON	MC [Yes / No	
τπιε Laboratory Techni	cal Director		DATE 7-28-1	18			
SIGNATURE ALLY	Mh						
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PUBLIC WATER SYSTEM	NAME		LABORATORY NAM		573-346		ER WITH AREA CODE
Robyn Point			Total Water La		5/3-340	-3610	
STREET ADDRESS PO Box 1205			CERTIFICATION NU	жеек			
CITY		ZIP CODE	1				
Osage Beach		65065					
соилту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	Me	CL VIOLATION	J
1			☐ Yes ☑ No] Yes ☑ No	
TITLE Laboratory Techni	cal Director	T	DATE 1-31-18				
SIGNATURE	agh						
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	LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS PO Box 1205 CITY ZIP CODE	17	MBEK				
Osage Beach 65065	SAMPLE COLLECTO					
COUNTY ID NUMBER Camden MO-3030474	KR					
SAMPLE DATE SAMPLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR TYPE COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
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INTLE Laboratory Technical Director	DATE /-2-18	ſ				
SIGNATURE MY MMM. AO 780-0438 (05-13) Return completed form to Departmen		Bubble heatter	Vator Desert	O Bay 17E loffacean	CHV NW 65102.0476	



PUBLIC WATER SYSTEM NAM Robyn Point	AE		LABORATORY NAME Total Water La		573-346		R WITH AREA CODE
STREET ADDRESS PO Box 1205			CERTIFICATION NUI				
сіту Osage Beach		zip code 65065	SAMPLE COLLECTO	O MANE CO ISSUE	16		
COUNTY Camden	- Marie - Mari	IO NUMBER MO-3030474	KR	-vo. 864	-ny distanguni bangani i	Pysig is published as twee in	
	AMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R			
	TYPE		.ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ATION	FIG	L VIOLATION Yes 📝 No		
τιτιε Laboratory Technica	l Director		DATE /2-2-7	17-		·	
SIGNATURE (114) (14) (15) MO 780-0438 (05-13)	Aller	Return completed form to Department	of Maharat Danas	Public Delation V	Jater Branch	O. Box 176. letterson	City, MO 85102-0176



PUBLIC WATER SYSTEM Robyn Point	NAME		LABORATORY NAM Total Water L		573-346		ER WITH AREA CODE
STREET ADDRESS PO Box 1205			CERTIFICATION NU				
сіту Osage Beach		ZIP CODE 65065					
соилту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		≥ ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes No	TION	MC	VIOLATION Yes ☑ No		
nrue Laboratory Technic	cal Director		DATE (0.3/	-17			
SIGNATURE Ally	offer					-	
JO 780-0438 (05-13)		Return completed form to Department of	i Natural Resources.	Public Drinking Wa	ter Branch, P	O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM Robyn Point	NAME		Total Water L		573-346		ER WITH AREA CODE	
STREET ADDRESS PO Box 1205			CERTIFICATION NU		.1			
спү Osage Beach		ZIP CODE 65065						
COUNTY Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE			CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		JD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/11/2017	R	6564 Robyn Point	17	Α	A	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes V No	TION	M.C	VIOLATION Yes 📝 No			
птье Laboratory Technic	al Director		DATE 10.3-1	7		-		
SIGNATURE MAY	gm -				-			
(O 780-0438 (05-13)		Return completed form to Department of	l Natural Resources,	Public Drinking Wa	ter Branch, P	O. Box 176, Jellerson	City, MO 65102-0176	



Robyn Point	LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
PO Box 1205			CERTIFICATION NU	MBER			
слу Osage Beach		ZIP CODE 65065					
соинту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTO EB	OR NAME OR INITU	LS	MANAGEMENT	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION		SAMPLE RESULTS		SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA  Yes () No	MONITORING VIOLATION M Yes 7 No			MCL VIOLATION ☐ Yes ☑ No	
TITLE Laboratory Technic SIGNATURE A			DATE 8-28-	17			
SIGNATURE (1974)	MM	Return completed form to Department of	of Matrical Proposition	Public Delaktor W	aler Rranch I	O Boy 176 lafferson	City MO 65182.0176
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PUBLIC WATER SYSTEM NAME ROBYN Point SYREET ADDRESS	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL Total Water Laboratories 573-346-3810						
PO Box 1205			CERTIFICATION NU	MBER			
Спу Osage Beach		ZIP CODE 65065					
соилту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	6564 Robyn Point	17	Α	A	<0.02	<0.02
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		7 (S) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T					
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1			MONITORING VIOLA  Yes No		MC	YOLATION Yes V No	
TITLE Laboratory Technical Director SIGNATURE A / L		8-1-H				<u> </u>	
Mis 10 780-0438 (05-13)	oth	Return completed form to Departme	ni of Natural Resources.	Public Drinking W	later Branco, F	O. Box 176, Jefferson C	ilv. IAO 65102-0176

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PUBLIC WATER SYSTEM Robyn Point	NAME		LABORATORY NAM Total Water La				BER WITH AREA CODE
STREET ADDRESS			CERTIFICATION NU		573-346	3-3810	
PO Box 1205			17	AIOEII			
CITY		ZIP CODE	1				
Osage Beach		65065					
соияту Camden		ID NUMBER MO-3030474	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE R	ESIDUAL (mg/L)
MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
06/12/2017	R	6523 Robyn Point	20	Α	Α	<0.02	<0.02
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TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOLA  Yes 7 No	TION	l kc	LVIOLATION Yes 🗹 No	
птьє Laboratory Technic	al Director		DATE 7-2-1		1-		
MATURE	<u>-</u>		L	<u> </u>			
Au 10 780-0438 (05-13)	WW.	Return completed form to Department o	f Natural Resources	Public Drinking W	ater Branch, P	O. Box 176. Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM Seven Trails West			Total Water La		573-346	RY TELEPHONE NUMB I-3810	ER WITH AREA CODE
STREET ADDRESS PO Box 583			CERTIFICATION NU				
сіту Camdenton		ZIP CODE 65020					
соилту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE		LOCATION		ESULTS	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
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TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOLA	ATION	luc	A NOLATION	
1 TITLE			☐ Yes ☑ No		<u> </u>	Yes 🕜 No	
Laboratory Technic signature	1		6-30-1	e ₁			
10 780-0438 (05-13)	Mhr	Return completed form to Department	of Hatural Resources	, Public Drinking Y	ater Branch, I	P.O. Box 176, Jefferson	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		Jain CODE	CERTIFICATION NUMBER 17						
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE SAMPLE		COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
05/07/2019	R	144 Christopher	021	Α	A	0.45	0.41		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No							
τιτε Laboratory Technic	cal Director		DATE 6-2-19						
SIGNATURE (JULY )	llu	Rature completed form to Denazime		5. LU. 5.JU \	Ustaco	O Day 472 Jawa-a	Chr. UO 65102-0178		



PUBLIC WATER SYSTEM NAME Seven Trails West STREET ADDRESS PO Box 583			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER 17						
сіту Camdenton		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	GENERAL STATE OF THE STATE OF T	SAMPLE	SAMPLE SAMPLE R		ESULTS CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE		
04/01/2019	R	Office Sink	031	Α	<u> </u>	0.47	0.38		
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TOTAL ROUTINE SAMPLE	OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No						
тпье Laboratory Techn	LE aboratory Technical Director			DAYE 5-419					
SIGNATURE MAY A	Iln	Return completed form to Departme			-				



Seven Trails West	· · · · · · · · · · · · · · · · · · ·		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810						
STREET ADDRESS PO Box 583 CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Camdenton county	, , , , , , , , , , , , , , , , , , , ,	65020 IO NUMBER	SAMPLE COLLECTOR NAME OR INITIALS .						
Camden	l	MO-3031220	RG	SAMPLE R					
	SAMPLE TYPE	GOLLECTION POINT	SAMPLE SAMPLE RE LOGATION TOTAL COLFORM				FREE		
	Aleman de la companya				CONTRACTOR AND	0.80	0.51		
03/06/2019	R	Office Sink	031	A	A	0.60	0.31		
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TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOU	ATION	IMC	L VIOLATION Yes [] No			
тятье Laboratory Technic	cal Director	•	DATE 3-3/-19						
SIGNATURE (My )	Mr				Valer Bonch	P.O. Box 176. Jefferson	City UO 85502.0178		



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME Total Water La	aboratories	1	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	R NAME OR INITIV	LS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	and managed and	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID I	TOTAL COLIFORN	E COU	TOTAL	FREE		
02/18/2019	R	Office Sink	031	Α	Α	0.38	0.24		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  Yes [] No  Yes [] No							
TITLE Laboratory Technic	cal Director	•	DATE 3-2-19						
SIGNATURE  (IN) W/(I)  Return completed form to Department			of the trust Description	Public Didation i	Vatar Granen L	O Hov Lik Jefferson	City NO 65102-0176		

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	PUBLIC WATER SYSTEM NAME Seven Trails West		Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER					
City Camdenton		ZIP CODE 65020							
соинту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE		ID s	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE		
01/02/2019	R	144 Christopher	021	Α	Α	0.83	0.72		
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1	DTAL ROUTINE SAMPLE AMALZED		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No						
TITLE Laboratory Technic			DATE 2-2-19						
SIGNATURE ANY A	lu	Return completed form to Department			· · · · · · · · · · · · · · · · · · ·				



Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS PO Box 583			CERTIFICATION NUI	MBER					
CITY Camdenton		ZIP CODE 65020							
COUNTY Camden		10 NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS KR						
		COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR T		COLLEGICATION	ID	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE		
12/04/2018	R	Lab Sink	024	Α	A	1.26	1.17		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No							
TOLE			DATE 1-2-19						
SIGNATURE ALLA ALLA						P.O. Box 176, Jefferson	Chi HO 65483 6475		



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER					
CITY		ZIP CODE	17						
Camdenton county		65020 ID NUMBER	ALUDIE COLLEGIA			·			
Camden	. As caratres recess 7	MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS KR						
	AMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR :: 1	TYPE	and the office and account of the specific of the second	al	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE		
11/15/2018	R	Lab Sink	024	Α	A	0.86	0.85		
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OTAL ROUTINE SAMPLE ANAL	OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TLE aboratory Technical Director			DATE /2-1-18						
IGNATURE BUY MI 0780-0438 (05-13)	u	Return completed form to Department o							



Seven Trails West			Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER					
Camdenton		ZIP CODE 65020							
соинту Camden	15	ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RE		ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
10/03/2018	R	Lab Sink	024	A	Α	0.58	0.57		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	[MC	L VIOLATION			
t TLE		☐ Yes ☑ No ☐ Yes ☑ No							
Laboratory Technic		= 5000000	11-1-18		<del></del>				
SIGNATURE (144) A	V V	Return completed form to Department o	f Natural Resources,	Public Drinking W	ater Branch, F	.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM Seven Trails West						ORATORY TELEPHONE NUMBER WITH AREA CODE 3-346-3810			
STREET ADDRESS			CERTIFICATION NU		10.0040				
PO Box 583	· · · · · · · · · · · · · · · · · · ·		17						
Camdenton		ZIP CODE 65020							
County		ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3031220	ЕВ				Section (Control of Control of Co		
SAMPLE DATE SAMP	SAMPLE	COLLECTION POINT	SAMPLE RE LOCATION		RESULTS CHLORINE RESIDUAL (m				
MO/DAY/YR	TYPE		ID.	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
09/10/2018	R	Lab Sink	024	Α	Α	0.39	0.35		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	TION	MC	CL VIOLATION			
1		☐ Yes ☑ No ☐ Yes ☑ No							
	пт.≝ .aboratory Technical Director		DATE 9-30-18						
SIGNATURE (IN)	d)u								
VO 780-0438 (05-13)	ייטעש"	Return completed form to Department	of Natural Resources	, Public Drinking \	Vater Branch,	P.O. Box 176, Jefferson	CHy, MO 65102-0176		



Seven Trails West		Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 583			CERTIFICATION NUMBER 17						
сту Camdenton		ZIP CODE 65020							
County Camden		ю number MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	E-COU FECAL	TOTAL	FREE		
08/08/2018	R	Sample Port #2 at 423 Jamie	2A	A	A	0.68	0.56		
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TOTAL POLITINE CARDIE	ANALZED		MONITORING VIOL	ATION	171	CL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		☐ Yes ☑ No							
CIONATURE	aboratory Technical Director			DATE 9-4-19					
SIGNATURE AWY	MN	Patum completed form to Denartment	of Mahural Paraceasa	Public Odovice	Water Branch	P.O. Box 175. Jefferson	CHV. MO 65102-0176		



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A 573-346-3810						
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
City Camdenton		ZIP CODE 65020						
соинту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/09/2018	R	Lab Sink	024	Α	Α	0.38	0.29	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☐ No  ☐ Yes ☐ No						
TITLE Laboratory Technical Director		DATE 4-1-18						
SIGNATURE ANY AMM NO 760.6438 (05-13) Return completed form to Departm			ent of Natural Resources	Bublia D.Jatis - V	Valor Beent	D O Doy 176 John	City NO 64102.0175	



PUBLIC WATER SYSTEM NAME Seven Trails West STREET ADDRESS PO Box 583 CITY ZIP CODE Camdenton 65020			LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
			CERTIFICATION NUMBER 17					
			0.000 5.000 5.000					
		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE			TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	Office Sink	031	Α	Α	0.42	0.38	
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TOTAL ROUTINE SAMPLE ANALZED  1			MONITORING VIOLATION Yes 7 No			MCL VIOLATION  Yes  No		
TITLE Laboratory Technical Director			DATE 17-2-19					
SIGNATURE MILY	Mln	Balum comissed form to Departmen						



PUBLIC WATER SYSTEM NAME Seven Trails West			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 583 CITY		ZIP CODE	17	MDEK				
Camdenton		65020						
		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/07/2018	R	Office Sink	031	Α	Α	0.41	0.36	
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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLATION  ☐ Yes ☐ No ☐ Yes ☐ No					
TITLE Laboratory Technical Director			DATE 6-4-18					
SIGNATURE AMY	wh_	Return completed from to Decording		Dubile Datables	Major State	D.C. Doy 176 Jollanson	Ch., NO 65102-0176	



PUBLIC WATER SYSTEM NAME SEVEN Trails West STREET ADDRESS PO Box 583			Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
			CERTIFICATION NUMBER 17					
City Camdenton COUNTY		ZIP CODE 65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS EB					
Camden		MO-3031220	SAMPLE SAMPLE R		ESULTS	CHLORINE RESIDUAL (mg/L)		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE	
04/04/2018	R	Lab Sink	024	Α	A	0.36	0.32	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  Yes No Yes No				<u> </u>		
ทุกเลี Laboratory Technical Director			DATE 5-1-18					
SIGNATURE 1144	Mu	Return completed form to Department	of Natural Paraumen	Public Danking	Nater Reanch	P.O. Hoy 176 Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Seven Trails West		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
оту Camdenton		2IP CODE 65020						
County Camden	/ 0 = N == 0 VM	ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS CHLORINE RESIDUA		SIDUAL (mg/L)	
MO/DAY/YR	TYPE		1D	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/27/2018	R	Office Sink	031	А	A	0.47	0.37	
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1		MONITORING VIOLATION NO.	TION	MC	L VIOLATION Yes 📝 No			
nte Laboratory Technic			DATE 4-2-1	8				
O 783-0438 (05-13)	Mu	Return completed form to Department o	f Natural Resources,	Public Orinking V	aler Branch, F	.O. Box 176, Jefferson	City, MO 65102-0176	



Seven Trails Wes	Seven Trails West		Total Water Laboratories 573-346-3810					
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER				
CITY Camdenton		ZIP COD€ 65020						
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/13/2018	R	Lab Sink	024	A	A	0.70	0.60	
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TOTAL ROUTINE SAMPLE  1 TITLE	ANALZED		MONITORING VIOLATE  MONITORING VIOLATE  MONITORING VIOLATE			L MOLATION Yes (7) No		
Laboratory Technic			2-281	8				
(1.117) 10 760-0138 (05-13)	allu	Return completed form to Department 0	of Matural Resources	Public Danking N	ater kranch	O Rus 176 Jeffesson	CH. MD 55162.6176	



PUBLIC WATER SYSTEM NAME		LABORATORY HAME LABORATORY TELEPHONE NUMBER WITH AREA CODE							
Seven Trails Wes	t		Total Water La		573-346	3-3810			
STREET ADDRESS			CERTIFICATION NU	MBER					
PO Box 583			17						
CITY		ZIP COOE							
Camdenton		65020							
соинту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO	OR NAVE OR INITIA	L <b>S</b>				
Camben	1	IWO-3031220	CD	r tar di di imani, an					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/09/2018	R	Lab Sink	024	Α	Α	0.46	0.33		
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TOTAL ROUTINE SAMPLE A	ANALZED		MONITORING VIOLATION TO MONITO	TION	lwc	L VIOLATION Yes 🕖 No			
mie Laboratory Technic	al Director	A	DATE 1-31-18						
SGNATURE			1 11 10						
Auy 1	yjiv	Return completed form to Department o	f Natural Resources	Public Drinking Wa	ter Branch P	O Box 175 Jefferson	City NO.65102.0176		



PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
Seven Trails West			1		573-346	5-3810			
PO Box 583			CERTIFICATION NU	WREK					
CITY		ZIP CODE	<b> </b>	*					
Camdenton		65020							
соинту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RE	SULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOYAL COUFORM	FECAL E-COLI	TOTAL	FREE		
12/06/2017	R	Lab Sink	024	Α	Α	0.55	0.51		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLATION TO THE PROPERTY OF THE PR	TION	MCI	LVIOLATION Yes ☑ No				
ritte Laboratory Technic	cal Director		DATE [-2-18		· _				
SIGNATURE DWY	/H) in						]		
O 780 0438 (05-13)	y	Return completed form to Department o	f National Resources	Public Orinking Wat	er Branch, P.	O. Box 176. Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM Seven Trails West			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810			ER WITH AREA CODE	
STREET ADDRESS PO Box 583			CERTIFICATION NU	MBER			
стү Camdenton		21P CODE 65020					
COUNTY Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-ÇOLI	TOTAL	FREE
11/08/2017	R	Lab Sink	024	Α	Α	0.57	0.45
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA  Yes 7 No	TION	M.C.	VIOLATION Yes [7] No	·	
ITLE Laboratory Technic			DATE 12-2-1	7		***	
1GNATURE (1444)	ifh.	Return completed form to Department o	f Natural Resources	Public Orinking W	ater Branch P	O. Box 178. Jefferson i	City, MO 65102-0176



PUBLIC WATER SYSTEM Seven Trails West STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER V Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER		R WITH AREA CODE		
PO Box 583 city Camdenton		ZIP CODE 65020	17				
County Camden		io number MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB			· · · · · · · · · · · · · · · · · · ·	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
10/09/2017	R	Sample Port #1@401Christoper	1A	Α	Α	0.94	0.88
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- Annual Control			I		1	NO. ITTO	
TOTAL ROUTINE SAMPLE /			MONITORING VIOLA ☐ Yes ☑ No	HON		VIOLATION Yes ☑ No	
ιπιε Laboratory Technic			DATE (0.3/	-17			
SIGNATURE ALL	idlu	<del></del> :					
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PUBLIC WATER SYSTEM I Seven Trails West			Total Water Laboratories LABORATORY TELEPHONE NUMBER WI 573-346-3810			BER WITH AREA CODE			
STREET ADDRESS PO Box 583			CERTIFICATION NU 17	MBER					
city Camdenton		ZIP CODE 65020							
солиту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	Land William Conference of the	11 (1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 (		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RI	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID .	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/06/2017	R	Sample Port #2 @ 423 Jamie	2A	Α	Α	0.61	0.48		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	MC	X. VIOLATION Yes 7 No			
1			☐ Yes ☑ No		<u> </u>	J Yes [∡] No			
Laboratory Techni			DATE 10-3-1	<i>t</i>					
SIGNATURE / 13/2 MO 780-0438 (05-13)	MM	Return completed form to Department	of Mahiral Posources	Dublic Odovina	Water Branch	P.O. Box 176. Jefferso	n City, NO 65102-0176		



PUBLIC WATER SYSTEM Seven Trails West	West Total Water Laboratories 573-346-3810		ER WITH AREA CODE				
STREET ADDRESS PO Box 583			CERTIFICATION NU 17	MBER			
Camdenton		ZIP CODE 65020					
соилту Camden		IO NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS			CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLCLOTION	ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/20/2017	S	Sample Port #2 @ 423 Jamie	2A	Α	A	1.38	88.0
09/20/2017	S	Sample Port #3 @ 159 Velvet	3A	Α	Α	0.87	0.84
09/20/2017	S	Well House	01	Α	Α	1.49	1.30
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TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOLA ☐ Yes ☑ No	TION	МС	L VIOLATION	
0 सरम् Laboratory Technic	al Director		L Yes [/] No DATE /o-3//			Yes 🗸 No	
SIGNATURE ALWY		Return completed form to Department o			ater Branch O	O Box 176 Jefferson	CHV MO 65102.0176



PUBLIC WATER SYSTEM			LABORATORY NAM			LABORATORY TELEPHONE NUMBER WITH AREA CODE			
Seven Trails West	t		Total Water La		573-346	3-346-3810			
STREET ADDRESS			CERTIFICATION NU	MBER					
PO Box 583		ZIP CODE	17						
Camdenton		65020							
COUNTY	<del></del>	ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden		MO-3031220	EB						
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDUA			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
09/21/2017	S	93 Angel	030	Α	Α	0.80	0.66		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA  ☐ Yes ☑ No	ATION	L M	E VIOLATION ] Yes [7] No			
тітье Laboratory Techni	ical Director	r	DATE 10 - 3-1	7					
SIGNATURE ALL	odlu								
NO 780-0438 (05-13)		Return completed form to Department	of Natural Resources	, Public Orlnking	Yater Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



Seven Trails West Total Water Laboratories 573-346-		ATORY TELEPHONE NUMBER WITH AREA CODE 846-3810					
STREET ADDRESS PO Box 583		ZIP CODE	CERTIFICATION NU	MBER			
CITY Camdenton		65020					
солиту Camden		ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE	LOCATION		ESULTS CHLORINE RESID		
MO/DAY/YR	TYPE	COLLEGION CONT	ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	R	Lab Sink	024	Α	Α	0.68	0.48
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	MC	L VIOLATION Yes 🗹 No		
TITLE Laboratory Techni	cal Directo	· · · · · · · · · · · · · · · · · · ·	DATE 8-28		<b>t</b>		
	NW	Return completed form to Daparime	at of University Paralless	Sublic Drinklan	Waler Branch	P.O. Box 175. Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Seven Trails West			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA C					
STREET ADDRESS PO Box 583			17	MBER				
city Camdenton		zip cod∈ 65020						
соимту Camden	•	ID NUMBER MO-3031220	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RE		ESULTS CHLORINE RESIDUAL (1		SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/10/2017	R	Sample Port #2 @ 423 Jamie	2A	A	Α	0.51	0.48	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLAT	пои	MC	L VIOLATION Yes 7 No			
ITLE Laboratory Technic	al Director		DATE 811	7				
SIGNATURE (114)	y odli	Return completed form to Department o	f National Decay	Dishile Deleter III	iter Dranck *	O Boy 176 July	Ciby NO SEARS BASE	



PUBLIC WATER SYSTEM NAME Seven Trails West STREET ADDRESS		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CC Total Water Laboratories 573-346-3810					
	Inc. cont	17	MBER				
	65020						
- 1 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ID NUMBER MO-3031220	SAMPLE COLLECTO KR	R NAME OR INITI	ALS	<b>(.</b>		
SAMPLE	COLLECTION POINT	SAMPLE LOCATION			CHLORINE RESIDUAL (mg/L)		
IYPE		ID ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
R	Lab Sink	024	Α	Α	0,45	0.41	
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1		∐ Yes [∠] No	тюн	I ^{MC}	Yes No		
cal Director		DATE 7-2-17	7				
offer		25 Maharita P	Sublia batalia - 11	Die Reset	O Roy 176 Intra-	on City NO 85102-0175	
	SAMPLE TYPE  R  ANALZED  cal Director	ZIP CODE 65020 ID NUMBER MO-3031220  SAMPLE TYPE COLLECTION POINT  R Lab Sink  ANALZED  Cal Director	Total Water Lace Certification No. 17    Sample   Sample Collection Point   Sample Collection Kr.	Total Water Laboratories  CERTIFICATION NUMBER 17  ZIP CODE 85020  D NUMBER MO-3031220  SAMPLE COLLECTION POINT TYPE  COLLECTION POINT TYPE  Lab Sink  024  A  A  A  A  A  A  A  A  A  A  A  A  A	Total Water Laboratories   573-346	Total Water Laboratories   573-346-3810	



Sierra Bay Condor	IBLIC WATER SYSTEM NAME ierra Bay Condominiums REET ADDRESS		LABORATORY NAME Total Water Laboratories   Laboratory Telephone Number with Area CC						
street address 153 Blue Dolphin ( city	Orive	ZIP CODE	17						
Camdenton		65020							
County ID NUMBER Camden MO-5301497		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	CHESTORY OF A PRO-	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID ID	TOTAL COLIFORN	E-COU FECAL	TOTAL	FREE		
06/04/2019	R	Building 72 Unit 2C	04	A	А	0.98	0.90		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA  ☐ Yes ✓ No	NOITA	MC C	X VIOLATION Yes 🗹 No				
mre Laboratory Technic	cal Director		DATE 6-30-	19					
SIGNATURE WW.y	MM	Return completed form to Departmen	ni di Liziural Maraumare	Public Dooking V	Vater Branch	P.O. Roy 176 Jefferson	C#V MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NUMBER 17					
153 Blue Dolphin	Drive							
Camdenton		ZIP CODE 65020						
COUNTY		IDNUMBER	SAMPLE COLLECTO	OR NAME OR INITIA	LS			
Camden	=	MO-5301497	EB	Acceptance of the second secon				
SAMPLE DATE	SAMPLE		SAMPLE	ŞAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL	TOTAL	FREE	
	n (0) (0) (0)		gereen het gestellig	2020/08/04/04/23/23/23/23/24/12	E-COLI	80.050.000-50.000-4-0		
05/07/2019	R	Building 72 Unit 1C	02	A	Α	0.96	0.92	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	I NOITA	DMC	L VIOLATION			
101al Routine Sample analzed		Yes 🗹 No			] Yes ☑ No			
TITLE Laboratory Technical Director		DATE 6-219						
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SIGNATURE () () () () () () () () () () () () ()	yln							
MO 780-0438 (05-13)		Return completed form to Department	of Natural Resources	, Public Drinking V	aler Branch,	P.O. Box 176, Jefferson I	Lity, MO 65102-0176	



Sierra Bay Condominiums		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COC 573-346-3810							
STREET ADORESS 153 Blue Dolphin I	Orive	ZIP CODE	CERTIFICATION NUMBER 17						
Camdenton		65020							
COUNTY ID NUMBER Camden MO-5301497			SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMP		ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE		
04/01/2019	R	Building 72 Unit 2C	04	A	A	1.21	0.95		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA	L. I.	MC	L VIOLATION Yes (7) No				
τιτιε Laboratory Technic	cal Director		DATE 5:4-19						
SIGNATURE ANY M	tv	Return completed form to Department	of Natural Paragram	table Dables V	Jater Branch I	A Boy 176 Jefferson	City U/1 65107.0176		



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		Total Water L	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 153 Blue Dolphin	Drive	ZIP CODE	CERTIFICATION NUMBER 17					
City Camdenton		65020						
COUNTY ID NUMBER Camden MO-5301497			SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	LE DATE SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL	FECAL E-COLI	TOTAL	FREE	
03/05/2019	R	Building 72 Unit 1C	02	Α	Α	1.27	0.95	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	MC C	CL VIOLATION Yes  No			
тить Laboratory Techni	ical Director		3-3/-19					
SIGNATURE (I'MY )	Mn	Return completed form to Denadm	and of Malina I Debende	Rublia Ddallas	Waler Branch	DO Roy 176 Jaffarens	Chy NO 65102-0176	



PUBLIC WATER SYSTEM NAME SIGNED BOY CONDOMINIUMS STREET ADDRESS		LABORATORY NAME   LABORATORY TELEPHONE NUMBER WITH ARE   S73-346-3810   CERTIFICATION NUMBER   LABORATORY TELEPHONE NUMBER WITH ARE   S73-346-3810   CERTIFICATION NUMBER   CERTIFICATION NUMBER NUMBER   CERTIFICATION NUMBER						
153 Blue Dolphin crty Camdenton	Drive	ZIP CODE 65020	17 SAMPLE COLLECTOR NAME OR INITIALS RG					
County Camden		ID NUMBER MO-5301497						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE REL		ESULTS	CHLORINE RE	SJDVAL (mg/L)	
MO/DAY/YR	TYPE		ÎD	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
02/04/2019	R	Building 72 Unit 2C	04	Α	Α	0.93	0.84	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	TION		Yes No			
rnce Laboratory Technik Signature			3-2-19				<del></del>	
10 700-0438 (05-13)	M	Return completed form to Department	of Natural Resources,	Public Drinking W	ster Branch, f	P.O. Box 176, Jellerson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME SIETRA BAY Condominiums STREET ADDRESS 153 Blue Dolphin Drive		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810  CERTIFICATION NUMBER 17						
слу Camdenton		ZIP CODE 65020						
соинту Camden		ID NUMBER MO-5301497	RG	OR NAME OR INITIA	us			
SAMPLE DATE	MPLE DATE SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ÎD	TOTAL COLIFORNI	E-COU E-COU	TOTAL	FREE	
01/14/2019	R	Building 72 Unit 1C	02	Α	Α	0.96	0.62	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M.C	L VIOLATION Yes ☑ No			
πιε Laboratory Techn	ical Director		DATE 2-2-14					
SIGNATURE AWY ( MO 780-0438 (05-13)	allin	Return completed form to Departmen	nt of Natural Resources	s, Public Drinking V	Yater Branch,	P.O. Box 176, Jefferson	City, MO 66102-0176	



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums			LABORATORY NAME  LABORATORY TELEPHONE NUMBER WITH ARE  Total Water Laboratories  573-346-3810					
STREET ADORESS			CERTIFICATION NU		1			
153 Blue Dolphin (	Orive	-						
CITY Camdenton		ZIP CODE 65020						
COUNTY Camden		IO NUVBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITIA	is			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	The state of the s	CHLORINE RE	RINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL-	FREE	
12/12/2018	R	Building 72 Unit 2C	04	Α	Ā	0.69	0.44	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	I I	MC	L VIOLATION Yes 🕜 No			
тпье Laboratory Technic	cal Director		DATE 1-2-19	1,2,1,2				
SIGNATURE MAY (4	Mu	Return completed form to Benedined		CAR-PIA-UA-V	Islar Prench	10 Boy 176 Johannon	CHO NO EESBY BATE	



Sierra Bay Condominiums		LABORATORY NAM Total Water La	RY TELEPHONE NUMB -3810	NUMBER WITH AREA CODE					
STREET ADDRESS 153 Blue Dolphin I	Orive		CERTIFICATION NUMBER 17						
сту Camdenton		ZIP CODE 65020							
соинту Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI	ESULTS	CHLORINE RE	ERESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE		
11/06/2018	R	Building 72 Unit 1C	02	A	A	0.80	0.69		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA  ☐ Yes ☑ No	AIRON		LVIOLATION Yes ☑ No				
TITLE Laboratory Technic			DATE /2-148	3					
SIGNATURE (MY OF	Mu	Return completed form to Department					Oh., NO 40160 6474		

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PUBLIC WATER SYSTEM NAVE Sierra Bay Condominiums		LABORATORY NAME Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 153 Blue Dolphin I CITY	Orive	ZIP CODE	CERTIFICATION NUMBER 17					
Camdenton		65020						
COUNTY Camden	I	ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITIA	ts			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	RESULTS CHLORINE RESIDUA		SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Building 72 Unit 2C	04	A	Α,	0.67	0.40	
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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLA	TION	MC	L VIOLATION Yes 7 No		
τιτιε Laboratory Technical Director			DATE 11-1-18					
SIGNATURE MWY	Mu	Return completed form to Department				0.0.496.4.5	A2. UA 2722 2.42	



		LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street adoress 153 Blue Dolphin I			CERTIFICATION NUMBER  17  SAMPLE COLLECTOR NAME OR INITIALS KR					
сту Camdenton		ZIP CODE 65020						
соимту Camden		ID NUMBER MO-5301497						
SAMPLE DATE		COLLECTION POINT	SAMPLE SAMPLE R			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR		GI	TOTAL COLIFORM	E-COU FECAL	TOTAL	FREE		
09/10/2018	R	Building 72 Unit 1C	02	A	Α .	0.89	0.80	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	l l	L VIOLATION Yes [] No	1		
τιτιε Laboratory Techni	cal Director	r	DATE 9-30-18	}				
SIGNATURE MAY (	4.7	Return completed form to Decadement		7. NA DZ-1/ 1	Unior Denne	DA Sov 176 John	n City IIO 65102.0176	

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PUBLIC WATER SYSTEM NAME SIERRA Bay Condominiums STREET ADDRESS		Total Water L	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
153 Blue Dolphin I	Drive	ZIP COD€	17	MBER			
Camdenton		65020					
соинту Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITIA	is.		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		JD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Building 72 Unit 2C	04	A A		0.86	0.78
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TOTAL ROUTINE SAMPLE ANALZED 1		MONETORING VIOLA  Yes No	TION	MC	VIOLATION Yes 7 No		
nnte Laboratory Technic	cal Director		DATE 9-418		- · · · · · · · · · · · · · · · · · · ·		
SIGNATURE AMY	ofler	Rejum consisted form to Departmen					



PUBLIC WATER SYSTEM Sierra Bay Condo			Total Water L		573-346	DRY TELEPHONE NUMB 3-3810	ER WITH AREA CODE		
STREET ADDRESS 153 Blue Dolphin	7		CERTIFICATION NU		1				
сіту Camdenton		ZIP CODE 65020							
County Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RE		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	DAY/YR TYPE COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
07/17/2018	R	Building 72 Unit 1C	02	A	Α	0.95	0.59		
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TOTAL POLITINE SAUDIE	ANAL 250		HONE TO DINO 1401	TION	luz	I VOLATION			
OTAL ROUTINE SAMPLE 1 TITLE	MYALZEU		MONITORING VIOLA  Yes No	HUN	I _M C	L VIOLATION Yes 7 No			
Laboratory Technic SIGNATURE 400 780-0438 (05-13)	cal Director		8-1-18		<del> </del>				
O 780-0438 (05-13)	1.000	Return completed form to Departmen	nt of Natural Resources,	Public Drinking W	ater Branch, F	O. Box 176, Jefferson	City, MO 65102-0176		



Sierra Bay Condominiums		Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS	- ·		CERTIFICATION NU	MBER	1			
153 Blue Dolphin	Duve	ZIP CODE	17					
Camdenton		65020						
County Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE SAMPLE I			CHLORINE RESIDUAL (mg/L		
MU/DAT/TR	OBAITT TILE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/11/2018	R	Building 54 2C	09	Α	Α	0.84	0.56	
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OTAL ROUTINE SAMPLE ANALZED A		MONTORING VIOLA	TION	MC	VIOLATION Yes [7] No	J		
nte .aboratory Technic	al Director		DATE 7-2-18					
IGNATURE (July ):	ph	Réturn completé d'Arm la Department de						



Public water system name Sierra Bay Condominiums		LABORATORY NAMI Total Water La			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADORESS 153 Blue Dolphin I	·		CERTIFICATION NUM	MBER				
сту Camdenton		ZIP CODE 65020						
соинту Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	OR NAME OR INITIA	us			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS		Marie Saline (Con-	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/02/2018	R	Building 72 Unit 1C	02	A	<u> </u>	1.04	0.81	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	l lohta	M.C	L VIOLATION Yes [7] No			
πτιε Laboratory Techni	cal Director	r	DATE 6-4-18					
SIGNATURE MY	Mu	Return completed form to Department	of Natural Resources	i. Public Drinking V	Vater Branch.	P.O. Box 176. Jelferson	Çity, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums			LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 153 Blue Dolphin I	Drive		CERTIFICATION NU	MBER				
сту Camdenton		ZIP CODE 65020						
соинту Camden	-1	ID NUMBER MO-5301497	SAMPLE COLLECTO KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE	
04/05/2018	R	Building 72 Unit 2C	04	A	Α	0.93	0.90	
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			HOWTODING MO	ATION	luc	L VIOLATION		
TOTAL ROUTINE SAMPLE  1	ANALZED		MONITORING VIOLA  Yes No			Yes 🕜 No		
TITLE Laboratory Techni SIGNATURE			5-1-19	ý 				
MO 780-0438 (05-13)	oph	Return completed form to Department	of Halural Resources	, Public Drinking \	Vater Branch, F	O. Box 176, Jefferson	City, NO 65102-0176	



PUBLIC WATER SYSTEM NAVE Sierra Bay Condominiums		LABORATORY NAMI Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 153 Blue Dolphin I	··· · · · · · · · · · · · · · · · · ·		CERTIFICATION NUMBER 17					
CITY Camdenton COUNTY		ZIP CODE 65020 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIO	ALS		·	
Camden		MO-5301497	KR		///			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION -		SULTS CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE		ÎD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/13/2018	R	Building 72 Unit 1C	02	A	A	0.75	0.63	
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Mark 10 P					:		<u> </u>	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	MI L	CL VIOLATION  Yes ( No			
титье Laboratory Techn	ical Directo	r	DATE 4-2-1	8				
SKINATURE AWY	NW	Return completed form to Department	of Natural Resources	Public Orinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0178	



PUBLIC WATER SYSTEM			LABORATORY NAME			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Sierra Bay Condo	niniums		Total Water La		5/3-346	-3810			
153 Blue Dolphin I	Drive		17	INDER					
CITY		ZIP CODE	1						
Camdenton county		65020 ID NUMBER	SAMPLE COLLECTO						
Camden	Which introduces acceptant	MO-5301497	EB	R NAME OR INITIA	19				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		lD.	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	Α	Α	0.84	0.51		
		'Adamson'.							
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA		M:CI	MICL VIOLATION Yes 7 No				
пт.є Laboratory Technic	al Director	:	DATE 3-19-18	<u> </u>					
SIGNATURE ANY P									
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ublic water system name Sierra Bay Condominiums			Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 153 Blue Dolphin		10, 11, 30, 11	CERTIFICATION NUMBER 17						
CITY Camdenton	s mai isimo	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	COLLEGION TO CITY	ID TOTAL COLIFORM		E-COU	TOTAL	FREE		
02/08/2018	R	Building 72 Unit 1C	02	A	Α	0.79	0.68		
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		V-12							
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL		 C	CL VIOLATION Yes 7 No			
TITLE	ical Directo	r	DATE Z-Z8	18	10 15 -0				
Laboratory Techn SIGNATURE A.W.Y	ogh			a Dublia Dani la	Wales Bearsh	P.O. Box 176. Jefferson	City MO 65102-0176		



Sierra Bay Condo	UBLIC WATER SYSTEM NAME Sierra Bay Condominiums			e aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS	Dation		CERTIFICATION NU	MBER				
153 Blue Dolphin I	Drive	ZIP CODE	17					
Camdenton		65020	}					
соилгу Camden		ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE		(D	TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE	
01/28/2018	R	Building 72 Unit 2C	04	Α	Α	0.74	0.50	
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT	TION	MC	L WOLATION Yes 📝 No			
ITLE Laboratory Technic	al Director		DATE /-3/-/8				and the contract of the contra	
CAIATURE			, ,, ,					
Ally 0.780.0438.105-131	Mr	Return completed form to Department o						



	JBLIC WATER SYSTEM NAME			E	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Sierra Bay Condo	miniums		Total Water La		5/3-346)-581U 		
STREET ADDRESS 153 Blue Dolphin	Drive		17	мосп				
CITY	-1110	ZIP CODE	1''					
Camdenton		65020						
County Camden		IO NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	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	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA ☐ Yes ☑ No	ATION	MC	L VIOLATION Yes 7 No			
τπτε Laboratory Techni	cal Director		DATE 1-2-18					
SIGNATURE	other							
MO 780-6438 (05-13)	V 14	Return completed form to Department	of Natural Resources	Public Drinking V	later Branch, i	P.O. Box 176, Jefferson	City, MO 65102-0176	



STREET ADDRESS 153 Blue Dolphin Drive CITY Camdenton COUNTY CO	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
Camdenton 65020 COUNTY Camden MO-5301497 SAMPLE DATE MO/DAY/YR SAMPLE COLLECTION POINT SAMPLE LOCATION ID TOTAL FECAL COLIFORM FECAL COLIFORM FECAL TOTAL FREE							
Camden MO-5301497 KR SAMPLE DATE MO/DAY/YR TYPE COLLECTION POINT SAMPLE LOCATION ID TOTAL FECAL COLIFORM F.COLL TOTAL FREE							
MO/DAY/YR TYPE COLLECTION POINT LOCATION TOTAL FECAL COLIFORM F.COLI TOTAL FRE							
COLIFORM ECOL JUIAL FRE	CHLORINE RESIDUAL (mg/L)						
11/13/2017 R Building 72 Unit 2C 04 A A 0.78 0.76							
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TOTAL ROUTINE SAMPLE ANALZED MONITORING VIOLATION MCL VIOLATION Yes 7 No Yes 7 No							
TITLE Laboratory Technical Director DATE 12-2-17							
SIGNATURE Huy plus Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 6510:	63.8470						



	IBLIC WATER SYSTEM NAME IERRA Bay Condominiums			LABORATORY NAME LABORATORY TO 573-346-38			TELEPHONE NUMBER WITH AREA CODE	
STREET ADDRESS			CERTIFICATION NU		10.0-040			
CITY	Duve	ZIP CODE	- 17					
Camdenton county Camden		65020 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	COLLECTION	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
10/09/2017	R	Building72 Unit 1C	02	Α	Α	0.64	0.63	
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TOTAL ROUTINE SAMPLE ANALZED			MONITORING VIOLATION Yes Z No			MCL VIOLATION Yes No		
rrrue Laboratory Technic	cal Director		DATE /0-3/~	17		**		
Laboratory Technic SIGNATURE MO 780 0438 (05-13)	easter							
O 780-0438 (05-13)		Return completed form to Department	of Natural Resources,	Public Orinking W	ter Branch, P	O. Box 178, Jefferson 6	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME SIERRA Bay Condominiums STREET ADDRESS 153 Blue Dolphin Drive		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
		CERTIFICATION NUMBER 17						
CITY ZIP CODE Camdenton 65020								
	ID NUMBER MO-5301497 COLLECTION POINT	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE		SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
TYPE			TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
R	Building 72 Unit 2C	04	Α	A	0.73	0.71		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLATION Yes 7 No			CLVIOLATION Yes [7] No			
тиче Laboratory Technical Director		DATE 10-3-17						
pflu								
	SAMPLE TYPE R ANALZED	Drive ZIPCODE 65020 ID NUMBER MO-5301497 SAMPLE TYPE COLLECTION POINT R Building 72 Unit 2C	Drive ZIP COOE 65020 ID NUMBER MO-5301497 R Building 72 Unit 2C D R Building 72 Unit 2C O4 O4 O4 O4 O5 OATE OAT	Drive ZIP CODE 65020	Drive CERTIFICATION NUMBER 17	Drive Compose 17		



PUBLIC WATER SYSTEM NAME SIERRA Bay Condominiums STREET ADDRESS 153 Blue Dolphin Drive		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
		CERTIFICATION NUMBER 17						
сіту Camdenton couлту Camden		ZIP CODE 65020 ID NUMBER MO-5301497	SAMPLE COLLECTOR NAME OR INITIALS EB					
IYPE	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE				
08/01/2017	R,	Building 72 Unit 1C	02	Α	A	1,03	0.70	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONTORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No						
TITLE Laboratory Technical Director		DATE 8-28-17						
SIGNATURE ANY	ollu	Return comoieled form to Department	of Natural Resources	. Public Orinkina V	Valer Branch	P.O. Box 176. Jefferso	on City, MO 65102-0176	



PUBLIC WATER SYSTEM			LABORATORY NAME		1	RY TELEPHONE NUMB	ER WITH AREA CODE
Sierra Bay Condo	miniums		Total Water La		573-346	5-381U	
153 Blue Dolphin	Drive		17	MOCIN			
слу Camdenton		ZIP CODE 65020					
соинту Camden		ID NUMBER MO-5301497	SAMPLE COLLECTO KR	R NAME OR INITU	us	 	
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2017	R	Building 72 Unit 2C	04	Α	Α	0.97	0.83
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TOTAL ROUTINE SAMPLE A	ANALZED		MONITORING VIOLAT	NON	MC/	LVIOLATION Yes ☑ No	
ntle Laboratory Technic			DATE 8-1-17	1			
GIGNATURE ALL	olle						
10 780-0438 (05-13)	*	Return completed form to Department o	f Natural Resources,	Public Orinking W	ter Branch, P	.O. Box 176, Jefferson (City, MO 65102-0176



Sierra Bay Condo	UBLIC WATER SYSTEM NAME SIERTA Bay Condominiums TREET ADDRESS	LABORATORY NAM Total Water La	aboratories	573-346		BER WITH AREA CODE	
153 Blue Dolphin	Drive	ZIP CODE	CERTIFICATION NU 17	MBER			
Camdenton		65020					
COUNTY Camden		IO NUMBER MO-5301497	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE R		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Building 72 Unit 1C	02	Α	Α	1.21	1,02
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TOTAL ROUTINE SAMPLE	ANALZED	140 ₄₄	MONITORING VIOLA	TION L.	#C	VIOLATION Yes No	
mus Laboratory Technic	cal Director		DATE 7-2-17				
SIGNATURE AMY	ophi						
O 780-0438 (05-13)	<u> </u>	Return completed form to Department o	f Natural Resources,	Public Drinking W	ater Branch, P	.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME St. Morilz Estates STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810						
PO Box 1447			CERTIFICATION NU	MBER	•				
сіту Lake Ozark		ZIP CODE 65049							
соилту Camden		ID NUMBER MO-3238024	EB	OR NAME OR INITIA	ıs				
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORA	FECAL E-COU	TOTAL	FREE		
06/04/2019	R	Unit 9 - Outside	008	Α	Α	1.06	0.98		
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OTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	мс	LVIOLATION			
ITLE			☐ Yes ☑ No			Yes ☑ No			
aboratory Technic	1		6-30.	-14					
0 780 0438 (05-13)	Am	Return completed form to Department o	l Natural Resources.	Public Drinking Wa	ler Branch. P	O. Box 176. Jefferson	City, IAO 65102-0176		



PUBLIC WATER SYSTEM I St. Moritz Estates	VAME		Total Water La	aboratories	LABORATO 573-346	RY TELEPHONE NUMBE -3810	ER WITH AREA CODE
STREET ADDRESS PO Box 1447		Tan coor	CERTIFICATION NU	MOER			
CITY Lake Ozark		21P CODE 65049		· · · · · · · · · · · · · · · · · · ·			
COUNTY Camden		ю мимвек MO-3238024	RG SAMPLE COLLECTO	OR NAME OR INITI.	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RILOCATION		mphilipped and a second of the		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL FECAL	TOTAL	FREE
05/01/2019	R	Unit 5 - Outside	007	Α .	Α	1.18	1.04
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	isc C	CL VIOLATION Yes 7 No		
тпье Laboratory Techni	cal Directo	r	DATE 6.2-19				
SIGNATURE BLY O	flir	Return completed form to Departme			W P	0.0-474	. OH. HO 62463 5476
40 780 0438 (05-13) ⁴		Return completed form to Departme	nt of Natural Resources	s. Public Orinking '	water Branch,	r.u. Box 1/6, Jeffersoff	しいり かい ゆうりりんりょうち



PUBLIC WATER SYSTEM NAME St. Moritz Estates STREET ADDRESS			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA COE 573-346-3810					
PO Box 1447		ZIP CODE	17					
Lake Ozark		65049						
County Camden		ID NUMBER MO-3238024	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		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
04/01/2019	R	Unit 9 -Outside	008	Α	Α	0.67	0.64	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	NOIT	MC	LVIOLATION Yes 🗹 No			
TITLE Laboratory Technic	cal Director		DATE 5-4-19		1			
SIGNATURE AND W	lu	Salum completed form to Department		6 A 11 - 15 - 1 - 1		A	Au., IIA 42-24	



	RG								
Lake Ozark 65049	RG	R NAME OR INITIA			ı				
COLINTY ID NITIMBER	RG	R NAME OR INITIA	SAUDI S COLLECTOR MALE OR INITIALS						
Camden MO-3238024		RG							
SAMPLE DATE SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT							
MO/DAY/YR TYPE COLLECTION OF THE	jĎ	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE				
03/18/2019 R Unit 5 - Outside	007	A	Α	1.0	0.90				
									
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TOTAL ROUTINE SAMPLE ANALZED 1	MONITORING VIOLA ☐ Yes ☑ No	ATION	MC C	Z VIOLATION Yes [] No					
птье Laboratory Technical Director	DATE 3-31-19								
SIGNATURE AWAYA Return completed form to Department		D. Ma P.Z-U.	Water Daren	BO Say 176 laffares	Cdv BO 64102.0174				



PUBLIC WATER SYSTEM NAME St. Moritz Estates STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER					
PO Box 1447		ZIP COOE	17	MBEK				
Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO EB	OR NAME OR INITIO	M.S			
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	LOCATION -		ESULTS	CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE		ID -	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/26/2019	S	Unit 9 - Outside	008	Α	A	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	Α	Α	0.55	0.42	
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OTAL ROUTINE SAMPLE	ANALZED	<u> </u>	MONITORING VIOLA ☐ Yes ☑ No	тюн	MC.	L VIOLATION Yes [7] No		
TILE Laboratory Technic	7		DATE 3-31-19					
GNATURE ALLY (10 780-0438 (05-13)	ylu	Return completed form to Department	d Natural Dagouras	Buble Odoblos V	latar Oraneh D	O Box 176 lefferson	CHU MA 85102.0178	



	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Lake Ozark COUNTY Camden SAMPLE DATE MO/DAY/YR COLLECTION POINT				
SAMPLE DATE MO/DAY/YR TYPE COLLECTION POINT RESIDUAL (mo) SAMPLE DATE TYPE COLLECTION POINT ID TOTAL FREE COLLECTION POINT ID TOTAL FREE COLLECTION POINT TOTAL FREE COLLECTION POINT TOTAL FREE COLLECTION POINT TOTAL FREE COLLECTION POINT TOTAL FREE				
SAMPLE DATE MO/DAY/YR TYPE COLLECTION POINT LOCATION ID TOTAL FREE F-COLL TOTAL FREE	\$67 2 4.001			
MODAYIR ITE	J/L)			
02/13/2019 R Unit 9 - Outside 008 A A 1.34 1.03				
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TOTAL ROUTINE SAMPLE ANALZED MONITORING VIOLATION Yes ☑ No ☐ Yes ☑ No				
1 Yes [7 No Test [7 No Test [7] No T				
SIGNATURE MAY JAW Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 66102.				



	BLIC WATER SYSTEM NAME t. Moritz Estates		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NU		1010 040	70010		
PO Box 1447			17					
CITY		ZIP CODE						
Lake Ozark		65049						
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULT		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	SOLLES (ION POIN)	ID	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE	
01/08/2019	R	Unit 9 - Outside	008	Α	Α	0.38	0.27	
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TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL ☐ Yes No	АТЮН	Ľ	CL VIOLATION Yes [] No		
τιτιε Laboratory Techn	ical Director	Γ	DATE 2-2-19					
SIGNATURE MAY	Nh							
MO 789-0438 (05-13)		Return completed form to Departmen	i of Natural Resources	, Public Drinking \	Valer Branch,	P.O. Box 176, Jefferson	CHY, MO 65102-0176	



St. Moritz Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER			. •
сіту Lake Ozark		ZIP COD€ 65049					
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INIT	ALS		
SAMPLE DATE	SAMPLE	F	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLLFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	Unit 9 - Outside	08	Α	Α	0.81	0.72

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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	<u> </u> <u>"</u>	CL VIOLATION Yes [] No	
1 τπιε Laboratory Techn	ical Directo	ır	DATE /-2-19				
CULLATIBE	allu		t				
V.O 780-0438 (05-13)	- 12 -	Return completed form to Department	of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 1/6, Jellerson	i City, 110 65102-0176



PUBLIC WATER SYSTEM I St. Moritz Estates	NAME		LABORATORY NAME Total Water La	aboratories	573-346	TY TELEPHONE NUMBI -3810	R WITH AREA CODE
STREET ADDRESS PO Box 1447	***************************************		CERTIFICATION NUM	MBER			
спу Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	R NAME OR INITI	NLS.		
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE
11/06/2018	R	Unit 9 - Outside	80	Α	A	0.94	0.90
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TOTAL ROUTINE SAMPLE ANALZEO 1		MONITORING VIOLA ☐ Yes ☑ No	ATION	MC	L VIOLATION Yes [7] No		
TRLE Laboratory Techni	cal Director	•	DATE /2-1-18		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE AWY 14	dh	Return completed form to Department	of Mahural Parguintee	Public Delaying	Valer Rranch	P.O. Box 176. Jefferson	City. MO 65102-0178



MO 780-0438 (05-13)

MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICRORIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM St. Morilz Estates	NAME		LABORATORY NAM Total Water L		573-346		BER WITH AREA CODE		
STREET ADDRESS			CERTIFICATION NUMBER						
PO Box 1447			17						
city Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	PLE COLLECTOR NAME OR INITIALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F			ESIDUAL (mg/L) I		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
10/02/2018	R	Unit 9 - Outside	80	A	A	1.33	1.29		
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TOTAL ROUTINE SAMPLE	ANALZED	<u> </u>	MONITORING VIOL ☐ Yes ☑ No	ATION	I I	CL VIOLATION Yes 7 No	4		

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

MWA 1.17-000527



St. Moritz Estates			Total Water La	aboratories	LABORATORY TELEPHONE MIMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO BOX 1447 CITY	<u></u>	ZIP CODE	CERTIFICATION NUMBER 17					
Lake Ozark county Camden		65049 ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/10/2018	R	Unit 5 - Outside	007	A	Α	1.28	1.25	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONTORING VIOLATION ☐ Yes ☑ No ☐ Yes ☑ No						
TITLE Laboratory Technical Director SIGNATURE JULY MIM			DATE 9-30-18	<u></u>				
wy I	Y/WL			n an national	Islan Bernah	P O Boy 176 Jefferson	Chy NO 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						
сту Lake Ozark	<u></u>	ZIP CODE 65049	1						
соинту Camden	And the second	ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		iii ii	TOTAL COLIFORM	FECAL E-COU	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	Α	Α	1.44	1.39		
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TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOLA Yes 7 No	TION	MCI	VIOLATION Yes ☑ No				
ппь Laboratory Technic			DATE 9.30-18						
SIGNATURE (Wy /1	Mr	Return completed form to Department o	f Natural Resources	Public Odnkko W	ater Branch P	O. Box 176 Jefferson	City. MO 68102,0176		



		LABORATORY NAME		1	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
St. Moritz Estates			Total Water La		1013-346	-3010		
STREET ADDRESS PO Box 1447			17					
PO BOX 1447		ZIP CODE	 ''					
Lake Ozark		65049						
COUNTY		ID NUMBER	SAMPLE COLLECTO	R NAME OR INITU	ALS			
Camden		MO-3238024	KR	and the state of t				
SAMPLE DATE	SAMPLE	AND FAVOUR DOINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE	
08/01/2018	R	Unit 9 - Outside	08	, , , , , , A	Α	1.23	1.17	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLATION Yes No Yes No						
INTLE Laboratory Technical Director		DATE 9-4-18						
SIGNATURE	adlas							
SIGNATURE 40 780-0438 (05-13)	TUV	Return completed form to Department	of Natural Resources	. Public Drinking V	Vater Branch, I	O. Box 176, Jefferson	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			CERTIFICATION NU			<u> </u>			
сіту Lake Ozark		ZIP CODE 65049							
County Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		QI	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	Α	Α	1.38	1.31		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT	LION	MCI	VIOLATION Yes [] No				
mie Laboratory Technic	al Director		DATE 9-4-18						
SIGNATURE	Mu	Petien composed from to Decadement of							



PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE Total Water Laboratories 573-346-3810					
St. Moritz Estates STREET ADDRESS			CERTIFICATION NUMBER					
PO Box 1447			17					
CITY		ZIP CODE						
Lake Ozark		65049 ID NUMBER	SAMPLE COLLECTO	T MANC OD ANTA			:	
Camden		MO-3238024	EB	R HAME OR INTIA				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		CI	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE	
07/10/2018	R	Pool	005	A	Α	0.86	0.82	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	тюн	WC	L VIOLATION Yes			
тпье Laboratory Technic		······································	DATE 8-1-18					
SIGNATURE MM	offen							
MO 760-0438 (05-13)		Return completed form to Department 6	of Natural Resources.	Public Drinklen W	ter Branch. P	O. Box 176, Jefferson	City, MD 65102-0176	



St. Morilz Estates		Total Water La	ER WITH AREA CODE						
STREET AODRESS PO Box 1447			CERTIFICATION NUMBER 17						
сту Lake Ozark		ZIP CODE 65049							
соинту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FORM		TOTAL COLIFORM	PECAL E-COU	TOTAL	FREE		
06/04/2018	R	Unit 9	008	Α	Α	1.58	1.47		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION	<u>w</u>	CL VIOLATION Yes [] No				
тпте Laboratory Technical Director			DATE 7-2-18	3					
SIGNATURE	allu	Return commeted form to Department	- W-1 1 Q 1	Dublin Danking	Halor Branch	DO Roy 176 Jefferson	CIÓ MA 65102-0176		



St. Moritz Estates street address		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
PO Box 1447		ZIP CODE	17					
Lake Ozark		65049						
COUNTY Camden		io number MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FORM	ID -	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/14/2018	R	Unit 9	008	Α	A	1.98	1.95	
								
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORIUS VIOLA	ATION	MC	L CL VIOLATION Yes [] No			
	τητ <u>ιε</u> Laboratory Technical Director		DATE 6-4-18					
SIGNATURE ALLY MO 780-0438 (05-13)		Relum completed form to Department		Dukta Danta - 1	Males Breek	PO Roy 175 letters	CHV NO 65402.A126	
MO 780-0438 (05:13)		kernu combieted town to nebartment	OF HATHER RESOURCES	* Londe Ottokajā J	trater minited!	TO DAY ILANDEREREN	. City me dolox sile	

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public water system name St. Moritz Estates		LABORATORY NAM Total Water La			DRATORY TELEPHONE NUMBER WITH AREA CODE 3-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17					
сіту Lake Ozark		ZIP CODE 65049						
соинту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL CXLIFORM	FECAL E-COLI	TOTAL	FREE	
04/03/2018	R	Unit 5 Front	007	Α	A	0.84	0.79	
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OTAL POLITING CAUCIT	NA 750		MONITORING	TION	lus	TROUGHOUS		
1		MONITORING VIOLAT Yes No DATE	HON		VIOLATION Yes ☑ No			
Laboratory Technic			5.1-18					
Arry 0760.0438 (05.13)	orus	Return completed form to Department of	Natural Resources	Public Brinking W.	ater Branch, P	O. Box 175 Jellerson	:#v. MO 65102-0176	



SI. Moritz Estates		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		CERTIFICATION NUI	MBER				
CITY Lake Ozark COUNTY Camden	ZIP CODE 65049 IO NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE SAMPLE		SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR TYPE	COLLECTION POINT	LOCATION I	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	A	<0.02	<0.02	
						300 mm mm m m m m m m m m m m m m m m m	
FOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	lmo	2L VIOLATION		
O TILE		MONITORING VIOLA Yes 7 No DATE 5.149			L VIOLATION Yes 7 No		
Laboratory Technical Director SIGNATURE AWY HUM 107789 0038 (05.13)	Return completed form to Department					- 600, 100 Access 5270	

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St. Moritz Estates		Total Water L	aboratories		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 COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE R	SAMPLE RESULTS		SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/12/2018	R	Unit 9	800	Α	A	0.82	0.79		
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TOTAL ROUTINE SAMPLE ANALZED 7		MONITORING VIOLA ☐ Yes ☑ No	TION	MC	L violation Yes 🗹 No				
rrrte Laboratory Technical Director		DATE 4-2-18							
SIGNATURE (144)	Allu	Return completed form to Department o	F National Pro-	B. Life B. 2 42 . See	and the same of	D. Poveto Life	C2. 110 c/403 0434		

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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 NUM	MBER				
сіту Lake Ozark		ZIP CODE 65049						
соилтү Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	R NAME OR INITIA	us			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE I		ESULTS	CHLORINE RI	ESIDUAL (mg/L)	
MO/DAY/YR	TYPE		İD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/07/2018	R	Unit 21	012	Α	Α	0.89	0.81	
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		MONITORING VIOLAT	ION	MC	L VIOLATION Yes [7] No			
птье Laboratory Technic	cal Director		DATE 2-28-18					
O 780-0128 (05-13)	ople							
O 780-0438 (05-13)		Return completed form to Department o	l Hatural Resources,	Public Drinking W	ater Branch, F	O. Box 176, Jelferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME St. Moritz Estates STREET ADDRESS			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
PO Box 1447	<u></u>	ZIP CODE	17	MOEN				
Lake Ozark		65049						
соияту Camden		ID NUMBER MO-3238024	SAUPLE COLLECTO KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE R	ESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ĺD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/08/2018	R	Unit 9	008	Α	Α	1.03	0.91	
			7211					
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	ATION	MC	E VIOLATION Yes 7 No		
тить Laboratory Techni	cal Director		DATE /- 3/-/S					
SIGNATURE (114) MO 760-0438 (65-13)	Mr	Return completed form to Department	-		Yaler Branch	P.O. Box 176, Jefferso	n Cilv. MO 65107-1176	



PUBLIC WATER SYSTEM NAME St. Moritz Estates STREET ADDRESS PO Box 1447			LABORATORY NAME LABORATORY TELEPHONE MUMBER WITH AREA COL Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER					
спу Lake Ozark		ZIP CODE 65049	17 					
соилту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR					
SAMPLE DATE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/06/2017	R	Unit 5 Front	007	Α	Α	0.82	0.79	
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OTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes No	TION	МС	VIOLATION Yes 📝 No			
ms Laboratory Technic	al Director		DATE 1-2-18					
IGNATURE AWY	du						C'- 110 05100 0175	



MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates STREET ADDRESS PO Box 1447			LABORATORY NAME Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER 17				
ciry Lake Ozark		ZIP CODE 65049					
сочкту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INIT	IALS		
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
11/07/2017	R	Unit 9	008	Α	Α	0,62	0.58
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLATION YES 7 No	TION	IMCI	VIOLATION Yes 🗸 No		
птьє Laboratory Technic	al Director		DATE /2-2-/	7			
SIGNATURE ARY 10 780-0438 (05-13)	ophn	Return completed form to Department					

MWA 1.17-000541



PUBLIC WATER SYSTEM St. Moritz Estates	NAME		Total Water L		573-346	RY TELEPHONE NUMB	ER WITH AREA CODE	
STREET ADDRESS PO Box 1447			CERTIFICATION NU					
сіту Lake Ozark		ZIP CODE 65049						
Caṁden conиту		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INIT	ALS			
SAMPLE DATE	SAMPLE	- COLLECTION POINT	SAMPLE LOCATION			CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/09/2017	R	Unit 5 Front	007	Α	Α	0,85	0.80	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	TION	]MC	VIOLATION Yes 🛭 No			
Inte Laboratory Technic			DAYE 10-31-17					
SIGNATURE ALW (10 780-0138 (05-13)	Alle	Return completed form to Department o	Natural Resources	Public Orinkina Wi	ater Branch, P.	O. Box 176. Jefferson (	City. MO 85102-0176	



PUBLIC WATER SYSTEM St. Moritz Estates	NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810			ER WITH AREA CODE	
STREET ADDRESS PO Box 1447 CITY		ZIP CODE	CERTIFICATION NU	IMBER			
Lake Ozark		65049					
соилту Camden		ю нимвек МО-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ÎD.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2017	R	Unit 9	008	Α .	A	0,98	0.90
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA Yes V No	TION	MC L	YIOLATION Yes 🗹 No		
nne Laboratory Technic	al Director		DATE 10-3-17		***************************************		
SIGNATURE ANY I	effic	Palum completed form to Denadment		D. L. U. B. J. J		D tr., 476 1.5	N., 110 05103 0377



	JBLIC WATER SYSTEM NAME LAB		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AR				
St. Moritz Estates			Total Water L		573-346	5-3810	
STREET ADDRESS			CERTIFICATION NU	IM8ER			
PO Box 1447		Transport	17				
Lake Ozark		ZIP CODE 65049					
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIA	LS		
Camden		MO-3238024	EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	R	Unit 5 Front	007	А	Α	0.70	0.60
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TOTAL BOURING CASES	ANAI 755		MONITORING VIOLA	TION	fue	I VIOI ATION	
TOTAL ROUTINE SAMPLE.	ANALZED		☐ Yes ☑ No			LVIOLATION Yes 📝 No	
	TLE aboratory Technical Director		DATE 8-28-17				
SIGNATURE AWY	ollw		_				
MO 780-0438 (05-13)	υψννν	Return completed form to Department	of Natural Resources.	Public Drinking W	iter Branch, f	O. Box 176, Jefferson	City, MO 65102-0176



### MISSOURI DEPARTMENT OF NATURAL RESOURCES

# WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM St. Moritz Estates	BLIC WATER SYSTEM NAME		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NUM		1			
PO Box 1447			17					
CITY		ZIP CODE	Ì					
Lake Ozark		65049	20115070	DANIE OD MITH				
соилту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	IR NAME OR INIT	11.5			
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/10/2017	R	Unit 9	008	Α	A	0,95	0.91	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	LL NTION	lw'	CL VIOLATION Yes 7 No			
TITLE Laboratory Techni	ical Directo	r	DATE 8-1-1				1	
SIGNATURE AM	y obli	ı	<u></u>		.,		<del></del>	
MO 780-0438 (05-13)		Return completed form to Department	of Natural Resources	, Public Drinking \	Yaler Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM St. Moritz Estates			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810			R WITH AREA CODE	
STREET ADDRESS PO Box 1447		Lucione	CERTIFICATION NU	MBER			··
спу Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RES	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
06/07/2017	R	Pool	5	Α	Α	0.69	0.56
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No					
TITLE Laboratory Techni	cal Director	-	DATE 7-2-1		1		
	Mu						
MO 780-0438 (05-13)	V L/VU	Return completed form to Department	of Hatural Resources	, Public Drinking V	Yater Branch,	P.O. Box 176, Jefferson C	Ily, MO 66102-0176



PUBLIC WATER SYSTEM Sylvan Bay STREET ADDRESS	INAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AF Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER			R WITH AREA CODE	
612 Sylvan Bay ciry Linn Creek		ZIP CODE 65052	17				
COUNTY Camden		id NUMBER MO-3031280	SAMPLE COLLECTO RG	OR NAME OR INITIA	18		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORN	FECAL E-COU	TOTAL	FREE
06/05/2019	R	92 Nine Iron	07	Α	Α	0.71	0.56
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TOTAL ROUTINE SAWPLE ANALZED 1		MONITORING MOL	ATION	MK  L	L VIOLATION Pes [] No		
τιτιε Laboratory Techr	ical Director	Г	DATE 6-30-1				
SIGNATURE	Mbs	Return completed form to Department					



Sylvan Bay	Sylvan Bay Total \			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH J Total Water Laboratories 573-346-3810						
STREET ADDRESS 612 Sylvan Bay		ZIP CODE	CERTIFICATION NU	i i						
Linn Creek		65052								
соинту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITIA	ıls					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE			
05/01/2019	R	Hydrant at Club House	35	Α	A	0.54	0.51			
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		10 Marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 marketon   1 ma					<del> </del>			
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA	TION	MC	L VIOLATION Yes 🗹 No					
ιπιε Laboratory Technic	al Director		DATE 6-2-1	9						
SIGNATURE ALLY 10 TROUBLES (05.13)	ath_	Return completed form to Departmen	A at Walnut Davis	Dublia Drialian IV	doc Bereik "	O Dev 426 July	CH. NO 65463 6476			



PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS 612 Sylvan Bay			Total Water L	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
			CERTIFICATION NU	CERTIFICATION NUMBER 17			
City Linn Creek		ZIP CODE 65052					
COUNTY ID NUMBER Camden MO-3031280		SAMPLE COLLECTOR NAME OR INITIALS EB					
	SAMPLE		SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
	TYPE			TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
05/08/2019	s	90 Sylvan Hills	25	Α	Α	0.64	0.53
05/08/2019	s	Hydrant at Club House	35	Α	Α	0.74	0.53
05/08/2019	S	Hydrant at WWTP	29	Α	Α	0.71	0.59
		· ····					
					·		
							11-2
TOTAL ROUTINE SAMPLE ANALZED  0			MONITORING VIOLA	MONITORING VIOLATION MCL VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No			
rnte Laboratory Technic	cal Director		DATE 5-9-19				
SIGNATURE ANY MY 100 780 0438 (05 13)	M	Return completed form to Departmen	t of Natural Resources	, Public Drinking Y	later Branch, i	.O. Box 176, Jefferson	Chy, NO 55102-0176



PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
612 Sylvan Bay city Linn Creek		ZIP CODE 65052	17				
COUNTY		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE		SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE			TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
04/03/2019	R	270 Sylvan Hills	15	Α	Α	0.39	0.34
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	MC	L VIOLATION Yes 7 No	
TITLE Laboratory Technical Director SIGNATURE //		DATE 5-4-19					
Muy M	llu	Return completed form to Departmen	t of Natural Resources	Public Odnklan W	ater Branch C	O Roy 176 lefterson	City MO 65102.0176

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STREET ADDRESS 612 Sylvan Bay  CITY Linn Creek 65052  COUNTY Camden  ID NUMBER MO-3031280  SAMPLE DATE MO/DAY/YR  TYPE  COLLECTION POINT  SAMPLE LOCATION ID  TOTAL COUFORN  RECAL TOTAL  O3/18/2019  R  92 Nine Iron  O7  A  A  O.33	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
COUNTY Camden  SAMPLE DATE MO-3031280  SAMPLE DATE MO/DAY/YR  TYPE  COLLECTION POINT  SAMPLE COLLECTOR NAME OR INITIALS  RG  SAMPLE RESULTS  CHLORINE  TOTAL  COLFORN  FECAL  TOTAL  COLFORN  POINT  O3/18/2019  R  92 Nine Iron  O7  A  A  O.33						
MO/DAY/YR						
10   TOTAL   TOTAL   TOTAL   TOTAL   COLFORN   ECOL   TOTAL	CHLORINE RESIDUAL (mg/L)					
	FREE					
	0.26					
OTAL ROUTINE SAMPLE ANALZED HIGHTORINS VIOLATION MCL VIOLATION YES 7 NO YES 7 NO						
Aboratory Technical Director  DATE  3-3/-19	DATE 3-3/-19					
O 790-0438 (05-12)  Return completed form to Department of Natural Resources, Public Orinking Water Branch, P.O. Box 176, Jeffers.						



Sylvan Bay Total			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AS Total Water Laboratories 573-346-3810				R WITH AREA CODE		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUM	MBER					
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO RG	OR NAME OR INITIA	ıs				
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	ORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID ID	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
03/28/2019	S	305 Tall Oaks	20	Α	Α	0.84	0.53		
03/28/2019	S	Hydrant at Club House	35	Α	Α	0.61	0.46		
03/28/2019	S	270 Sylvan Hills	15	Α	Α	0.65	0.49		
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TOTAL ROUTINE SAMPLE ANALZED 0			MONITORING VIOU ☐ Yes ☑ No	ATION	MC	YOLATION Yes 🕜 No			
0 TITLE Laboratory Technic	cal Director		DATE 3-3/19						
SIGNATURE	yb.	Return completed form to Department			Jake - P	50 Bar (12	City tip eers care		



PUBLIC WATER SYSTEM SYIVAN BAY STREET ADDRESS	Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER			ER WITH AREA CODE			
612 Sylvan Bay crry Linn Creek		ZIP CODE 65052	17				
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	270 Sylvan Hills	15	Α	Α	0.29	0.02
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA	TION	MC	E VIOLATION Yes 7 No		
rifte Laboratory Technic	cal Director		DATE 3-219				
SIGNATURE (117) (0.780-0438 (05-13)	yh	Return completed form to Department	at Alaburat Paraucas	Publis Odablas W	mar Granch I	O Box 475 Inflorence	City 110 65103 0176



PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL Total Water Laboratories 573-346-3810						
Sylvan Bay STREET ADDRESS	·			CERTIFICATION NUMBER					
612 Sylvan Bay			17	MULIN					
СІТУ		ZIP CODE	∃''						
Linn Creek		65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	450,428,741	CHLORINE RE	IDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
01/08/2019	R	Hydrant at Club House	35	A	Α	0.42	0.37		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL ☐ Yes ☑ No	HOITA	MC	L VIOLATION Yes 🗹 No	<u></u>			
1 Титье Laboratory Techni	ical Discotos		DATE 2-2-19			1 103 57 140			
SIGNATURE (Juy M	4)		6.019				<u> </u>		
1/0 760 0438 (05-13)	MW	Return completed form to Departmen	t of Natural Resources	, Public Drinking Y	ialer Branch, i	P.Q. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay Total Water Laborator STREET ADDRESS CERTIFICATION NUMBER 612 Sylvan Bay 17			boratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
crry Linn Creek		ZIP CODE 65052								
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS KR							
SAMPLE DATE	SAMPLE	2011-21011-2011	SAMPLE	SAMPLE	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE			
12/12/2018	R	Hydrant at Club House	35	Α	Α	0.44	0.40			
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION		CL VIOLATION Yes [] No					
TITLE Laboratory Technical Director		DATE 1-219								
MO 780-0438 (05-13)	Mlu	Return completed form to Departme	ent of Natural Resources	s. Public Drinking	Waler Branch,	P.O. Box 178, Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAVE Sylvan Bay			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810						
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17						
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORIA	FECAL E-COLI	TOTAL	FREE		
11/07/2018	R	230 Sylvan Hills	27	Α	Α	0.46	0.45		
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TOTAL ROUTINE SAMPLE ANALZED  1			MONITORING VIOLA	TION	MC	L VIOLATION Yes [] No			
тпте Laboratory Technic	cal Director		DATE /2-/-18						
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PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	17						
Linn Creek	·	65052 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3031280	EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/20/2018	s	270 Sylvan Hills	15	Α	Α	0.58	0.55		
11/20/2018	s	Hydrant at Club House	35	Α	Α	0.57	0.51		
11/20/2018	S	305 Tall Oaks	20	A	A	0.51	0.40		
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TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOL	КОІТА	lite.	CL VIOLATION			
0 me			Yes / No			Yes 🛮 No			
Laboratory Techni SIGNATURE		r	12-1-1	ъ					
10 760 0433 (05-13)	יטערי	Return completed form to Department	of Natural Resources	s. Public Drinking	Water Branch,	P.O. Box 176, Jafferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM Sylvan Bay	NAME		Total Water Laboratories 573-346-3810				NUMBER WITH AREA CODE	
street address 612 Sylvan Bay city		ZIP CODE	CERTIFICATION NU	MBER				
Linn Creek		65052	SAMPLE COLLECTO	OR NAME OR INITE	ALS			
Camden		MO-3031280	KR				an an an an an an an an an an an an an a	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Hydrant at Club House	35	A	<u>, , , , ,</u> <b>A</b>	0.64	0.63	
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TOTAL ROUTINE SAMPLE AMALZED  1		MONITORING VIOUA	TION	MC	L VIOLATION Yes [] No			
τπτε Laboratory Technic	cal Director		DATE  - -18	3				
SIGNATURE (1)144	relu	Return completed form to Departmen		Dublic Didaldan I	Valor Branch	O Pov 478 Infferren	City NO 65102.0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS 612 Sylvan Bay CITY	ZIP CODE	CERTIFICATION NU	MBER					
Linn Creek	65052							
соинту Camden	ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  KR						
SAMPLE DATE SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR TYPE		(D	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE		
10/31/2018 S	Hydrant at Club House	35	Α	Α	0.54	0.53		
10/31/2018 S	Hydrant at WWTP	29	Α	Α	0.51	0.51		
10/31/2018 S	230 Sylvan Hills	27	Α	Α	0.45	0.35		
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TOTAL ROUTINE SAMPLE ANALZED 0	1	MONITORING VIOL	ATION	l K	 ≥ violation ] Yes [] No			
тить Laboratory Technical Directo	ſ	DATE  1-1-18						
SIGNATURE (My , M) M	Return completed form to Departmen	t of Palural Paran	Public Deales	Water Reserv	P.O. Rox 178 Jahlemon	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE						
Sylvan Bay			Total Water L		573-346	3-3810	·		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER .					
CITY		ZIP CODE	17						
Linn Creek		65052							
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden		MO-3031280	EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOIN	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
09/05/2018	R	92 Nine Iron	07	Α	Α	0.25	0.17		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA  Yes No	TION	MC	LVIOLATION Yes 🗸 No				
птье Laboratory Technic	cat Director		DATE 9-3. 18		·		· '·		
SIGNATURE: (LULY D			, , , ,			,	· · · · · · · · · · · · · · · · · · ·		
((127 /) NO 780-0438 (05-13) *	MINU	Return completed form to Department of	of Natural Resources,	Public Drinking W	ater Branch, P	O. Box 176, Jefferson	CRY, MO 65102-0178		



PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA ( 573-346-3810					
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	CERTIFICATION NU		.1			
612 Sylvan Bay		ZIP CODE	17					
Linn Creek		65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI	estratues vervasos	CHLORINE RE	RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID .	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/06/2018	R	Hydrant at Club House	35	Α	Α	0.66	0.54	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA  Yes Mo	TION	MC	LVIOLATION Yes ☑ No		
пп.E Laboratory Technic	cal Director		DATE 9-4-18					
SIGNATURE AW	Mh							
10 780 0138 (05-13)	<u> </u>	Return completed form to Department o	f Natural Resources,	Public Drinking Wa	iter Branch, P	O. Box 176, Jefferson	City, MO 65102-0176	



Sylvan Bay Street Address	NAME		Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER			ER WITH AREA CODE	
612 Sylvan Bay		ZIP COOE	17	MBER			
Linn Creek		65052					
солиту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	OCECOTION 1 OIL	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Hydrant @ WWTP	29	A	Α	0.31	0.29
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TOTAL ROUTINE SAMPLE  1	ANALZED		MONITORING VIOLA  Yes No	····	MC	L VIOLATION Yes 📝 No	
ntle Laboratory Technic signature			DATE 8-118	<u> </u>			
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PUBLIC WATER SYSTEM Sylvan Bay	NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810			R WITH AREA CODE		
STREET ADDRESS			CERTIFICATION NU		1010 010			
612 Sylvan Bay			17					
СІТУ		ZIP CODE						
Linn Creek		65052						
County Camden		ю нимвея МО-3031280	SAMPLE COLLECTO EB	OR NAME OR INTO	us			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLLFORM	FECAL E-COU	TOTAL	FREE	
06/04/2018	R	92 Nine Iron	07	Α	Α	0.61	0.58	
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1	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA  Yes No	MOIT	I MC	LVIOLATION Yes ☑ No		
τπιε Laboratory Technic	cal Director		DATE 7-2-18					
SIGNATURE AWY	Mlas							
W 763-0438 (05-13)	Woo.	Return completed form to Department	of Natural Resources	Public Danking V	iater Branch i	(i) Box 176. jefferson	City, MO 65102-0176	



OCCIO WILLIAM - AME			Total Water La	BER WITH AREA CODE					
Sylvan Bay			Total Water Laboratories 573-346-3810						
612 Sylvan Bay			17						
OTZ GYMAN BAY		ZIP CODE	1"						
Linn Creek		65052				<u></u> .			
County Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE		
05/07/2018	R	Hydrant @ WWTP	29	Α	A	0.49	0.43		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLATION  Yes 7 No Yes 7 No			1				
TITLE  Laboratory Technical Director		DATE 6-4-18							
SIGNATURE (MLY)	ittle.			-					
MO 783-0438 (05-13)	· · · · · · · · · · · · · · · · · · ·	Return completed form to Departmen	L of Natural Resources	s, Public Drinking '	Water Branch,	P.O. Box 176, Jellers	on City, MO 65192-9176		



PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 612 Sylvan Bay			CERTIFICATION NUMBER 17						
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COULTONION DOINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/03/2018	R	92 Nine Iron	07	A	A	0.56	0.40		
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- Avillety A. communication									
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No							
TITLE Laboratory Technical Director		DATE 5.1-16							
SIGNATURE MUY	Mu	Return completed form to Department	at the sal have the	- Public Odoki	Waler Branch	DO Boy 175 Jefferson	City. I/O 65102-0176		



Sylvan Bay		Total Water La	aboralories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Linn Creek		65052 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3031280	EB	Congression seeds a new con-		Particular Statement and the	engal dagagagan mananan atau sa		
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT I	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		D	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
03/13/2018	R	Hydrant at Club House	35	Α	Α	0.75	0.67		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No							
TITLE Laboratory Techni			DATE 4-2-18	7		<u></u>			
SIGNATURE AUG	ofh	Return completed form to Department	of Natural Resources	. Public Drinkino V	Valer Branch. I	O. Box 175. Jefferson	City. MO 65102-0176		

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PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS 612 Sylvan Bay		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
City Linn Creek		ZIP CODE 65052	11						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAVE OR INITIALS EB						
SAMPLE DATE	SAMPLE	PLE COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
02/07/2018	R	305 Tall Oaks	20	Α	A	0.78	0.71		
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						5.22 ***********************************			
					·		NIAMOTE .		
Management (C. A. C. and									
					72.04		<del></del>		
			MONTORING MICH	ATION	lu lu	CL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		☐ Yes ☑ No							
Laboratory Technical Director  SKINATURE  Way Min		DATE 2-28-18							
MO 760-0438 (05-13)	mu	Return completed form to Department	of Halural Resources	s, Putile Dánking	Water Branch,	P.O. Box 176, Jefferson	City, ISO 65102-0176		



Public Water system name Sylvan Bay		LABORATORY NAMI Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 612 Sylvan Bay	<del> </del>		CERTIFICATION NU.		.1	· · · · · · · · · · · · · · · · · · ·			
CITY Linn Creek	· · · · · · · · · · · · · · · · · · ·	ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/08/2018	R	Hydrant at Club House	35	Α	Α	0.66	0.42		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	TION	MC L	L VIOLATION Yes 7 No	· · · · · · · · · · · · · · · · · · ·			
тпте Laboratory Technic	cal Director		DATE 1-31-18	,					
SIGNATURE AWY	Mu	Return completed form to Department o	f Natural Pasouress	Public Deinklag V	aler Branch F	O Rox 176 lellersos	CRV 140 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17					
Linn Creek		65052						
соилту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE I		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/09/2018	S	Well House	01	Α	Α	<0.02	<0.02	
01/09/2018	S	Hydrant at Club House	35	Α	Α	0.65	0.49	
01/09/2018	S	326 Tall Oaks	37	Α	Α	0.56	0.50	
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TOTAL ROUTINE SAMPLE ANALZED  0		MONITORING VIOL	ATION	Ľ.	CL VIOLATION Yes No	(A) = 0		
TITLE Laboratory Technical Director SIGNATURE		DATE /-31-18						
MO 780-0438 (05-13)	Mh	Return completed form to Departme	ent of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176	

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PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water La			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65052						
соилту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	NE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/12/2017	R	57 Jeanie Lane	32	Α	Α	0.62	0.51	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA  Yes / No	TION	МС	LVIOLATION Yes 🕜 No			
Laboratory Technical Director			DATE  - 2-18					
SIGNATURE (ILM) MO 780-0438 (05-13)	Mm	Return completed form to Department o	f Natural Resources.	Public Drinking W	ater Branch. P	O. Box 176, Jefferson	City, MO 65102-0176	



Sylvan Bay	UBLIC WATER SYSTEM NAME Sylvan Bay TREET ADDRESS		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17					
Linn Creek		65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	SULTS CHLORINE RESI		
MO/DAY/YR	TYPE	OOLLEGO ON THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	D	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/14/2017	s	28 Sylvan Hills	13	Α	Α	0.41	0.31	
12/14/2017	s	Hydrant at Club House	35	Α	Α	0.52	0.41	
12/14/2017	S	305 Tall Oaks	20	Α	Α	0,79	0.73	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	NOITA	MC [	L VIOLATION Yes 📝 No			
0 πιε Laboratory Technical Director		DATE 1-2-18						
SIGNATURE (MY) MO 780-0438 (05-13)	olln	Return completed form to Departmen	nt of Natural Resources	, Public Orinking \	Water Branch,	P.O. Box 176, Jellerson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF STATES OF						
612 Sylvan Bay		ZIP CODE	17						
Linn Creek		65052 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden	S2485/9402546:2003	MO-3031280	EB						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE		SAMPLE LOCATION	SAMPLE RESULT:					
			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/13/2017	R	270 Sylvan Hills	15	Α	A	0.41	0.38		
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OTAL ROUTINE SAMPLE ANALZED M		MONITORING VIOLATION  ☐ Yes ☑ No			MCL VIOLATION Yes 7 No				
rine Laboratory Technical Director		DATE 12-2-17							
SIGNATURE  ANY PUL  10 780-0438 (05-13)  Return completed form to Department o			l Natural Resources,	Public Orinking W	ater Branch, P	O. Box 176, Jefferson C	ily, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS 612 Sylvan Bay		LABORATORY NAME Total Water Laboratories  573-346-3810  CERTIFICATION NUMBER							
612 Sylvan Bay		ZIP CODE	17						
Linn Creek		65052	CANDLE COLLECTO	NAME OF BUILD	u.e				
соилтү Camden		IO NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/16/2017	R	Hydrant at Club House	35	Α	Α	0.73	0.63		
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TOTAL ROPTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	MC   	L VIOLATION Yes 🗸 No				
тить Laboratory Techni	cal Director		DATE 10-31-17						
SIGNATURE AWY MAN Return completed form to Department					Jaler Reanch	O. Box 175 lefferson	n City. MO 65102-0176		



OUBLIC WATER SYSTEM NAME Sylven Rev	LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
Sylvan Bay STREET ADDRESS		, , , , , , , , , , , , , , , , , , , ,	CERTIFICATION NU		1010-040	-5010	
612 Sylvan Bay			17				
СПҮ	<del></del>	ZIP CODE	1				
Linn Creek		65052		··			
County Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITE	ALS.		
Camoen		IVIO-3031280		Lspilogganssched	<del>Signal (Signal Signal</del>		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE R	ESULTS	CHLORINE RI	ESIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Hydrant @ WWTP	29	Α	Α	0.56	0.43
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	<u> </u>		MONITORING MON	TION	luc	L VIOLATION	
YOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA			Yes No		
ากเล Laboratory Techni	cal Director	-	DATE /0-3-17	f			, telescope
SIGNATURE UM	Mu			•			
MO 780-0138 (05-13)	<u> </u>	Return completed form to Department	of Natural Resources	Public Drinking \	Vater Branch,	P.O. Box 176, Jefferso	n City, NO 65102-01/6



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 612 Sylvan Bay			CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65052						
County Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	MAMPLE COLLECTOR NAME OR INITIALS  KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS CHLORINE RESID		SIDUAL (mg/L)	
MO/DAY/YR T	TYPE	COLLEGION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/01/2017	R	230 Sylvan Hills	27	Α	A : -	0.47	0.40	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	I MC	L VIOLATION Yes Z No	<u> </u>		
1 title Laboratory Technical Director			3-17					
SIGNATURE MO 780-0438 (05-13)	Mu							
MO 780-0438 (05-13)	νν.	Return completed form to Department	of Natural Resources	, Public Drinking V	Valer Branch,	P.O. Box 176, Jefferso	n City, MO 65102 0176	



Sylvan Bay				E aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay		***************************************	CERTIFICATION NU	MBER				
CITY	nva-	ZiP COOE	17					
Linn Creek		65052						
соилту Camden	r	IO NUMBER MO-3031280	SAMPLE COLLECTO KR	IR NAME OR INITIA	LS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/30/2017	S	Hydrant @ WWTP	29	Α	Α	0.49	0.45	
08/30/2017	S	Hydrant at Club House	35	A	Α	1.28	1.19	
08/30/2017	S	90 Sylvan Hills	25	A	A	0.76	0.69	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT	ION	MCI □	VIOLATION Yes 🕜 No			
TITLE Laboratory Technic			DATE 9-2-17					
My 6	Mn	Return completed form to Department o	f Natural Resources	Public Deinking Wa	lor Rearch P	O Hoy 176 lefterson (	City, MO 65102.017A	



PUBLIC WATER SYSTEM NAME		LABORATORY NAM			ABORATORY TELEPHONE NUMBER WITH AREA CODE			
Sylvan Bay			Total Water La		573-346	-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER				
спу Linn Creek		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITIA	LS			
SAMPLE DATE	SAMPLE		SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT		TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/18/2017	R	Hydrant at Club House	35	Α	Α	0.46	0.32	
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA ☐ Yes ☑ No	TION	 	VIOLATION Yes / No			
1 ITTLE			DITE		]니	TES [/] NO		
Laboratory Technic	al Director		8-1-1	7				
SIGNATURE	Nh							
10 780-0438 (05-13)	V V V V	Return completed form to Department o	l Natural Resources,	Public Drinking Wa	iter Branch, P.	O. Box 176, Jefferson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810							
STREET ADORESS			CERTIFICATION NU		1			
612 Sylvan Bay			17					
CITY		ZIP CODE						
Linn Creek		65052		DANIE OF DETAILS				
соинту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITE	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	DAVIR TIPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2017	R	230 Sylvan Hills	27	Α	Α	0.53	0.51	
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201401								
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	I MC	L VIOLATION ] Yes ☑ No			
πτιε Laboratory Technical Director		•	DATE 7-2-1"					
SIGNATURE AMY	Mu			ASSASSA				
MO 760-0438 (05-13)		Return completed form to Department	of Natural Resources	, Public Drinking \	Water Branch,	P.O. Box 176, Jeffersor	CRy, MO 65102-0176	



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17						
CITY Wildwood		ZIP CODE 63038							
соинту Camden		ю нимвек Non-Permitled	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE SAMPLE		COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg			
MO/DAY/YR	TYPE		Ö	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
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1 rme Laboratory Technical Director		DATE 6-30-14							
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West Lake Villas	PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER					
1847 Sheppard		ZIP CODE	17	MOER				
Wildwood		63038						
COUNTY Camden		ю мимвек Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB					
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West Lake Villas		Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1847 Sheppard		lan coor	CERTIFICATION NU	MBER					
CITY Wildwood		ZIP CODE 63038							
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1 TITLE Laboratory Technical Director		DATE 5-4-19							
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West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE Total Water Laboratories 573-346-3810					
STREET ADDRESS 1847 Sheppard City		ZIP CODE	CERTIFICATION RU	MBER			
Wildwood		63038			,		
courry Camden		io אטאאפר Non-Permitted	EB	OR NAME OR INITIA	us		
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Public water system name West Lake Villas		Total Water L	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 1847 Sheppard			CERTIFICATION NU	MBER				
City Wildwood		ZIP CODE 63038	<u> </u>					
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PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER					
1847 Sheppard city Wildwood		ZIP CODE 63038	17					
vviidwood couнту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLUFORNI	FECAL E-COLI	TOTAL	FREE	
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Laboratory Technic	cal Director		2-2-19	1				
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West Lake Villas  STREET ADDRESS  1847 Sheppard  CITY  Wildwood  2IP CODE  63038			LABORATORY NAM Total Water L	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
			CERTIFICATION NUMBER 17						
COUNTY ID NUMBER Camden Non-Permitted			SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
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Laboratory Technical Director			DATE 1-2-19						
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PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS			LABORATORY NAME Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
1847 Sheppard		ZIP CODE	17						
Wildwood 63038									
COUNTY Camden		เอ พบพธะR Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
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TITLE Laboratory Technical Director			DATE 12-1-18						
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PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS 1847 Sheppard			LABORATORY NAM Total Water La		LABORATO	SORATORY TELEPHONE NUMBER WITH AREA CODE 3-346-3810		
			CERTIFICATION NU		1010-040			
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CITY		ZIP CODE	1					
Wildwood 63038								
		ю мимвек Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS  KR					
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тпье Laboratory Technical Director			DATE 11-1-18					
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PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO. 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17						
CITY Wildwood		ZIP CODE 63038							
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SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg			
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TOTAL ROUTINE SAMPLE ANALZED  1			MONITORING VIOLA	L L	MC C	L VIOLATION Yes 📝 No			
TITLE Laboratory Technical Director		DATE 9-30.18							
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PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER					
CITY Wildwood	-11-Title - 0 - 11 - 11 - 11 - 11 - 11 - 11 - 11	ZIP CODE 63038							
COUNTY Camden		ю мижее Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS  KR						
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PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU						
city Wildwood		ZIP CODE 63038							
COUNTY Camden		Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB						
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		
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PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY ELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17						
сіту Wildwood		2IP CODE 63038							
County Camden		ю мимвек Non-Permitted	SAMPLE COLLECTOR NAVE OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RE	and the second second	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID.	TOTAL COUFORM	FECAL E-COU	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLAT	TION	МС	L VIOLATION Yes 7 No				
rnte Laboratory Technic	al Director		DATE 7-2-18			<u> </u>			
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West Lake Villas	NAME		Total Water L	aboratories	573-346		JER WITH AREA CODE
STREET ADDRESS			CERTIFICATION NU	MBER			
1847 Sheppard		ZIP CODE	17				
Wildwood		63038					
County Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITIO	us		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RI	ESIDVAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	TOTAL	FREE	
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пть Laboratory Technic	cal Director	***	DATE 6418				
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public water system nave West Lake Villas		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NU	MBER					
Wildwood county		63038 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		Non-Permitted	KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE						
MO/DAY/YR	TYPE	000000000000000000000000000000000000000	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
04/03/2018	R	Well House	01	A	Α	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION		CL VIOLATION Yes [7] No				
тить Laboratory Techni	cal Director		DATE 5-1-1	8					
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PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER					
City Wildwood		ZIP CODE 63038							
сочиту Camden	• · · · · · · · · · · · · · · · · · · ·	ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	R NAME OR INTL	ALS	•			
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		
03/12/2018	R	Well House	01 A A		<0.02	<0.02			
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT	TION	мо	L VIOLATION Yes [] No	*			
TILE Laboratory Technical Director		DATE 4-2-18							
SIGNATURE AUY (50 780 0138 (05-13)	Mu	Return completed form to Départment o	Alabaral Bahangsar	Dublic Origina	the Desch E	O Day 475 Jefferres	Oliv. NO 65102 0170		



PUBLIC WATER SYSTEM NAME West Lake Villas			LAEORATORY NAW Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		In cons	CERTIFICATION NU	MBER	-				
CITY Wildwood		ZIP CODE 63038							
County Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITU	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID II	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	MC	Yes [7] No				
титье Laboratory Techni	ical Director	T	DATE 2-28"	18	•				
SIGNATURE AMY MAIN									
MO 783-0138 (05-13)	·····	Return completed form to Department	of Haiural Resources	i, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
STREET ADDRESS 1847 Sheppard			17	isek					
City Wildwood		ZIP CODE 63038							
County Camden	¥*************************************	ID NUMBER Non-Permitted	SAMPLE COLLECTOR	R NAME OR INITIA	ALS	• • • • • • • • • • • • • • • • • • •			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
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πιε Laboratory Techni	cal Director	r	DATE  -3/-18						
CICCIOTINE	Mh		-						
MO 282.0438 (05.13)		Return completed form to Department	of Natural Resources.	Public Drinking V	Vater Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER					
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	17					
Wildwood	· · · · · · · · · · · · · · · · · · ·	63038						
соилту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE SAMPI		COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS	ESULTS CHLORINE RESIDU		
MO/DAY/YR	TYPE		ID .	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/06/2017	R	Well House	01	Α	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA	TION	MC	Yes / No			
		DATE 1-2-19	5					
SIGNATURE AW MU  10 780-0438 (05-13) Return completed form to Department			of Malural Bassurake	Dublie Debtine V	Valor Ryanch	O Rax 176 .toffscean	City, MO 65107-0176	



public water system name West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810						
street adoress 1847 Sheppard			CERTIFICATION NUMBER 17						
city Wildwood		ZIP CODE 63038							
county Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITIA	LS				
SAMPLE DATE SAMPLE		COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS CHLORINE RESIDUAL		SIDUAL (mg/L)		
MO/DAY/YR TYP			1D	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
11/06/2017	R	Well House	01	Α	<0.02	<0.02			
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2810 11									
1		MONITORING VIOLA  Yes No	ATION	MC L	L VIOLATION Yes 🗹 No				
rrice Laboratory Techni	cal Director	f	DATE /2-2-	-17		·	<u>, , , , , , , , , , , , , , , , , , , </u>		
SIGNATURE ALL	offer	Return completed form to Department		Subtra Belatera - 11	Inter Base	DO DAY 176 INNOVE	CIIV NO 66107.0474		



PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO Total Water Laboratories 573-346-3810						
STREET ADORESS 1847 Sheppard			CERTIFICATION NUMBER 17						
слу Wildwood		ZIP CODE 63038							
соилту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID :	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
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OTAL ROUTINE SAMPLE ANALZED			MONITORING VIOLA ☐ Yes [7] No	TION		VIOLATION Yes 🗹 No			
m.∈ Laboratory Technic	al Director		DATE / 0 : 3/-						
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PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
street Aooress 1847 Sheppard			CERTIFICATION NUMBER 17							
CITY Wildwood		ZIP CODE 63038	CAND 5 CON 55	SAMPLE COLLECTOR NAME OR INITIALS						
соилту Camden		เอพบพธย Non-Permitted	KR							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE		CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	IMC	LVIOLATION Yes 📝 No					
πιε Laboratory Technical Director		DATE 10-3-17-								
SIGNATURE MAY	edu				-1					
) 760-0438 (05-13)	c upon	Return completed form to Departmen	nt of Natural Resources	, Public Orlaking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810					
1847 Sheppard			17	MBER			
CITY Wildwood		ZIP CODE 63038					
соилту Camden	<u> </u>	Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Well House	01	Α	<u>A</u>	<0.02	<0.02
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TILE Laboratory Technic BIGNATURE A			B.29-	-17-			
0 780 0139 (05-13)	ofly	Return completed form to Department O	l Hatural Resources.	Public Drinkina W	ater Branch, P	O. Box 176, Jefferson	City, MO 65102-0176



West Lake Villas		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard			CERTIFICATION NO.	M8ER					
city Wildwood		ZIP CODE 63038							
соинту Camden			SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ÎD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/10/2017	R	Well House	01	Α	A	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	NOIT	MC	LVIOLATION Yes 7 No				
1 ITTLE Laboratory Technic	cal Director	- <del> </del>	DATE 8-1-1'	 }		1 169 [7] 140	······································		
Laboratory Technical Director  SIGNATURE  AUY OWA				1.6	P.O. Box 176, Jefferson	Cir. NO established			



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAM Total Water L	aboratories	RY TELEPHONE NUM 3-3810	LEPHONE NUMBER WITH AREA CODE		
street Address 1847 Sheppard		CERTIFICATION NU	MBER				
erry Mildwood	ZIP CODE 63038						
юилтү Camden	ю нимвек Non-Permitted	SAMPLE COLLECTO EB					
SAMPLE DATE SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR TYPE		lD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2017 R	Well House	01	Α	Α	<0.02	<0.02	
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLA	TION	MCI	violation Yes 🗸 No		
rte aboratory Technical Directo		DATE 7-2-17		<u> </u>			
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PUBLIC WATER SYSTEM NAME West Lake Villas STREET ADDRESS		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
1847 Sheppard		1	CERTIFICATION NU	MBER					
спү <b>Wildwood</b>		ZIP CODE 63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/08/2017	s	647 Wilbus Road	03	Α	Α	<0.02	<0.02		
06/08/2017	S	647 Wilbus Road	03	Α	Α	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED		·	MONITORING VIOLA Yes ☑ No	тюн	MC	L VIOLATION Yes Z No			
пт.є Laboratory Technic	al Director		DATE 7-2-17						
SIGNATURE (MY)	Min	Return consisted form to Department o	/ Natural Resources	Public Brinking W	iter Branch P	O Boy 176 lefferson	City, MO 65107-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision STREET ADDRESS		LABORATORY NAVE Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
186 Capstone		ZIP CODE	17						
Linn Creek county		65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3036251	RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		, ID	TOTAL COLIFORN	FECAL E-COU	TOTAL	FREE		
06/10/2019	R	49 Ginny	10	Α	A	0.78	0.75		
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TITLE Laboratory Technic	cal Director		DATE 6-33-		······································				
SIGNATURE (My)	WW	Return completed form to Department							

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PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capstone			CERTIFICATION NU		1		
City Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITIA	LS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE
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TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLA	TION	MO	E VIOLATION Yes 7 No	
тпье Laboratory Techn	ical Director		DATE 6-2-19				
SIGNATURE ALLY OF	ille		•				, , , , , , , , , , , , , , , , , , ,
MO 780-0438 (05-13)		Return completed form to Department	of Natural Resources	, Public Orlaidag W.	ater Branch, F	O. Box 176, Jefferson	City, MO 65102-0176



Whispering Hills Subdivision		LABORATORY NAMI Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 186 Capstone			CERTIFICATION NU						
ату Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT		CHLORINE RESIDUAL (m)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORN	FECAL E-COU	TOTAL	FREE		
05/06/2019	S	Well		Р	Α	<0.02	<0.02		
05/06/2019	S	Storage Tank		Р	Α	0.03	<0.02		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	LTION	мс	ELVIOLATION Yes 7 No			
O TITLE			☐ Yes ☑ No			1 162 TO MO			
Laboratory Techni	<del></del>	· ·	6-2-14	<u>.                                    </u>			· · · · · · · · · · · · · · · · · · ·		
Uwy j	Mu			20.00	data Do	10 Day 170 1-8	City MO SEEDS 0422		
MO 780-0438 (05-13)		Return completed form to Department	h kalurai Resoucces,	, Իսույշ Այդուևից կ	rater branch,	U. BUX 1/6; Jeneison	City, more politically file.		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories 573-346-3810							
STREET ADDRESS 186 Capstone		In one	CERTIFICATION NUI	MBER					
CITY Linn Creek		ZIP CODE 65020							
COUNTY Camden		id NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE SAMPL		COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	And the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of th	ID	TOTAL COLIFORNI	E-COU	TOTAL	FREE		
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TOTAL ROUTINE SAMPLE ANALZED  0		MONITORING VIOLA	TION	MC C	L VIOLATION Yes 7 No				
тить Laboratory Technic	cal Director		DATE 6-2-1	19					
SIGNATURE ALLY A	lli	Return completed form in Department	of Heliural Pagoureas	Public Ddakina P	felor Branch	O Boy 176 Jallamon	Cm/ NO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision STREET ADDRESS 186 Capstone			LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  17  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
City Linn Creek		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE R	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
05/16/2019	s	Well		Р	Α .	<0.02	<0.02	
05/16/2019	S	Tank Pipe		Р	Α	1.5	1.42	
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TOTAL ROUTINE SAVPLE 0	E ANALZED		MONITORING VIOL	)	Ľ	CL VIOLATION  Yes  No		
TITLE Laboratory Technical Director SIGNATURE		DATE 6-2-19						
MO 780-0438 (05-13)	W.	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		21P CODE 65020					
соилту Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS  EB			·	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
05/22/2019	s	Well		Α	Α	<0.02	<0.02
05/22/2019	s	Tank		Α	Α	1.28	1.13
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TOTAL ROUTINE SAMPLE ANALZED  0			MONITORING VIOLA	TION	МС	L VIOLATION Yes 📝 No	
mus Laboratory Technic	cal Director		DATE 6-2-1	9			, , , , , , , , , , , , , , , , , , , ,
SIGNATURE ALLY M	. 1		I				
10 780 0438 (05-13)	jvv-	Return completed form to Department	of Natural Resources.	Public Orinkino Wa	ter Branch. P	O. Box 176, Jefferson	City, MO 66102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAM Total Water Li	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 186 Capstone City		ZIP CODE	CERTIFICATION NU	MBER				
Linn Creek		65020						
соинту Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS  EB			SAMON SALVENOVE SAMON (V.S.)		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		10	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/23/2019	s	Pipe		Α	Α	0.78	0.63	
05/23/2019	S	Tank		Α	Α	0.77	0.61	
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TOTAL ROUTINE SAMPLE.	ANALZED		MONITORING VIOLA	TION	MC MC	L VIOLATION Yes V No		
ιπιε Laboratory Technic	cal Director		DATE 6.2-19					
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PUBLIC WATER SYSTEM I Whispering Hills S	g Hills Subdivision Total Water Laboratories 573-346-3810		R WITH AREA CODE					
STREET ADDRESS 186 Capstone CITY		ZIP CODE	CERTIFICATION NUMBER 17					
Linn Creek COUNTY		65020 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIO	u.s			
Camden		MO-3036251	RG	SAMPLE R	ESHITS	CHI ORINE RE	SIDUAL (mg/L)	
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORNI	FECAL E-COU	TOTAL	FREE	
04/01/2019	R	49 Ginny	10	Α	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	I ^{MC}	EL VIOLATION Yes 7 No		
πιε Laboratory Techni	cal Director		DATE 5.4-19					
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PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NU	MBER	····•		
186 Capstone		ZIP CODE	17				
Linn Creek		65020	1				
County Camden	······································	ID NUMBER MO-3036251	SAMPLE COLLECTO RG	SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE
04/18/2019	S	186 Prairie Rose	18	Α	A	<0.02	<0.02
04/18/2019	s	68 Prairie Rose	14	Α	Α	<0.02	<0.02
04/18/2019	S	49 Ginny	10	A	Α	<0.02	<0.02
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TOTAL ROUTINE SAMPLE 0	ANALZEO	<u> </u>	MONITORING VIOLA ☐ Yes ☑ No	TION	MC	LVIOLATION Yes ☑ No	
πιτε Laboratory Technic	cal Director		DATE 5 4-19				
SIONATURE /14 MO 780-0438 (05-13)	Mr	Return completed form to Department	of Natural Resources	Public Orinkian W	ater Branch 9	O. Box 176 Jefferson	City, MO 65107-0178

PUBLIC WATER SYSTEM I Whispering Hills S STREET ADDRESS 186 Capstone			LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER 17		R WITH AREA CODE		
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	RG	R NAME OR INITE	VLS.		
SAMPLE DATE	SAMPLE		SAMPLE:	SAMPLE R	ESULTS.	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL COLFORN	FECAL E-COU	TOTAL	FREE	
03/18/2019	R	214 Ginny	11	Α	Α	<0.02	<0.02
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No					
TITLE Laboratory Technic	cal Director		DATE 3-3/-/9				
SIGNATURE // // /// /// // // // // // // // // /	Min	Return completed form to Departmen	t of National Resources	Public Didnisino	Valer Branch \$	O. Box 176. Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
street address 186 Capstone			CERTIFICATION NU	MBER				
cny Linn Creek		ZIP CODE 65020						
COUNTY Camden	See William Co.	ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS RG			Wallet Springer and Market Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Springer and Spri		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER		CHLORINE RESIDUAL (mg/L)		
_MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE	
02/13/2019	R	49 Ginny	10	Α	A :	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA ☐ Yes ☑ No	TION	     	LVIOLATION Yes 7 No		
ιπιε Laboratory Technic	al Director	· · · · · · · · · · · · · · · · · · ·	DATE 3 2-19					
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PUBLIC WATER SYSTEM Whispering Hills S	NAME ubdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A Total Water Laboratories 573-346-3810		ER WITH AREA CODE			
STREET ADDRESS 186 Capstone		ZIP CODE	CERTIFICATION NU	MBER	•			
Linn Creek		65020						
соимту Camden		Ю NUMBER MO-3036251	RG	PLE COLLECTOR NAME OR INITIALS				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RI		CHLORINE RESIDUAL (mg/L)		
			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE _	
01/24/2019	R	186 Prairie Rose	18	A	Α	1.02	0.82	
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OTAL ROUTINE SAMPLE A	MALZED		MONITORING VIOLA	TION	MCI	VIOLATION Yes 7 No		
ਗ਼ਾਵ: Laboratory Technic	al Director		DATE 2-2-16	ì				
GRATURE My (	dh	Peture constelled from to December 1	311.h.de	Babila Defette	14-D	O Day 476 1-51-	. Hoerras 1121	



STREET ADDRESS	ESCIDITATE (ASSESSED	
Linn Creek 65020 SAMPLE COLLECTOR NAME OR INITIALS	PERIOLIAI (mail )	
	ESIDIAL (mail )	
	ECIDIJAI (mali )	
SAMPLE JAMPLE   COLLECTION POINT   LOCATION	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR TYPE COLLECTION FOINT ID TOTAL COLFORN FCOL TOTAL	FREE	
12/11/2018 R 263 Prarie Rose 07 A A <0.02	<0.02	
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TOTAL ROUTINE SAMPLE ANALZED MONITORING VIOLATION MCL VIOLATION		
1 Yes 🗸 No 📗 Yes 🗸 No		
Laboratory Technical Director  DATE  1-2-19		
SIGNATURE  AUX AUX  Return completed form to Department of Natural Resources, Public Didoking Vister Branch, P.O. Box 176, Jefferso		

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
STREET ADDRESS 186 Capstone	-		CERTIFICATION NU	MBER				
СІТУ		ZIP CODE						
Linn Creek		65020 ID NUMBER	CAUDI E COLLECTA	OO MANE OO WOL	AI C			
Camden	1	MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS KR				<u> </u>	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	E-COLI E-COLI	TOTAL	FREE	
11/16/2018	R	263 Prairie Rose	07	Α	Ą	<0.02	<0.02	
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OTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA  ☐ Yes ☑ No	TION	MC C	L VIOLATION Yes 🕜 No			
TITLE Laboratory Technic SIGNATURE			DATE 12-1-18				· · · · · · · · · · · · · · ·	
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PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADORESS 186 Capstone		ZIP CODE	CERTIFICATION NUMBER 17					
сту Linn Creek соилту		65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS					
Camden		MO-3036251	KR			at x many structures of the con-	e ilia paga kara kan da da da da da da da da da da da da da	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	61.6. F44.1613.419 <del>-11</del> 141.7	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID :	TOTAL COLIFORM	FECAL E-COU	TOTAL-	FREE	
10/17/2018	R	78 Capstone	17	Α	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE	ANALZEO		MONITORING VIOL	ATION	MC	L VIOLATION Yes 7 No	<u> </u>	
τπιε Laboratory Techni	ical Director	Γ	DATE (1-1-18					
	MM		1					
MO 780-0438 (05-13)	y * *	Return completed form to Departmen	of Natural Resources	. Public Drinking \	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories Laboratory Telephone NUMBER WITH AREA CODE 573-346-3810					
street address 186 Capstone		Liocope	CERTIFICATION NU	MBER			
ату Linn Creek		ZIP CODE 65020					
соимту Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR HAVE OR INTIV	LS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORAI	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	214 Ginny	11	Α	Α	<0.02	<0.02
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	HC.	L VIOLATION Yes 🗸 No	
rnie Laboratory Technic	cal Director		DATE 9-30-18				
BIGNATURE May 1			1 /- 10				<u></u>
(NV7 L 10 780-0438 (05-13)	wire	Return completed form to Decartment o	d Natural Resources	Public Dentine W	ater Rranch F	O Box 176 Jefferson (	City, NO 65102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 186 Capstone		ZIP CODE	CERTIFICATION NUMBER 17						
CITY Linn Creek COUNTY		65020	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3036251	ЕВ				20.00.00.00.00.00.00.00.00.00.00.00.00.0		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R		CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/08/2018	R	187 Capstone	13	Α	Α	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLATION  Yes 7 No							
тпье Laboratory Techni			DATE 9-4-1	18					
SIGNATURE My	all	Return completed form to Department	of Natural Parousess	Bublic Odablas	Valor Branch	P.O. Box 176. tellerson	1 City, MO 65102-0178		

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PUBLIC WATER SYSTEM Whispering Hills S STREET ADDRESS	Total Water L	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
186 Capstone	CERTIFICATION NUMBER 17							
CITY ZIP CODE Linn Creek 65020								
county Camden		ID NUMBER MO-3036251	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	
07/09/2018	R	49 Ginny	10	Α	Α	<0.02	<0.02	
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			DATE 8-1-18					
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PUBLIC WATER SYSTEM Whispering Hills S		Total Water L	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 186 Capstone	Title of	CERTIFICATION NUMBER 17							
спу Linn Creek		ZIP CODE 65020							
COUNTY ID NUMBER Camden MO-3036251			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		
06/04/2018	R	214 Ginny	11	Α	Α	<0.02	<0.02		
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wexxeed. E				Bit Green			= 11/0-10-10-10-10-10-10-10-10-10-10-10-10-10		
TOTAL ROUTINE SAMPLE ANALZED 1			MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
ากะ Laboratory Technical Director			DATE 7-2-18						
SIGNATURE MY	aller								
780-0438 (05-13)	-	Return completed form to Departme	nt of Natural Resources	Public Drinking V	Vater Branch, I	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM Whispering Hills S			LABORATORY NAME LABORATORY TELEPHONE NUMBER WT Total Water Laboratories 573-346-3810			BER WITH AREA CODE	
STREET ADDRESS 186 Capstone			CERTIFICATION NU	WBER			
CITY Linn Creek		ZIP CODE 65020					
соилгу Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO JL	OR NAME OR INTIA	LS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	CHLORINE R	RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGION FOIN	= ID	FREE			
06/09/2018	s	229 Prairie Rose	15	TOTAL COLIFORIA P	FECAL E-COU	<0.02	<0.02
06/09/2018	S	68 Prairie Rose	14	Р	A	<0.02	<0.02
06/09/2018	S	214 Ginny	11	<0.02	<0.02		
06/09/2018	S	49 Ginny	10				
06/09/2018	S	Well	01	Α	A	<0.02	<0.02 <0.02
TOTAL ROUTINE SAMPLE	ANALZED		MONTORING VIOLA □ Yes ☑ No	TION	MC	LYIOLATION Yes [7] No	
TILE Laboratory Technic	cal Director		DATE 6-24-	18			3-3-1
(0.780-0438 (05-13)	* * * * * * * * * * * * * * * * * * * *	Return completed form to Department of	f Halural Resources	Public Drinking W	ler Branch 9	O. Box 176 Jefferson	City. MO 65102-0176



### MISSOURI DEPARTMENT OF NATURAL RESOURCES

# WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			Total Water La	ER WITH AREA CODE					
street address 186 Capstone			CERTIFICATION NUM	MBER					
слу Linn Creek		ZIP CODE 65020							
County Camden		io NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	MPLE	SAMPLE SAMPLE RELOCATION		ESULTS	SULTS CHLORINE RESIDUAL (mg/L)			
MOJDAYJYR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORIA	TOTAL	FREE			
06/11/2018	s	49 Ginny	10	А	Α	<0.02	<0.02		
06/11/2018	S	25 Ginny	16	Α	Α	<0.02	<0.02		
06/11/2018	S	Well	01	Α	Α	<0.02	<0.02		
06/11/2018	S	214 Ginny	11	Α	Α	<0.02	<0.02		
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<u>.                                    </u>			<u> </u>						
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	MOITM	M.C	L VIOLATION Yes 🗹 No			
τπιε Laboratory Techni	cal Director	•	DATE 6-24-1	18					
SIGNATURE  MIN TO TRANSPORT TO THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE C			-I tiskeral Badayasa	Duki's Destination	Wylor Bearch	O Boy 176 Jefferson	7720.C623 ON with		

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER					
CITY		ZIP CODE	<del> </del> -"						
Linn Creek	• • • • • • • • • • • • • • • • • • •	65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3036251	EB	JR NAME OR INII	IALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULT		CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	FREE					
06/20/2018	s	49 Ginny	10	Α .	А	<0.02	<0.02		
06/20/2018	\$	25 Ginny	16	Α	Α	<0.02	<0.02		
06/20/2018	S	214 Ginny	11	Α	Α	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOLATION YES IN No	КОП	W.C	LVIOLATION Yes ☑ No				
mte Laboratory Technic scivature 4	al Director	<u> </u>	DATE (-74-18						
0 780-0438 105-134	M	Return completed form to Department o	f Natural Basaussas	Ophile fidution (	Value Bradeh D	O Roy 176 Jatterson	riiv Un estas acid		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision STREET ADDRESS		A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	LABORATORY NAME   LABORATORY TELEPHONE NUMBER WITH AREA COOR     Total Water Laboratories   573-346-3810     CERTIFICATION NUMBER					
STREET ADDRESS 186 Capstone City		ZIP CODE	17	mpen				
Linn Creek		65020						
COUNTY Camden		Ю NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	14	E RESIDUAL (mg/L)			
MOIDAYIYR	TYPE		ID TOTAL FECAL TOTAL					
06/21/2018	s	Well 1	01	Α	Α	<0.02	<0.02	
06/21/2018	s	49 Ginny	10	Α	<0.02	<0.02		
06/21/2018	S	25 Ginny	16	Α	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE ANALZED  0		MONITORING VIOL	ATION	M ^c	Yes (7) No			
rme Laboratory Techn signature //		r	DATE [-24-1	8				
1107 (NO 760-0428 (05-13)	Mhr_	Return completed form to Department	of Natural Resources	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	Chy, MO 65102-0176	



PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810						
Whispering Hills S STREET ADDRESS	Subdivision				5/3-340	5-3810			
186 Capstone			CERTIFICATION NUMBER 17						
CITY		ZIP CODE							
Linn Creek		65020							
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden	1	MO-3036251	E8	I The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	· · · · · · · · · · · · · · · · · · ·	·	V2		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	CHLORINE RE	RESIDUAL (mg/L)				
MO/DAY/YR	TYPE		JD	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/07/2018	R	68 Prairie Rose	14	Α	Α	<0.02	<0.02		
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TOTAL ROUTINE SAVPLE. 1	ANALZED	1,000	MONITORING VIOLA Yes 7 No	TION	MC C	L VIOLATION Yes 📝 No			
пть Laboratory Technic	al Director		DATE 6-4-19	3					
SIGNATURE (MY)									
10 760-0438 (05-13)	rv^	Return completed form to Department	of Natural Resources	Public Drinking V	Jales Branch 1	PO Box 176 Jefferson	City. MO 65102-0176		



PUBLIC WATER SYSTEM Whispering Hills S			LABORATORY NAM Total Water La	aboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capslone			CERTIFICATION NU	MBER					
city Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLER	ESULTS	SULTS CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORIA	FECAL E-COLI	TOTAL	FREE		
04/04/2018	R	187 Capstone	13	٨	A	<0.02	<0.02		
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			MONITORING VIOL	ATION	lu-	CLVIOLATION			
TOTAL ROUTINE SAMPLE 1	: ANALZED		Yes 🗹 No	)		Yes No	·		
τπιε Laboratory Techn	ical Directo	r	DATE 5-1-15	<b>)</b>					
SIGNATURE	ylu		<u>,</u>			0.0 D 470 1-W	Chi. 100 CT400 0172		
MO 780-0133 (05-13)		Return completed form to Department	of Natural Resource	s, Public Drinking	yyaler Branch.	N'O' ROX 14P' TEHELZO.	H CHIN, MC BOSOK-DILD		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
street ADDRESS 186 Capstone			CERTIFICATION NUMBER 17						
сту Linn Creek		ZIP CODE   65020			· · · · · · · · · · · · · · · · · · ·				
соилту Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS   CHLORINE RESIDUA		SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOILM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/13/2018	R	189 Prarie Rose	121	A	A	<0.02	<0.02		
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLA	ATION	MC	CL VIOLATION Yes 7 No				
TITLE Laboratory Technic	cal Director		DATE 4-2-18						
SIGNATURE AWY	ofh	Return completed form to Decadoral		n tre Odelica U	Istor Desart	no Dev 176 letterre	- Ciby MO CEROS DAYS		



PUBLIC WATER SYSTEM I Whispering Hills S			LABORATORY NAME LABORATORY TELEPHONE NUMBER V Total Water Laboratories 573-346-3810			ER WITH AREA COOE		
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER				
CITY Linn Creek		ZIP CODE 65020						
County Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	TOTAL	FREE		
02/13/2018	R	214 Ginny	11	Α	Α	<0.02	<0.02	
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TOTAL ROUTINE SAMPLE 1	ANALZED		MONITORING VIOL		I.	E VIOLATION ] Yes ☑ No		
τπιε Laboratory Techni	cal Director		DATE 2-28	18				
SIGNATURE ALLY	alle							
1.10 780-0133 (05-13)		Return completed form to Department	of Natural Resources	, Public Drinking I	Water Branch, I	P.O. Box 176, Jelfersoi	1 City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C Total Water Laboratories 573-346-3810 CERTIFICATION NUMBER						
STREET ADDRESS 186 Capstone			CERTIFICATION NUM	VBER				
CITY Linn Creek		2IP CODE 65020	SAVPLE COLLECTOR NAME OR INITIALS					
County Camden		ID NUMBER MO-3036251	KR	K NAME OR BITT	<u>~::</u>	•		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	CHLORINE RE	RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID TOTAL FECAL TOTAL					
02/01/2018	S	Well 2	03	, Ą	Α	<0.02	<0.02	
02/01/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02	
02/01/2018	S	214 Ginny	11	Α	A	<0p.02	<0.02	
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					1,	NO TION		
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA  Yes No Date	HUN		L VIOLATION Yes 🗸 No		
TITLE Laboratory Technic SIGNATURE			2-28	18			· · · · · · · · · · · · · · · · · · ·	
11.17 MO 780-0138 (05-13)	Milli	Return completed form to Department	of Natural Resources.	Public Orinking V	Vater Branch, I	O. Box 176, Jellerson	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			Total Water La	aboratories		ABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 186 Capstone			CERTIFICATION NU	MBER					
CITY Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT				CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL FECA COLFORM E-CO			TOTAL	FREE		
02/02/2018	S	Well 2	03	Α	Α	<0.02	<0.02		
02/02/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02		
02/02/2018	S	263 Prairie Rose	07	Α	Α	<0.02	<0.02		
							Afficial Antiques (Antiques		
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	ATION	lmo	CL VIOLATION			
0 TITLE		<u>ur</u>	Yes No			] Yes [∕] No			
Laboratory Techni	-		2-29	3-18					
UUZ	other	Return completed form to Department	of Natural Resources	Public Drighton V	later Branch	P.O. Box 176. Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			Total Water L		RY TELEPHONE NUMB 3-3810	ELEPHONE NUMBER WITH AREA CODE 10		
street address 186 Capstone			CERTIFICATION NU	MBER				
city Linn Creek		ZIP CODE 65020	****			,		
соилту Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE	
01/24/2018	s	Well 1	01	Α	Α	<0.02	<0.02	
01/24/2018	S	Well 2	03	Α	A	<0.02	<0.02	
				,				
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA	TION	МС	( VIOLATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
0 TITLE Laboratory Technic			☐ Yes ☑ No  DATE  -31- 8			Yes 🕜 No		
	alm	Return completed form to Department	•		Jalor Branch 6	O Day 176 Julianan	City MC 65102.0475	



PUBLIC WATER SYSTEM NAME Whispering Streams			Total Water La	ER WITH AREA CODE					
STREET ADDRESS 241 Whispering St	treams		CERTIFICATION NUMBER  17						
слу Osage Beach		ZIP CODE 65065							
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RE	SULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE		
06/03/2019	R	211 Whispering Streams Road	02	Α	A	1.04	0,96		
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FOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA	TION	MC	L VIOLATION Yes [7] No				
ritte Laboratory Technic	cal Director		DATE 6-30-1	í					
SIGNATURE DWY (									
(0 700-0438 (05-13)	·····	Return completed form to Department of	Hatural Resources,	Public Drinking Wa	er Branch, P	O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Streams STREET ADDRESS		LABORATORY NAME Total Water Laboratories Laboratories Laboratory Telephone NUMBER WITH AREA COE 573-346-3810 CERTIFICATION NUMBER					
241 Whispering S	treams	ZIP CODE	17	IMBER			
Osage Beach		65065					
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
05/01/2019	R	35 Hidden Cove Road	07	A	Α	1.21	1.16
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OTAL ROUTINE SAMPLE A	NALZED		MONITORING VIOLA	TION	MCI	L VIOLATION Yes (7) No	
πιε Laboratory Technic	al Director		DATE 6-2-19				
O 700 0130 105-131	<i>U</i> lu	Return completed form to Departmen		- 10 - 5 - 11 - W			



PUBLIC WATER SYSTEM I Whispering Stream			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810		R WITH AREA CODE			
STREET ADDRESS 241 Whispering St			CERTIFICATION NU	MBER				
CITY Osage Beach COUNTY		ZIP CODE 65065 ID NUMBER	SAMPLE COLLECTOR NAVE OR INITIALS EB					
Miller		Non- Permitted	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	CHLORINE RESIDUAL (mg/L)	
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION ID	TOTAL COLIFORN	FECAL E-COLI	TOTAL	FREE	
04/02/2019	R	35 Hidden Cove Road	07	Α	Α	0.96	0.93	
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			MONITORING VIOL	AT/ON	luc	EL VIOLATION		
TOTAL ROUTINE SAMPLE	ANALZED		Yes No	MUN		Yes 🗹 No		
TITLE Laboratory Techni SIGNATURE	cal Director	-	5-4-19					
MO 780-0438 (05-13)	Hu	Return completed form to Departme	nt of Retural Resources	, Public Orinking 1	Yaler Branch,	P.O. Box 175, Jefferson	City, 90 65102-0176	

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PUBLIC WATER SYSTEM NAME  LABORATORY NAME  LABORATORY TELEPHONE NUMBE  Total Water Laboratories  573-346-3810				ER WITH AREA CODE				
STREET ADDRESS		,,	CERTIFICATION NU		10.000			
241 Whispering St	reams							
City Osage Beach		ZIP CODE 65065						
COUNTY		ID HUMBER	SAMPLE COLLECTOR NAME OR INITIALS					
Miller		Non- Permitted	EB					
	0440		SAMPLE	SAMPLE RI	SULTS	CHLORINE RE	SIDUAL (mg/L)	
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION		4955 N. B. S. S. S. S. S. S.			
			ID _	TOTAL COLIFORIA	E-COU FECAL	TOTAL	FREE	
03/19/2019	R	211 Whispering Streams Rd	02	Р	. A	1.03	0.96	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA Yes No	TION	MC C	! L VIOLATION Yes 🗹 No		
nne Laboratory Technik	cal Director		DATE 3-3/-19					
SIGNATURE ANY 1	.1		1					
MO 760-0439 (05-13)	Wort	Réturn completed form to Department	of Natural Resources,	Public Drinking W	iter Branch, F	O. Box 176, Jefferson	City, NO 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NU		1010 010	70010	
241 Whispering S	treams	ZIP CODE	17				
Osage Beach		65065					
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLER	ESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		D	TOTAL COUFORN	E-COU	TOTAL	FREE
03/20/2019	Р	211 Whispering Streams Rd	02	Α	Α	0.45	0.43
03/20/2019	P	25 Deer Hollow Rd	10	A	Α	0.49	0.43
03/20/2019	Р	35 Hidden Cove Rd	07	Α	Α	0.56	0.47
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TOTAL ROUTINE SAMPLE	4NN 755		MONITORING VIOLA	7101	luc	L VIOLATION	<u> </u>
0	ANALZED		Yes No			Yes No	
ιπιε Laboratory Technic	cal Director		DATE 3-3/-/1				
SIGNATURE (MY )	1				<del></del>		
()////////////////////////////////////	MAA	Return completed form to Department o	Natural Resources.	Public Drinking W	ater Branch, P	O. Box 176, Jefferson	CHy, MO 65102-0176



PUBLIC WATER SYSTEM Whispering Stream			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS 241 Whispering S	treams	ZIP CODE	CERTIFICATION NU	WBER			
Osage Beach COUNTY		65065 ID NUMBER	SAMPLE COLLECTO	DO NAME OF INITIAL	C	·	
Miller	Transcription of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	Non- Permitted	RG	A TOOKE ON MITTAL	.5	•	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RE	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	E-COLI E-COLI	TOTAL	FREE
02/13/2019	R	35 Hidden Cove Road	07	Α	Α	0.65	0.54
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TOTAL ROUTINE SAMPLE /	ANALZED	<u> </u>	MONITORING VIOLA  Yes 7 No	TION	MC	L VIOLATION Yes 7 No	
πιε Laboratory Technic	al Director		DATE 3. 2-19		· · · · · · · · · · · · · · · · · · ·		
Guy U			, , , , , ,				
O 780-0438 (05-13)	J	Return completed form to Densitment	I Matural Branspire	Public Original Na	er Branch D	O Day 178 Inflamon	CHU MO 65102.0476



PUBLIC WATER SYSTEM Whispering Stream			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810		R WITH AREA CODE			
STREET ADDRESS 241 Whispering SI	· · · · · · · · · · · · · · · · · · ·		CERTIFICATION NUM	MBER				
city Osage Beach		ZIP CODE 65065						
COUNTY Miller		IO NUMBER Non- Permitted	RG					
SAMPLE DATE	SAMPLE	COLLECTION POINT	LOCATION			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
01/24/2019	R	35 Hidden Cove Road	07	Α , ;;	Α	0.94	0.89	
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TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION .	Ľ	CL VIOLATION Yes  No		
πιε Laboratory Techn		T	DATE 2-2-19					
SIGNATURE (My )	M	Return completed form to Department	of Halural Resources	. Public Drinkina Y	rater Branch.	P.O. Box 175, Jefferson	City, MO 65102-0176	

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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 241 Whispering St			CERTIFICATION NUMBER 17					
слу Osage Beach		ZIP CODE 65065						
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE:	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE	
01/31/2019	P	221 Whispering Streams Rd	03	Α	Α	1.06	1.03	
01/31/2019	P	25 Deer Hollow Rd	10	Α	A	1.03	1.01	
01/31/2019	Р	39 Hidden Cove Rd	08	А	Α	1.02	1.01	
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OTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOLA  ☐ Yes ☑ No	TION	M.C.	L VIOLATION Yes ☑ No		
TITLE Laboratory Technic			DATE 2-2-17					
HIGHATURE AND A (O 780-0438 (OS-13)	Min	Return completed form to Department	of Natural Resources	Public Orlakina W	ater Branch, P	.O. Box 176, Jefferson	City, MO 65102-8176	



PUBLIC WATER SYSTEM NAME Whispering Streams STREET ADDRESS 241 Whispering Streams		LABORATORY NAME Total Water Laboratories  573-346-3810  CERTIFICATION NUMBER  17					
сіту Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	ID	TOTAL COLIFORN	FECAL E-COU	TOTAL	FREE
01/30/2019	S	221 Whispering Streams Rd	03	Р	Α	1.06	1.03
01/30/2019	s	25 Deer Hollow Rd	10	Α	Α	1.03	1.01
01/30/2019	S	39 Hidden Cove Rd	08	Α	A٠	1.02	1.01
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TOTAL ROUTINE SAMPLE	E ANALZEO		MONITORING VIOL	ATION	K	2: VIOLATION ] Yes ☑ No	
TITLE	:! D:		☐ Yes ☑ No			1 (es [i] (40	
Laboratory Techn	.t.	<u> </u>	2-2-19				
MO 780-0138 (05-13)	AM.	Return completed form to Department	t of Natural Resource	s, Public Drinking	Water Branch,	F.O. Box 176, Jefferso	n City, KO 65102-0176

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Whispering Streams		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 241 Whispering Streactry	ams	ZIP CODE	CERTIFICATION NUI	MBER				
Osage Beach COUNTY Miller		65065 ID NUMBER Non- Permitted	SAMPLE COLLECTO KR	R NAME OR INITIO	ALS	<u></u>		
		NOA- PEHILIKEU	SAMPLE	SAMPLE R	ESULTS	CHLORINE RESIDUAL (mg/L)		
SAMPLE DATE S MO/DAY/YR	AMPLE TYPE	COLLECTION POINT	LOCATION -		FECAL E-COLI	TOTAL	FREE	
12/11/2018	R	35 Hidden Cove Road	07	Α	Α	0.45	0.26	
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TOTAL ROUTINE SAMPLE AND 1	ALZED		MONITORING VIOLA  Yes No	TION		L VIOLATION Yes 🕜 No		
τιτιε Laboratory Technical	Director		DATE 1-2-19					
SKGNATURE AWY M	lu	Return completed form to Department	of Natural Resources,	Public Orinking V	Yater Branch, I	² .O. Box 176, Jellerson	CHY, NO 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Streams STREET ADDRESS			LABORATORY NAME Total Water La	RY TELEPHONE NUMBER -3810	R WITH AREA CODE			
CITY Eugene		ZIP CODE 65032	17					
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR					
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	
11/16/2018	R	39 Hidden Cove Road	08	Α	Α	1.07	1.04	
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TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	MONITORING VIOLATION		IMCL VIOLATION ☐ Yes ☑ No			
τιτιε Laboratory Techni	cal Director	r	DATE 12-1-1		1			
SIGNATURE AWY ALL			int of Natural Resources, Public Orinking Water Branch, P.O. Box 175, Jefferson City, MO 55102-9176					



	UBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH A Total Water Laboratories 573-346-3810					
Whispering Stream	ns				573-346	5-3810			
STREET ADDRESS			CERTIFICATION NU	MBER					
city Eugene		ZIP CODE 65032							
COUNTY		io number Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RESULTS LOCATION			CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORNI	FECAL E-COLI	TOTAL	FREE		
10/17/2018	R	35 Hidden Cove Road	07	Α	Α	1.57	1.35		
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TOTAL ROUTINE SAMPLE	OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLATION  ☐ Yes ☑ No ☐ Yes ☑ No						
тпте Laboratory Technic			DATE  1-1-18	, , , , , , , , , , , , , , , , , , , ,	t				
CUZNATINE .			1						
MO 780-0438 (05-13)	4VV	Return completed form to Department	of Natural Resources	Public Drinking Wa	ter Branch	O. Box 176 Jefferson	City, MO 65102-0178		



PUBLIC WATER SYSTEM			LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Whispering Stream	119		CERTIFICATION NU		1010-040	V31V		
			17					
city Eugene		ZIP CODE 65032						
COUNTY		IO NUMBER	SAMPLE COLLECTO	R NAME OR INITU	ALS			
		Non- Permitted	EB			<b>1</b> = 00, 20, 00, 00, 00, 00, 00, 00, 00, 00,		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE		ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE	
09/04/2018	R	211 Whispering Streams Road	02	Α	Α	0.64	0.57	
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TOTAL ROUTINE SAMPLE ANALZED 4		MONITORING VIOL	L I	I L	L VIOLATION ] Yes [7] No			
1 ਸਮੁਫ Laboratory Technical Director		DATE 9-30-18						
SIGNATURE	ıl		1 /- 0		······································			
WY M MO 780 0438 (05-13)	M	Return completed form to Department	of Natural Resources	, Public Drinking \	Waler Branch,	P.O. Box 176, Jellerso	n City, MD 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS		<u></u>	CERTIFICATION NU		373-340	J-5010		
ату		ZIP CODE	17					
Eugene COUNTY		65032 ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE -	COLLECTION FOINT	ID ID	TOTAL FECAL COLIFORNI E-COLI		TOTAL	FREE	
08/06/2018	R	25 Deer Hollow Road	10	Α	Α	0.86	0,84	
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OTAL ROUTINE SAMPLE ANALZED		MONITORING VIOLAT ☐ Yes [7] No	TION	MCI □	VOLATION Yes 🕜 No			
TLE aboratory Technical Director		DATE 9-4-18						
GNATURE AWY A	M							
780-0438 (05-13)		Return completed form to Department of	Natural Resources, (	Public Drinking Wa	ier Branch, P.	O. Box 176, Jefferson (	City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			CERTIFICATION NU	MBER					
ary Eugene		ZIP CODE 65032							
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MO/DAY/YR	TYPE		ID	TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE		
07/16/2018	R	35 Hidden Cove Road	07	07 A		0.68	0.52		
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PUBLIC WATER SYSTEM NAME Whispering Streams		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			CERTIFICATION NU	MBER			7.1	
CITY Eugene		ZIP CODE 65032						
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE_	
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τιτιέ Laboratory Techni	cal Director		DATE 7-2-18					
SIGNATURE ANY I	ylu	Return completed form to Department						



PUBLIC WATER SYSTEM NAME Whispering Streams STREET ADDRESS		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810						
спү Eugene		ZIP COD€ 65032						
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB	R NAME OR INITI	ALS			
SAMPLE DATE SAMPLE		ACUL COTION DOINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
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TITLE Laboratory Techn	ical Directo	Г	DATE 6-4-16					
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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			CERTIFICATION NUM	MBER			*	
сіту Eugene		ZIP CODE 65032						
COUNTY		ю мимвек Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB -					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID.	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/17/2018	R	211 Whispering Streams Road	02	Α	A	1.18	0.98	
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ιπτε Laboratory Technic			DATE 5-1-18					
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CERTIFICATIONHUMBER 1  107  107  107  108  108  109  109  109  109  109  109				LABORATORY NAME Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
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SAMPLE MOJDAYYR TYPE   COLLECTION POINT   LOCATION   TOTAL   TREE   03/14/2018   R   35 Hidden Cove Road   07   A   A   1.10   0.90		Figure Section (Con-	Non- Permitted	ASSESSMENT OF THE SECOND PROPERTY.	gasalangalan				
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Laboratory Technical Director	TITLE	cal Director	ſ	DATE 4-2-18					
My MM	SIGNATURE AMY MO 763-0435 (05-13)	Min	Section 2000 de la constant	of Matural Barburatas	Diphlic Crinthen b	Valor Reanch	P.O. Box 176 .lafferen	City, MO 65107-0176	



			LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Whispering Stream	ns		Total Water La		10/3-346	)-30 IU		
			17	WRFK				
city Eugene		ZIP CODE 65032						
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	MO/DAY/YR TYPE COLLECTION FOINT		ID	TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE	
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O 780-0438 (05-13)	v	Return completed form to Department	of Natural Resources.	Public Drinklag W	later Branch. I	O. Box 176, Jefferson	Chv. MO 65102-0176	

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	PUBLIC WATER SYSTEM NAME			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE						
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Revised Report



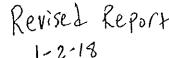
MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

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### MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

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## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

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

PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHONE NUMBER		ER WITH AREA CODE				
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## Missouri Department of

## NATURAL RESOURCES

Michael L. Parson, Governor

Carol S. Comer, Director

March 7, 2019

Mr. Kelly Goss Lakeside at Cross Creek 515 Old Highway 5 South Camdenton, MO 65020

#### UNSATISFACTORY FINDINGS RESPONSE REQUIRED

Dear Mr. Goss:

Staff from the Missouri Department of Natural Resources (Department) conducted an inspection on February 19, 2019, of Lakeside at Cross Creek public water system (system). The system operates under the public water system identification number MO5031496.

Compliance with Safe Drinking Water Law was evaluated. The enclosed report is being issued with Unsatisfactory Findings for the violations identified.

Please refer to the enclosed report for details of identified Unsatisfactory Findings and required actions. A written response documenting actions taken to correct the violations is required by the date specified in the report.

The Department records will document continued non-compliance of the environmental laws and regulations until the required actions are completed. Please understand that ongoing violations of laws may result in a follow-up inspection.

If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Mr. Johnny O'Dell of my staff, by calling 417-891-4300, by email at Johnny.O'Dell@dnr.mo.gov, or via mail at Southwest Regional Office, 2040 West Woodland, Springfield, Missouri 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief Drinking Water Section

MDR/jow

Enclosure

c:

Mr. Ed Barlund, Designated Operator
Public Drinking Water Branch, Monitoring Section

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# Missouri Department of Natural Resources Southwest Regional Office/Public Drinking Water Branch Report of Inspection Lakeside at Cross Creek Camden County, Missouri Public Water System ID Number MO5031496 March 7, 2019

#### Introduction

A routine inspection was made by the Missouri Department of Natural Resources (Department) of the community public water system serving Lakeside at Cross Creek on February 19, 2019. The purpose of the inspection was to determine compliance with Missouri Safe Drinking Water Law and Regulations. The inspection reviewed all eight critical components applicable to the public water system.

The following people were present at the time of the inspection:

#### Lakeside at Cross Creek

Mr. Kelly Goss, Designated Operator, 573-353-9595 Mr. Ed Barlund, Designated Operator, 573-569-3732

Missouri Department of Natural Resources

Mr. Johnny O'Dell, Environmental Specialist, 417-891-4300, Johnny.O'Dell@dnr.mo.gov

#### Facility Description and History

The system serves approximately 50 people in the subdivision through 28 connections. The system operates year-round and is supplied by one state-approved well.

Well #1 was drilled in 2008 to a depth of 830 feet with eight-inch casing to a depth of 405 feet. The submersible pump is 30-horsepower and is rated at 200 gallons per minute. The facility voluntarily uses liquid chlorine injection for water disinfection. Storage and detention are provided by one 27,000-gallon ground level storage tank. Pressure is maintained with dual 40-horsepower booster pumps and six 119-gallon bladder tanks.

Since the last inspection on March 17, 2016, the facility has configured the system to its original engineered specifications by adding two additional bladder tanks and replacing the single 5-horsepower booster pump with the dual 40-horsepower pumps. The facility has also added liquid chlorine injection and sealed the well casing.

The system is located in the Lake Ozark Watershed (10290109)

The system formerly required an operator properly certified at the DS-II level. Mr. Ed Barlund is properly certified above this level. Due to recent regulation changes, the public water system distribution system classification was reevaluated. Based on Safe Drinking Water Regulation

10 CSR 60-14.010 (3)(B), Table 2, the public water system is being reclassified as needing a properly certified operator at a DS-I Level.

#### Discussion of Inspection and Observation

I contacted Mr. Kelly Goss on February 11, 2019, to schedule a compliance and operations inspection for February 19. The inspection was conducted during normal business hours.

Upon arrival I met with Mr. Ed Barlund and discussed the scope and the purpose of the inspection. I followed Mr. Barlund to the well house and reviewed the well, booster pumps and the bladder tanks. Photos were taken of the system components. Mr. Kelly Goss joined us during the inspection. Next I collected one source sample near the well head and checked the free chlorine level. I then collected one bacteriological sample and checked the total residual chlorine from sample site 13.

I reviewed the records of the system, and they were missing backflow device inspection reports.

It was determined that the system qualifies as a major water user (has the potential to pump a total of 70 gallons per minute or more). According to the Department's Water Resources Center, the system is registered as a major water user. Registration is required by all persons, firms, and corporations with the capacity to withdraw or divert a total of 100,000 gallons or more per day from any well, river, lake, spring, or other water source. More information about major water users and on-line registration is available at http://dnr.mo.gov/geology/wrc/mwu-forms.htm.

#### Sampling and Monitoring

One drinking water sample was collected from the clubhouse outside spigot and one source sample from the wellhead and were submitted for microbiological analysis to the Missouri State Public Health Laboratory. The samples tested total coliform absent or "safe". The free chlorine entering the distribution system was 0.25 mg/L, and the total residual chlorine level in the system was 0.39 mg/L.

The following is a history of monitoring and unsafe samples during the last 24 months.

The system had two or more total coliform positive water samples during May 2017, so a Level 1 Assessment event was triggered based on the Revised Total Coliform Rule (RTCR). A completed Level 1 Assessment form was received by the department.

#### Compliance Determination and Required Actions

The facility is not in compliance with Missouri Safe Drinking Water Regulations based on observations made during the inspection.

#### **Unsatisfactory Findings**

For all Unsatisfactory Findings listed below, a written response documenting actions taken to correct the violations is required by **April 8, 2019**.

1. The public water system does not have a Permit to Dispense Water to the Public as required by Safe Drinking Water Regulation 10 CSR 60-3.010(2)(A).

All public water systems must obtain a permit to dispense water to the public. There is no permit fee. A public water system must submit a permit to dispense application and must meet bacterial and chemical monitoring and maximum contaminant level requirements.

REQUIRED ACTION: Complete the enclosed application for a permit to dispense and submit it with all required documentation, including a deed to the well property, to: Missouri Department of Natural Resources, Public Drinking Water Branch, Infrastructure, Permits and Engineering Section, P.O. Box 176, Jefferson City, MO 65102, Phone 573-751-5331, Fax: 573-751-3110.

2. The public water system does not have back-flow prevention test records for the backflow prevention devices within the distribution system as required by Safe Drinking Water Regulation 10 CSR 60-11.010 (8)(B).

Because backflow may cause a health hazard through transmission of contaminants via the public water system, the supplier of water shall ensure the devices are installed and tested annually. Otherwise the supplier of the water can sever the customer's line from the public water system.

REQUIRED ACTION: Provide the appropriate test records for all back-flow prevention devices installed within the distribution system. Please note all in ground sprinklers must have a backflow prevention device. Other known hazards can be found within the Safe Drinking Water Regulations 10 CSR 60-11.010 (3)(A) and (B).

3. The public water system failed to obtain written authorization from the Department prior to construction, alteration, or extension of the water system in violation of Safe Drinking Water Regulation 10 CSR 60-3.010(1). This construction consists of the addition of liquid chlorine disinfection.

All community public water systems must obtain written authorization (a construction permit) from the Department prior to construction, alteration, or extension of the water system. Service lines are exempt from this requirement. A service line must serve only one connection. Repairs are generally exempt unless the system is going to be significantly changed. Replacement of mains is exempt unless the main diameter is going to be changed.

REQUIRED ACTION: Within 180 calendar days of the date of this report, the public water system shall submit two copies each of an as-built engineering report, plans, and specifications prepared by a professional engineer registered in Missouri along with an application for a construction permit and a letter from the public water system authorizing the construction (unless the system is applying for the permit) to the Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102, 573-751-5331.

#### Recommendations

1. The public water system failed to maintain a minimum free chlorine residual of 0.5 mg/L at the entrance to distribution.

Take action to maintain a 0.5 mg/L free chlorine residual at the well and 0.2 mg/L total chlorine residual in the distribution system.

2. The public water system does not have security fencing around the storage tank. Specifically, the tower is accessible and should be secured with a chain link fence and a lockable gate.

Safety, security and risk-reduction measures are important, and should be implemented to reduce the water system's vulnerabilities. All water system facilities should be evaluated and redesigned to include measures to provide protection against vandalism, sabotage, terrorist acts, or access by unauthorized personnel. These protection measures should include: a) locked security doors; b) windows sized or barred to prevent access; and, c) security fencing around vulnerable areas of drinking water facilities (for example, wellheads, manholes, pumphouses, treatment buildings, and storage tanks).

The Department recommends constructing a chain link fence with a lockable gate around the storage tank.

#### **Additional Comments**

As per Missouri State Statute 640.115 RSMo, all water systems must notify and provide engineering plans and specifications to the Department prior to any new construction, qualified alteration, or extension of your water system. Qualified alterations include those that would change or alter plant capacity or treatment processes such as adding, removing, or changing chemical additives and/or their injection locations, altering finished water storage capacity, pumping capacity, line pressures, etc. If you have questions regarding qualified alterations, please contact the Missouri Department of Natural Resources, Public Drinking Water Branch, by calling 573-751-5331 or by mail at P.O. Box 176, Jefferson City, MO 65102.

#### Signatures

SUBMITTED BY:

Jolinny O'Dell

Environmental Specialist Southwest Regional Office

#### Attachments

Photograph Addendum 1 through 6 Application for Permit to Dispense

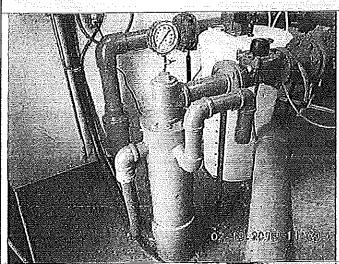
**REVIEWED BY:** 

Judith Charlton, Chief

Drinking Water Inspection Unit Southwest Regional Office

#### PHOTOGRAPH ADDENDUM

REGIONAL OFFICE Southwest Regional Office



PHOTOGRAPH #1

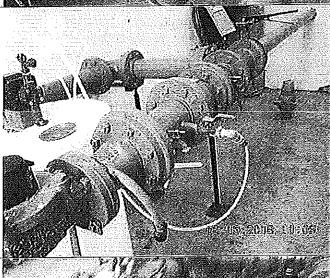
TAKEN BY: Johnny O'Dell ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse DESCRIPTION: Wellhead

DATE TAKEN: February 19, 2019 PROGRAM: Public Drinking Water

Branch



PHOTOGRAPH #2

TAKEN BY: Johnny O'Dell ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse

DESCRIPTION: Chlorine injection point

DATE TAKEN: February 19, 2019 PROGRAM: Public Drinking Water

Branch



TAKEN BY: Johnny O'Dell

ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse

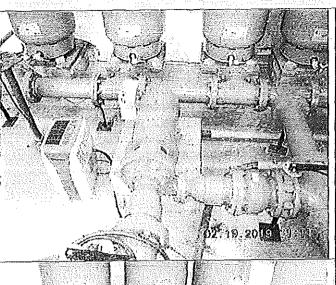
DESCRIPTION: first booster bump DATE TAKEN: February 19, 2019

PROGRAM: Public Drinking Water

Branch







#### PHOTOGRAPH#4

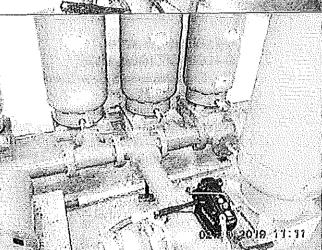
TAKEN BY: Johnny O'Dell ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse

DESCRIPTION: second booster bump DATE TAKEN: February 19, 2019 PROGRAM: Public Drinking Water

Branch



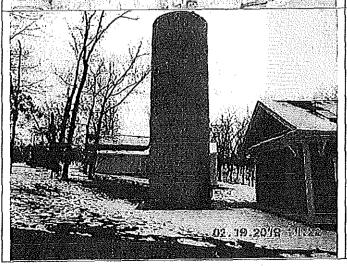
#### PHOTOGRAPH #5

TAKEN BY: Johnny O'Dell ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse **DESCRIPTION: Bladder tanks** DATE TAKEN: February 19, 2019 PROGRAM: Public Drinking Water

Branch



#### PHOTOGRAPH#6

TAKEN BY: Johnny O'Dell

ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Outside wellhouse DESCRIPTION: Storage tank DATE TAKEN: February 19, 2019 PROGRAM: Public Drinking Water

Branch

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À	<b>(4)</b>

## MISSOURI DEPARTMENT OF NATURAL RESOURCES PUBLIC DRINKING WATER BRANCH

## PERMIT TO DISPENSE APPLICATION FOR PUBLIC WATER SYSTEMS

FOR OFFICE	USE OME
DATE RECEIVED	

permits to dispense, or bot operating authority for the Construction authorization operating authority exists I	th, sha mana s and hat st	all show in accordance v gement, operation, repla permits to dispense will hall have jurisdiction over	ems commencing operation after ( with 10 CSR 60-3.020 (6) that a per- acement, maintenance and moder not be issued unless the applicant r the facility. Written construction a the continuing operating authority	maner izatior provid uthoriz	it organization exi n of the facility for les proof satisfact ation and permits	sts which will serv which the applicat ory to the departm to dispense water	e as the continuing ion is made, ent that a continuing
☐ Community	[	☐ Nontransient Nonc	community 🔲 Tran		Noncommunity		
2. NAME OF WATER SYSTEM				CC	YTAUC		PWS ID NUMBER
3, ADDRESS			l City			STATE	MO ZIPCODE
						was a strained with the	R WITH AREA CODE
4. NAME OF PROPERTY OWNER			EMAIL ADDRESS			LELEPHONE NUMBE	K WITH ANEA COOL
5, ADDRESS		***************************************	ciry			STATE	ZIPCODE
6. CONTINUING OPERATING AUT	HORIT	Y (IF SAME AS OWNER INDIC	ATE 'SAME')			TELEPHONE NUMBE	R WITH AREA CODE
7. TYPE OF SUPPLY City PWSD Other (Describe) Noncommunity: (De		Subdivision h	Mobile Home Park				
				,			
8. TECHNICAL, MANAGERIAL, AN COMMENCING OPERATION A TMF Required?	FTERC		LOPMENT REVIEW ONLY APPLIES TO CO	MMUNIT	Y AND NONTRANSIEN	T NONCOMMUNITY V	AIEK SYSTEMS
Geographic Coordinates	ntake s: La	atitude Long	water from another public wate itude pplier PWS ID number: MO	er sup	ply		
Geographic coordin  11. If purchase wholesa  Max allowable purch	ates d le wa nased	of master meter. Latil iter: Supplier's PW	tude Longitude /S ID number: MO Average amount purchase	d per	day:		
40. If a flush alocale we	tor	Burchaear'e D	WS ID number: MO		•		
12. If sell wholesale wa			age amount sold per day:				
Max allowable sold   geographic coordina		ay: Avera of master meter: Latit	•				
• • •						, ,	
			TO MORE THAN ONE ENTITY OR HAVE N	ULTIPL	E EMERGENCY CON	IECTIONS LIST EACH	ON A SEPARATE PAGE
13. Well information (if	unkn	own leave blank)	14. Intake information				
Total depth			Local Intake Name	-			<u> </u>
Casing depth			Lake/River/Creek Name		4,2,4		
Pump capacity			Capacity	<del> </del>			
Well certification numbe	r .		Date Constructed	1			
Date constructed				<u> </u>			
If more than one well o	or int	ake is being used, p	rovide the information on a s	epara	ite page		
15. Well grandfathered	Cor	structed prior to July	27, 1987			grandfathered not grandfathere	ed
A noncompliant well agreement was issued between the department and the public water supply.  This is for wells that are not state approved that were drilled between July 27, 1987 and June 15, 2007.  A noncompliant well grandlathered or state approved that were drilled between July 27, 1987 and June 15, 2007.				n completed hered or state			
17. State-approved	Wel	I has certification fron ural Resources' Geold	the Missouri Department of		Certification or number:	reterence	
· · ·	HAGH	didi Desonines deni	rgiodi Gui TOJ	1			

18, BOOSTER OR HIGH SERVICE								
Number of pumps	Capacity of each:	Pump #1	gpm	Pump #2	gpm	Pump #3	3	gpm
Type of pumps	of arms station, talitude	1:		,				
Geographic coolonates	of pump station: latitude	longitude						
If more than one pump	station is being used, provid	de the inform	ation on	a separate pa	ge			
19. Volume/Storage	Indicate volume of each sto	rage structure	separate	ely using additi	onal page	s as nece	ssary	
Water Tower					Gallons			
Stand Pipes					Gallons			
Ground Storage					Gallons			
Pressure Tanks	Number of tanks	Capacity of	each tank	,			,	olume of all ire tanks
Bladder Tanks	Number of tanks	Capacity of	each tank				Total y tanks	volume of all bladde
Total Storage Volume 20. WATER TREATMENT DESCRIF			Gallo			ons		
ZO. WATER TREATMENT DESCRIP	THOM							
	•							
21, OPERATOR				•				
CHIEF OPERATOR'S NAME	CHIEF OPERATORS	S PHONE NUMBER		CHIEF	OPERATORS	CERTIFICATI	ON NUMBE	ER .
If the system has hired	additional operators, please	provide info	rmation f	or each opera	tor on an	addition	al page	4
22. Required documents	to be provided include							
Copy of property deed	ds for wells, well houses, storag	ge tanks and t	heatment	plants	,			
Well information: Wel	i.e. bylaws for HOA, POA or C I drillers certification log or well	OA or busines certification if	ss registra available	ition with the S	Secretary of	of State		
☐ Emergency Operation	ns Plan, required for community	water systen	ns only					
	equired for Community Water S	ystems comm	encing of	peration before	October	1, 1999 if	no cons	struction permit for
☐ Technical, Manageria	I and Financial Checklist for co	mmunity wate	r systems	and nontrans	ient nonce	ommunity	water s	ystems
commencing operatio	ns after Oct. 1, 1999					-		-
after Oct. 1, 1999	nent Plan for community water	systems and i	nontransie	ant noncommu	nity water	systems	comme	ncing operations
Financial Capacity De	emonstrations as listed on the T	echnical, Mar	nagerial a	nd Financial C	apacity De	evelopme	nt Chec	klist for community
water systems and no	ontransient noncommunity wate	r systems con	nmencing	operations aff	er Oct. 1,	1999		
NOTE: For owner/officia	l'custodian: For a sole propriet	orship, use the	e name of	the proprietor	For a co	rporation,	use the	name of an officer
use the name of either a	lant manager; For a partnershi principal executive officer or a	p, use the nan ranking public	ne of a pr official.	incipal partner	; for a city,	, state, fed	deral or	other public facility
23. ADDRESS		CITY		·····		T'	STATE	Z/PCODE _
SIGNATURE OF OWNER OR OFFIC	IAL CUSTODIAN						DATE	
DOINT PARTY OF CHAPTO OF CORE	W. O. O. O. O. O. O. O. O. O. O. O. O. O.		-					
PRINT NAME OF OWNER OR OFFIC	ANE COSTODIAN		TITLE			TELEPHO	NE NUMBE	ER WITH AREA CODE
Mail completed copy to:	Missouri Department Of Natu Public Drinking Water Branch Phone: 800-361-4827 Or 573	, P.O. Box 17	6, Jeffers			<u>-</u> L 3		•
(0-2122 (02-15)	1 Horis, 000-301-4027 Of 073	-73141300	Fax. 57	3-731-3110				

March 7, 2019

Mr. Kelly Goss Missouri Water Association 515 Old Highway 5 South Camdenton, MO 65020

Dear Mr. Goss:

The Bilateral Compliance Agreement (BCA) signed by Oak Shadows Subdivision public water system on October 24, 2015 is being closed. The BCA was issued to address maximum contaminant violations.

The Treatment Provision required the addition of permanent chlorination and detention facilities. Chlorination has been installed; however, we understand that the detention tank construction has been problematic due to property ownership changes and setbacks out of your control. We understand the subdivision is actively working to resolve these setbacks, and is exploring the possibility of connecting to another state-approved public water system. Monthly chlorine records show that the system is being adequately maintained, and routine samples have been "safe" since disinfection was added. The BCA, therefore, is being closed.

The detention tanks should still be added as soon as feasible, or the public water system should connect to another state-approved public water system. Please continue monitoring chlorine residuals daily, and record in operational records kept on-site. The records no longer need to be submitted.

If you have questions, please feel free to contact this office by calling 417-891-4300 or via mail at the Southwest Regional Office, 2040 W. Woodland, Springfield, Missouri 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

Gwenda J. Bassett Environmental Scientist

GJB/gbp

c: Public Drinking Water Branch, Compliance and Enforcement Section

029.pdwp.OakShadowsSubdivision.mo50315444x.2019.03.07.fy19.bcartc.x.gjb

## NATURAL RESOURCES

Eric R. Greitens, Governor

Carol S. Comer, Director

May 19, 2017

Mr. David Thurwanger, President Park Place Condo Master Association 411 Terrace Drive Sycamore, IL 60178

#### SIGNIFICANT DEFICIENCY RESPONSE REQUIRED

Dear Mr. Thurwanger:

Staff from the Missouri Department of Natural Resources (department) conducted an inspection on April 19, 2017 of Park Place Master public water system (system). The system operates under the public water system identification number MO3282326. Compliance with Safe Drinking Water Law was evaluated.

Please refer to the enclosed report for details of identified Unsatisfactory Findings and required actions. A written response documenting actions taken to correct the violations is required by the date specified in the report.

The department records will document continued non-compliance of the environmental laws and regulations until the required actions are completed. Please understand that ongoing violations of laws will result in a follow-up inspection. In addition, enforcement actions, including the assessment of monetary penalties, may be pursued.

If you have any questions or would like to schedule a time to meet with department staff to discuss compliance requirements, please contact Ms. Sheila Yoder of my staff, by calling 417-891-4300, by email at sheila.yoder@dnr.mo.gov, or via mail at Southwest Regional Office, 2040 West Woodland, Springfield, Missouri 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief

**Drinking Water Section** 

MDR/syl

Enclosure

c: Ms. Brandy Gelber, Public Drinking Water Branch

Mr. Kelly Goss, Co-owner

Ms. Airin Haselwander, Wellhead Protection Section

Ms. Kim Rannebarger, Operator

Mr. Brent Weis, Public Drinking Water Branch

029.pdwp.ParkPlaceMasterAssociation.mo3282326.x.2017.05.19.fy17.ins.x.sky.doc



MWA 1.18-000681

# Missouri Department of Natural Resources Southwest Regional Office/Public Drinking Water Branch Report of Inspection Park Place Master Camden County, Missouri Public Water System ID Number MO3282326 May 19, 2017

#### Introduction

A routine inspection was made by the Missouri Department of Natural Resources (department) of the community public water system serving Park Place Master on April 19, 2017. The purpose of the inspection was to determine compliance with Missouri Safe Drinking Water Law and Regulations. The inspection reviewed all eight critical components applicable to the public water system.

The following people were present at the time of the inspection:

<u>Park Place Master</u> Ms. Kim Rannebarger

Missouri Department of Natural Resources
Ms. Sheila Yoder, Environmental Specialist
Ms. Diana Reinert, Environmental Specialist

#### Facility Description and History

The system serves approximately 545 full and part time people in the condominiums through a total of 228 connections (218 condos, 6 villas and 4 houses). The system operates year-round and is supplied by a single state approved well, which is co-owned, and the permit issued to both Missouri Water Association, Inc. and Park Place Condominiums Master Association.

Well #2 was drilled in 2000 to a depth of 910 feet with six-inch steel casing to a depth of 550 feet. The well is equipped with a 7.5-horsepower submersible pump set at 294 feet and rated at 85 gallons per minute. The water is treated with depth filtration units for iron removal, ion exchange water softening, granular activated carbon, and disinfection through hypochlorination. Storage is provided by seven storage tanks including a 34,000-gallon corrugated metal tank located in the treatment room, two 4,500-gallon tanks and four 3,700-gallon tanks all located in the adjacent room with a connecting wall that is partially open. Pressure is maintained by two 10-horsepower booster pumps and eight 119-gallon bladder tanks. Backwash discharge is permitted under Missouri State Operating Permit MOG641020.

Well #1 has been plugged but no record has been submitted to the department as required, therefore it is unknown if it was done properly. If you have questions regarding this requirement, please contact Ms. Airin Haselwander at 573-368-2196.

An additional well was previously planned under construction permit #53956-06 but was never constructed. All wells that require continuous service and serve 500 or more people should have more than one well. A 40,000-welded steel gallon storage tank under the same approval permit was not constructed as planned, but instead a smaller corrugated bolted tank was constructed. The tank's appurtenances (vent, roof hatch, lack of manway, etc.) do not conform to construction standards. The tank should be modified to meet standards.

The distribution system consists of both six-inch and two-inch mains. A note on the distribution map in the pump house binder said "sewer over water (pipe on pipe)". If the installation does not meet Design Guide standards the piping should be modified or a request for an exception should be submitted to the department.

The 10-horsepower booster pumps were replaced on April 7, 2015 with like units since the last inspection on August 8, 2014. A bladder tank was installed at the system on an unknown date to absorb water hammer. The system is located in the Lake of the Ozarks Watershed 10290109 at latitude 38.1052, longitude -92.6336.

The system requires an operator properly certified at the DS-II and treatment C level. Mr. Edward Barlund is properly certified at or above these levels.

#### Discussion of Inspection and Observation

I contacted Mr. Barlund on March 22, 2017 to schedule a compliance and operations inspection for April 19. The inspection was conducted during normal business hours.

Upon arrival we met with Ms. Kim Rannebarger as Mr. Barlund was busy. She said she would not be able to answer as many questions as Mr. Barlund regarding this facility as she was not as familiar. We looked at the well first and noted the master meter and raw water tap were in the vault in front of the well. Ms. Reinert took photos during the inspection. We then went to the treatment building; we took chemical samples of the raw and finished water. We used a raw water tap in the treatment room that required the well to be running; the tap in the vault is not readily accessible. There were treatment manuals in the building. We measured the corrugated storage tank. From this room I could see part of the wall was cut out and the adjoining room could be seen where six storage tanks are housed. Ms. Rannebarger said we may not want to go in there due to spiders. I asked to view the room, while inside I noticed a smell of mothballs, Ms. Rannebarger said Mr. Barlund used them to repel rodents in the room. I said I would have to research mothballs as I was not sure they were appropriate in the storage room. We saw what appeared to be a pack rat nest around and under the (fire pump) booster pump. Ms. Rannebarger noted the booster pump was no longer used, the electrical box near it had a sign stating "Do Not Use, out of service 7-10-2009 per Fire Marshall."

I then saw a leaking pipe, on the far side of the storage tanks in a hard to reach location, Ms. Rannebarger notified Mr. Barlund, and the board under the pipe was discolored indicating it had been leaking for some time. We then went to the bladder tank room. We looked at the records including operations, distribution map, and emergency plans neatly organized in a binder. Records of iron levels were not observed, operational testing of iron should be conducted regularly and records kept. I collected one bacteriological sample from sample site 02; we then walked to the docks and photographed garden hoses and spigots at the docks. I saw dry hydrants near the lake edge and the operator confirmed they were for pumping lake water for firefighting. I asked about backflow records; we went to the management office but no backflow records were located during the inspection. The operator said they did not have a written cross connection program.

I received copies of the most recent backflow records from Mr. Kelly Goss via email on May 3, 2017. The records were dated July 14, 2016 and included 31 individual backflow device records including double check and reduced pressure principle assemblies for the system. There was no backflow device listed for the dock water. Mr. Goss also noted in the email that the tank had been inspected in 2015; however, no records were available at the time of this report.

The system qualifies as a major water user (has the potential to pump a total of 70 gallons per minute or more). According to the department's Water Resources Center, the system is registered as a major water user.

#### Sampling and Monitoring

One drinking water sample was collected from sample site 02 and was submitted for microbiological analysis to the Missouri State Public Health Laboratory. The sample tested total coliform absent or "safe".

Testing at the raw water showed 410 TDS, 7.56 pH, 0.04 mg/l Iron and 420 mg/L Hardness. Testing at the finished water tap showed 63.3 TDS, 0.00 mg/L Iron and 100 mg/L Hardness.

The following is a history of monitoring and unsafe samples during the last 24 months.

At the time of inspection there were no monitoring or maximum contaminant level violations during the last 24 months.

#### **Engineering Assessment**

No engineering assessment was conducted at the time of this inspection.

#### Compliance Determination and Required Actions

The facility is not in compliance with Missouri Safe Drinking Water Regulations based on observations made during the inspection.

#### Significant Deficiencies

Significant Deficiencies cause, or have the potential to cause, the introduction of contaminants into water delivered to customers. The citation below will identify which are considered a Significant Deficiency. The Ground Water Rule (GWR) requires the public water system to consult with the department within 30 days of receiving this report to determine what actions will be taken to correct the Significant Deficiency. Please inform the department on your course of action by phone or mail no later than June 19, 2017, otherwise a violation will be issued. The system must also contact the department within 30 days of correcting a Significant Deficiency. In total, the system has 120 days from the date of this letter to either complete the required corrective actions, or enter into an approved corrective action plan, which provides a schedule for completion of the remaining Significant Deficiencies. If the Significant Deficiency is not resolved within 120 days or another department-approved date, then a violation will be issued.

1. The public water system is not protected with a Class I backflow device and this is a Significant Deficiency per 10 CSR 60-4.025 (4)(A)4.C.(I). Specifically Water to the docks is not protected with a Class I backflow device.

Safe Drinking Water Regulation 10 CSR 60-11.010 require that a public water system be designed and maintained to prevent contamination from being introduced into the system, each public water system should develop a cross-connection control program to prevent any contamination of their water system from back-pressure or back-siphonage. Cross-connections must be corrected by installing a department-approved air gap or backflow prevention device. Air gaps and backflow prevention devices must be tested annually by a certified tester, and results of these tests must be kept in the public water system records. These records must be made available to the department inspector during inspections.

REQUIRED ACTION: Install a reduced pressure principle backflow (RPZ) device for the Class I backflow hazard line feeding the docks. Submit documentation to return the system to compliance.

#### **Unsatisfactory Findings**

For all Unsatisfactory Findings listed below, a written response documenting actions taken to correct the violations is required by **June 19, 2017**.

1. The public water system failed to properly operate and maintain the system, or is inadequate or of defective design, in violation of Safe Drinking Water Regulation 10 CSR 60-4.080(5). Specifically, there are signs of significant rodent activity in the storage tank building. The storage tank room, adjacent to the treatment room had a pack rat type nest around the booster pump, moth balls throughout the building, and an ongoing leaking pipe.

The well house should be kept free of contaminants, which could be drawn into the water system via tank recharge air or other openings. If the department finds that any public water system is improperly operated, inadequate, of defective design or if the water fails to meet standards established in these rules, the water supplier must implement changes required by the department. Mothballs contain naphthalene or para-dichlorobenzene products which are volatile organic chemicals (VOC's) and can cause vapor intrusion. Some VOC's are known carcinogens. Currently manufactured products are not meant to be used as a repellent. Using a pesticide in a manner inconsistent with its labeling is violation of federal law. Well and storage tank housing should be constructed and maintained to keep rodents out of the buildings.

REQUIRED ACTION: Clean out the tank room to remove the pack rat nesting material and any unnecessary items that are providing harborage for rodents. Seal or repair all exterior openings to eliminate rodent activity inside the building. Remove mothballs from the building unless used according to label.

#### Recommendations

1. The public water system has not established a cross-connection control program.

The public water system should establish a written cross-connection control program to prevent contamination from being introduced into the system from back-pressure or back-siphonage. This cross-connection control program might include a cross-connection ordinance for cities and towns, a cross-connection clause in the user agreement for private utilities, and an inspection of all potential cross-connection sources such as car washes, school laboratories, beverage bottling plants, sewage treatment plants, facilities with boilers or fire sprinkler systems, mortuaries, irrigation systems, hospitals, and industrial manufacturing plants.

Whenever an unprotected cross-connection is discovered, it must be corrected by the customer installing a department-approved air gap or backflow prevention device. Air gaps and backflow prevention devices must be tested annually by a certified tester, and results of these tests must be kept in the public water system records for a period of five years and made available to the department inspector during inspections.

The public water system should establish a cross-connection control program. An example cross-connection control plan and a backflow prevention fact sheet is enclosed. The public water system must ensure all cross-connections have an approved back-flow prevention device and these devices are tested annually. If a back-flow prevention device has not been installed at any connection where there is a cross-connection this can be considered a Significant Deficiency.

2. The casing on the well does not project at least 12 inches above the pump house floor or concrete apron surface.

Well casings should extend at least 12 inches above the well house floor or concrete apron and at least 18 inches above the final ground surface. This helps to prevent surface water from entering the well.

The next time the pump is pulled, the department recommends extending the casing to project at least 12 inches above the well house floor or concrete apron.

3. The six storage tanks need exterior painting (excluding the corrugated tank).

Steel tanks without adequate paint coating will quickly deteriorate from corrosion. The tanks must have the exteriors cleaned and painted. If the tank interiors have not been inspected in the past three years, the interiors should be inspected, cleaned, and repainted as necessary. Note that interior paint must be approved by Missouri Department of Natural Resources Public Drinking Water Branch.

The department recommends cleaning and painting the exterior of the six storage tanks. If the interiors have not been inspected in the past three years, the interiors should be inspected, cleaned, and repainted with Missouri Department of Natural Resources Public Drinking Water Branch approved paint as necessary.

4. The overflow pipe on the six storage tanks do not terminate at an elevation between 12 and 24 inches above the ground.

The storage tank overflow pipe should terminate near the ground so that the screen can be readily checked and replaced and so that dangerous accumulation of ice does not form during winter overflows.

The department recommends modifying the overflow pipe on the storage tanks to terminate at an elevation between 12 and 24 inches above the ground surface.

5. The public water system does not have adequate emergency electrical power.

When power failure would result in cessation of minimum essential service, an alternate power supply should be provided to meet average day demand. Each public water system should have an emergency electrical power source which may include a permanent or portable generator at each well and pump station, a tractor connection at each well or pump station, or service from two power companies.

The department recommends providing sufficient emergency electrical power to operate all pumps that are essential to maintaining water supply and pressure.

6. The public water system may not have an adequate tank inspection program for sanitary risks.

The public water system should have a sanitary risk tank inspection program with the following elements: a) Each tank should be inspected annually for sanitary risk and after each fecal coliform positive sample; b) Inspectors should look for unscreened vents; unscreened overflows; any openings left by painting crews; missing rivets in the peaked roof; a poor fit between the peaked roof and bowl wall; a two-inch frame on the hatch; a poor hatch lid fit; openings in the decorative finial ball; the hatch lid hasp and padlock; an open hatch (wind can blow a very heavy lid open if not secured at the hasp); openings at electrical conduits; observe water for feathers, dead birds, nesting material, dead insects, and dead bats; observe the interior wells for mud dauber nests, bird droppings, insects, daylight shining through openings, and bats; look for evidence of vacuum (caved in areas on the tank walls or roof and bent support rods with crinkled areas where these attach); try to determine the likely cause of vacuum (frost plugging of metal screens, an ice plug in a vent, and evidence of ice extrusion out the hatch); and look for openings at vacuum damage sites.

Develop and institute an adequate tank inspection program for sanitary risks. Please find attached the inspection of Water Storage Facilities Technical Bulletin.

7. The public water system does not have an adequate tank interior inspection and cleaning program. Records were not available to show inspections had been done.

The public water system should have a tank interior inspection and cleaning program with the following elements: a) Each tank interior should be inspected and cleaned every two to five years depending on silt build up; b) the type and general condition of the interior paint should be determined, especially on any paint that appears to be high in lead or chromium; c) glass-coated interiors should be inspected for cracking, corrosion and other signs of coating deterioration (spalling, cracking, leaking, etc.); d) if rusting is present, determine the approximate percent of rusted area, the extent, nature and depth of pitting, and the condition of the remaining coating (chalking, blistering, loose, blotchy, etc.); and, e) concrete structures should be inspected for signs of deterioration (spalling, cracking, leaking, etc.). All work shall be conducted in a clean and sanitary manner, and all surfaces shall be thoroughly cleaned and disinfected before a storage facility is returned to service. It is the responsibility of the public water system to either conduct or require water quality tests to demonstrate the good sanitary condition of the tank interior before it is returned to service. Follow all environmental laws and rules to dispose of chlorinated water, sludge debris and other wastes.

Develop and institute an adequate tank interior inspection and cleaning program.

8. The public water system is not supplied from a minimum of two ground water sources.

All public water systems that require continuous service and serve 500 or more people shall have more than one well and shall be capable of meeting design average day demand with the largest producing well out of service or an alternate approved source of water capable of meeting the design or actual average day demand.

The department recommends obtaining a construction permit from the Missouri Department of Natural Resources Public Drinking Water Branch and constructing an additional well to community public water system standards. To obtain this construction permit, submit two copies of an engineering report, plans, and specifications each bearing the seal of a professional engineer registered in Missouri along with an application for a construction permit to Missouri Department of Natural Resources, Public Drinking Water Branch, P.O Box 176, Jefferson City, Missouri 65102, 573-751-5331.

9. The corrugated storage tank was not designed and constructed according to approved plans and specifications according to department records. The tank should be constructed with two manways but has none. The 2006 final construction inspection notes the vent, hatch, and roof seams do not meet standards and documentation could not be found showing they have been modified.

All unpressurized tanks and reservoirs for finished water storage shall be designed and constructed to allow convenient and safe access to the interior for cleaning and maintenance. The number, location and spacing of hatches and manways shall conform to federal Occupational Safety and Health Administration (OSHA) regulation 29 CFR, Part 1910, which requires a workplace to be equipped with two means of egress to permit prompt evacuation of employees during an emergency.

The department recommends the next time the storage tank is taken off-line for inspection and maintenance, construct the required manways in accordance with the latest design standards to provide emergency egress through the side of the tank. Also construct a drain and modify the vent and hatch according to standards if needed.

Signatures

SUBMITTED BY:

REVIEWED BY:

Kristen Pattinson, Chief

Southwest Regional Office

**Drinking Water Compliance Unit** 

Sheila Yoder

Environmental Specialist

Southwest Regional Office

Attachments

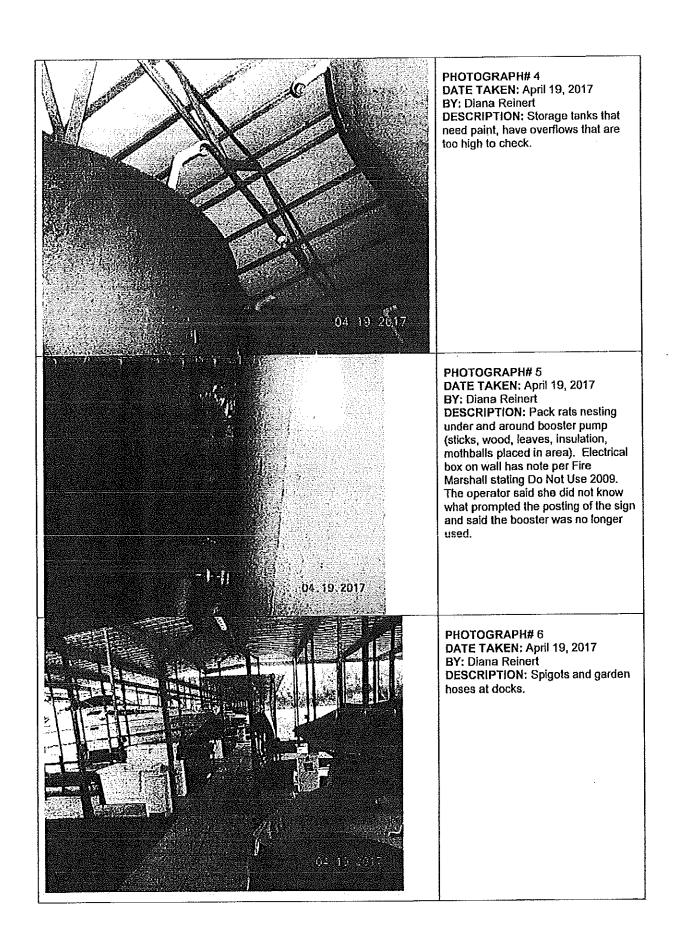
Photograph Addendum 1 through 6 Cross connection control template Backflow fact sheet Publication 2112 tank inspection

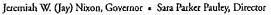


# MISSOURI DEPARTMENT OF NATURAL RESOURCES DIVISION OF ENVIRONMENTAL QUALITY PHOTOGRAPH ADDENDUM

REGIONAL OFFICE

B PHOTOGRAPH ADDENDUM	Southwest Regional Office
GENERAL INFORMATION FACILITY	PROGRAM
Park Place Master ACTIVITY (INSPECTION, INVESTIGATION, ETC.)	Drinking Water Program  DATE OF ACTIVITY
ACTIVITY (INSPECTION, INVESTIGATION, ETC.) Inspection	April 19, 2017
	PHOTOGRAPH# 1 DATE TAKEN: April 19, 2017 BY: Diana Reinert DESCRIPTION: Wellhead
	PHOTOGRAPH# 2 DATE TAKEN: April 19, 2017 BY: Diana Reinert DESCRIPTION: Master meter and source tap in vault in wellhouse.
19.2017	PHOTOGRAPH# 3 DATE TAKEN: April 19, 2017 BY: Diana Reinert DESCRIPTION: 34,000 gallon corrugated storage tank.
9 24	





### DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 1, 2015

Mr. Kelly Goss Missouri Water Association P.O. Box 510 515 Old Highway 5 Camdenton, MO 65020

Dear Mr. Goss:

Enclosed is the Report of Inspection for the community water system serving Seven Trails West Subdivision in Camden County. This report is believed to be self-explanatory. I trust you will direct your attention to the following recommendations which are more thoroughly discussed within the Report of Inspection:

- 1. Establish a cross-connection control program.
- 2. Prepare, deliver, and certify delivery of the 2014 Consumer Confidence Report in accordance with Safe Drinking Water Regulations.
- 3. Provide a sample tap to allow the collection of bacteriological samples and disinfection residuals at a point after the storage tank.
- 4. Provide as-built drawings for the emergency chlorination system that is now used continuously at the system.
- 5. Provide overflow and low level alarms.
- 6. Provide a splash pad under the overflow and grade the ground to direct flow away from the tank base.
- 7. Provide provisions for emergency electrical power or establish an emergency connection with the adjoining Camden County PWSD #2 line.
- 8. Install a security fence.
- Remove dirt from the standpipe foundation and repair the corrosion damage that has already occurred.
- 10. Install a safety climbing device on the ladder and move the antenna cables so not to interfere with the safe use of the ladder.
- 11. Establish programs for annual tank sanitary inspections, annual distribution flushing, and valve maintenance and exercising.
- 12. Provide an efficient means, such as a fire hydrant or flush hydrant, to allow the standpipe to be removed without loss of pressure in the system.
- 13. Begin tracking water loss. Water loss should be less than 10% of water production, including flushing and other system use.



Mr. Kelly Goss Seven Trails West June 1, 2015 Page 2

Unless otherwise requested within the report, all correspondence and questions should be directed to Mr. Michael Grose of this office by calling 417-891-4300 or via mail at the Southwest Regional Office, 2040 West Woodland, Springfield, MO 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief Drinking Water Section

MDR/mjgl

Enclosure

c: Ms. Misty Lange, Public Drinking Water Branch

# MISSOURI DEPARTMENT OF NATURAL RESOURCES REPORT OF INSPECTION COMMUNITY PUBLIC WATER SYSTEM SEVEN TRAILS WEST SUBDIVISION CAMDEN COUNTY, MISSOURI PUBLIC WATER SYSTEM ID NUMBER MO3031220

June 1, 2015

#### INTRODUCTION

A routine inspection was made of the community public water system serving Seven Trails West Subdivision by Mr. Michael Grose of the Missouri Department of Natural Resources (department) Southwest Regional Office on May 7. Mr. Edward Barlund was present representing the system during the inspection. The purpose of the inspection was to determine compliance with Missouri Safe Drinking Water Law and Regulations.

#### DISCUSSION

The system serves approximately 435 people in the community public water supply system through 145 connections. The system operates year-round.

Well #1 was drilled in 2000 to a depth of 1,000 feet and provided with six-inch steel casing to a depth of 425 feet. The well has a 15-horsepower submersible pump rated at 100 gallons per minute. Over the previous 12 months, the water system had an average daily water use of 19,610 gallons per day.

Disinfection is provided using a 44 gallon per day chemical injection pump, feeding an 8% sodium hypochlorite solution diluted with water at a 1:5 dilution ratio. The water system does not have a finished water sample tap to test free chlorine after detention and before the first customer. The disinfection is listed as emergency chlorination but it is used continuously. No construction permit application or as-built diagram has been submitted.

Storage is provided by a 47,000 gallon gross volume standpipe, 10 feet in diameter and 80 feet tall. Only the storage located above the elevation required to maintain the minimum pressure of 20 psi is counted as usable or nominal storage. The usable storage is therefore only 19,875 gallons. The standpipe has a combined inlet and outlet pipe so the standpipe does not provide disinfection detention.

The system requires an operator properly certified at the DS-1 level. Mr. Edward Barlund is the new Designated Chief Operator for the water system and holds a Treatment Level A license and a Distribution System 3 (DS3) certification, exceeding the minimum certification requirement for the system.

Two drinking water samples were collected from dedicated sampling Port #2A and were submitted for microbiological analysis. The samples tested total coliform absent or "safe". The

Report on Inspection Seven Trails West June 1, 2015 Page 2

free chlorine at the sample port was 0.99 mg/L and the total residual chlorine level was also 0.99 mg/L at the time of the inspection.

#### **UNSATISFACTORY FEATURES**

The Ground Water Rule specifies eight elements integral to an effective inspection of a public water system. The eight elements are: Source (protection, physical components, and condition); Treatment; Distribution System; Finished Water Storage; Pumps, Pump Facilities, and Control; Monitoring, Reporting, and Data Verification; Water System Management and Operations; and Operator Compliance with State Requirements. Your public water system was evaluated for compliance with these eight elements.

The following unsatisfactory features were noted with comments and recommendations for correction, and are organized into categories as noted below.

#### Significant Deficiencies

Significant Deficiencies cause, or have the potential to cause, the introduction of contaminants into water delivered to customers.

1. No Significant Deficiencies were cited as a result of this inspection.

#### Violations of Missouri Safe Drinking Water Regulations

These violations can result in enforcement action if repeated or not corrected. Some violations are more serious than others, and this is explained in the comments.

2. The public water system has not established a cross-connection control program.

Safe Drinking Water Regulation 10 CSR 60-11.010 require that a public water system be designed and maintained to prevent contamination from being introduced into the system from back-pressure or back-siphonage. The duties of a supplier of water are located in section 8 of that regulation. This cross-connection control program should include a cross-connection ordinance for cities and towns, a cross-connection clause in the user agreement for private utilities, and an inspection of all potential cross-connection sources. Some connections typically require a back-flow prevention device such as waste water treatment plants, chemical and biological laboratories, car washes, beverage bottling plants, sewage treatment plants, facilities with boilers or fire sprinkler systems, mortuaries, irrigation systems, hospitals, and industrial manufacturing plants.

Whenever an unprotected cross-connection is discovered, it must be corrected by the customer installing a department-approved air gap or backflow prevention device. Air gaps and backflow

prevention devices must be tested annually by a certified tester, and results of these tests must be kept in the public water system records for a period of five years and made available to the department inspector during inspections.

Establish a cross-connection control program.

3. The public water system failed to develop and deliver to customers a Consumer Confidence Report for calendar year 2013 as required by Safe Drinking Water Regulation 10 CSR 60-8.030(1).

All community public water systems are required to report to their customers about the quality of the water delivered by the system and characterize the risks (if any) from exposure to contaminants detected in the drinking water in an accurate and understandable manner. This report is called a Consumer Confidence Report (CCR). Existing community water systems must deliver its CCR to customers by July 1 annually, and new community systems must deliver its first CCR by July 1 of the year after its first full calendar year of operation. A copy of the report shall be provided to the department by the July 1 deadline, with certification of delivery to customers to follow within three months.

The water system will return to compliance once the 2014 CCR is properly prepared, delivered, and certification is made to the Public Drinking Water Branch as required by Safe Drinking Water Regulation.

### **Department Recommendations**

These deficiencies are important and the public water system should give serious consideration to correction. However, these deficiencies are not normally subject to enforcement action unless the department determines that these are contributing to the failure of the public water system to provide an adequate volume of safe water to customers at sufficient pressure.

4. The elevated storage tank is not equipped with facilities for collecting bacteriological samples.

Sample taps should be provided so that water samples can be obtained from each water source, from appropriate locations in each unit operation of treatment, and from unpressurized tanks and reservoirs. Taps shall be consistent with sampling needs and shall not be of the petcock type, and those used for obtaining samples for bacteriological analysis shall be of material that resists flaming, smooth-nosed type without interior or exterior threads, shall not be of the mixing type, and shall not have a screen, aerator, or other such appurtenances.

The department recommends installing an appropriate sample tap on the discharge pipe of the elevated storage tank.

5. The standpipe is not equipped with overflow and low level alarms.

A storage tank should be equipped with adequate controls to maintain water levels in the tank. This is especially important when the tank is located at places that are remote from the community. To accomplish this, a tank must be equipped with level indicating devices located at a central location, water supply and pressure boosting pumps should be controlled from tank levels with the signal transmitted via telemetering equipment when any appreciable head loss occurs between the pumps and storage structure, and overflow and low level warnings or alarms should be located at places in the community where they will be under responsible surveillance 24 hours per day.

The department recommends installing overflow and low level warnings or alarms from the standpipe to a location where they will be under responsible surveillance 24 hours per day. The responsible surveillance 24 hours per day requirement may be accomplished by coupling the warnings or alarms to an automatic dialer system.

6. The overflow pipe on the storage tank does not discharge over a drainage inlet structure or splash plate.

The storage tank overflow pipe should be over a drainage inlet structure or a splash plate to catch or disperse the overflow water and prevent erosion from undermining the storage structure. The ground should be contoured to direct water away from the tank base.

7. The public water system does not have adequate emergency electrical power.

When power failure would result in cessation of minimum essential service, an alternate power supply should be provided to meet average day demand. Each public water system should have an emergency electrical power source which may include a permanent or portable generator at each well and pump station, a tractor connection at each well or pump station, or service from two power companies.

The department recommends providing sufficient emergency electrical power to operate all pumps that are essential to maintaining water supply and pressure.

8. The public water system does not have security fencing around the storage tanks.

Safety, security and risk-reduction measures are important, and should be implemented to reduce

the water system's vulnerabilities. All water system facilities should be evaluated and re-designed to include measures to provide protection against vandalism, sabotage, terrorist acts, or access by unauthorized personnel. These protection measures should include: a) locked security doors; b) windows sized or barred to prevent access; and, c) security fencing around vulnerable areas of drinking water facilities (for example, wellheads, manholes, pumphouses, treatment buildings, and storage tanks).

The department recommends constructing a chain link fence with a lockable gate around the storage tanks.

9. The public water system does not have an adequate preventive maintenance program including valve exercising and individual valve records.

The department recommends including valve exercising and valve records in the preventive maintenance program.

10. The foundation for the standpipe is not 12 inches above grade. Specifically, the foundation is partially buried with soil in contact with the standpipe base. This has caused corrosion to begin on the north side of the standpipe base with surface bubbling observed. Water was observed coming from under the standpipe and was pooled against the foundation.

The top of the footings for water storage units should be at least 12 inches above the finished grade. This is to protect the base of the tank from dirt, debris and grass cuttings accumulating on the metal footings. This material holds moisture and will accelerate corrosion of the metal resulting in the weakening of the base of the structure. The surface must be graded so no surface water will accumulate within 20 feet of the foundation.

If additional fill has been added, or accumulated over time, around the base of the elevated storage tank, the department recommends that the area should be graded and the accumulated material removed so that all of the footings are again at least 12 inches above the ground. If this is not the case, or is not practical, then the department recommends that the footings should be routinely inspected, particularly after mowing, to ensure dirt and debris is not accumulating.

11. Cables or other items attached to the standpipe may be interfering with the safe use of the access ladder or other safety appurtenances. Specifically, the antenna cables have been attached to the side rails of the ladder. In addition, there is no safety climbing device installed on the ladder.

No cables, lines or other items can be attached to the storage tank where personnel step, walk or use as a handhold. Cables, power conduits, antennae wires or similar devices must be installed

inside properly constructed conduits. Properly designed brackets must secure these to the storage structure. In addition, ladders, handrails, safety cages and other safety appurtenances must conform to the federal OSHA regulation 29 CFR, Part 1910, and to any applicable local ordinances, codes, or standards that are more restrictive than OSHA standards. Please note that the improper attachment of brackets to a storage tank can damage the tower or tank's metal structure and its coating system.

The department recommends removing from the standpipe any wire and conduit that is no longer in use, and ensuring that those remaining are attached in conformance with local and federal ordinances, codes, or standards. Install a safety climbing device on the standpipe ladder.

12. The public water system does not have an adequate tank inspection program for sanitary risks.

The public water system should have a sanitary risk tank inspection program conducted annually and after each fecal coliform positive sample. Inspectors should look for:

- a. Unscreened vents and overflows;
- b. Openings left by painting crews;
- c. Two-inch frame on the hatch or a poor hatch lid fit;
- d. The hatch lid hasp and padlock;
- e. Open hatch (wind can blow a very heavy lid open if not secured at the hasp); openings at electrical conduits;
- f. Observe water for feathers, dead birds, nesting material, dead insects, and dead bats;
- g. Observe the interior wells for mud dauber nests, bird droppings, insects, daylight shining through openings, and bats;
- h. Evidence of vacuum (caved in areas on the tank walls or roof and bent support rods with crinkled areas where these attach); try to determine the likely cause of vacuum (frost plugging of metal screens, an ice plug in a vent, and evidence of ice extrusion out the hatch); and look for openings at vacuum damage sites.

Develop and institute an adequate tank inspection program to conduct and document annual inspections for sanitary risks.

13. The public water system is not calculating monthly water loss for the purpose of identifying leaks in the distribution system.

The department recommends that public water systems calculate monthly water loss for the purpose of identifying leaks in the distribution system. This may be accomplished by comparing the gallons of water pumped through the master meter to the total gallons of water used through every individual service connection meter; the difference being the water lost because of leaks in

the distribution system piping. Other factors that may contribute to this difference between pumpage and usage is an unaccounted use of water such as water main flushing or fire hydrant testing, water given or sold to non-customers such as a local fire department or water salesman (e.g., lawn service company), or water meter wear resulting in inaccuracies that would distort the water loss calculation. These other factors aside, the department recommends that average water loss not equal or exceed 10%. At a 10% loss rate, it may be cost effective for the system to implement a leak location/repair program as opposed to the cost every month to pump the additional water being lost to leaks and the cost of the additional wear and tear on the pump and controls.

The residential property owners collect meter readings but do not provide that data to Missouri water. This information should be requested and used to calculate water loss.

14. The public water system does not have an adequate well water level monitoring program.

The public water system should measure the static water level and operating water level each quarter, keep records of these readings, look for long term trends (particularly water table decline), and use this information to plan for the future which can include lowering well pumps (which may require higher horsepower pumps), drilling existing wells deeper, drilling new wells further apart, or switching to surface water sources with appropriate treatment.

Install a drawdown tube and gauge and maintain an adequate well water level monitoring program.

REPORTED BY:

Michael Grose

Drinking Water Engineering

and Assistance Unit

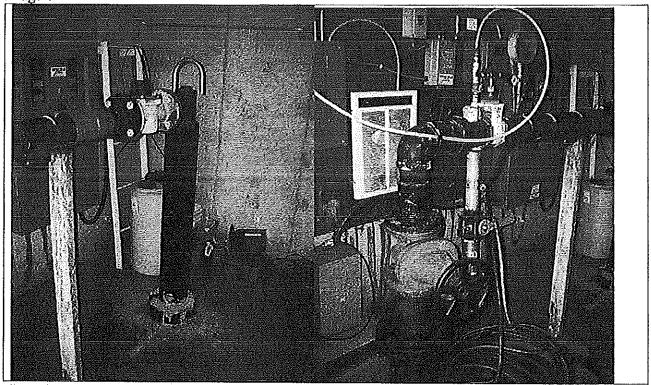
APPROVED BY:

Clinton Finn P.E.

Drinking Water Engineering

and Assistance Unit

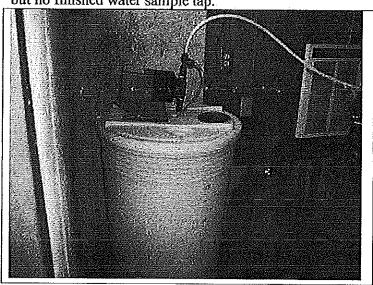




Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: Well head and discharge piping with under sized vent, check valve, isolation valves, pump to waste piping, and chlorine injection facilities. There is a raw water sample tap

but no finished water sample tap.

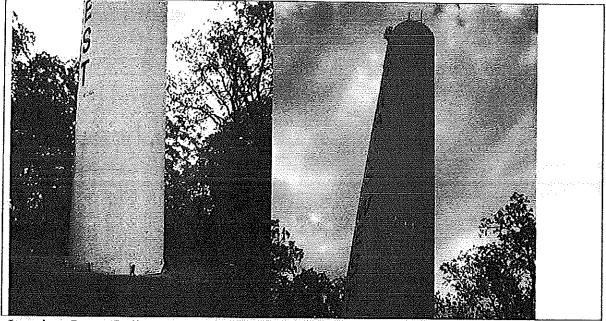


Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: 44 gpd chlorine injection pump with graduated chlorine semi-opaque solution

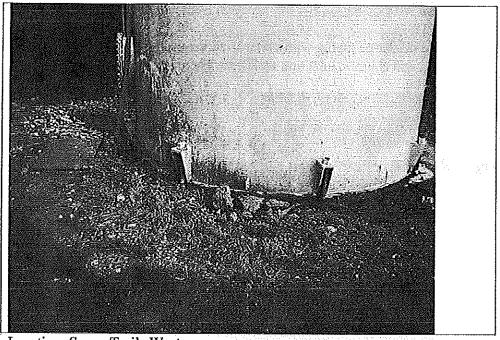
tank.

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Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: 10 foot diameter by 80 foot tall standpipe.

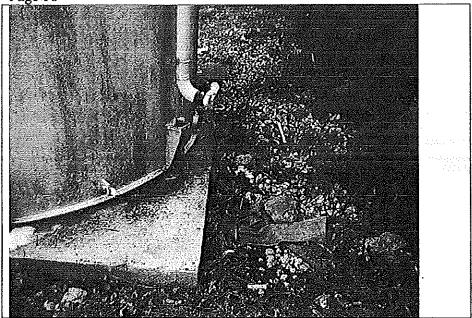


Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: Tank base with dirt and standing water in contact with the tank base causing

aggravated corrosion around the tank base.

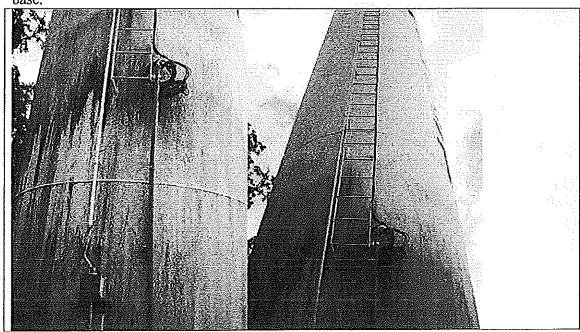
Page 10



Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: Tank overflow not located over a splash pad and drainage erosion around the tank

base.

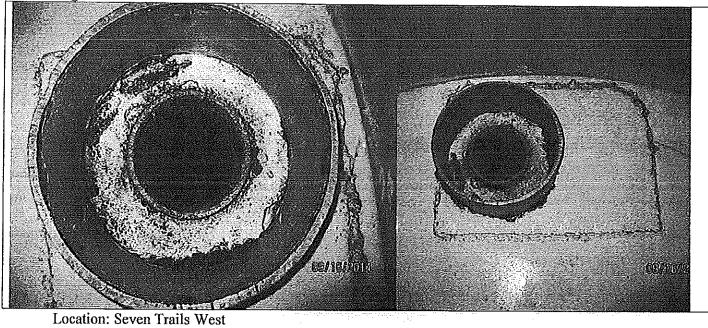


Location: Seven Trails West Photographer: Michael Grose Photograph Date: May 7, 2015

Comments: The tank ladder starts more than 10 feet above the ground but does not have a safety climbing device and the antenna cables are attached to the ladder side rail, interfering with

climbing the ladder. MWA 1.18-000704

Page 11



Photographer: Missouri Water Association Photograph Date: September 16, 2014

Interior of the tank at the combined inlet and discharge piping. Note the corrosion beginning around the silt blocking ring. If not corrected, this can cause a failure of the standpipe bottom.

www.dnr.mo.gov

June 18, 2015

Mr. Dal Jones Makalu Estates Home Owners Association 5864 Baydy Peak Road Osage Beach, MO 65065

Dear Mr. Jones:

Enclosed is the Report of Inspection for the community water system serving Makalu Estates in Camden County. This report is believed to be self-explanatory. I trust you will direct your attention to the following recommendations which are more thoroughly discussed within the Report of Inspection:

- A cross-connection control program needs to be established.
- Properly plug Well #1 and/or provide a well abandonment record.
- An aboveground check valve should be provided on the pump discharge piping.
- The 3,500-gallon storage tank should be equipped with bypass piping and valves.
- Additional storage capacity is recommended.
- The exterior of the 3,500-gallon storage tank needs to be cleaned and painted.
- Additional flush hydrants are needed in the distribution system.
- Each customer connection should be individually metered.
- The water system should have a source of emergency electrical power.
- A security fence should be constructed around the ground storage tank.
- Records for flush hydrants and valves and a distribution map should be provided.
- A tank inspection and cleaning program needs to be established.
- Well house roof and bladder tank supports are deteriorated and need repair.
- A well water level monitoring program needs to be established.
- A second manway is needed on the 3,500-gallon ground storage tank.
- Leak in piping for Booster Pump #1 needs to be repaired.

Mr. Dal Jones Makalu Estates June 18, 2015 Page 2

Unless otherwise requested within the report, all correspondence and questions should be directed to Mr. Darrell Barber of this office by calling 573-348-0875 or via mail at the Southwest Regional Office, 2040 West Woodland, Springfield, MO 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief Drinking Water Section

MDR/dbl

**Enclosures** 

c: Ms. Airin Haselwander, Wellhead Protection Section Ms. Misty Lange, Public Drinking Water Branch Ms. Kim Rannebarger, Total Environmental Services

# MISSOURI DEPARTMENT OF NATURAL RESOURCES REPORT OF INSPECTION COMMUNITY PUBLIC WATER SYSTEM MAKALU ESTATES CAMDEN COUNTY, MISSOURI PUBLIC WATER SYSTEM ID NUMBER MO3031208

June 18, 2015

### INTRODUCTION

A routine inspection was made of the community public water system serving Makalu Estates by Mr. Darrell Barber of the Missouri Department of Natural Resources (department) Southwest Regional Office on May 20. Ms. Kim Rannebarger and Ms. Amy Osborn, Operators, were present representing the facility during the inspection. The purpose of the inspection was to determine compliance with Missouri Safe Drinking Water Law and Regulations.

# DISCUSSION

The system serves approximately 75 people in the subdivision through 31 connections. The system operates year-round.

Well #2 is a state-approved community well that was drilled in 1999 to a depth of 520 feet with six-inch casing to a depth of 360 feet. The submersible pump is a 5-horsepower set at 168 feet and is rated at 45 gallons per minute. The submersible pump was replaced in November 2013. There is no treatment of the water. Storage is provided by a single 3,500-gallon ground storage tank. System pressure is provided by four 119-gallon hydropneumatic bladder tanks and two Baldor 5-horsepower high service booster pumps.

The system requires an operator properly certified at the DS-I level. Ms. Kim Rannebarger is properly certified at this level or higher.

Two routine drinking water samples were collected on May 20 from 5816 Baydy Peak Road and were submitted for microbiological analysis. The samples tested total coliform present or "not safe". A routine sample collected by the water system operator on May 19 also tested present for total coliform bacteria. Repeat samples were collected by the operator on May 21 and were determined not safe, which resulted in an MCL violation for May. No chlorine residuals were detected within the distribution system at the time of the inspection.

One of the repeat samples collected by the operator on May 21 tested positive for *E. coli* bacteria, which resulted in a Boil Water Order being issued by the department on May 22. The Boil Water Order was lifted on May 29. It was later learned that the sample that tested positive for *E. coli* bacteria was collected from a location supplied by water from the lake, which is not representative of water supplied by the water system. The *E. coli* positive sample result has been invalidated and the sampling location will be removed from the water system's site sampling

plan. To lift the Boil Water Order, the water system installed emergency chlorination and shock chlorinated the well. Atkisson Pump Company staff noticed a large amount of ants in the screened casing vent assembly when they removed the well cap to shock the well. Although the vent is properly screened, the water system should routinely inspect the wellhead and vent for any unsealed openings or insect infestations.

During the inspection, the newest bladder tank appeared to have very little water in the tank. This may be the result of excess air in the tank. The water system should have the air pressure checked in this tank, and adjusted as necessary, so that the four bladder tanks are all operating at similar levels.

The water pressure at the well house ranged from 55 to 75 psi during the inspection. The department recommends the water pressure be maintained between 35 and 60 psi. Prolonged pressures above 60 psi can lead to water leaks and damage to household appliances. If the higher operating pressure is required to supply adequate pressure to certain areas of the distribution system, the water system may want to consider adding a booster pump station in the distribution system rather than increasing the overall system pressure.

# MONITORING AND SAMPLING HISTORY

The following is a list of monitoring violations the system has accrued during the last 24 months.

The system failed to meet microbiological maximum contaminant levels during December 2013 and May 2015 by having two or more total coliform positive water samples.

### UNSATISFACTORY FEATURES

The Ground Water Rule specifies eight elements integral to an effective inspection of a public water system. The eight elements are: Source (protection, physical components, and condition); Treatment; Distribution System; Finished Water Storage; Pumps, Pump Facilities, and Control; Monitoring, Reporting, and Data Verification; Water System Management and Operations; and Operator Compliance with State Requirements. Your public water system was evaluated for compliance with these eight elements.

The following unsatisfactory features were noted with comments and recommendations for correction, and are organized into categories as noted below.

### Significant Deficiencies

Significant Deficiencies cause, or have the potential to cause, the introduction of contaminants into water delivered to customers.

1. No Significant Deficiencies were cited as a result of this inspection.

# Violations of Missouri Safe Drinking Water Regulations

These violations can result in enforcement action if repeated or not corrected. Some violations are more serious than others, and this is explained in the comments.

2. The public water system has not established a cross-connection control program.

Safe Drinking Water Regulation 10 CSR 60-11.010 require that a public water system be designed and maintained to prevent contamination from being introduced into the system from back-pressure or back-siphonage. This cross-connection control program should include a cross-connection ordinance for cities and towns, a cross-connection clause in the user agreement for private utilities, and an inspection of all potential cross-connection sources such as car washes, school laboratories, beverage bottling plants, sewage treatment plants, facilities with boilers or fire sprinkler systems, mortuaries, irrigation systems, hospitals, and industrial manufacturing plants.

Whenever an unprotected cross-connection is discovered, it must be corrected by the customer installing a department-approved air gap or backflow prevention device. Air gaps and backflow prevention devices must be tested annually by a certified tester, and results of these tests must be kept in the public water system records for a period of five years and made available to the department inspector during inspections.

Establish a cross-connection control program. An example Cross Connection Control Plan and two backflow prevention fact sheets are enclosed.

3. The abandoned well (Well #1) has not been plugged as required by the Missouri Well Construction Rule 10 CSR 23-3.110. Specifically, a well abandonment record could not be located for Well #1.

Department rules require abandoned wells to be disconnected from the distribution system and the well plugged to prevent contamination from entering the water-bearing ground.

Our Wellhead Protection Section will send you a letter with information on plugging the abandoned well. The contact for public well plugging is Ms. Airin Haselwander, 573-368-2196.

## Department Recommendations

These deficiencies are important and the public water system should give serious consideration to correction. However, these deficiencies are not normally subject to enforcement action unless

the department determines that these are contributing to the failure of the public water system to provide an adequate volume of safe water to customers at sufficient pressure.

4. The pump discharge piping is not equipped with an aboveground check valve.

A well pump discharge check valve is needed to prevent water from the storage tank and distribution system from entering the well. Even wells with submersible pumps that have a check valve in the piping in the well need an above ground pump discharge piping check valve as a safety precaution. The only exception is a pump that discharges directly into the top of an unpressurized storage tank. The department recommends a check valve should be installed between the well and storage tank.

5. The storage tank piping is not sufficiently valved to permit bypassing. Specifically, the piping for the 3,500-gallon ground storage tank is not equipped with bypass piping and valves.

The storage tank should be designed and constructed to allow tanks and reservoirs to be taken offline, drained, cleaned, repaired, and painted without causing a loss of pressure in the distribution system. This should include bypass piping and sufficient valves to the storage tank to permit continuous operation of the system even with the tank offline.

6. Storage capacity is insufficient.

The minimum storage capacity (or equivalent storage capacity) for systems not providing fire protection shall be equal to the average daily consumption. Since the average daily consumption ranges from 2,500 to 9,500 gallons and the current storage capacity is 3,500 gallons, the system is deficient in storage. For other options please refer the Minimum Design Standards for Missouri Community Water Systems Effective December 10, 2013.

The department recommends evaluating your storage capacity and to obtain a construction permit from the Missouri Department of Natural Resources Public Drinking Water Branch to construct additional storage. To obtain this construction permit, submit two copies of an engineering report, plans, and specifications each bearing the seal of a professional engineer registered in Missouri along with an application for a construction permit to Missouri Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, Missouri 65102, 573-751-5331.

7. The storage tank needs exterior painting.

Steel tanks without adequate paint coating will quickly deteriorate from corrosion. The tanks must have the exteriors cleaned and painted. If the tank interiors have not been inspected in the

past three years, the interiors should be inspected, cleaned, and repainted as necessary. Note that interior paint must be approved by Missouri Department of Natural Resources Public Drinking Water Branch.

The department recommends cleaning and painting the exterior of the 3,500 gallon ground storage tank. If the interior has not been inspected in the past three years, the interior should be inspected, cleaned, and repainted with Missouri Department of Natural Resources Public Drinking Water Branch approved paint as necessary.

8. Dead end mains are not equipped with flush hydrants.

All dead end mains should be eliminated by looping where practical. If these cannot be eliminated, each dead end main must be equipped with a flush hydrant to allow stale or contaminated water to be eliminated.

The department recommends installing flush hydrants at each dead end main.

9. Each service connection is not individually metered.

Individual meters reduce water usage compared to systems with a flat rate, unmetered charge. Customers have an economic incentive to reduce usage and fix leaks. Totaling individual customer meters and comparing with total well pumpage allows the loss due to leakage to be calculated.

The department recommends installing meters on each service connection.

10. The public water system does not have adequate emergency electrical power.

When power failure would result in cessation of minimum essential service, an alternate power supply should be provided to meet average day demand. Each public water system should have an emergency electrical power source which may include a permanent or portable generator at each well and pump station, a tractor connection at each well or pump station, or service from two power companies.

The department recommends providing sufficient emergency electrical power to operate all pumps that are essential to maintaining water supply and pressure.

11. The public water system does not have security fencing around the ground storage tank.

Safety, security and risk-reduction measures are important, and should be implemented to reduce the water system's vulnerabilities. All water system facilities should be evaluated and re-designed to include measures to provide protection against vandalism, sabotage, terrorist acts, or access by unauthorized personnel. These protection measures should include: a) locked security doors; b) windows sized or barred to prevent access; and, c) security fencing around vulnerable areas of drinking water facilities (for example, wellheads, manholes, pumphouses, treatment buildings, and storage tanks).

The department recommends constructing a chain link fence with a lockable gate around the ground storage tank.

12. The facility does not maintain individual records for flush hydrants, and/or water valves. Furthermore, it appears that the facility does not have updated written procedures for distribution system operation including, but not limited to: a distribution map.

Routine procedures for water line flushing and maintenance can extend the life of distribution system components and better assure good quality water throughout the system. Good and meaningful plans for system operation such as hydrant flushing and valve maintenance programs can be a critical part of a water system's emergency operations plan.

It is recommended that the system develop written procedures for valve maintenance, hydrant maintenance, water main flushing, and obtain or create a distribution map of the water system. Enclosed for your use are the following guidance documents: a blank valve and hydrant record form, a blank valve exercising and flushing record form, and basic water system flushing guidance. If needed, please contact our water specialist at 417-891-4300 for assistance in establishing these programs.

13. The public water system does not have an adequate tank interior inspection and cleaning program.

The public water system should have a tank interior inspection and cleaning program with the following elements: a) Each tank interior should be inspected and cleaned every two to five years depending on silt build up; b) the type and general condition of the interior paint should be determined, especially on any paint that appears to be high in lead or chromium; c) glass-coated interiors should be inspected for cracking, corrosion and other signs of coating deterioration (spalling, cracking, leaking, etc.); d) if rusting is present, determine the approximate percent of rusted area, the extent, nature and depth of pitting, and the condition of the remaining coating (chalking, blistering, loose, blotchy, etc.); and, e) concrete structures should be inspected for signs of deterioration (spalling, cracking, leaking, etc.). All work shall be conducted in a clean and sanitary manner, and all surfaces shall be thoroughly cleaned and disinfected before a storage

facility is returned to service. It is the responsibility of the public water system to either conduct or require water quality tests to demonstrate the good sanitary condition of the tank interior before it is returned to service. Follow all environmental laws and rules to dispose of chlorinated water, sludge debris and other wastes.

Develop and institute an adequate tank interior inspection and cleaning program.

14. The well house at Well #2 is inadequate. Specifically, the roof is deteriorated and is leaking on the water system components. Also, pieces of lumber used to stabilize the bladder tanks were badly deteriorated.

Each well house should be weather proof, have a locked door/chain link fence, have adequate space for operation/maintenance, have a floor drain, have a heater for winter, and not be used to store chemicals. The well discharge piping (ductile iron) should be kept painted.

Improve the well house at Well #2 by repairing the leaking well house roof and providing proper supports under the bladder tanks.

15. The public water system does not have an adequate well water level monitoring program.

The public water system should measure the static water level and operating water level each quarter, keep records of these readings, look for long term trends (particularly water table decline), and use this information to plan for the future which can include lowering well pumps (which may require higher horsepower pumps), drilling existing wells deeper, drilling new wells further apart, or switching to surface water sources with appropriate treatment.

Maintain an adequate well water level monitoring program.

16. The ground level storage tank is not designed and constructed with a second manway to permit egress in case of emergency.

All unpressurized tanks and reservoirs for finished water storage shall be designed and constructed to allow convenient and safe access to the interior for cleaning and maintenance. The number, location and spacing of hatches and manways shall conform to federal Occupational Safety and Health Administration (OSHA) regulation 29 CFR, Part 1910, which requires a workplace to be equipped with two means of egress to permit prompt evacuation of employees during an emergency.

The department recommends the next time the ground level storage tank is taken off-line for inspection and maintenance, construct a second manway in accordance with the latest design

standards to provide emergency egress through the side of the tank.

17. The booster pump station is in need of maintenance. Specifically, water was leaking from the male adaptor on the suction line for booster pump #1.

Failure to properly maintain pumps can lead to premature failure of the pumps. Unrepaired leaks can lead to damage of water system components and unexpected outages. Water loss associated with leaks increases operational costs.

The department recommends repairing the leak associated with booster pump #1.

REPORTED BY:

APPROVED BY:

Darrell Barber

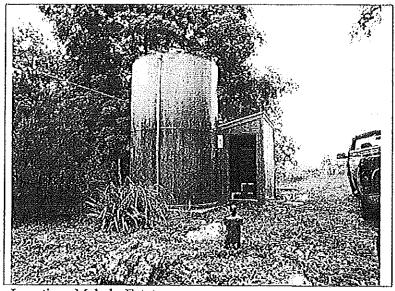
**Environmental Specialist** 

Judith Charlton, Chief

Drinking Water Inspection Unit

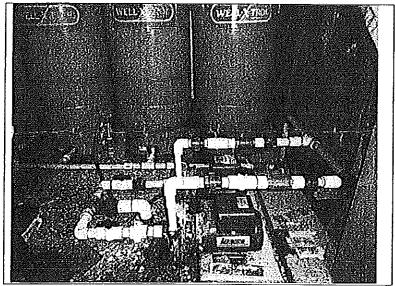
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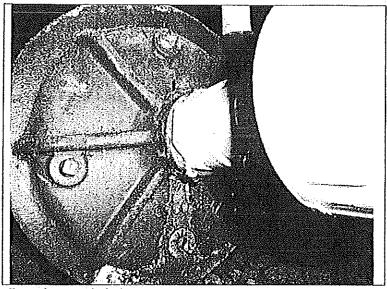
Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

Comments: Well #2, well house and 3,500-gallon ground storage tank.



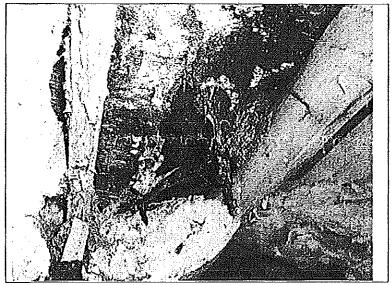
Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

Comments: Two Baldor 5-hp booster pumps, four 119-gallon bladder tanks and related piping.



Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

Comments: Booster Pump #1 - leak around male adaptor on suction line.



Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

Comments: Deteriorated roof of well house, which is leaking.