515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

MO Dept. of Natural Resources NPDES Monitoring Report for Wastewater Discharge ---- Monthly Sample - Monthly Report

Facility: Sou Permit No: I Facility Typ	uthwood Shore MO-0102342 e: Extended aer	Condominiu	n WWTF – W	eekly Test			ke Area Waste		tion, Inc.		
disposal by co											
THIS REPO	RT COVERS	THE PERIOD	Place an "X"	in the box be	neath the mont	th being report	ed.				
January	February	March	April	May	June	July	August	September	October	November	December
No	No	No	No	No	No	No	No	No	No	No	No
Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected Kirk Davis	I By:		Telephone: 573-34	6-3810	Analysis Performed By: Total Water Laboratories, LL				Telephone: 573-34	6-3810
Parameter	Unit	Permitted	Date: 4-6-19	Date: 4-11-19	Date: 4-18-19	Date: 4-25-19	Date:	Sample	Analytical Method		
rarameter	Omt	Final Limits	Time: 12:00	Time: 11:50	Time: 11:24	Time: 09:30	Time:	Туре	A	natytical Meth	ou
E. coli	#/100mL	126	<1.0	<1.0	<1.0	<1.0		Grab		SM 9223 B	
aug o	of Individual Prepa				Date:	9, 2019	Telephone: 573-34	6-3810	E-mail: info@t	otalenvironmen	tal.com
Amy Osborn, Technical Lab Director Report Approved By Owner: X					Date:		Telephone:		E-mail:		
									DMP	Darmit avnirac Se	entember 30 2021

 ⊠ Electronic Form Submitted

Sign & Return Form to DNR Office:

MDNR/SWRO 2040 W Woodland Springfield, MO 65807 Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report. *Method is not accredited through NH ELAP

Laboratory Report Number: 2019-0169

Attachments:

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

M	O Dept. of	Natural Reso	urces NPDE	S Monitori	ng Report fo	or Wastewate	er Discharge	-Quarterly	Sample - Qu	arterly Report	
		re Condominius					ke Area Waste			Samples Received in Lab:	
Permit No:	MO-0102342	2				County: Ca	ımden			4-18-19 14:35	
Facility Typ	e: Extended a	eration / seasonal	chlorination &	Dechlorinatio	n / sludge		Wild.				
		sal by contract has									
THIS REPO	RT COVER	S THE PERIOD	: Place an "X"	in the box b	eneath the qua	rter being repo	rted.				
1st Quarter – January through March Due by April 28, 2019 Due by July 28							er – July through by October 28,	4th Quarter - October through December Due by January 20, 2020			
				\boxtimes							
No Dis	charge For Qua	rter 🔲	No Disc	harge For Quar	ter 🔲	No Di	ischarge For Quart	er 🔲	No Di	scharge For Quarter	
Outfall # 001	Outfall # Sample Collected By:			Telephone: 573-3	46-3810	Analysis Perfor	med By: Total Water La	boratories, LLC	Telephone: 573-346-3810		
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method	
Total Phosphorus	Monitor & Report	Grab	4-18-19 11:24	3.29	mg/L	5-14-19	AO	D, M, Q		Hach 10209	
Total Nitrogen	Monitor & Report	Grab	4-18-19 11:24	<17.0	mg/L				See PDC Labs Attachment		
Signature & Title	u				Date:	14, 2019	Telephone: 573-34	46-3810	E-mail: info@	totalenvironmental.com	
	Amy Osborn, Technical Lab Director Report Approved By Owner: X				Date:		Telephone:		E-mail:		

DMR Permit expires: September 30, 2021

☑ Electronic Form Submitted

51098

2 8 2019 MDNR/SWRO 2040 W Woodland Springfield, MO 65807

☐ Sign & Return Form to DNR Office:

Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH F.I.AP

Laboratory Report Number: 2019-0192

Attachments: PDC Labs (5 pages)



May 03, 2019

Kelly Goss Total Environmental PO Box 510 Osage Beach, MO 65065

Dear Kelly Goss:

Please find enclosed the analytical results for the sample(s) the laboratory received on 4/23/19 9:55 am and logged in under work order 9044753. All testing is performed according to our current TNI certifications unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of PDC Laboratories, Inc.

If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

PDC Laboratories, Inc. appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the Director of Client Services, Lisa Grant with any feedback you have about your experience with our laboratory.

Sincerely,

Janet Clutters Project Manager

(309) 692-9688 x1743

James Clutters

jclutters@pdclab.com





Name:

PDC Laboratories, Inc.

2231 West Altorfer Drive Peoria, IL 61615 (800) 752-6651

ANALYTICAL RESULTS

Sample: 9044753-01

Southwood Shores

Waste Water - Grab Matrix:

Sampled: 04/18/19 11:24

Received: 04/23/19 09:55

Parameter	Result	Unit	Qualifier	Prepared	Analyzed	Analyst	Method
Nutrients - PIA							
litrate/Nitrite-N	16	mg/L		05/02/19 16:14	05/02/19 16:14	SAH	EPA 353.2 - SM 4500-NO3 F - QC 10-107-04-1-C*
Total Kjeldahl Nitrogen (TKN)	< 1.0	mg/L		04/25/19 08:41	04/25/19 12:25	TTH	OIA/PAI-DK03 & EPA 351.2



PDC Laboratories, Inc. 2231 West Altorfer Drive Peoria, IL 61615 (800) 752-6651

NOTES

Specific method revisions used for analysis are available upon request.

Certifications

CHI - McHenry, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100279 Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17556

PIA - Peoria, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230 Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553 Missouri Department of Natural Resources Certificate of Approval for Microbiological Laboratory Service No. 870 Drinking Water Certifications: Iowa (240); Kansas (E-10338); Missouri (870) Wastewater Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338) Hazardous/Solid Waste Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

SPIL - Springfield, IL NELAP/NELAC accredidation through the Illinois EPA, PAS IL 100323

SPMO - Springfield, MO USEPA DMR-QA Program

STL - St. Louis, MO

TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389
Accreditation of Laboratories for Wastewater, Hazardous, and Solid Waste Analysis through IL EPA No. 200080
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 171050
Drinking Water Certifications; Missouri (1050)
Missouri Department of Natural Resources

* Not a TNI accredited analyte

Janet Clutters

Certified by: Janet Clutters, Project Manager

See Monton



LAWWA 1.17-000666

PDC Laboratories, Inc. – St. Louis 3278 N. Highway 67 (Lindbergh) Florissant, MO 63033

CHAIN OF CUSTODY RECORD Phone (314) 432-0550 or (314) 921-4488 Fax (314) 432-4977

State where samples collected ____

(Instructions/Sample Acceptance Policy on Reverse)

www.pdclab.com

ALL SHADED AREAS MUST BE COMPLETED BY CLIENT (PLEASE PRINT)

1 CLENT	PROJECT NU	MBER P	O. NUMBER	MEANS S		(s	10000	LYSIS REQU	ESEM CLONS	(FOR LAB USE ONLY)	
Dotal Environmental ADDRESS E. O. Box 510	PHONENUM		AX NUMBER	EMAIL AD	Colored W		Mitra				LOGIN # 9044 753
CITY STATE ZIP OSCAC BEACK M.O. LSOGS CONTACT PERSON:	SIGNATURE	- Nav N-1	. <u></u>	WWW.MASTEWN OW-ORINKING GW-GROUND WEL-SCLID NAS-SOLID L'ORFI-EACHW NAL-NOWAGUE SOL-SOLIS	-		trites/				LAB PROJ. ± TEMPLATE: PROJ. MGR.;
SAMPLE DESCRIPTION AS YOU WANT ON REPORT	DA7 5	TAME D COLLEC	SAMPLE TED GW6	TYPE MATRIX		TKN	W.tmi				REMARKS
Southwood Shores KTKW	4-18-1	9 1124	1/	WW	1	1					
Southwood Shores KNN	4-18-1	9 1124	IV	WW	1		V				
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	-										
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7 RELINQUISHED BY: (SIGNATURE)	DATE TIM		VED BY:		DATE	Ti	ME	(8)_		COMMENTS (FO	R LAB USE ONLY)
	DATE TEN	1) 4	E Cla	el-	DATE 4/23/15	09				UPON RECEIPT D PRIOR TO REC	Mel-c
RELINQUISHED BY: (SIGNATURE)	DATE TIM	100	VED BY:			1	ME	PROPER NO	TILES RECE	NICE VED IN GOOD CO	ONDITION TORN
RELINQUISHED BY: (SIGNATURE)	DATE TIM	RECE!	VED BY:		DATE	יי	ME	(FXCLUDES	TYPICAL FIELD	HIN HOLD TIME(S D PARAMETERS ROM SAMPLE BO	

SUBCONTRACT ORDER

Transfer Chain of Custody

PDC Laboratories, Inc. 9044753

SENDING LABORATORY

PDC Laboratories, Inc. 3278 N Highway 67 Florissant, MO 63033 (800) 333-3278

RECEIVING LABORATORY

PDC Laboratories, Inc. 2231 W Altorfer Dr Peoria, IL 61615 (309) 692-9688

Sample: 9044753-01

Name: Southwood Shores

Sampled: 04/18/19 11:24 Matrix: Waste Water Preservative: H2SO4, cool <6

Analysis	Due	Expires	Comments	
TKN GD	05/02/19 16:00	05/16/19 11:24		

Please email results to Janet Clutters at jolutters@pdclab.com

Date Shipped: 4/23/19 Total # of Containers: Turn-Around Time Requested NORMAL RUSH	Sample Origin (State): PO #: Date Results Needed:
QU Clack 4/83/19 Refinquished By Date/Time Received By	Sample Temperature Upon Receipt Sample(s) Received on Ice Proper Bottles Received in Good Condition Y or N Bottles Filled with Adequate Volume Y or N Samples Received Within Hold Time Y or N
Relinquished By Date/Time Received By	Date/Time Taken From Sample Bottle Y or N

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

Facility Co.	10 Dept. of N	Carda Reso	urces NPDE	S Monitorin	ig Report for							
	uthwood Shore	Condominiu	ms WWIF				ke Area Waste	water Associa	tion. Inc.	Samples Rec	eived in Lab:	
	MO-0102342	and the second second	Laboratory of the state of the			County: Car	mden			3-12-19	15:15	
Facility Typ	e: Extended aer	ation / seasona	chlorination &	Dechlorination	/sludge							
holding tank	sludge disposal	by contract ha	uler									
THIS REPO	RT COVERS	THE PERIOD	: Place an "X	" in the box be	neath the mont	th being report	ed.					
January	February	March	April	May	June	July	August	September	October	November	December	
		X										
No	No	No	No	No	No	No	No	No	No	No	No	
Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge	
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Duc Nov 28th	Due Dec 28th	Due Jan 28th	
Outfall # Sample Collected By: Telephone:					46172	Analysis Perform				Telephone:		
001		Kirk Davis		573-34	16-3810		Total Water La	boratories, LLC		573-34	6-3810	
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method		
Flow	104550 Design 6426 Actual	24 Hour Estimate	3-11-19 12:30 3-12-19 11:30	5200	GPD				Completed at Sample Site			
BOD	20	Modified Composite	3-11-19 12:30 3-12-19 11:30	3.27	mg/L	3-13-19 07:15 3-18-19 08:30	VF	C. N		SM	5210 B	
TSS	20	Modified Composite	3-11-19 12:30 3-12-19 11:30	1.7		2 12 10	700				1-1-1	
E. coli	126	Grab	NA NA	1.7	mg/L	3-13-19	DG				2540 D	
	120	Grau	NA NA		#/100mL				Completed at	SM	9223 B	
pH	6.0-9.0	Grab	3-12-19 11:30	7.85	Units				Sample Site	SM 45	000 H + B	
Ammonia	3.3 (Apr-Sep) 2.3 (Oct- Mar)	Grab	3-12-19 11:30	<0.60		2.05.10	10			40.1	300000	
CI TRC	<130	Grab	NA	~0.60	mg/L µg/L	3-25-19	AO				10205*	
Dissolved	Monitor &	Grao	INA.		hg/L					SM 450	00 CL – G	
Oxygen	Report	Grab	3-12-19 11:30	8.54	mg/L				Completed at Sample Site	SM 4	500 OG	
anycyl	of Individual Prepa				Date:	0, 2019	Telephone: 573-34	6-3810	E-mail:	otalenvironmen		
Report Approved By Owner:				Date: 4/16/	/16/2019 Telephone:			E-mail:				
									DMR I	Permit expires: Se	ptember 30, 20	

☑ Electronic Form Submitted

ENTERED 48310

Sign & Return Form to APR 2 1 2019

MDNR/SWRO 2040 W Woodland Springfield, MO 65807 Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH ELAP

Laboratory Report Number: 2019-0075

Attachments: PDC Labs (5 pages)

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

N	IO Dept. of	f Natural Reso	ources NPDE	S Monitori	ing Report f	or Wastewat	er Discharge	-Quarterly	Sample - On	arterly Report	
racinty: 50	uthwood Sho MO-010234	ore Condominiu	ms WWTF		1000	Owner: La	ike Area Waste	water Associa	ation, Inc.	Samples Received in Lab:	
Facility Typ	e: Extended a sludge dispos	aeration / seasona sal by contract ha	l chlorination & uler	Dechlorinatio	on / sludge	County. Ca	unden			3-12-19 15:15	
THIS REPO	RT COVER	S THE PERIOD): Place an "X"	in the box b	eneath the qua	arter being repo	rted.				
1st Quarte	r – January th e by April 28	rough March	2nd Quart	ter – April threby July 28,	ough June	3rd Quart	er – July through by October 28			- October through December by January 20, 2020	
	scharge For Qua		No Disc	harge For Quar	rter 🔲	No Di	scharge For Quart	er 🗆	No Di	scharge For Quarter	
Outfall # 001	Sample Collec	cted By: Kirk Davis		Telephone: 573-3	346-3810	Analysis Perfor	med By: Total Water La	boratories, LLC	Telephone: 573-346-3810		
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method	
Total Phosphorus	Monitor & Report	Grab	3-12-19 11:30	3.22	mg/L	4-3-19	AO	D		Hach 10209	
Total Nitrogen	Monitor & Report	Grab	3-12-19 11:30	19.0	mg/L				See PDC Labs Attachment	OIA/PAI-DKO3 & EPA 351,2 plus SM 4500-NO3	
Amy Osborn	ar				Date:	10, 2019	Telephone:	46-3810	E-mail: info@i	totalenvironmental.com	
Report Approved		an Director			Date:		Telephone:		E-mail:		

DMR Permit expires: September 30, 2021

⊠ Electronic Form Submitted

LAWWA 1.17-000669

NTERED APR 2 1 20

DNR Office:
2019 MDNR/SWRO
2040 W Woodland
Springfield, MO 65807

Sign & Return Form to

Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH ELAP

ilts pertain

Laboratory Report Number: 2019-0075

Attachments:

PDC Labs (5 pages)



March 21, 2019

Kelly Goss Total Environmental PO Box 510 Osage Beach, MO 65065

Dear Kelly Goss:

Please find enclosed the analytical results for the sample(s) the laboratory received on 3/13/19 9:45 am and logged in under work order 9032170. All testing is performed according to our current TNI certifications unless otherwise noted. This report cannot be reproduced, except in full, without the written permission of PDC Laboratories, Inc.

If you have any questions regarding your report, please contact your project manager. Quality and timely data is of the utmost importance to us.

PDC Laboratories, Inc. appreciates the opportunity to provide you with analytical expertise. We are always trying to improve our customer service and we welcome you to contact the Director of Client Services, Lisa Grant with any feedback you have about your experience with our laboratory.

Sincerely,

Janet Clutters

Project Manager (309) 692-9688 x1743

setteel terras

jclutters@pdclab.com





PDC Laboratories, Inc.

2231 West Altorfer Drive Peoria, IL 61615 (800) 752-6651

ANALYTICAL RESULTS

Sample: 9032170-01

Name: Southwood KTKN2

Matrix: Waste Water - Composite

Sampled: 03/12/19 11:30

Received: 03/13/19 09:45

Parameter	Result	Unit	Qualifier	Prepared	Analyzed	Analyst	Method
Nutrients - PIA							
Total Kjeldahl Nitrogen (TKN)	1.0	mg/L		03/18/19 12:23	03/20/19 10:59	ARL	OIA/PAI-DK03 & EPA 351.2
Nutrients - STL							
Nitrate/Nitrite-N	18	mg/L		03/20/19 11:29	03/20/19 11:33	SCI	SM 4500-NO3 F*



PDC Laboratories, Inc.

2231 West Altorfer Drive Peoria, IL 61615 (800) 752-6651

NOTES

Specific method revisions used for analysis are available upon request.

Certifications

CHI - McHenry, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100279 Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17556

PIA - Peoria, IL

TNI Accreditation for Drinking Water, Wastewater, Hazardous and Solid Wastes Fields of Testing through IL EPA Lab No. 100230 Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 17553 Missouri Department of Natural Resources Certificate of Approval for Microbiological Laboratory Service No. 870 Drinking Water Certifications: Iowa (240); Kansas (E-10338); Missouri (870) Wastewater Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338) Hazardous/Solid Waste Certifications: Arkansas (88-0677); Iowa (240); Kansas (E-10338)

SPIL - Springfield, IL

NELAP/NELAC accredidation through the Illinois EPA, PAS IL 100323

SPMO - Springfield, MO USEPA DMR-QA Program

STL - St. Louis, MO

TNI Accreditation for Wastewater, Hazardous and Solid Wastes Fields of Testing through KS Lab No. E-10389
Accreditation of Laboratories for Wastewater, Hazardous, and Solid Waste Analysis through IL EPA No. 200080
Illinois Department of Public Health Bacteriological Analysis in Drinking Water Approved Laboratory Registry No. 171050
Drinking Water Certifications: Missouri (1050)
Missouri Department of Natural Resources

* Not a TNI accredited analyte

Janet Clutters

Certified by: Janet Clutters, Project Manager

STO ACCREO



PDC Laboratories, Inc. - St. Louis 3278 N. Highway 67 (Lindbergh) Florissant, MO 63033

CHAIN OF CUSTODY RECORD

Phone (314) 432-0550 or (314) 921-4488 Fax (314) 432-4977

State where	samples collected	
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(Instructions/Sample Acceptance Policy on Reverse)

www.pdclab.com

1) Total Environ	n en tal	PROJ	ECT NUMBE	R P.O.	NUMBER		MEANS S	HIPPED	3	ANA	YSIS RE	DUESTED.		(FOR LAB USE ON
P.O. Box 510		A Company	NE NUMBER		NUMBER		EMAIL AD			trate				LOGIN# 9032171
DITY STATE DIP OSCICE BOUCH CONTACT PERSON: 573-346-3810 File	MO WOG	SAME	I A K	Dav	is ne		MATRIX TYP MW-WASTEW/ DW-DRINKING SW-GROUND I MW-SL-SLUDGE MAS-SOLID MAS-ROLID MA	NTER WATER WATER E	KW	Witritet Nitrat				LAB PROJ. # TEMPLATE: PROJ. MGR.:
SAMPLE DESC AS YOU WANT O			DATE LECTED	TINE COLLECTE			MATRIX TYPE	Count	7	Niti				REMARKS
Southwood	KTKN2	3-	-12-19	1130		V	ww	1	V					
Southwood	KNN2	3-	12-19	1130		V	ww	7		V				
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							-							
	_	-							1					
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T RELIKOUISHED BY HIGHATURE		3-12-F	TIME 1S15	BEOEIVED	Ca	el		3/13/12	09	WE 45	(R)		COMMENTS:(FO	OR LAB USE ONLY)
ELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED	BY:			DATE	TIM	ME	100000000000000000000000000000000000000		RE UPON RECEIPT	10.8.0
ELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY:				DATE	TIN		PROPER POTTI ES	S(S) RECEIVE POTTLES RE	CEIVED IN GOOD O	ENDITION TORN
RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY:			DATE		TIME		RAMPI ES RECEIVED WITHIN HOLD TIME(S) (FXCI LIDES TYPICAL FIELD PARAMETERS) DATE AND TIME TAKEN FROM SAMPLE BOT			RS)

SUBCONTRACT ORDER Transfer Chain of Custody

PDC Laboratories, Inc.

9032170 DCU

SENDING LABORATORY

PDC Laboratories, Inc. 3278 N Highway 67 Florissant, MO 63033 (800) 333-3278

RECEIVING LABORATORY

PDC Laboratories, Inc. 2231 W Altorfer Dr Peoria, IL 61615 (309) 692-9688

Sample: 9032170-01

Name: Southwood KTKN2

Sampled: 03/12/19 11:30 Matrix: Waste Water Preservative: H2SO4, cool <6

Análysis	Due	Expires	Price	Comments
TKN GD	03/22/19 16:00	04/09/19 11:30	35.00	

Please email results to Janet Clutters at Jclutters@pdclab.com

Date Shipped: 3/13/) 9 Total # of Containers: Sa Turn-Around Time Requested NORMAL RUSH	ample Origin (State): PO #:	
Toni-Alound Time Requested N NOUNAL C ROSH	Date (tesons needed.	
	Sample Temperature Upon Receipt 2	_ °c
all Clark 3/13/19	Sample(s) Received on Ice	Pr N
Relinquished By Date/Time Received By Da	nle/Time Proper Bollles Received in Good Condition Y	or N
	Bottles Filled with Adequate Volume	or N
() 1/1/3/14/19	Samples Received Within Hold Time	br N
Relinquished By Date/Time Received By Da	nle/Time Date/Time Taken From Sample Boltle Y o	or (V

Page 5 of 5

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

MO Dept. of Natural Resources NPDES Monitoring Report for Wastewater Discharge ---- Monthly Sample - Monthly Report

	uthwood Shore	Condominiu	ns WWTF		g		ke Area Waste		tion Inc	опшу керс)Tt
Permit No:	MO-0102342					County: Car		Water Passocia	mon, me.		
Facility Typ	e: Extended aer	ation / seasonal	chlorination &	Dechlorination	/ sludge	County. Can	inden				
holding tank /	sludge disposal	by contract has	ıler		7 0.000						
THIS REPO	RT COVERS	THE PERIOD	: Place an "X	" in the box be	neath the mont	th being report	ed.				
January	February	March	April	May	June	July	August	September	October	November	December
	X							Saparane	Getober	Trovember	December
No Discharge	No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #	Sample Collected			Telephone:		Analysis Perform			20011012001	Telephone:	Duc Jan 20th
001		Kirk Davis		573-34	6-3810		Total Water La	boratories, LLC			6-3810
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytica	l Method
Flow	104550 Design 6426 Actual	24 Hour Estimate	2-4-19 11:30 2-4-19 17:30	5100	GPD				Completed at Sample Site		
BOD	20	Modified Composite	2-4-19 11:30 2-4-19 17:30	3.72	mg/L	2-5-19 07:10 2-10-19 12:25	AO	C, N	Sec Page 2	SM	5210 B
TSS	20	Modified Composite	2-4-19 11:30 2-4-19 17:30	4.2	mg/L	2-6-19	DG	С	Sec Page 2		2540 D
E. coli	126	Grab	NA		#/100mL					SM	9223 B
pH	6.0-9.0	Grab	2-5-19 07:15	7.89	Units		AO		Completed in lab due to field pH meter not working	SM 45	00 H + B
Ammonia	3.3 (Apr-Sep) 2.3 (Oct- Mar)	Grab	2-4-19 17:30	<0.60	mg/L	2-19-19	AO			Hach	10205*
CI TRC	<130	Grab	NA		μg/L						00 CL - G
Dissolved Oxygen	Monitor & Report	Grab	2-4-19 17:30	10.45	mg/L				Completed at Sample Site		500 OG
Signature & Title	of Individual Prepar	ing Report:			Date:		Telephone:		E-mail:		
	Technical Lab	Director			February	25, 2019	573-34	6-3810	info@to	otalenvironmen	tal com
Report Approved	By Owner:				Date:		Telephone:		E-mail:		
X		(R		2/28/	2019					
					-1-7				DMR F	Permit expires: Se	ptember 30, 202

☑ Electronic Form Submitted

☐ Sign & Return Form to DNR Office:

MDNR/SWRO 2040 W Woodland Springfield, MO 65807

Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH ELAP

Laboratory Report Number: 2019-0027

Attachments:

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

MO Dept. of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample -- Monthly Report

	uthwood Shore	Condominium	ns WWTF			Owner: Lal	ke Area Waste	water Associa	tion, Inc.		
Permit No:	MO-0102342					County: Car	mden				
	e: Extended aer			Dechlorination	/sludge						
	RT COVERS			" in the box be	neath the mont	h heing report	ed				
January	February	March	April	May	June	July	August	September	October	November	December
X									34434	- Individual Control	December
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected	i By: Kirk Davis		Telephone:	46-3810	Analysis Perform	med By: Total Water La	horatories II.C		Telephone: 573-34	6-3810
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments		al Method
Flow	104550 Design 6426 Actual	24 Hour Estimate	1/14/19 11:40 1/15/19 11:00	4733	GPD				Completed at Sample Site		
BOD	20	Modified Composite	1/14/19 11:40 1/15/19 11:00	4.09	mg/L	1/16/19 07:10 1/21/19 09:00	VF	C, N	See Page 2	SM	5210 B
TSS	20	Modified Composite	1/14/19 11:40 1/15/19 11:00	2.5	mg/L	1/16/19	DG				2540 D
E. coli	126	Grab	NA		#/100mL					SM	9223 B
pН	6.0-9.0	Grab	1/15/19 11:00	8.21	Units				Completed at Sample Site	SM 45	500 H + B
Ammonia	3.3 (Apr-Sep) 2.3 (Oct- Mar)	Grab	1/15/19 11:00	<0.60	mg/L	1/20/19	AO			Hach	10205*
CI TRC	<130	Grab	NA		µg/L					SM 45	00 CL – G
Dissolved Oxygen	Monitor & Report	Grab	1/15/19 11:00	10.14	mg/L				Completed at Sample Site	SM 4	1500 OG
any of	of Individual Prepa				Date: February	12, 2019	Telephone: 573-34	6-3810	E-mail: info@t	otalenvironmen	tal.com
Report Approved X	By Owner:	R			Date: 2/13/2	2019	Telephone:		E-mail:		
	-0-2				-				DMR	Permit expires: Se	ptember 30, 2021

Electronic Form Submitted

☐ Sign & Return Form to DNR Office:

MDNR/SWRO 2040 W Woodland Springfield, MO 65807 Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH ELAP

Laboratory Report Number: 2019-0006

Attachments:

Onle enterel

Month Isludge 43071

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report

Permit No:]	MO-0102342 e: Extended ac	re Condominium eration / seasonal by contract haule	chlorination &	Dechlorination	n / sludge	The second secon	ake Area Waste Camden	water Associ	-	ast permit review	: 03 April 2017)
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the box ber	eath the month	being reporte	d		8 =	*	
January	February	March	April :	May	June	July	August	September	October	November	December
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected	By:		Telephone: 5733		Analysis Perform	ned By:	TER LABORAT		Telephone:	73-346-3810
	SAMPLE		ONI	E (1)	. TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 17-4-18- Time: 1000 1730	ANALYSIS DATE	Date: Time:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	5866.67						+	24 hr. estimate	ė
BOD	mg/L	20	-2.44 -	C				Modified/ composite		5210 B	
TSS	mg/L	20	2.3 -	c				Modified/ composite	:	2540 D	14
pH	Units	6.0 - 9.0	7.73			*		Grab	-	4500 H + B	
E. coli	#100mL	126					*	- Grab		9223 B	
CITRC	µg/L	9.0	-	-				Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab		4500 NH - 3	+1.
Total Phosphorus	mg/L	Monitor & report Once per Quarter	-					Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	-	+				Grab			\$ e
Dissolved O2	mg/L	Monitor & report	8.16					Grab		4500 OG	
- Chry ist	of Individual Preparation		rector	UF	Date: 1-04	1-19	Telephone:	3-346-3810 -	E-mail: info@tots	alenvironmental.com	n
Report Approved	By Owner:	R			Date: 1/08/	2019	Telephone:	- 1	E-mail:		-0
Sign & Re			SWRO Woodland ld, MO 65807	2155 1	IR/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 640	[] MDNR/ 7545 S L	oire_30Sep2021 SLRO indbergh Blvd MO 63125

TOTAL WATER LABORATORIES, LLCENTERED DEC 15.

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report Facility: Southwood Shore Condominiums WWTF Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination & Dechlorination / sludge (Last permit review: 03 April 2017) holding tank / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February April September December January March May June October November July August No Discharge Due Mar 28th Due May 28th Due June 28th Due Feb 28th Due Apr 28th Due July 28th Due Aug 28th Due Sept 28th Due Oct 28th Due Nov 28th Due Dec 28th Due Jan 28th Outfall # Sample Collected By: Telephone: Analysis Performed By: Telephone: TOTAL WATER LABORATORIES, LLC. 001 Kirk Dav. 5 573 346 3810 573-346-3810 ONE (1) SAMPLE TWO (2) Date: Date: AVG OF PERMITTED 11-19 11-10 ANALYSIS ANALYSIS SAMPLE PARAMETER UNIT SAMPLES IF ANALYTICAL METHOD FINAL LIMITS Time: DATE Time: DATE TYPE 2 TAKEN 2.00 4:00 104,550 design GPD 6,426 actual 5700 24 hr. estimate Flow Modified/ 7.55 BOD mg/L 20 5210 B composite Modified 4.6 -K 2540 D mg/L 20 TSS composito 7.68 pH Units 6.0 - 9.0Grab 4500 H+B #100mL 126 E. coli 9223 B Grab 9.0 CI TRC ug/L 4500 CL-G Grab 3.3 (Apr-Sep) 40.60 2.3 (Oct-Mar) Ammonia mg/L Grab 4500 NH - 3 Monitor & report Total Once per Quarter Phosphorus mg/L 4500 P Grab Monitor & report Total Nitrogen mg/L Once Per Quarter Grab 2.77 mg/L Dissolved O2 Monitor & report 4500 OG Grab Signature & Title of Individual Preparing Report: Date: Telephone: E-mail: 573-346-3810 . info@totalenvironmental.com 12-13-18 Report Approved By Owner: Telephone: E-mail: DMR & Permit expire 30Sep2021 Sign & Return Form [X] MDNR/SWRO MDNR/SERO MDNR/NERO MDNR/KCRO MDNR/SLRO To-Office Indicated: 2040 W Woodland 2155 N Westwood 1709 Prospect Dr 500 NE Colbern Rd 7545 S Lindbergh Blvd Springfield, MO 65807 -000678 Poplar Bluff, MO 63901 Macon, MO 63552 Lee's Summit, MO 64086 St Louis, MO 63125

DVERS THE	No Discharge		n the box ben <u>May</u>	eath the month	being reported	1	- +			
No scharge Mar 28th Dele Collected By:	No Discharge	April No			manuf deberter	4.	- 1			
No scharge Mar 28th Dele Collected By:	No Discharge	No	A.A.A.	O WARE	July	August	September	October	November	December
scharge Mar 28th D le Collected By:	Discharge	10000000			227	110,100	September	23335	$\overline{\nabla}$	200000
Mar 28th D			No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
le Collected By:		Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
			Telephone: 573 346 3		Analysis Perform	ned By:	TER LABORAT		Telephone:	3-346-3810
MPLE		ONE	(1)	TWO	(2)	,				
	PERMITTED INAL LIMITS	Date: 11-19 11-20 Time:		Date: Time:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANAI	LYTICAL METH	OD
GPD	104,550 design 6,426 actual	3							24 hr estimate	ý
mg/L				-	9 5		Modified/ composite			
mg/L	20 .		c				Modified/ composite	4	2540 D	*
Units	6.0 - 9.0	7.68					Grab		4500 H + B	
100mL	126						Grab		9223 B	2)
µg/L	9.0	_= :					Grab		4500 CL - G	
		40.60					Grab		4500 NH - 3	***
1000	the state of the s	_					Grab		4500 P	
		-					Grab			
mg/L M	Monitor & report	8.77					Grab		4500 OG	
Florish.	Report:	6 Airdus	AO	Date:	-18	Telephone: 57	3-346-3810	E-mail: info@tota	alenvironmental.com	a
mer:	40382	R	*	Date: 1/17/2	2019	Telephone:		E-mail:		
GF mg	PD PD PL PL PL PL PL PL PL PL	FINAL LIMITS 104,550 design 6,426 actual L 20 L	FINAL LIMITS Time: 104,550 design 6,426 actual 5 700 104,650 design 6,426 actual 5 700 104,650 design 7 100 104,650 design 7 100 104,650 design 7 100 105,550 design 7 100 106,250 design 7 100 107,650 108,650 109,650 100 100 100 100 100 100 100	FINAL LIMITS Time: 100 9:00 104,550 design 6,426 actual 5 700 10	FINAL LIMITS Time: 104,550 design 6,426 actual 5 700 10 6,426 actual 5 700 10 20 3.55 10 20 4.6 C 10 3.3 (Apr-Sep) 10 2.3 (Oct-Mar) 10 2.3 (Oct-Mar) 10 2.3 (Oct-Mar) 10 2.4 (Once per Quarter 10 10 10 10 10 10 10 10 10 10 10 10 10 1	FINAL LIMITS Time: 104,550 design 6,426 actual 5 700 10 20 3.55 10 20 4.6 - C 11 20 4.6 - C 11 20 4.6 - C 12 20 4.6 - C 13 3 (Apr-Sep) 23 (Oct-Mar) 10 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FINAL LIMITS Time: 104,550 design 6,426 actual 5 700 10	FINAL LIMITS Time: DATE Time: DATE TYPE	FINAL LIMITS Time: DATE Time: DATE Time: DATE TYPE ANALYSI TYPE ANALYSI TYPE TYPE	## FINAL LIMITS Time: DATE Time: DATE Time: DATE TYPE ANALYTICAL METER TYPE TO 104,550 design 6,426 actual 5,700 24 hr. estimate 24 hr. estimate 25 hr. estimate

Permit No: 1 Facility Type	MO-0102342 Extended ae	ration / seasonal	chlorination &	Dechlorination	/ sludge	The state of the s	ike Area Waste amden	ewater Associ		ast permit review	03 April 2017)	
		THE PERIOD:		in the box ben	eath the month	being reported	i.			2		
January	February	March	April	May	June	July	August	September	October	November	December	
	_		-						X			
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	
Due Feb 28 th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th		Due Nov 28th Due Dec 28th Due Jan		
Outfall # 001	Sample Collected	By:	Duc May 28	Telephone: 573 346		Analysis Perform	ned By:	TER LABORAT		Telephone:	3-346-3810	
001	SAMPLE	Te	ONI	E (1)	TWO	(2)						
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 0-(0 0-1 Time: 1200 730	ANALY MOVE	Date: 0-17-18 Time: 633	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METR	OD	
Flow	GPD	104,550 design 6,426 actual	100							24 hr. estimate	L.	
BOD	mg/L	20	4.85					Modified/ composite		5210 B		
TSS	mg/L	20	3.3 - 4					Modified/ composite	§	2540 D		
pH	Units	6.0 - 9.0	7.75					Grab		4500 H + B		
E. coli	#100mL	126	41.0					Grab		9223 B		
CI TRC	µg/L	9.0	Z130					Grab		4500 CL - G		
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)			20.60			Grab	4	4500 NH - 3		
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P		
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			8	
Dissolved O2	mg/L	Monitor & report	7.15					Grab		4500 OG		
	of Individual Prep			uf	Date:	v	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	n	
Report Approved		Q	R		Date: 11/20/20	218	Telephone:		E-mail:			
Sign & Re	ED NOW 7	2040 W	VSWRO Woodland eld, MO 65807	2155 1	IR/SERO N Westwood Bluff, MO 6390	[] MD 1709	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 640			



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 8102748-01

Name: Southwood Shores Matrix: Waste Water - Grab Sampled: 10/11/18 07:30

Received: 10/12/18 11:00

Parameter	Result	Unit	Qualifier	Prepared	Analyzed	Analyst	Method
Nutrients - PIA							
Total Kjeldahl Nitrogen (TKN)	1.7	mg/L		10/17/18 11;51	10/18/18 14:17	arl	OIA/PAI-DK03 & EPA 351.2
Nutrients - STL							
Nitrate/Nitrite-N	0.41	rng/L		10/15/18 11:07	10/15/18 16:50	SCI	SM 4500-NO3 F*

Facility: So Permit No: Facility Typ disposal by co	MO-010234 e: Extended aer ontract hauler	re Condominion 2 ration / seasonal	um WWTF – V	Weekly Test	on / sludge	Owner: La	ke Area Waste		ntnly Samp		
					neath the mont		ed.				
January	February	March	<u>April</u>	May .	June	July	August	September	October	November	December
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov. 28th	Due Dec 28th	Due Jan 28th
Outfall #001	Sample Collected	By: -K Davis		Telephone:		Analysis Perform	ed By:	VIRONMENȚAL	SERVICES, INC	Telephone: 57	3-346-3810
SA	AMPLE TY	PE							composite, C = mo		Note: If
PARAMETER	UNIT	PERMITTED FINAL	Date: 10-03-18	Date:	Date: 10-17-18	Date:	Date: 10-28-18	SAMPLE TYPE	ANA	LLYTICAL METI	HOD
		LIMITS	Time: 6:30	Time: 730	Time:	Time:	Time:	A, B or C	* .	ly.	
E. coli	Mg/L	126	<1.0	21.0	33.6	∠1.0	21.0	A	•	9223 B	
Signature & Tit		reparing Report: Technical La	b Drector	VF	Date: .	-18	Telephone:		Email:	• 1 = 1	
Report Approved X	By Owner:		; R	J#-	Date: 11/20/	12018	Telephone:		E-mail:		
WA			ENTED			397.79					

ENTERED NOV 2 1 2018

Facility: So Permit No: 1 Facility Type	outhwood Shor MO-0102342 Extended ae	Resources re Condominium ration / seasonal by contract haule	ns WWTF chlorination &			Owner: La	er Dischar		ation, Inc.	ast permit review	
		THE PERIOD:		in the box ben	eath the month	being reported	d.				-,
January	February	March	April :	May	June	July	August	September	October	November	December
2300					70.	334		Y			
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #	Sample Collected			Telephone:	470	Analysis Perform	ned By:			Telephone:	
001		rk Davis		573 346	3810		TOTAL W	ATER LABORAT	ORIES, LLC.	57	3-346-3810
	SAMPLE		ONI	E (1)	TWO	(2)	1				
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 9-10 9-11 Time:	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	LYTICAL METH	OD
			12:45 5:30				2 TAKEN				
Flow	GPD	104,550 design 6,426 actual	7466						line at L	24 hr. estimate	
BOD	mg/L	20	4.28-	. c				Modified/ composite		5210 B	
TSS	mg/L	20	5.3 -			**:		Modified/ composite	1	2540 D	
pH	Units	6.0 - 9.0	7.78					Grab		4500 H+B	
E. coli	#100mL	126	<1.0				**	Grab		9223 B	9
CI TRC	μg/L	9.0	< 130					Grab		4500 CL-G	-
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60 -	a				Grab		4500 NH - 3	*
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter		.,				Grab			à .
Dissolved O2	mg/L	Monitor & report	6.83					Grab		4500 OG	
Signature & Title	of Individual Prep	aring Report:	Aralys	Ao	Date:	18	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	n
Report Approved	By Owner:	37153	E DR	*	Date: 10/18/	2018	Telephone:	(d)	E-mail:		
≷ Sign & Re	turn Form Indicated:	[X] MDNR 2040 W	/SWRO Woodland eld, MO 65807	2155	IR/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 64		The second secon

MO Dept	of Natural	Resource	NPDES N	Ionitoring	Report for	r Wastewa	ter Dischar	ge Mo	nthly Samp	ole – Mont	hly Report
Facility: So Permit No: Facility Typ disposal by co	MO-0102342 e: Extended aer ontract hauler	e Condominio	m WWTF - V	Veekly Test	n / sludge	Owner: <u>La</u> County: <u>Ca</u>	ke Area Waste amden .				•
THIS REPO	RT COVERS	THE PERIOD	: Place an "X"	in the box ber	eath the montl	h being reporte	d.				
January	February	March	<u>April</u>	May	June	July	August	September	October	November	December
								X			
No Discharge	No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28 th	Due Jan 28th
Outfall #001	Sample Collected	By: Devis		Telephone:	3810	Analysis Perform		VIRONMENTAL		Telephone:	3-346-3810
SA	AMPLE TY	PE		-	A - 54 - 64 - 64 - 64 - 64 - 64 - 64 - 64		Sample Types: A exceedence occur	= grab, B = 24 hr rs attach explanati	composite, C = mo	e.	Note: If
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 9-07-18	Date: 9-08-18	Date: Week of 9-03 9-08	Date:	Date: 9-19-18	SAMPLE TYPE	ANA	ALYTICAL METI	HOD
		DIVILIS.	Time: 6:20	Time: /3:/5	Time: Geonetrie Mean	Time: 5:30	Time:	A, B or C			
E. coli	Mg/L	126	214-3-M	< 1.0	14.6	41.0	18.9-M	A		9223 B	
,	tle of Individual P		6 Analys:	⊬ ⊮o	Date:	-18	Telephone:		Email:		
Report Approved X	By Owner:	Ŷ.	R		Date:	/2018	Telephone:		E-mail:		

page 1 g 2

Permit No: Facility Typ disposal by co	MO-0102342 e: Extended aer ntract hauler	2 ation / seasonal	m WWTF – W	l Dechlorinatio		County: Ca		water Associa	ation, Inc.		
THIS REPO	RT COVERS	THE PERIOD	: Place an "X"	in the box ber	neath the month	h being reporte	d.				
January	February	March	April	May	June	July	August	September	October	November	December
								X			
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28 th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #001	Sample Collected			Telephone: 573 346		Analysis Perform	ed By:		SERVICES, INC	Telephone:	73-346-3810
SA	AMPLE TY								composite, C = mo		Note: If
PARAMETER	UNIT	PERMITTED FINAL	Date: 9-24-18	Date:	Date:	Date:	Date:	SAMPLE TYPE		ALYTICAL MET	HOD
	4	LIMITS	Time: 5.47	Time:	Time:	Time:	Time:	A, B or C		i i	
E. coli	Mg/L	126	<1.0					A		9223 B	
Signature & Tit	ale of Individual F	reparing Report:	ch Analy	Ao .S.t	Date: .	-18	Telephone:		Email:		
Report Approved	By Owner:	icus	. (R	Date: 10/18	12018	Telephone:		E-mail:		

page 2 9 2

Facility: So Permit No: Facility Type	outhwood Short MO-0102342 e: Extended as	eration / seasonal	ms WWTF			Owner: L	ake Area Waste amden			ast permit review	
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the box ber	eath the month	being reporte	d.			×	
January	February	March	April	May	June	July	August	September	October	November	December
							V			2101011011	2000000
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28 th	Due Nov 28th	Due Dec 28 th	Duc Jan 28th
Outfall #	Sample Collected		Duc May 26	Telephone:	Due July Zoul	Analysis Perform		Due Oct 28	Due Nov 28th	Telephone:	Due Jan 28th
001	The state of the s	ick Drivis		573 346	3810	Analysis i Groni		TER LABORA	TORIES, LLC.		3-346-3810
	SAMPLE		ON	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: \$-03 8-04 Time: 13:21 11:30	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	19560							24 hr. estimate	ja l
BOD	mg/L	20	2.20			7: 4		Modified/ composite		5210 B	
TSS	mg/L	20	6.1					Modified/ composite	No.	2540 D	
рН	Units	6.0 - 9.0	7,7					Grab		4500 H + B	
E. coli	#100mL	126	41.0					Grab		9223 B	
CITRC	µg/L	9.0	<130	4				Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	10.60					Grab		4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter	_					Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			
Dissolved O2	mg/L	Monitor & report	6.92					Grab		4500 OG	
4/	a of Individual Preparation	- 1.6	An a'l. 51	40	Date:	P	Telephone: 57	3-346-3810	E-mail: info@tota	alenvironmental.com	n
Report Approved	By Owner 35	÷74	R	Ý	Date: 9/11/2	2018	Telephone:		E-mail:		
Sign & Re	turn Form	[X] MDNR 2040 W	/SWRO Woodland eld, MO 65807	2155 1	R/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552				A 10 10 10 10 10 10 10 10 10 10 10 10 10

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge ---- Monthly Sample - Monthly Report

Owner: Lake Area Wastewater Association, Inc.

Facility: Southwood Shore Condominium WWTF - Weekly Test

MO-0102342					County: Camden								
e: Extended aera	ation / seasonal	chlorination and	d Dechlorination	n / sludge	1.47								
RT COVERS	THE PERIOD	: Place an "X"	in the box ben	eath the month	being reporte	d.							
February	March	<u>April</u>	May	June	July	August	September	October	November	December			
						X							
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge			
Day May 20th	Due Ans 29th	Due Mext 28th	Due Tree 20th	Due Tuly 28th	Dua Aug 28th	Dua Cant 28th	Due Oct 20th	Due New 28th	Drug Dog 20th	Due Jan 28th			
		Due May 20	Telephone:	Due July 2001		and the second s	Due Oct 28	Telephone:					
Kirk Davis			573 344 3810			TOTAL EN	VIRONMENTAL	SERVICES, INC	573-346-3810				
SAMPLE TYPE										Note: If			
UNIT	PERMITTED FINAL LIMITS	Date: 8-04-18	Date: 8-10-18	Date:	Date: 9-24-18	Date: 8-28-18	SAMPLE TYPE A, B or C	ANALYTICAL METHOD					
		Time:	Time:	Time:	Time:	Time:							
		11:30	11:45	4:21	12:15	4:22							
Mg/L	126	41.0	41.0	41.0	<1.0	/-M	A	9223 B					
tle of Individual P	reparing Report:		Ao	Date:	-	Telephone:		Email:					
Hoers	act la	6 A = 100		9-10-	18								
By Owner:		a concey o		Date:		Telephone:		E-mail:					
	Q	R:		9/11/	2018								
	e: Extended aerantract hauler RT COVERS TEBRUARY No Discharge Due Mar 28th Sample Collected Kick MPLE TYI UNIT Mg/L tle of Individual P	RT COVERS THE PERIOD February March No No Discharge Discharge Due Mar 28th Due Apr 28th Sample Collected By: Kick Davis MPLE TYPE UNIT PERMITTED FINAL LIMITS Mg/L 126 tle of Individual Preparing Report:	e: Extended aeration / seasonal chlorination and intract hauler RT COVERS THE PERIOD: Place an "X" February March April No No No Discharge Discharge Due Mar 28th Due Apr 28th Due May 28th Sample Collected By: Kick Davis AMPLE TYPE UNIT PERMITTED FINAL LIMITS Time: 11:30 Mg/L 126 Cle of Individual Preparing Report: Hockhart Lah Anglus	e: Extended aeration / seasonal chlorination and Dechlorination intract hauler RT COVERS THE PERIOD: Place an "X" in the box benuing the period of the peri	e: Extended aeration / seasonal chlorination and Dechlorination / sludge intract hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month February March April May June	e: Extended aeration / seasonal chlorination and Dechlorination / sludge intract hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month being reporte February March April May June July No Discharge Date Stample Collected By: Kick Davis S 73 344 3810 AMPLE TYPE UNIT PERMITTED FINAL LIMITS Date: Date: Date: Date: Date: Date: Date: Time: Time: Time: Time: Time: Time: Time: Time: Time: Discharge Date:	e: Extended aeration / seasonal chlorination and Dechlorination / sludge Intract hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March April May June July August No No No No No No Discharge Disch	e: Extended aeration / seasonal chlorination and Dechlorination / sludge intract hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March April May June July August September No No No No Discharge D	e: Extended acration / seasonal chlorination and Dechlorination / sludge thrace hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March April May June July August September October No Discharge Discha	e: Extended scration / seasonal chlorination and Dechlorination / sludge attract hauler RT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March April May June July August September October November No No No No No No No No No Discharge Discharg			

Permit No:	MO-0102342	re Condominium eration / seasonal		Dechlorination	n / sludge	Owner: La	ike Area Waste amden	ewater Associ			- 02 4	
		by contract haule						· · · · · · · · · · · · · · · · · · ·	(L	ast permit review	: 03 April 2017)	
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reported	d				•	
January	February	March	April	May	<u>June</u>	<u>July</u>	August	September	October	November	December	
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th.	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th	
Outfall # 001	Sample Collected			Telephone: 573 346	3810	Analysis Perform		TER LABORAT	TORIES, LLC. Telephone: 573-346-381			
	SAMPLE		ONI	E (1)	TWO	(2)						
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 7-17 Time:	ANALYSIS DATE	Date: 7-21-18 Time:	ANALYSIS DATE	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	ANALYTICAL METHOD		
			1130 940	DAIL	1200	DATE	2 TAKEN	LIFE				
Flow	GPD	104,550 design 6,426 actual	7800						24 hr. estimate			
BOD	mg/L	20	4.29			11.0		Modified/ composite	5210 B			
TSS	mg/L	20	2.1					Modified/ composite	2540 D			
pH	Units	6.0 - 9.0	7.6	1				Grab	4500 H + B			
E. coli	#100mL	126	160.7		21.0		12.7	Grab		9223 B	8	
CITRC	µg/L	9.0	4130					Grab		4500 CL - G		
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab		4500 NH - 3		
Total Phosphorus	mg/L	Monitor & report Once per Quarter	5,38					Grab		4500 P		
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	425					Grab			* _	
Dissolved O2	mg/L	Monitor & report	6.8					Grab		4500 OG		
Signature & Title	e of Individual Prep	paring Report:	ectors of	uf	Date:	7	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	n	
Report Approved	d By Owner:	R		3876	Date:	2018	Telephone:	-21	E-mail:			
Sign & Re	turn Form Indicated:		/SWRO Woodland	21551	IR/SERO N Westwood Bluff, MO 6390	[] MD	NR/NERO Prospect Dr on, MO 63552	500 N	DI TR/KCRO E Colbern Rd Summit, MO 640			



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 8073654-01

Name: Southwood Shores Matrix: Waste Water - Composite Sampled: 07/17/18 09:40

Received: 07/19/18 09:40

Parameter	Result	Unit	Qualifier I	Prepared	Analyzed	Analyst	Method
Nutrients - PIA							
Total Kjeldahl Nitrogen (TKN)	< 1,0	mg/L	07/	/24/18 08:59	07/26/18 13:10	ARL.	OIA/PAI-DK03 & EPA 351.2
Nutrients - STL							
Nitrate/Nitrite-N	25	mg/L	07/	/23/18 10:30	07/23/18 10:30	KLM	SM 4500-NO3 F*

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge ---- Monthly Sample - Monthly Report Facility: Southwood Shore Condominium WWTF - Weekly Test Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March April June July August September October November December January May X No Discharge Due June 28th Due Sept 28th Due Oct 28th Due Dec 28th Due Feb 28th Due Mar 28th Due Apr 28th Due May 28th Due July 28th Due Aug 28th Due Nov 28th Due Jan 28th Sample Collected By: Telephone: Analysis Performed By: Telephone: TOTAL ENVIRONMENTAL SERVICES, INC 573-346-3810 Outfall #001 5733463810 Kirk Davis Sample Types: A = grab, B = 24 hr composite, C = modified composite. Note: If SAMPLE TYPE exceedence occurs attach explanation of possible cause. Date: Date: Date: Date: Date: SAMPLE ANALYTICAL METHOD PARAMETER UNIT PERMITTED 7-1-18 7-10-18 7-17-18 7-21-18 FINAL 7-15 to 7-21 TYPE LIMITS A, B or C Time: Time: Time: Time: Time: weekly 710 1352 940 1200 Average 160.7 9223 B E. coli Mg/L 126 11.0 11.0 17.7 A 41.0 Signature & Title of Individual Preparing Report: Date: Telephone: Email: VF Technical Lab Director 8-06-18 Telephone: E-mail: Report Approved By Owner: X

Page 1 of 2

LAWWA 1.17-000690

MO Dept	of Natural	Resources	NPUES IN	lonitoring	Report for	Wastewat	ter Dischar	ge Mo	nthly Samp	ole – Mont	hly Report
Permit No:	MO-0102342 e: Extended aer			A	n/sludge	Owner: La	ke Area Waste ımden	water Associa	tion, Inc.		
disposal by co					-						
THIS REPOR	RT COVERS	THE PERIOD	Place an "X"	in the box ben	eath the month	h being reporte	d.				
January	February	March	April	May	June	July	August	September	October	November	December
						X					
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #001	Sample Collected	By: ick Day	is	Telephone: 573 346	3810	Analysis Perform		VIRONMENTAL	SERVICES, INC	Telephone:	73-346-3810
SA	AMPLE TY								composite, C = mo		Note: If
PARAMETER	The state of the s	Date: 7-28-18	Date:	Date:	Date:	Date:	SAMPLE TYPE A, B or C	ANALYTICAL METHOD			
		LEMIS	Time: //:/2	Time:	Time:	Time:	Time:	24,200			
E. coli	Mg/L	126	<1.0					A		9223 B	
,	tle of Individual F			AP	Date: 8-04	18	Telephone:		Email:		
Report Approved	By Owner:	3	R	7	8-06 Date: 8/10/	18	Telephone:		E-mail:		

LAWWA 1.17-000691

Page 2 02 2

Facility: So Permit No: Facility Type	outhwood Show MO-0102342 e: Extended as	re Condominium eration / seasonal by contract haule	ms WWTF			Owner: L	ake Area Waste amden			ast permit review					
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reporte	đ.	0.6							
January	February	March	April .	May	June	July	August	September	October	November	December				
	-1				X										
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge				
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th				
Outfall # 001					Analysis Perform										
SAMPLE ONE (1)				TWO	(2)										
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 6-10 6-11 Time: 1845 1134	ANALYSIS DATE	Date: Time:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANALYTICAL METHOD						
Flow	GPD	1-04,550 design 6,426 actual	6,000						24 hr. estimate						
BOD	mg/L	20	7.08 -	6				Modified/ composite	5210 B						
TSS	mg/L	20	1.7					Modified/ composite	2540 D						
pН	Units	6.0 - 9.0	8.15					Grab	4500 H + B						
E. coli	#100mL	126	41.0					Grab		9223 B					
CI TRC	µg/L	9.0	2130					Grab		4500 CL - G					
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab	4)	4500 NH - 3					
Total (Phosphorus	mg/L	Monitor & report Once per Quarter	-					Grab		4500 P					
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	< 9.0					Grab							
Dissolved O2	mg/L	Monitor & report	6.92					Grab		4500 OG					
Signature & Title of Individual Preparing Report: WF Chair All Director.					Date: 7-15-18		Telephone: 57	3-346-3810	E-mail: info@totz	alenvironmental.com	n				
Report Approved	By Owner:	- 1577	32428	ID.	Date: 7/19/20	013	Telephone:		E-mail:						
Sign & Re To Office	turn Form Indicated:	[X] MDNR. 2040 W		2155 1	R/SERO N Westwood Bluff, MO 6390	[] MD1	NR/NERO Prospect Dr on, MO 63552	500 N	DN R/KCRO E Colbern Rd Summit, MO 640		ALCOHOLD STATE OF THE PARTY OF				



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 8061833-01

Name: Southwood Shores

Matrix: Waste Water - Composite

Sampled: 06/11/18 11:34

Received: 06/12/18 10:00

Parameter	Result	Unit	Qualifier Prepared	Analyzed	Analyst	Method
Nutrients - PIA						
Total Kjeldahl Nitrogen (TKN)	< 1.0	mg/L	06/14/18 07:22	06/14/18 15:34	JMD	OIA/PAI-DK03 & EPA 351.2
Nutrients - STL						
Nitrate/Nitrite-N	9.0	mg/L	06/13/18 14:27	06/13/18 14:41	KLM	SM 4500-NO3 F*

MO Dept	of Natural	Resources	NPDES N	Ionitoring	Report for	Wastewat	ter Dischar	ge Mo	nthly Samp	ole – Mont	hly Report		
Permit No: Facility Typ	Facility: Southwood Shore Condominium WWTF – Weekly Test Permit No: MO-0102342 Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludisposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath						Owner: Lake Area Wastewater Association, Inc. County: Camden						
THIS REPOR	RT COVERS	THE PERIOD	: Place an "X"	in the box ben	eath the month	being reporte	d.						
January February March Ap				May	June	July	August	September	October	November	December		
					X								
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge		
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th		
Sample Collected By: Telephone: Outfall #001				46 3810	Analysis Perform		VIRONMENTAL	SERVICES, INC	Telephone:	3-346-3810			
SA	AMPLE TY								composite, C = mo		Note: If		
SAI PARAMETER	UNIT	FINAL	Date:	Date: 6-11-18	Date: 6-23-18	Date:	Date:	SAMPLE : TYPE		ANALYTICAL METHOD			
		LIMITS	Time: 10:40	Time: //: 34	Time: /3:15	Time: 8:45	Time:	A, B or C					
E. coli	Mg/L	126	41.0	11.0	41.0	41.0		А		9223 B			
Signature & Tr	tle of Individual F	-	26 Age	AO (W. S.T.	Date: 7-15-18		Telephone:		Email:				
Report Approved	By Owner:	-	T.	nyana	Date: 7/19/2	2018	Telephone;		E-mail:				

LAWWA 1.17-000694

MO Dept	of Natural	Resources	NPDES M	Conitoring	Report for	Wastewat	er Dischar	ge Mo	nthly Samp	le – Month	ly Report	
Permit No:] Facility Type	MO-0102342 e: Extended ae	eration / seasonal	chlorination &	Dechlorination	n/sludge	Owner: Lake Area Wastewater Association, Inc. County: Camden (Last permit review: 03 April 20)						
THIS REPOR	RT COVERS T	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reported	d.					
January	February	March	April	May	June	July	August	September	October	November	December	
				X								
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th	
Outfall #	Sample Collected	Ву:		Telephone:		Analysis Perform	ned By:		Telephone:			
001 Kick Davis 573 346						TOTAL WA	ATER LABORAT	ORIES, LLC.	57	3-346-3810		
	SAMPLE	,	ONI	E (1)	TWO	(2)						
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 5-16 5-17 Time:	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANALYTICAL METHOD			
Flow	GPD	104,550 design 6,426 actual	8250	2					24 hr. estimate			
BOD	mg/L	20	4.16 -	C				Modified/ composite	5210 B			
TSS	mg/L	20	3.0	C				Modified/ composite	2540 D			
pH	Units	6.0 - 9.0	8.16					Grab	4500 H + B			
E. coli	#100mL	126	<1.0					Grab		9223 B		
CLTRC	μg/L	9.0	< 1.30					Grab		4500 CL - G		
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	1:23					Grab		4500 NH - 3		
Total Phosphorus	mg/L	Monitor & report Once per Quarter		D D				Grab		4500 P		
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab				
Dissolved O2	mg/L	Monitor & report	6.24				/	Grab		4500 OG		
Signature & Title of Individual Preparing Report: Vanussa Flockhard Lab Analyst					Date: 6-19	-18	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	1	
Report Approved By Owner: 2. 4. 3054					Date: 6/19/2	018	Telephone:		E-mail:			
Sign & Re		[X] MDNR 2040 W	UN 2 5 701a		TR/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552					

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report Facility: Southwood Shore Condominium WWTF - Weekly Test Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February March January April May June July September October November August December No Discharge Due Apr 28th Due June 28th Due Feb 28th Due Mar 28th Due May 28th Due July 28th Due Aug 28th Due Sept 28th Due Oct 28th Due Nov 28th Due Dec 28th Due Jan 28th Sample Collected By: Telephone: Analysis Performed By: Telephone: TOTAL ENVIRONMENTAL SERVICES, INC 573-346-3810 Outfall #001 Kirk Davis 573 346 3810 Sample Types: A = grab, B = 24 hr composite, C = modified composite. Note: If SAMPLE TYPE exceedence occurs attach explanation of possible cause. Date: Date: Date: Date: PARAMETER UNIT PERMITTED SAMPLE ANALYTICAL METHOD 5-23-18 FINAL TYPE 5-29-18 5-12-18 5-17-17 LIMITS A. B or C Time: Time: 9:30 12:38 9:52 11:42 9223 B E. coli Mg/L 126 A 41.0 41.0 < 1.0 41.0 110 Email: Telephone: Signature & Title of Individual Preparing Report: Date: 573 346 3810 Telephone: E-mail:

LAWWA 1.17-000696

Facility: So Permit No: Facility Type	outhwood Shor MO-0102342 e: Extended as	re Condominium eration / seasonal by contract haule	ms WWTF chlorination &			Owner: L	ake Area Waste		ation, Inc.	ast permit review	
		THE PERIOD:		n the box ben	eath the month	being reporte	d.			4	
January	February	March	April	May	June	July	August	September	October	November	December
			X								
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected		Due into De	Telephone: 573 344		Analysis Perform	ned By:	TER LABORAT		Telephone:	3-346-3810
	SAMPLE		ONE		TWO	(2)					
PARAMETER	UNIT	PERMITTED	Date: 4-26-18	ANALYSIS	Date:	ANALYSIS	AVG OF SAMPLES IF	SAMPLE	ANA	LYTICAL METH	On
		FINAL LIMITS	Time: 5-00 12:30	DATE	Time:	DATE	2 TAKEN	TYPE	72.72		OD.
Flow	GPD	104,550 design 6,426 actual	6350							24 hr. estimate	
BOD	mg/L	20	2-64			+ -		Modified/ composite		5210 B	
TSS .	mg/L	20	3.1 -M					Modified/ composite	*	2540 D	
pH	Units	6.0 - 9.0	7.36					Grab		4500 H + B	
E. coli	#100mL	126	see weekly	paper				Grab		9223 B	
CITRC	µg/L	9.0	1130					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20:60					Grab		4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	_					Grab			
Dissolved O2	mg/L	Monitor & report	6.56					Grab		4500 OG	
Vines	of Individual Preparation	4.5	h And le	Ao	Date: 5-7-18		Telephone: 573	3-346-3810	E-mail: info@tot	alenvironmental.com	a
Report Approved	By Owner:	2. And	7AI	TERI	Date: 9/09/	2018	Telephone:		E-mail:		
Naign & Re Sign & Re To Office :	turn Form		/SWRO Woodland eld, MO 65807	2155 1	R/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552				

TOTAL ENVIRONMENTAL SERVICES, INC

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report Facility: Southwood Shore Condominium WWTF - Weekly Test Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. January February March April May June July August September October November December No Discharge Due Mar 28th Due Apr 28th Due June 28th Due Nov 28th Due Feb 28th Due May 28th Due July 28th Due Aug 28th Due Sept 28th Due Oct 28th Due Dec 28th Due Jan 28th Sample Collected By: Telephone: Analysis Performed By: Telephone: TOTAL ENVIRONMENTAL SERVICES, INC Outfall #001 573-346-3810 Kirk Davis 573 346 3810 Sample Types: A = grab, B = 24 hr composite, C = modified composite. Note: If SAMPLE TYPE exceedence occurs attach explanation of possible cause. Date: Date: Date: PARAMETER UNIT PERMITTED SAMPLE ANALYTICAL METHOD 4-22-18 TYPE FINAL 4-21-18 LIMITS A. B or C Time: Time: 10:30 11:08 8:00 13:38 E. coli 9223 B Mg/L 126 A 41.0 41.0 11.0 11.0 Signature & Title of Individual Preparing Report: Date: Telephone: Email: 5-7-18 Vanissa Flockhart Lab Analyst Report Approved By Owner: Telephone: E-mail: X 5/09/2017

LAWWA 1.17-000698

Permit No:	MO-0102342	re Condominiu				Owner: La	ake Area Waste	ewater Associ	ation, Inc.		
		ration / seasonal		Dechlorination	1/sludge				(L	ast permit review	: 03 April 2017)
		THE PERIOD:		in the box ben	eath the month	being reporte	d.	*	1		
January	February	March	Aprîl	May	June	July	August	September	October	November	December
		Y									
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Day Tale 204	Dua Aug 2045	Due Sept 28th	Due Oct 28 th	Due New 200	D - 20th	Due To- 204h
	Sample Collected		Due May 28	Telephone:	Due July 28th	Due Aug 28th Analysis Perform	The state of the s	Due Oct 28"	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001		& Davis		573 34C	3210	Analysis Periorn		TER LABORAT	ORIES, LLC.	Telephone:	3-346-3810
	SAMPLE	A Dievis	ON	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 3-14-3-17 Time: 15-00 8:35	ANALYSIS DATE	Date: 3-27-18 Time: 9:00	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	ОД
Flow	GPD	1:04,550 design 6,426 actual	7100							24 hr. estimate	
BOD	mg/L	20	7.24			N 2		Modified/ composite		5210 B	
TSS	mg/L	20	41.5					Modified/ composite	Š.	2540 D	
рН	Units	6.0 - 9.0	7.91					Grab		4500 H + B	
E. coli	#100mL	126	_					Grab		9223 B	1
CLTRC	µg/L	9.0		4				Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	3.43		0.61		2.02	Grab		4500 NH - 3	*
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			*
Dissolved O2	mg/L	Monitor & report	8.04					Grab		4500 OG	
Signature & Title	of Individual Prep		h distant	Ao.	Date: 4-09-1	8	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	n
Report Approved			27194	*	4-09-1 Date: 4/10/20	18	Telephone:		E-mail:		
Sign & Re	turn Form Indicated:		Y-16-18 /SWRO Woodland eld, MO 65807	2155 1	TR/SERO N Westwood Bluff, MO 6390	[] MD	NR/NERO Prospect Dr on, MO 63552	500 N	IR/KCRO E Colbern Rd Summit, MO 640		

Permit No: 1 Facility Type	MO-0102342 Extended ae	ration / seasonal	chlorination &	Dechlorination	n/sludge	Owner: La	ake Area Waste amden	water Associ		ast permit review	: 03 April 2017)
THIS REPOR	T COVERS T	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reporte	d.				
January	February	March	April	May	June	July	August	September	October	November	December
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected			Telephone:		Analysis Perform	ned By:	TER LABORAT	ORIES, LLC.	Telephone:	3-346-3810
	SAMPLE		ON	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 2-07 2-08 Time:	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	5 200	2		+-	2 TAKEN				
BOD	mg/L	20	2.84 -	- c		N		Modified/ composite		5210 B	
TSS	mg/L	20	41.5				j.	Modified/ composite	Đ	2540 D	
pН	Units	6.0 - 9.0	7.07					Grab		4500 H + B	
E. coli	#100mL	126					*	Grab		9223 B	1
CITRC	µg/L	9.0	-					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	10.60					Grab	,	4500 NH - 3	. 6
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			•
Dissolved O2	mg/L	Monitor & report	10,80					Grab		4500 OG	
	of Individual Prep	aring Report:		Ao	Date: 3-01-18	>	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	m
Seport Approved	By Owner:	at the	Ell'1	5141	Date:	018	Telephone:		E-mail:		
A Sign & Re To Office	turn Form Indicated:		Land	[] MDN 21551	/ /	[] MD 1709	NR/NERO Prospect Dr on, MO 63552				

Facility: So		Resources re Condominiu		lonitoring	Report for	Owner: L	ake Area Waste			le – Month	ly Report
		eration / seasonal by contract haul		Dechlorination	n / sludge	County: C	amden		(L	ast permit review	: 03 April 2017)
THIS REPOR	RT COVERS T	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reporte	d.	*			
January	February	March	April	May	June	July	August	September	October	November	December
X											
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #	Sample Collected			Telephone:		Analysis Perform	ned By:			Telephone:	
001		rk Davi		573 346			TOTAL W	ATER LABORAT	ORIES, LLC.	57	3-346-3810
	SAMPLE			E (1)	TWO) (2)		-			
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 1-18 1-19 Time:	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	5350							24 hr. estimate	
BOD	mg/L	20	5.85 -	· C				Modified/ composite		5210 B	
TSS	mg/L	20	<1.5					Modified/ composite	1	2540 D	
pH	Units	6.0 - 9.0	7.57					Grab		4500 H + B	
E. coli	#100mL	126	_	-				Grab		9223 B	
CI TRC	µg/L	9.0						Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	40.40					Grab	1	4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			
Dissolved O2	mg/L	Monitor & report	10-52					Grab		4500 OG	
11.	e of Individual Prop		6 Anali	Ao Ao	Date: 2-05-	18	Telephone:	73-346-3810	E-mail: info@tot	alenvironmental.com	n
Report Approved	d By Owner:	= x2435	\$ ⁸ ₹4	ર્સા	Date: 2/07/	2018	Telephone:		E-mail;		
Sign & Re	turn Form		F25	[] MDN 2155 N	IR/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552	500 N	IR/KCRO E Colbern Rd Summit, MO 640		



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 8013363-01

Name: Southwood Shores

Matrix: Waste Water - Grab

Sampled: 01/19/18 09:30

Received: 01/23/18 11:15

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
Nutrients - PIA						
Total Kjeldahl Nitrogen (TKN)	< 1.0	mg/L		02/01/18 12:49	LAM	OIA/PAI-DK03 & EPA 351.2*
Nutrients - STL						
Nitrate/Nitrite-N	29	mg/L		01/30/18 09:59	EEL	SM 4500-NO3 F*

Permit No:] Facility Type	MO-0102342 e: Extended ac	ration / seasonal	chlorination &	Dechlorination	n / sludge	Owner: La	ake Area Waste amden	ewater Associ		ast permit review	: 03 April 2017)	
		THE PERIOD:		in the box ben	eath the month	being reported	d.	4				
January	February	March	April .	May	June	July	August	September	October	November	December	
											X	
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th	
Outfall # 001	Sample Collected			Telephone: 573 346	3810	Analysis Perform	ned By:	ATER LABORAT	ORIES, LLC.	Telephone:	3-346-3810	
	SAMPLE		ON	E (1)	TWO	(2)						
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 12-6	ANALYSIS	Date:	ANALYSIS DATE	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	LYTICAL METH	OD	
		FINAL LIVIIIS	Time: 738	DATE	Time.	DATE	2 TAKEN	TIFE		24 hr. estimate		
Flow	GPD	104,550 design 6,426 actual	3800							24 hr. estimate		
BOD	mg/L	20	3.56					Modified/ composite		5210 B		
TSS	mg/L	20	1.8 -6					Modified/ composite	İ	2540 D		
pH	Units	6.0 - 9.0	7.78					Grab	-1	4500 H + B		
E. coli	#100mL	126	-					Grab		9223 B		
CITRC	μg/L	9.0	-					Grab		4500 CL - G		
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab	1	4500 NH - 3		
Total Phosphorus	mg/L	Monitor & report Once per Quarter	-					Grab		4500 P		
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	-					Grab				
Dissolved O2	mg/L	Monitor & report	7.46					Grab		4500 OG		
Signature & Title	of Individual Prep.	111	Director	14	Date: 12-13-	17	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	m	
Report Approved	By Owner:	215 65	ENTE	المستاد مد ما وال	Date:		Telephone:		E-mail:			
8	turn Form Indicated:	[X] MDNR 2040 W	A COUNTY OF THE PARTY OF THE PA	2155 1	NR/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 64			

ENTELLE

Facility: So Permit No:	outhwood Shor MO-0102342	re Condominius	ms WWTF			Owner: La	ake Area Waste		ation, Inc.	le – Month \$ Z093	Soften
		eration / seasonal by contract haule		Dechlorination	n / sludge	County: C	amden		(I	ast permit review	
		THE PERIOD:		in the box ben	eath the month	being reporte	d.	*			
January	February	March	April .	May	June	July	August	September	October	November	December
										X	
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected	By:	3	Telephone: 573 34	6 3810	Analysis Perform		ATER LABORAT	ORIES, LLC.	Telephone:	3-346-3810
	SAMPLE	•	ONI		TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 11-08 11-09	ANALYSIS DATE	Date:	ANALYSIS	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	LYTICAL METH	OD
			Time: 9:12	DAIL	Time:	DATE	2 TAKEN	TYPE			
Flow	GPD	104,550 design 6,426 actual	\$ 5,066							24 hr. estimate	
BOD	mg/L	20	2.64	- C				Modified/ composite		5210 B	
TSS	mg/L	20	2.9					Modified/ composite	A	2540 D	
рН	Units	6.0 - 9.0	7.37					Grab		4500 H + B	
E. coli	#100mL	126	_					Grab		9223 B	
CITRC	µg/L	9.0	-					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	40.60					Grab		4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter		14				Grab			
Dissolved O2	mg/L	Monitor & report	7.24					Grab		4500 OG-	
Signature & Titl	e of Individual Prep	aring Report:	ab Bral	Ap	Date:	-17	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	n
Seport Approve	d By Owner:		ao mai		Date: 12/13/6		Telephone:		E-mail:		
Sign & Re	eturn Form Indicated:		/SWRO Woodland eld, MO 65807	2155 1	JR/SERO N Westwood Bluff, MO 6390	[] MD	ONR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 640		

Facility: So Permit No: I Facility Type	outhwood Show MO-0102342 e: Extended as	eration / seasonal by contract haul	ms WWTF				ake Area Wasto			ast permit review	
		THE PERIOD:		in the box ben	eath the month	being reporte	d.			13-8	
January	February	March	April	Mav	June	July	August	September	October	November	December
					•				×		
No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected			Telephone: 573 346	3300	Analysis Perform		ATER LABORAT	ORIES, LLC.	Telephone:	3-346-3810
	SAMPLE		ONI	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED	Date: 10-9 10-10		Date: 16-15-17	ANALYSIS	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	LYTICAL METH	OD
	Last Section	FINAL LIMITS	Time: 1447 1140	DATE	Time:	DATE	2 TAKEN	life			
Flow	GPD	104,550 design 6,426 actual	7200							24 hr. estimate	
BOD	mg/L	20	2.02					Modified/ composite		5210 B	
TSS	mg/L	20	21.5 -6					Modified/ composite		2540 D	
pH	Units	6.0 - 9.0	7-30		G. W. L4			Grab		4500 H + B	
E. coli	#100mL	126	21.0					Grab		9223 B	
CITRC	µg/L	9.0	2130	-				Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab		4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter			2.55			Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			
Dissolved O2	mg/L	Monitor & report	6.57					Grab		4500 OG	
any or	of Individual Preparation	chaical Leb	Directors To		Date:	7		3-346-3810	E-mail: info@tot	alenvironmental.com	n
Report Approved	By Owner:) 19	796/1979	87	Date: 11/08/20	17	Telephone:		E-mail:		
	turn Form Indicated:		/SWRO Woodland eld, MO 65807			[] MD:	NR/NERO Prospect Dr on, MO 63552				



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 7102617-01 Name:

Southwood Shores Matrix: Waste Water - Grab

Sampled: 10/10/17 11:40 Received: 10/12/17 11:00

Parameter	Result	Unit	Qualifler	Analyzed	Analyst	Method
Nutrients - PIA						
Total Kjeldahl Nitrogen (TKN)	3.3	mg/L		10/26/17 09:26	JMD	OIA/PAI-DK03 & EPA 351.2*
Nutrients - STL						
Nitrate/Nitrite-N	32	mg/L		10/18/17 12:16	mec	SM 4500-NO3 F*

TOTAL ENVIRONMENTAL SERVICES, INC

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report Facility: Southwood Shore Condominium WWTF - Weekly Test Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. April January February March May June July August September October November December X No Discharge Due Dec 28th Due Feb 28th Due Mar 28th Due Apr 28th Due May 28th Due June 28th Due July 28th Due Aug 28th Due Sept 28th Due Oct 28th Due Nov 28th Due Jan 28th Sample Collected By: Telephone: Analysis Performed By: Telephone: TOTAL ENVIRONMENTAL SERVICES, INC. 573-346-3810 Outfall #001 Kirk Davis 573 346 3810 Sample Types: A = grab, B = 24 hr composite, C = modified composite. Note: If SAMPLE TYPE exceedence occurs attach explanation of possible cause. Date: Date: Date: Date: Date: SAMPLE PARAMETER UNIT PERMITTED ANALYTICAL METHOD 10-5-17 10-10-17 10-21-17 10-31-17 FINAL 10-24-17 TYPE LIMITS A, B or C Time: Time: Time: Time: 1200 1140 1213 754 915 11.0 126 9223 B E. coli Mg/L 21.0 41.0 21.0 A Signature & Title of Individual Preparing Report: Date: Telephone: Email: VF Technical Lab Director 11-07-17 Telephone: E-mail: Report Approved By Owner: X 11/08/2017

CAWWA 1.17-000707

ENTERED

Facility: So Permit No: I Facility Type	outhwood Short MO-0102342 e: Extended as	re Condominium eration / scasonal by contract haule	ms WWTF chlorination &			Owner: La	ake Area Wasto			\%} ast permit review	50
		THE PERIOD:		in the box ber	eath the month	being reported	d.				
January	February	March	April	May	June	July	August	September	October	November	December
					100			X			
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28 th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dee 28th	Day 700 204h
Outfall #	Sample Collected	-	Due May 26	Telephone:	Due July 28th	Analysis Perform		Due Oct 28	Due Nov 28th	Due Dec 28 th Telephone:	Due Jan 28th
001	The state of the s	ick Davi	F	573 34	63810	Aliarysis retroin	takes and the resemble to the second	ATER LABORAT	ORIES, LLC.	The state of the s	3-346-3810
	SAMPLE		ONI		TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 9-11 9-12 Time: 13:40 10:43	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	6,000							24 hr. estimate	
BOD	mg/L	20	3.97					Modified/ composite			
TSS	mg/L	20	8.0					Modified/ composite	× .	2540 D	
pH	Units	6.0 - 9.0	7-19					Grab		4500 H + B	
E. coli	#100mL	126	<1.0				1.50	Grab		9223 B	
CITRC	µg/L	9.0	< 130					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	40.60					Grab		4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter						Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter						Grab			
Dissolved O2	mg/L	Monitor & report	6.61					Grab		4500 OG	
7/-	of Individual Preparation	ACCOUNT OF THE PARTY OF T	6 Analy	A0	Date:		Telephone:	3-346-3810 -	E-mail: info@tou	alenvironmental.com	1
Report Approved	By Owner:	\supset		1	Date: 10/11/2	0 17	Telephone:		E-mail:		
ASign & Re	turn Form		/SWRO Woodland eld, MO 65807	2155	NR/SERO N Westwood Bluff, MO 6390	[] MD	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 640		

TOTAL ENVIRONMENTAL SERVICES, INC

MO Dept	of Natural	Resource	s NPDES N	Ionitoring	Report for	Wastewat	er Dischar	ge Mo	nthly Samp	ole – Mont	hly Report
Facility: So	outhwood Shor	e Condominiu	ım WWTF – V	Veekly Test		Owner: Lal	ce Area Waste	water Associa	tion, Inc.		
Permit No:	MO-0102342	2				County: Ca	mden				
Facility Typ		ation / seasonal	chlorination and	d Dechlorinatio	n / sludge						
THIS REPO	RT COVERS	THE PERIOD	: Place an "X"	in the box ber	eath the month	being reported	d.				
January	February	March	April	May	June	<u>July</u>	August	September	October	November	December
								X			
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28 th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #001	Sample Collected	By: Kirk De	2-1/15	Telephone:	6 3817	Analysis Performe		VIRONMENTAL	SERVICES, INC	Telephone:	3-346-3810
SA	AMPLE TY								composite, C = mo		Note: If
PARAMETER	UNIT	PERMITTED FINAL	Date: 9-09-17	Date: 9-12-17	Date: 9-18-17	Date: 9-28-17	Date:	SAMPLE TYPE	ANA	ALYTICAL MET	HOD
		LIMITS	Time: / 2:34	Time: 1043	Time:	Time:	Time:	A, B or C			
E. coli	Mg/L	126	1	21.0	54.6 -M	NO Discharge		A		9223 B	
2011	tle of Individual P		Lab Ana	R	Date:		Telephone:		Email:		
Report Approved X	By Owner:	\bigcirc		7	Date: 16/11/2	017	Telephone:		E-mail:		

LAWWA 1.17-000709

Permit No:] Facility Type	MO-0102342 e: Extended as	re Condominium eration / seasonal by contract haule	chlorination &	Dechlorination	n/sludge		ake Area Wast	ewater Assoc		ast permit review	2017 15714 : 03 April 2017)
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the box ben	eath the month	being reporte	d.			-	
January	February	March	April	May	June	July	August	September	October	November	December
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected	By: Kirk Dav	.5	Telephone: 573 346	3810	Analysis Perform	ned By:	ATER LABORA	TORIES, LLC.	Telephone:	3-346-3810
	SAMPLE		ONE	(1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: \$-10 \\$-11 Time:	ANALYSIS DATE	Date: Time:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
		104,550 design	10:30 10:00								
Flow	GPD	6,426 actual	5200							24 hr. estimate	
BOD	mg/L	20	2.22-	c				Modified/ composite		5210 B	
TSS	mg/L	20	1.9 -					Modified/ composite	1	2540 D	
pН	Units	6.0 - 9.0	7.14					Grab		4500 H + B	
E. coli	#100mL	126	8.4					Grab		9223 B	
CITRC	μg/L	9.0	4130					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	40.60					Grab	4	4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter	_					Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	_					Grab			
Dissolved O2	mg/L	Monitor & report	6.38					Grab		4500 OG	
Signature & Title	of Individual Prep	aring Report:	1.:1	40	Date: 9-06	-/7	Telephone:	3-346-3810	E-mail: info@tot	alenvironmental.com	1
Report Approved	By Owner:		marys	£	Date: 9/08/6	2017	Telephone:		E-mail:		
>		10.00			1				DI	MR & Permit exp	ire_30Sep202
Sign & Re	turn Form Indicated:		/SWRO Woodland eld, MO 65807	2155 1	R/SERO N Westwood Bluff, MO 6390	1709	NR/NERO Prospect Dr on, MO 63552	500 N	R/KCRO E Colbern Rd Summit, MO 640		SLRO indbergh Blvd MO 63125

TOTAL ENVIRONMENTAL SERVICES, INC

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge ---- Monthly Sample - Monthly Report Facility: Southwood Shore Condominium WWTF - Weekly Test Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination and Dechlorination / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. February January March April May June July August September October November December No Discharge Due May 28th Due Feb 28th Due Mar 28th Due Apr 28th Due June 28th Due July 28th Due Aug 28th Due Sept 28th Due Oct 28th Due Nov 28th Due Dec 28th Due Jan 28th Sample Collected By: Analysis Performed By: Telephone: Telephone: TOTAL ENVIRONMENTAL SERVICES, INC. 573-346-3810 Outfall #001 Kirk Davis 573 344 3810 Sample Types: A = grab, B = 24 hr composite, C = modified composite. Note: If SAMPLE TYPE exceedence occurs attach explanation of possible cause. Date: Date: Date: Date: SAMPLE ANALYTICAL METHOD PARAMETER UNIT PERMITTED 8-30-17 8-11-17 8-23-17 FINAL 8-01-17 TYPE LIMITS A. Bor C Time: Time: Time: Time: 7:20 1000 1100 1200 E. coli Mg/L 126 8.4 21,0 2 A 9223 B 41.0 Signature & Title of Individual Preparing Report: Telephone: Email: VE Date: Technical Las Director Telephone: E-mail: Report Approved By Owner:

EAWWA 1.17-000711

ENTERED
AUG 2 3 2017 |6Z89

MO Dept of Natural Resources NPDES Monitoring Report for Wastewater Discharge --- Monthly Sample - Monthly Report Facility: Southwood Shore Condominiums WWTF Owner: Lake Area Wastewater Association, Inc. Permit No: MO-0102342 County: Camden Facility Type: Extended aeration / seasonal chlorination & Dechlorination / sludge (Last permit review: 03 April 2017) holding tank / sludge disposal by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the month being reported. January February March April May June July August September October November December No Discharge Due Feb 28th Due Mar 28th Due Apr 28th Due May 28th Due June 28th Due Sept 28th Due Oct 28th Due July 28th Due Aug 28th Due Nov 28th Due Dec 28th Due Jan 28th Sample Collected By: Outfall # Telephone: Analysis Performed By: Telephone: 573 346 3810 TOTAL WATER LABORATORIES, LLC. 001 Kirk Davis 573-346-3810 TWO (2) SAMPLE ONE (1) Date: AVG OF 7-26 7-27 ANALYSIS PERMITTED ANALYSIS SAMPLE UNIT SAMPLES IF PARAMETER ANALYTICAL METHOD FINAL LIMITS DATE DATE TYPE Time: 2 TAKEN 1045 1630 104,550 design 6,426 actual 24 hr. estimate GPD Flow Modified/ 4,33 20 5210 B BOD mg/L composite Modified/ 3,5 2540 D 20 composite TSS mg/L Units 6.0 - 9.07,40 Grab 4500 H+B pH #100mL 126 9223 B Grab E. coli µg/L 9.0 4130 Grab 4500 CL - G CI TRC 3.3 (Apr-Sep) 3 Ammonia 2.3 (Oct-Mar) 40.60 Grab 4500 NH - 3 mg/L Total Monitor & report 4.78 Once per Quarter Grab 4500 P Phosphorus mg/L Monitor & report 35.2 Total Nitrogen mg/L Once Per Quarter Grab 4500 OG Dissolved O2 mg/L Monitor & report Grab Signature & Title of Individual Preparing Report: Date: Telephone: E-mail: 573-346-3810 info@totalenvironmental.com Report Approved By Owner: Telephone: DMR & Permit expire 30Sep2021 Sign & Return Form MDNR/NERO MDNR/KCRO [X] MDNR/SWRO MDNR/SERO MDNR/SLRO To Office Indicated: 500 NE Colbern Rd 2040 W Woodland 2155 N Westwood 1709 Prospect Dr 7545 S Lindbergh Blvd Springfield, MO 65807 Poplar Bluff, MO 63901 Macon, MO 63552 Lee's Summit, MO 64086 St Louis, MO 63125 -000712



PDC Laboratories, Inc.

3278 North Highway 67 Florissant, MO 63033 (800) 333-3278

ANALYTICAL RESULTS

Sample: 7080228-01

Name:

Southwood Shores

Matrix: Waste Water - Grab

Sampled: 07/27/17 10:45

Received: 08/01/17 11:15

Parameter	Result	Unit	Qualifier	Analyzed	Analyst	Method
Nutrients - PIA						
Total Kjeldahl Nitrogen (TKN)	2.2	mg/L		08/09/17 14:37	TAS	OIA/PAI-DK03 & EPA 351.2*
Nutrients - STL						
Nitrate/Nitrite-N	33	mg/L		08/11/17 12:57	mec	SM 4500-NO3 F*

TOTAL ENVIRONMENTAL SERVICES, INC

Facility: So Permit No:	outhwood Show MO-0102342 e: Extended aer	re Condominiu	m WWTF – V	Veekly Test			ke Area Waste		ation, Inc.	AC IVIORE	my Reput
THIS REPOR	RT COVERS	THE PERIOD	: Place an "X"	in the box ber	eath the mont	h being reporte	d.				
January	<u>February</u>	March	<u>April</u>	May	<u>June</u>	July	August	September	October	November	December
						X					
No Discharge	No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge □	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Duc Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall #001	Sample Collected			Telephone: 573 346	3810	Analysis Perform		VIRONMENTAL	SERVICES,	Telephone:	3-346-3810
	SAMPLE						Sample Types: A exceedence occur	= grab, B = 24 hr rs attach explanat	r composite, C = mo ion of possible caus	dified composite.	Note: If
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 7-13-17	Date: 7-19-17	Date: 7-27-17	Date:	Date:	SAMPLE TYPE A, B or C	ANA	ALYTICAL METI	HOD
			Time: 935	Time:	Time: 745	Time:	Time:				
E. coli	Mg/L	126	∠1.0	¿ i.o	21.0			A		9223 B	
		Preparing Report:		net net	Date: 8-14-1	7	Telephone:		Email:		
Report Approved X	By Owner:				Date:	1	Telephone:		E-mail:		

ENTERED

Facility: <u>So</u> Permit No: ! Facility Type	outhwood Sho MO-0102342 e: Extended as	re Condominium eration / seasonal	ms WWTF chlorination &				ake Area Waste			# 14453	
		by contract haule		- 12 Table 1					(2	and polime to to	. 03 1 (р. 11 2017)
		THE PERIOD:	Place an "X"	in the box ben	eath the month	being reporte	d.	*	1		
January	February	March	April	May	June	July	August	September	October	November	December
					X						
No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
Due Feb 28th	Due Mar 28th	Due Apr 28th	Due May 28th	Due June 28th	Due July 28th	Due Aug 28th	Due Sept 28 th	Due Oct 28th	Due Nov 28th	Due Dec 28th	Due Jan 28th
Outfall # 001	Sample Collected		2 11 1115 20	Telephone: 573 346 3		Analysis Perform	ned By:	TER LABORAT		Telephone:	3-346-3810
	SAMPLE		ON	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 6-7 6-8 Time:	ANALYSIS DATE	Date: Time:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	LYTICAL METH	OD
Flow	GPD	104,550 design 6,426 actual	7,100							24 hr. estimate	
BOD	mg/L	20	2.78 - 6					Modified/ composite		5210 B	
TSS	mg/L	20	7.7 -M					Modified/ composite		2540 D	
pН	Units	6.0 - 9.0	7.50					Grab		4500 H + B	
E. coli	#100mL	126	17.3					Grab		9223 B	
CITRC	µg/L	9.0	4130					Grab		4500 CL - G	
Ammonia	mg/L	3.3 (Apr-Sep) 2.3 (Oct-Mar)	20.60					Grab	-	4500 NH - 3	
Total Phosphorus	mg/L	Monitor & report Once per Quarter	-					Grab		4500 P	
Total Nitrogen	mg/L	Monitor & report Once Per Quarter	_					Grab			
Dissolved O2	mg/L	Monitor & report	6.29					Grab		4500 OG	
- any t		Technical Lab	Director	NF	Date: 7-10-	17	Telephone: 573	3-346-3810	E-mail: info@tota	llenvironmental.com	1
Beport Approved	By Owner:	1		21	7-10-, Date: 7/11/20	17	Telephone:		E-mail:		
Sign & Ret	urn Form		SWRO Woodland ld, MO 65807	2155 N	R/SERO I Westwood Bluff, MO 6390	[] MD1 1709	NR/NERO Prospect Dr n, MO 63552	500 N	DM R/KCRO E Colbern Rd Summit, MO 640		

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

MO Dept. of Natural Resources NPDES Monitoring Report for Wastewater Discharge -Quarterly Sample - Quarterly Report

Facility: Sor Permit No: Table: A-4 (Facility Typ disposal by c THIS REPO	merset Town MOGD00120 Quarterly - Goe: Extended contract haule	homes <u>rab</u> aeration/ season E THE PERIOD	al Ultraviolet	Disinfection A	sludge	Owner: Lak Terminated County: Car	e Area Wastev Permit No: <u>N</u> nden	10-	tion, Inc.	Samples Received in Lab: 5-28-19 14:05
	e by April 28,			e by July 28,			by October 28,			y January 20, 2020
No Dis	charge For Qua	rter 🔲	No Dis	charge For Quar	ter 🔲	No Dis	charge For Quarte	er 🗆	No Disc	charge For Quarter
Outfall # 001	tfall # Sample Collected By: Telephone 001 Kirk Davis 5'				46-3810	Analysis Perform	ned By: Total Water Lal	poratories, LLC		Telephone: 573-346-3810
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method
Flow	1501-50000	24 Hour Estimate	5-28-19 12:25	360	GPD				Completed at Sample Site	
BOD	20	Grab	5-28-19 12:25	7.47	mg/L	5-29-19 07:08 6-3-19 07:50	VF	N		SM 5210 B
TSS	20	Grab	5-28-19 12:25	<1.5	mg/L	5-29-19	DG			SM 2540 D
E, Coli	126	Grab	5-28-19 12:25	40.4	#/100mL	5-28-19 14:46 5-29-19 14:46	VF			SM 9233 B
pН	6.0-9.0	Grab	5-28-19 12:25	7.38	Units				Completed at Sample Site	SM 4500 H + B
Ammonia	4.6	Grab	5-28-19 12:25	1.83	mg/L	6-10-19	AO			Hach 10205*
Dissolved Oxygen	Monitor & Report	Grab	5-28-19 12:25	4.97	mg/L				Completed at Sample Site	SM 4500 OG
Signature & Title	Signature & Title of Individual Preparing Report: Amy Osborn, Technical Lab Director					24, 2019	Telephone: 573-34	46-3810	E-mail:	otalenvironmental.com
				Date:		Telephone:		E-mail:		

☐ Electronic Form
Submitted

☐ Sign & Return Form to DNR Office:

ENTERED JUN 26

2011MDNR/SWRO 2040 W Woodland Springfield, MO 65807 Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH F.I.AP

Laboratory Report Number: 2019-0244

Attachments:

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

Facility: So	merset Town	homes					ke Area Wastev			arterly Report Samples Received in Lah:
Permit No: Table: A-4 (Quarterly - G	rab				The state of the s	Permit No: M			3-1-19 14:30
Facility Typ		aeration/ season	nal Ultraviolet	Disinfection	/sludge					
THIS REPO	RT COVER	S THE PERIOD	: Place an "X	" in the box be	eneath the qua	rter being repo	rted.			
1st Quarte	r – January the e by April 28.	rough March	2 nd Qua	rter – April three	ough June	3rd Quarte	er - July through by October 28,			October through December by January 20, 2020
	\boxtimes									
	No Discharge For Quarter No Discharge For Quarter No Discharge For Quarter Telephone:						scharge For Quarte	er 🗆	No Dis	charge For Quarter
Outfall # 001	001 Kirk Davis				46-3810	Analysis Perfor	med By: Total Water Lak	boratories, LLC		Telephone: 573-346-3810
Parameter	Permitted Sample Peter Final Sample Type Date and Limits Time				Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method
Flow	1501-50000	24 Hour Estimate	3-1-19 10:06	0	GPD				Completed at Sample Site	
BOD	20	Grab			mg/L					SM 5210 B
TSS	20	Grab			mg/L					SM 2540 D
E. Coli	126	Grab			#/100mL				Completed at	SM 9233 B
pH	6.0-9.0	Grab			Units				Sample Site	SM 4500 H + B
Ammonia	4.6	Grab			mg/L					Hach 10205*
Dissolved Oxygen	ygen Report Grab				mg/L				Completed at Sample Site	SM 4500 OG
Signature & Title of Individual Preparing Report: Amy Osborn, Technical Lab Director				Date: March	20, 2019	Telephone:	46-3810	E-mail;	otalenvironmental.com	
Report Approved By Owner:				Date: 3/2//			Telephone:			

DMR Permit expires: June 30, 2019

☑ Electronic Form Submitted

41024

☐ Sign & Return Form to DNR Office:

MDNR/SWRO 2040 W Woodland Springfield, MO 65807 Total Water Laboratories, LLC. is accredited with the National Environmental Laboratory Accreditation Program (NELAP) through the New Hampshire Environmental Laboratory Accreditation Program (NH ELAP). Results reported for certified tests meet all requirements of NELAP. A list of certified test methods is available on request. NH ELAP certificate number 2055. Total Water Laboratories reserves the right to subcontract work to other NELAP certified laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain only to the samples indicated by the report.

*Method is not accredited through NH ELAP

Laboratory Report Number: 2019-0057

Attachments:

MO Dept	of Natura	l Resources	NPDES M	onitoring	Report for	Wastewar	ter Dischar	ge Mo	nthly Sampl	le - Monthly Report	
Permit No:	Quarterly - Gr	<u>rab</u>	Date entro 1-22-19 al Ultraviolet D		worter Isluhre igsold iludge disposal	43189 by contract h	Termin 7Count	: Lake Area nated Permit y: Camden	Wastewater Ass No: MO-01039		
THIS REPOR	RT COVERS	THE PERIOD	: Place an "X"	in the circle fo	r the Quarter be	eing reported					
	1st Quarter)	2	nd Quarter			3rd Quarter)		4 th Quarter	
Jan	uary through M	larch	A	pril through Ju	ne	Jul	ly through Septen	iber	October through December		
Du	e April 28th 20_		Du	e July 28th 20		Due	e October 28th 20_		Di	ue Jan 28th 20_19	
No Di	ischarge for Quar	rter 🔾	No Di	scharge for Quar	ter O	No D	ischarge for Quart	ет 🔘	No Di	scharge for Quarter 📎	
Outfall # 001		d By: Daviz	*	Telephone: 573 346		Analysis Perform		TER LABORAT	ORIES, LLC.	Telephone: 573-346-3810	
	SAMPLE	1	ONE	E (1)	TWO	(2)					
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 10-4-18 Time: 1349	ANALYSIS DATE	Date: /2-0/-18 Time: /5: 20	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	ALYTICAL METHOD	
Flow	GPD	Design flow 1,501 - 50K								24 hr. estimate	
BOD	mg/L	20						Grab		5210 B	
TSS	mg/L	20						Grab		2540 D	
pH	Units	6.0 - 9.0						Grab		4500 H + B	
E. coli	#100mL	126						Grab		9223 B	
CITRC	µg/L	8.0	Ultra-violet					. Grab		4500 CL – G	
Ammonia	mg/L	4.6						Grab		4500 NH - 3	
Dissolved O2	mg/L	Monitor & Report						Grab		4500 OG	
- aug oll	of Individual Prep	paring Report:	irector	· VF	Date: 1-04	-19	Telephone:	73-346-3810	E-mail: info@t	otalenvironmental.com	
Report Approved	By Owner:	Q	R		Date: 1/08/	2019	Telephone:		E-mail:	4D & Dormit Evoles, 20 Jun 2010	
Sign & Ret To-Office I			SWRO Woodland eld, MO 65807		/SERO Westwood Bluff, MO 63901	1709	IR/NERO Prospect Dr on, MO 63552	500 NE	VKCRO Colbern Rd Summit, MO 640	AR & Permit Expire_30Jun2019 [] MDNR/SLRO 7545 S Lindbergh Blvd 86 St Louis, MO 63125	

Facility: So Permit No: M Table: A-4 (omerset Town MOGD00120 Quarterly - G	nhomes						Owner: Fermin	Lake Area	Wastewater As No: MO-0103	sociation, Inc. 1918 Last permit review: 07 April 2017)
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the circle fo	r the Quarter b	eing reported					
	1 st Quarter		2	nd Quarter)		3rd Quar	ter 🚫			4th Quarter
Janu	ary through N	larch	A	pril through Ju	ne	Jul	y through	Septem	ber	Octo	ber through December
Due	e April 28th 20_		Du	e July 28th 20		Due	October 2	28th 20_/	18	I	Due Jan 28th 20
No Di	scharge for Qua	urter 🔘	No Di	scharge for Quar	ter 🔾	No D	ischarge fo	or Quarte	er O	No I	Discharge for Quarter O
Outfall # 001	Sample Collecte	ed By:		Telephone: 573 346		Analysis Perform		TAL WA	TER LABORAT	ORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONI	2 (1)	TW	0 (2)				T	
PARAMETER	UNIT	PERMITTED FINAL	Date: 8-25-18	ANALYSIS	Date: 4-01-18	ANALYSIS	AVG SAMPI		SAMPLE	AN	VALYTICAL METHOD
		LIMITS	Time: 4:54	DATE	Time: //:55	DATE	2 TAI	KEN	TYPE		
Flow	GPD	Design flow 1,501 - 50K	360								24 hr. estimate
BOD	mg/L	20	< 2.0 -	C					Grab		5210 B
TSS	mg/L	20	4.0						Grab		2540 D
pH	Units	6.0 - 9.0	7.59					*	Grab		4500 H + B
E. coli	#100mL	126	>2419.6		41.0				Grab		9223 B
CITRC	µg/L	8.0	Ultra-violet						. Grab		4500 CL - G
Ammonia	mg/L	4.6	40.60						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	7.49						Grab		4500 OG
Signature & Title	Flockha	paring Report:	Analys	Бþ	Date:	10-18	Telephor		3-346-3810	E-mail: info@	totalenvironmental.com
Report Approved	D. O.	35274	R		Date: 9//	1/2018	Telephon	ne:	7 -	E-mail:	
Stgn & Ret To Office I			SWRO Woodland eld, MO 65807		/SERO Westwood Bluff, MO 6390	1709	R/NERO Prospect I on, MO 63	Dr _			MR & Permit Expire_30Jun2019 [] MDNR/SLRO 7545 S Lindbergh Blvd St Louis, MO 63125

Facility: So Permit No: 1 Table: A-4 (Facility Type	MOGD00120 Quarterly - G)	al Ultraviolet D	isinfection /	sludge dispos	sal by contract h	Termi Count		No: <u>MO-010</u>	ssociation, Inc. 3918 (Last permit review: 07 April 2017)
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X" i	n the circle fo	or the Quarter	r being reported				
	1 st Quarter			nd Quarter 🛇			3rd Quarter)		4 th Quarter
Jan	uary through N	March	Aj	oril through Ju	ne	Jul	y through Septen	nber	Oct	ober through December
Du	e April 28th 20_		Due	July 28th 20_/	8	Due	October 28th 20_			Due Jan 28th 20
No Di	scharge for Qua	arter O	No Dis	charge for Quar	ter 💢	No D	ischarge for Quar	ter O	No	Discharge for Quarter
Outfall # 001	Sample Collecte	ed By:	5	Telephone: 573 344	3818	Analysis Perform	ned By: TOTAL WA	TER LABORAT	ORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONE			WO (2)			1	
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: /p-07-19 Time:/2:15	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	- A	NALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	Imic./&2/3		Time.					24 hr. estimate
BOD	mg/L	20						Grab		5210 B
TSS	mg/L	20						Grab		2540 D
рН	Units	6.0 - 9.0						Grab		4500 H + B
E. coli	#100mL	126						Grab		9223 B
ClTRC	µg/L	8.0	Ultra-violet					. Grab		4500 CL - G
Ammonia	mg/L	4.6						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report						Grab		4500 OG
Signature & Title	of Individual Pre	paring Report:	6 Analy.	AP	Date: 7-15-18	3		73-346-3810		@totalenvironmental.com
Report Approved	By Owner:	R La	200 21	TED	Date: 7/19/2	2018	Telephone:		E-mail:	I William To Lorent
Sign & Ret T@Office I	urn Form	[X]MDNR/ 2040 W	1210	[] MDNR 2155 N	,)	[] MDN 1709	R/NERO Prospect Dr on, MO 63552	500 NE	/KCRO Colbern Rd Summit, MO 64	DMR & Permit Expire_30Jun2019 [] MDNR/SLRO 7545 S Lindbergh Blvd 4086 St Louis, MO 63125

Facility: So Permit No: Market Table: A-4 (Facility Types)	MOGD00120 Quarterly - G		al Ultraviolet D	sisinfection / s	sludge disposa	al by contract h	Ter	ner: <u>Lake Area</u> minated Permit unty: <u>Camden</u>	No: MO-0103	
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the circle fo	r the Quarter	being reported.				
	1 st Quarter 🛇)	2	nd Quarter)		3rd Quarter	0		4th Quarter
Jan	uary through N	larch	A	pril through Ju	ne	Jul	y through Se	ptember	Octo	ber through December
Du	e April 28th 20_	18	Du	e July 28th 20		Due	October 28th	20	Due Jan 28 th 20	
No Di	scharge for Qua	ırter 🛇	No Dis	scharge for Quar	ter 🔾	No D	ischarge for C	Quarter (No Discharge for Quarter 🔘	
Outfall # 001	Sample Collecte	ed By:		Telephone:	3810	Analysis Perform		WATER LABORAT	ORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONE			/O (2)				
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date:3-03-18 Time:/2:09	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES 2 TAKEN	IF SAMPLE	AP	VALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K								24 hr. estimate
BOD	mg/L	20						Grab		5210 B
TSS	mg/L	20						Grab		2540 D
рН	Units	6.0 - 9.0						Grab		4500 H + B
E. coli	#100mL	126	12.51					Grab		9223 B
CITRC	µg/L	8.0	Ultra-violet					. Grab	17	4500 CL - G
Ammonia	mg/L	4.6						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report						Grab		4500 OG
Tementa	of Individual Pro		Analy st	Aº	Date:	18	Telephone:	573-346-3810	E-mail: info@	Qtotalenvironmental.com
Report Approved	By Owner:	$\overline{}$	23	790	Date: 3/18/20	18	Telephone:		E-mail:	
Sign & Ret TeOffice I	turn Form	[X]MDNR/ 2040 W Springfi	2155 N	VSERO Westwood Bluff, MO 639	[] MDN 1709	IR/NERO Prospect Dr on, MO 6355	500 NE	VKCRO Colbern Rd Summit, MO 64	OMR & Permit Expire_30Jun2019 [] MDNR/SLRO 7545 S Lindbergh Blvd 086 St Louis, MO 63125	

Facility: Some Permit No: 1 Table: A-4	omerset Tow MOGD00120 Quarterly - G	nhomes I rab	al Ultraviolet D					Owner Termi	: Lake Area	Wastewater As it No: MO-010	3918
			: Place an "X"								Last permit review: 07 April 2017
	1 st Quarter			nd Quarter				arter ()		4th Quarter (X)
Jan	uary through N	larch	Αį	pril through Ju	me	Ju	ly throu;	gh Septen	iber	Octo	ober through December
Du	e April 28th 20_		Due	e July 28th 20_				r 28th 20			Due Jan 28th 20 15
No Di	scharge for Qua	arter 🔘	No Dis	scharge for Qua	rter 🔾	No I	Discharge	for Quart	er ()	No Discharge for Quarter	
Outfall # 001	Sample Collecte	Davis		Telephone: 573 346	3810	Analysis Perform		OTAL WA	TER LABORAT		Telephone: 573-346-3810
	SAMPLE		ONE		TWO	O (2)					272 240 3010
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 10-5-17 Time: 1125	ANALYSIS DATE	Date: 12-6-17 Time: 849	ANALYSIS DATE	SAM	G OF PLES IF AKEN	SAMPLE TYPE	AN	ALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K									24 hr. estimate
BOD	mg/L	20							Grab		5210 B
TSS	mg/L	20	/						Grab		2540 D
μHq	Units	6.0 – 9.0							Grab		4500 H + B
E. coli	#100mL	126							Grab	5	9223 B
CITRC	µg/L	8.0	Ultra-violet						Grab		4500 CL – G
Ammonia	mg/L	4.6		****					Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report							Grab		4500 OG
Signature & Title	n Tech	paring Report:	ector	W	Date: 12-13-	77	Teleph		3-346-3810	E-mail: info@s	otalenvironmental.com
Report Approved	By Owner: * 入じ	•	NILL		Date:		Teleph	one:		E-mail:	
Sign & Return Form [X]MDNR/SWRO Office Indicated: 2040 W Woodlan Springfield, MO					/SERO Westwood Bluff, MO 63901	1709 F	R/NER(Prospect n, MO 6	Dr			MR & Permit Expire_30Jun2019 [] MDNR/SLRO 7545 S Lindbergh Blvd 86 St Louis, MO 63125

ENTERED



Permit No: <u>1</u> Table: <u>A-4</u> (omerset Town MOGD00120 Quarterly - Gra e: Extended ac	<u>ab</u>	al Ultraviolet E	Disinfection /	sludge dispo	sal by contract h	Ter	ner: <u>Lake Area V</u> minated Permit inty: <u>Camden</u>	No: MO-0103	
THIS REPO	RT COVERS	THE PERIOD:	Place an "X"	in the circle fo	or the Quarte	er being reported.				
	1 st Quarter)	2	nd Quarter			3rd Quarter	Ø		4th Quarter
Jan	uary through M	arch	A	pril through Ju	ne	Jul	y through Ser	otember	Oeto	ober through December
Du	e April 28th 20		Du	ie July 28 th 20		Due	October 28th	20	1	Due Jan 28th 20
No Di	scharge for Quar	ter 🔾	No Di	scharge for Quar	ter 🔾	No D	ischarge for Q	uarter (No I	Discharge for Quarter O
Outfall # 001	Sample Collected	IBY: CICK Davis		Telephone: 573 346	3610	Analysis Perform		WATER LABORAT	ORIES, LLC.	Telephone: 573-346-3810
	SAMPLE	TI K DOGT	ONI			WO (2)				
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 8-23-17	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES 2 TAKEN	IF SAMPLE	AI	NALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	Time: 9: 39		Time:		2 AMAGE			24 hr. estimate
BOD	mg/L	20	5.97					Grab		5210 B
TSS	mg/L	20	1.7 -0					Grab		2540 D
pH	Units	6.0 - 9.0	7.44					Grab		4500 H + B
E. coli	#100mL	126	< 1.0					Grab		9223 B
CI TRC	µg/L	8.0	Ultra-violet					. Grab		4500 CL – G
Ammonia	mg/L	4.6	0.64					Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	5.47					Grab		4500 OG
3/amm	of Individual Preparation		ab Aray	AD 145+	9-0	6-17	Telephone:	573-346-3810		2totalenvironmental.com
Report Approved XX	Brak	[X]MDNR/			Date.	8/2017 [] MDN	Telephone:		E-mail:	DMR & Permit Expire_30Jun2019

MO Dept	of Natura	l Resource	s NPDES M	lonitoring	Report for	Wastewa	ten D	ischar	ge Mo	nthly Samn	le – Monthly Report
Facility: Sermit No: 1	omerset Town MOGD00120 Quarterly - Gr	nhomes				JA 1 4 2017 14420		Owner Termin	: Lake Area	Wastewater Ass t No: MO-0103	sociation, Inc.
			al Ultraviolet D					- Count	. <u>Odindon</u>	I)	Last permit review: 07 April 2017)
THIS REPO	RT COVERS	THE PERIOD	: Place an "X"	in the circle fo	r the Quarter	being reported					
	1st Quarter)	2	nd Quarter	Ž		3rd Qu	arter 🔘)		4th Quarter O
Jan	uary through N	larch	A	pril through Ju	ne	Jul.	ly throu	igh Septem	iber	Octol	per through December
Du	e April 28th 20_		Du	e July 28th 20/	7_	Due	e Octobe	er 28th 20_		D	ue Jan 28th 20
No Di	scharge for Qua	rter 🔘	No Dis	scharge for Quar	ter 🔾	No D	Discharge	e for Quarte	er O	No Di	ischarge for Quarter
Outfall # 001		d By: Kirk Davi	5	Telephone: 573 346	3810	Analysis Perform	ned By: T	OTAL WA	TER LABORAT	ORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONE		TW	O (2)					272 240 2010
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 6-13-17 Time: 10:59	ANALYSIS DATE	Date:	ANALYSIS DATE	SAM	VG OF IPLES IF TAKEN	SAMPLE TYPE	ANA	ALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	720								24 hr. estimate
BOD	mg/L	20	6.55						Grab		5210 B
TSS	mg/L	20	4,2						Grab		2540 D
рН	Units	6.0 - 9.0	7-54						Grab		4500 H + B
E. coli	#100mL	126	<1.0						Grab		9223 B
CI TRC	µg/L	8.0	Ultra-violet						. Grab		4500 CL – G
Ammonia	mg/L	4.6	2.52						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	4,77	- X					Grab		4500 OG
Signature & Title	of Individual Prep	aring Report:	GANCEL ST	Ao	Date: 7-10-	/7	Telepl	573	3-346-3810		otalenvironmental.com
Report Approved	By Owner:	that -			Date: 7/11/20	17	Teleph	hone:		E-mail:	
Sign & Ret	urn Form ndicated:		SWRO Woodland eld, MO 65807		SERO Westwood Bluff, MO 6390	1709 F	R/NER Prospec n, MO	t Dr			R & Permit Expire_30Jun2019 MDNR/SLRO 7545 S Lindbergh Blvd St Louis, MO 63125

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

N	10 Dept. of	Natural Reso	ources NPDE	S Monitori	ng Report fo	r Wastewate	r Discharge	-Quarterly S	ample - Ou	arterly Report
Facility: St.	Moritz Estat	tes Condominiu	ms WWTF					water Associati		Samples Received in Lab:
The second of the second	MOGD0022					A CONTRACT OF THE REAL PROPERTY.	Permit No: N			6-13-19 07:28
Table: A-4	Quarterly - G	irab				County: Ca		V10-0094283	1	0 10 15 07.120
Facility Ty	pe: Extended	Aeration/Chlor	ination/Dechlor	rination/slud	ge disposal is	County: Ca	maen			
by contract									i i	
THIS REPO	RT COVER	S THE PERIOD): Place an "X"	in the box be	eneath the quar	ter being repo	rted.			
1st Quarte	r - January th	rough March	2nd Quar	ter - April thre	ough June		r - July through	September	4th Quarter	- October through December
Du	e by April 28	, 2019	Due	by July 28,	2019	Due	by October 28.	, 2019		by January 20, 2020
				\boxtimes						
			1 - X 1 1					200		
7.00.00	scharge For Qua	Charles Comments of the Commen	No Disc	harge For Quar	ter 🛛	No Dis	scharge For Quart	er 🔲	No Dis	scharge For Quarter
Outfall #	Sample Collec			Telephone:	1212.0	Analysis Perfor		THE WATER		Telephone:
001		Kirk Davis		573-3	46-3810		Total Water La	boratories, LLC.		573-346-3810
Parameter	Permitted Final Limits	Sample Type	Sample Date and Time	Final Results	Unit	Analysis Date	Analyst Initials	Data Qualifier	Comments	Analytical Method
Flow	1501-50000	24 Hour Estimate	6-12-19 14:15	0	GPD				Completed at Sample Site	
BOD	20	Grab			mg/L				Sample Site	SM 5210 B
TSS	20	Grab			mg/L		Name of			SM 2540 D
E. Coli	126	Grab	1-		#/100mL		No Section 1			SM 9233 B
рH	6.0-9.0	Grab			Units				Completed at Sample Site	SM 4500 H + B
Ammonia	4.6	Grab			mg/L					Hach 10205*
CI TRC	<130	Grab			μg/L					SM 4500 CL – G
Dissolved Oxygen	Monitor &	Grab							Completed at	
Signature & Title	Report of Individual Pre				mg/L Date:		Telephone:		Sample Site E-mail:	SM 4500 OG
anzon	m				Dutc.		Telephone.	6.6.9	E-mail.	
	, Technical L	ab Director				0, 2019	573-34	6-3810	info@t	otalenvironmental.com
Report Approved	By Owner:				Date:		Telephone:		E-mail:	
										DMR Permit expires: June 30, 2019
LAWWA I. TERE	D JUL 2	□ Sign & Ret DNR 0 1 2019 MDNR/1 2040 W W Springfield,	Office: SWRO oodland	Laboratory Ac Environmental for certified te. is available on Laboratories r laboratories w without the wr only to the san	aboratories, LLC. creditation Progra Laboratory Accre sts meet all require request. NH ELA. eserves the right then hen appropriate. I itten approval of J taccredited throw	am (NELAP) thro editation Program ements of NELAF P certificate num o subcontract wo. This report shall r fotal Water Labou the report.	nigh the New Han n (NH ELAP). Re: c. A list of certified ber 2055. Total W rk to other NELA not be reproduced	apshire sults reported d test methods Vater P certified l except in full,	Laboratory	Report Number: 2019-0274 Attachments:

515 Old South Highway 5, Camdenton, MO 65020 573-346-3810

MO Dept. of Natural Resources NPDES Monitoring Report for Wastewater Discharge -Quarterly Sample - Quarterly Report Facility: St. Moritz Estates Condominiums WWTF Owner: Lake Area Wastewater Association. Inc. Samples Received in Lab: Permit No: MOGD00229 Terminated Permit No: MO-0094285 3-1-19 07:30 Table: A-4 Ouarterly - Grab County: Camden Facility Type: Extended Aeration/Chlorination/Dechlorination/sludge disposal is by contract hauler THIS REPORT COVERS THE PERIOD: Place an "X" in the box beneath the quarter being reported. 1st Quarter - January through March 2nd Quarter - April through June 3rd Quarter - July through September 4th Quarter - October through December Due by April 28, 2019 Due by July 28, 2019 Due by October 28, 2019 Due by January 20, 2020 X No Discharge For Quarter No Discharge For Quarter No Discharge For Quarter No Discharge For Quarter Sample Collected By: Outfall # Telephone: Analysis Performed By: Telephone: Kirk Davis 001 573-346-3810 Total Water Laboratories, LLC. 573-346-3810 Permitted Sample Final Analysis Analyst Data Parameter Final Sample Type Date and Unit Comments Analytical Method Results Date Initials Qualifier Time Limits 24 Hour Completed at Flow 1501-50000 Estimate 2-28-19 10:15 GPD Sample Site 3-1-19 07:10 Grab BOD 20 2-28-19 10:15 5.28 mg/L VF 3-6-19 07:52 C. N SM 5210 B TSS 20 Grab 2-28-19 10:15 1.9 mg/L 3-1-19 DG C SM 2540 D E. Coli 126 Grab NA #/100mL SM 9233 B Completed at Sample Site pH 6.0-9.0 Grab 2-28-19 10:15 7.82 Units SM 4500 H + B Ammonia 4.6 Grab < 0.60 2-28-19 10:15 mg/L 3-13-19 AO Hach 10205* CI TRC <130 Grab NA µg/L SM 4500 CL - G Dissolved Monitor & Completed at Grab Oxygen Report 2-28-19 10:15 10.84 mg/L Sample Site SM 4500 OG Signature & Title of Individual Preparing Report: Date: Telephone: E-mail: Mer any March 20, 2019 573-346-3810 info@totalenvironmental.com Amy Osborn, Technical Lab Director Report Approved By Owner: Date: Telephone: E-mail: X DMR Permit expires: June 30, 2019 Electronic Form Total Water Laboratories, LLC, is accredited with the National Environmental Laboratory Report Number: 2019-0058 Sign & Return Form to Laboratory Accreditation Program (NELAP) through the New Hampshire Submitted DNR Office: Environmental Laboratory Accreditation Program (NH ELAP). Results reported Attachments: for certified tests meet all requirements of NELAP. A list of certified test methods

is available on request. NH ELAP certificate number 2055. Total Water

only to the samples indicated by the report.

*Method is not accredited through NH FLAP

Laboratories reserves the right to subcontract work to other NELAP certified

laboratories when appropriate. This report shall not be reproduced except in full, without the written approval of Total Water Laboratories. These results pertain

LAWWA 1.17-000726

47026

MDNR/SWRO

2040 W Woodland

Springfield, MO 65807

Facility: S Permit No: 1 Table: A-4	t. Moritz Esta MOGD00229	ates Condomini	ums WWTF		2. oportion	OT		ea Wastewat mit No: MO	er Association, In	e – Monthly Report
Facility Typ	e: Extended A	eration/Chlorinat	ion/Dechlorinati	on/sludge disp	osal is by contract	hauler	ounty. Camden		(Last	permit review: 31 March 2017)
THIS REPO	RT COVERS	THE PERIOD	: Place an "X"	in the circle fo	or the Quarter bei	ng reported				
1 st Quarter				and Quarter			3rd Quarter)	41	h Quarter
Jan	uary through N	Iarch	A	pril through Ju	ne	Ju	ly through Septen	nber	Octobe	r through December
Due Apríl 28 th 20				ne July 28th 20		Du	e October 28th 20_		Duc	Jan 28th 20 <u>19</u>
				scharge for Quar	ter 🔾	No l	Discharge for Quart	er 🔾	No Disc	charge for Quarter 🕸
Outfall # Sample Collected By: 001 Kyl Davis				Telephone: 573 340	3	Analysis Perf		VATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONI		TWO	(2)				
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 10-5-18	ANALYSIS DATE	Date: /1-01-18 Time: 16:49	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANAL	YTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K								24 hr. estimate
BOD	mg/L	20						Grab		5210 B
TSS	mg/L	20						Grab		2540 D
pН	Units	6.0 – 9.0	t e					Grab		4500 H + B
E. coli	#100mL	126						Grab		9223 B
CI TRC	μg/L	8.0						Grab		4500 CL - G
Ammonia	mg/L	4.6						Grab		4500 NH – 3
Dissolved O2	mg/L	Monitor & Report		1				Grab		4500 OG
Signature & Title	M Tool	haired Lab Di	rector	VF	Date: 1-04-	-19	Telephone:	3-346-3810	E-mail: info@tota	lenvironmental.com
Report Approved	By Owner:	0	R		Date: //08/2	2019	Telephone:		E-mail:	
NA Sign & Ret	urn Form		SWRO Woodland eld, MO 65807		/SERO Westwood Bluff, MO 63901	1709	R/NERO Prospect Dr n, MO 63552			R & Permit Expire_30Jun2019] MDNR/SLRO 7545 S Lindbergh Blvd St Louis, MO 63125

MO Dept	of Natura	l Resources	NPDES M	onitoring	Report for V	Wastewa	ter Dischar	ge Mo	nthly Sampl	le - Monthly Report
Facility: St Permit No: M Table: A-4 C	. Moritz Esta MOGD00229 Quarterly - Gi	tes Condominiu	ıms WWTF		osal is by contract	O To		ea Wastewate nit No: MO-	er Association, In 0094285	nc.
					r the Quarter be		λ.		(La	st permit review: 31 March 2017
	1st Quarter			nd Quarter		mg reported	3rd Quarter	j i		4th Quarter
Janu	uary through N	larch	A	pril through Ju	ne	Ju	ly through Septem	nher	Octob	per through December
Du	e April 28th 20_		Du	e July 28th 20		Du	e October 28th 20_	18	Dr	ue Jan 28 th 20
Ņo Di	scharge for Qua	rter 🔾	No Di	scharge for Quar	ter O	No I	Discharge for Quart	ег	No Di	scharge for Quarter
Outfall # 001	Sample Collecte	ed By:		Telephone: 573 344	3810	Analysis Perfe		VATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONE	E (1)	TWO	(2)				
PARAMETER	UNIT	PERMITTED FINAL	Date: 7-26-18	ANALYSIS DATE	Date: 7-28-18	ANALYSIS DATE	AVG OF SAMPLES IF	SAMPLE TYPE	ANA	LYTICAL METHOD
		LIMITS	Time: /1:30	DATE	Time: 10:20	DATE	2 TAKEN	1112	4	
Flow	GPD	Design flow 1,501 - 50K	360							24 hr. estimate
BOD	mg/L	20	8,87-	C		-		Grab		5210 B
TSS	mg/L	20	5.6					Grab		2540 D
pН	Units	6.0 – 9.0	7.64					Grab		4500 H + B
E. coli	#100mL	126	435.2		<1.0		20.9	Grab		9223 B
CI TRC	μg/L	8.0	< 130			-		Grab		4500 CL – G
Ammonia	mg/L	4.6	10.60					Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	5.37					Grab		4500 OG
Signature & Title	of Individual Pre	paring Report:	6 Anolust	Ąo	Date: 8-15-18	,	Telephone:	3-346-3810	E-mail: info@to	otalenvironmental.com
Report Approved	By Owner:	OR I		CE ED	Date: / /	20/8	Telephone:		E-mail:	
XW >> Sign & Ret 60 Office I	turn Form Indicated:		SWRO Woodland eld, MO 65807		9/-1/	[] MDN 1709	IR/NERO Prospect Dr on, MO 63552			MR & Permit Expire_30Jun201 MDNR/SLRO 7545 S Lindbergh Blvd St Louis, MO 63125



Total Water Laboratories, LLC

515 Old South 5, Camdenton, Missouri 65065 Phoné:(573) 346-3810 Fax:(573) 346-4168

Data Qualifiers in the TWL Laboratory Quality Assurance System:

==-	
В	present in the method blank at
C	The batch control sample failed to meet the required acceptance criteria.
D	Result obtained through the analysis of a sample dilution.
Е	Concentration exceeds the instrument calibration range.
F	Internal Standard area failed to meet the required acceptance criteria in repeat instrumental analyses. Results should be interpreted as estimated concentrations.
G	The Method of Standard Additions (MSA) was used to quantify the concentration.
H	Test performed after maximum allowable hold time.
J	Increased imprecision in Laboratory Control Sample (LCS) Duplicate
J	Estimated value.
K	DW sample above 10 C and received more than two hours after collection.
М	Analyte failed to meet the required acceptance criteria for duplicate analysis.
N	Relative difference between the high and low replicates was greater than 30%.
P	Chemical preservation discrepancy noted at the time of analysis.
Q	Analyte failed to meet the required acceptance criteria for spike recovery in the matrix spike (MS) and matrix spike duplicate (MSD).
R	The TRC analysis could not be performed on the sample and no other information was available
T	Too Numerous to Count and/or Confluent; estimated value.
U	Parameter was analyzed for but not detected above the reporting limit.
NA	Not analyzed.
NI	Not requested.
x	Miscellaneous; note comments section.

S The batch control sample was within 10% of acceptance criteria

MO Dept	of Natura	l Resources	NPDES M	Ionitoring	Report for V	Wastewa	ter Dischar	ge Mo	nthly Samp	le - Monthly Report
	Moritz Esta MOGD00229	tes Condomini				O	wner: <u>Lake Ar</u> erminated Per	ea Wastewate mit No: MO-	er Association, l	
	- The state of the		ion/Dechlorinat	ion/sludge dispo	osal is by contract	hauler	ounty: <u>Camder</u>		(La	ast permit review: 31 March 2017)
THIS REPOR	RT COVERS	THE PERIOD	: Place an "X"	in the circle fo	or the Quarter be	ing reported				
	1st Quarter			2nd Quarter	Ď		3rd Quarter)		4th Quarter
Janı	uary through M	larch	A	epril through Ju	ne	Ju	ly through Septen	nber	Octo	ber through December
Du	e April 28th 20_		Di	ue July 28th 20_/	8	Du	e October 28th 20_		D	ruc Jan 28th 20
No Di	scharge for Qua		No D	ischarge for Quar	ter 🔾	No I	Discharge for Quart	er 🔾	No D	ischarge for Quarter 🔘
Outfall # 001		ed By: KDavis		Telephone: 573 344 :		Analysis Perfe	The second secon	VATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ON	E (1)	TWO	(2)			1	
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: L-25-17 Time: 9:00	ANALYSIS DATE	Date: k-30-18 Time: 8-06	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	ALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	360							24 hr. estimate
BOD	mg/L	20	3.52					Grab		5210 B
TSS	mg/L	20	24.7 -	C				Grab		2540 D
рH	Units	6.0 – 9.0	7.70					Grab		4500 H + B
E. coli	#100mL	126	_		41.0			Grab		9223 B
CITRC	µg/L	8.0	<130					Grab		4500 CL – G
Ammonia	mg/L	4.6	_		10.60			Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	6.82					Grab		4500 OG
Signature & Title	of Individual Prep		Anatos	Ao.	Date: 7-15-18		Telephone:	3-346-3810	E-mail: info@to	otalenvironmental.com
Report Approved	By Owner:	P	32437		Date: 7/19/20	18	Telephone:		E-mail:	
× N Sign & Ret		[X]MDNR/	SWRO	[] MDNR			r/nero	[] MDNR	/KCRO	MR & Permit Expire_30Jun2019
Office In	ndicated:		Woodland eld, MO 65807		Westwood Bluff, MO 63901		Prospect Dr on, MO 63552		Colbern Rd Summit, MO 6408	7545 S Lindbergh Blvd St Louis, MO 63125



Total Water Laboratories, LLC

515 Old South 5, Camdenton, Missouri 65065 Phone:(573) 346-3810 Fax:(573) 346-4168

Data Qualifiers in the TWL Laboratory Quality Assurance System:

B present in the method blank at
C The batch control sample failed to meet the required acceptance criteria.
D Result obtained through the analysis of a sample dilution.
E Concentration exceeds the instrument calibration range.
F Internal Standard area failed to meet the required acceptance criteria in repeat instrumental analyses. Results should be interpreted as estimated concentrations.
G The Method of Standard Additions (MSA) was used to quantify the concentration.
H Test performed after maximum allowable hold time.
l Increased imprecision in Laboratory Control Sample (LCS) Duplicate
J Estimated value.
K DW sample above 10 C and received more than two hours after collection.
M Analyte failed to meet the required acceptance criteria for duplicate analysis.
N Relative difference between the high and low replicates was greater than 30%.
P Chemical preservation discrepancy noted at the time of analysis.
Q Analyte failed to meet the required acceptance criteria for spike recovery in the matrix spike (MS) and matrix spike duplicate (MSD).
R The TRC analysis could not be performed on the sample and no other information was available
T Too Numerous to Count and/or Confluent; estimated value.
U Parameter was analyzed for but not detected above the reporting limit.
NA Not analyzed.
NR Not requested.
X Miscellaneous; note comments section.
S The batch control sample was within 10% of acceptance criteria

MO Dept	of Natura	l Resources	NPDES M	Ionitoring	Report for	Wastewa	ter Dischars	e Mo	nthly Samp	le - Monthly Report
Facility: St Permit No: M Table: A-4 (. Moritz Esta MOGD00229 Quarterly - G	tes Condominiu rab	ıms WWTF		osal is by contract	O T	wner: <u>Lake Are</u> erminated Perr ounty: <u>Camden</u>	ea Wastewat	er Association, 1 -0094285	
THIS REPOR	RT COVERS	THE PERIOD:	Place an "X"	in the circle fo	r the Quarter be	ing reported		7		
	1st Quarter 💢)	:	2nd Quarter			3rd Quarter			4th Quarter
Janu	uary through N	larch	A	pril through Ju	пе	Ju	ly through Septem	ber	Octol	ber through December
Due	e April 28th 20_	18	Di	ue July 28th 20		Du	e October 28th 20_		D	ue Jan 28th 20
No Discharge for Quarter			No D	scharge for Quar	ter O	No Discharge for Quarter			No Discharge for Quarter	
Outfall # 001	Sample Collecte	d By: Kirk Davi	5	Telephone: 573 346	3810	Analysis Perfe		ATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONI	E (1)	TWO	(2)				
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 7-1-18	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	ANA	ALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	Time: 10:40		Time:		ZIMO			24 hr. estimate
BOD	mg/L	20	7.10-	C				Grab		5210 B
TSS	mg/L	20	5.2 -	C				Grab		2540 D
рН	Units	6.0 – 9.0	7.80					Grab		4500 H + B
E. coli	#100mL	126	_					Grab		9223 B
Cl TRC	µg/L	8.0						Grab		4500 CL – G
Ammonia	mg/L	4.6	0.84					Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report	7.77			-		Grab		4500 OG
Signature & Title	Floeren		ANGLUSTE	FD A	Date: 3-14-18		Telephone:	-346-3810	E-mail: info@to	otalenvironmental.com
Report Approved	By Owner:	>	25792	(42)	Date: 3/19/261	8	Telephone:		E-mail:	
Sign & Retro	urn Form		SWRO Woodland Eld, MO 65807		7.17	[] MDN 1709 I	R/NERO Prospect Dr n, MO 63552			IR & Permit Expire_30Jun2019 MDNR/SLRO 7545 S Lindbergh Blvd 6 St Louis, MO 63125



Total Water Laboratories, LLC

515 Old South 5, Camdenton, Missouri 65065 Phone:(673) 346-3810 Fax:(573) 346-4168

Data Qualifiers in the TWL Laboratory Quality Assurance System:

-	The Committee of the Co
В	present in the method blank at
C	The batch control sample failed to meet the required acceptance criteria.
D	Result obtained through the analysis of a sample dilution.
E	Concentration exceeds the instrument calibration range.
F	Internal Standard area failed to meet the required acceptance criteria in repeat instrumental analyses. Results should be interpreted as estimated concentrations.
G	The Method of Standard Additions (MSA) was used to quantify the concentration.
Н	Test performed after maximum allowable hold time.
]	Increased imprecision in Laboratory Control Sample (LCS) Duplicate
J	Estimated value.
K	DW sample above 10 C and received more than two hours after collection.
M	Analyte failed to meet the required acceptance criteria for duplicate analysis.
N	Relative difference between the high and low replicates was greater than 30%.
P	Chemical preservation discrepancy noted at the time of analysis.
Q	Analyte failed to meet the required acceptance criteria for spike recovery in the matrix spike (MS) and matrix spike duplicate (MSD).
R	The TRC analysis could not be performed on the sample and no other information was available
T	Too Numerous to Count and/or Confluent; estimated value.
U	Parameter was analyzed for but not detected above the reporting limit.
NΑ	Not analyzed.
NR	Not requested.
X	Miscellaneous; note comments section.

S The batch control sample was within 10% of acceptance criteria

Facility: St Permit No: 1 Table: A-4 (t. Moritz Esta MOGD00229 Quarterly - G	ntes Condominio rab	ums WWTF			O T		ea Wastewate mit No: MO	er Association. I	
					osal is by contract or the Quarter be				(La	ast permit review: 31 March 2017)
		THE PERIOD			or the Quarter be	ing reported				
1st Quarter				2nd Quarter)		3rd Quarter)		4 th Quarter 🚫
	uary through N	Tarch	1	opril through Ju	ne	Ju	ly through Septen	nber	Octo	ber through December
Du	e April 28th 20_		D	ue July 28th 20	_	Du	e October 28th 20_		D	ue Jan 28th 20 18
No Di	ischarge for Qua		No D	ischarge for Qua	rter 🔾	No I	Discharge for Quart	ter 🔾	No D	ischarge for Quarter 🛇
Outfall # 001	Sample Collecte			Telephone: 573 346	38/2	Analysis Perf		VATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
001	SAMPLE		ON	E (1)	TWO	(2)				373 340 3010
PARAMETER	UNIT	PERMITTED FINAL	Date: 10-5-17	ANALYSIS	Date: 12-4-17	ANALYSIS	AVG OF SAMPLES IF	SAMPLE	437	ALL MERCAL MERCAD
PARAMETER	UNII	LIMITS	Time: 1430	DATE	Time: 948	DATE	2 TAKEN	TYPE	AN	ALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K								24 hr. estimate
BOD	mg/L	20						Grab		5210 B
TSS	mg/L	20						Grab		2540 D
рН	Units	6.0 - 9.0						Grab		4500 H + B
E. coli	#100mL	126						Grab		9223 B
CITRC	µg/L	8.0						Grab		4500 CL – G
Ammonia	mg/L	4.6						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report						Grab		4500 OG
Signature & Title	of Individual Pre	paring Reports	Director	VF	Date: 12-13-1	7	Telephone:	3-346-3810	E-mail: info@to	otalenvironmental.com
Report Approved	By Owner:	2540	MITT		Date:	-	Telephone:		E-mail:	
Report Approved			be \$			0.000				MR & Permit Expire_30Jun2019
Sign & Ret To Office I			SWRO Woodland ield, MO 65807		V/SERO Westwood Bluff, MO 63901		IR/NERO Prospect Dr on, MO 63552		VKCRO Colbern Rd Summit, MO 6408	[] MDNR/SLRO 7545 S Lindbergh Blvd 86 St Louis, MO 63125

ENTERED

Facility: <u>St</u> Permit No: <u>N</u> Table: <u>A-4 (</u>	. Moritz Estat MOGD00229 Quarterly - Gr	es Condomini ab	ums WWTF			T	Owner: <u>Lake Ar</u> Terminated Personnty: <u>Camden</u>	ea Wastewat	er Association.	ple – Monthly Report
					osal is by contrac				(1	Last permit review: 31 March 2017
THIS REPOR	RT COVERS	THE PERIOD	: Place an "X" i	in the circle fe	or the Quarter b	eing reported	i.			
	1 st Quarter		2:	nd Quarter			3rd Quarter)		4th Quarter
January through March April through Jun					ine	Ji	ily through Septen	iber	Oet	ober through December
Due April 28 th 20 Due July 28 th 20						Dı	ue October 28th 20_	17		Due Jan 28th 20
No Discharge for Quarter No Discharge for Quart					rter 🔾	No I	Discharge for Quart	er 🚫	No I	Discharge for Quarter
Outfall # 001	Sample Collected	By: Davis		Telephone: 573 3 9 6	3810	Analysis Peri		VATER LABOR	ATORIES, LLC.	Telephone: 573-346-3810
	SAMPLE		ONE	(1)	TWO	(2)		loren		
PARAMETER	UNIT	PERMITTED FINAL LIMITS	Date: 9-14-17	ANALYSIS DATE	Date:	ANALYSIS DATE	AVG OF SAMPLES IF 2 TAKEN	SAMPLE TYPE	AI	NALYTICAL METHOD
Flow	GPD	Design flow 1,501 - 50K	Time: (***		Time:		2 TAKEN			24 hr. estimate
BOD	mg/L	20						Grab		5210 B
TSS	mg/L	20		4				Grab		2540 D
рH	Units	6.0 – 9.0						Grab		4500 H + B
E. coli	#100mL	126						Grab		9223 B
CITRC	μg/L	8.0						Grab		4500 CL - G
Ammonia	mg/L	4.6						Grab		4500 NH - 3
Dissolved O2	mg/L	Monitor & Report						Grab		4500 OG
any our		ning Report:	rechr	ve	Date: 10-10-17		Telephone:	3-346-3810	E-mail: info@	totalenvironmental.com
Report Approved	By Owner:	\supset			Date: 10/11/2	017	Telephone:		E-mail:	
Sign & Rett	urn Form	[X]MDNR/S	SWRO	[] MDNR	/SERO	I I MDN	IR/NERO	[] MDNR		MR & Permit Expire_30Jun2019