

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

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

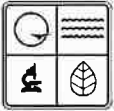


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-30-19	
SIGNATURE <i>Amy</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-2-19	
SIGNATURE <i>Amey Walker</i>		



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PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/02/2019	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-4-19				
SIGNATURE <i>Amy Miller</i>							



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STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE 							

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 3-2-19				
SIGNATURE <i>[Handwritten Signature]</i>							



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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE 		

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STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Club House	19	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-2-19	
SIGNATURE <i>Andy Adlin</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2018	R	Club House	19	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 12-1-18
---	------------------------

SIGNATURE



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PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17			
CITY Lake Ozark	ZIP CODE 65049				
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/02/2018	R	Building 32 - Outside	011	A	A	<0.02	<0.02

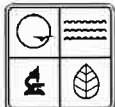
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 11-1-18	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/04/2018	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>Amey Oster</i>							

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



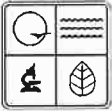
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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/06/2018	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	
SIGNATURE 		

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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-18	
SIGNATURE <i>Amey Alden</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Swimming Pool Outside	002	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-18	
SIGNATURE <i>[Handwritten Signature]</i>		

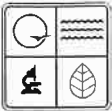


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

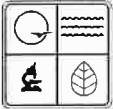
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE.
05/14/2018	R	Building 32	011	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-4-18	
SIGNATURE <i>Ang Oster</i>		



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
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CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/10/2018	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE 							



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CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	Building 32 Outside	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>Anz [Signature]</i>							

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



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CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE <i>Amy O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3238250						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Building 52	015	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE <i>[Signature]</i>							

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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/08/2017	R	Building 32 Outside	011	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-2-17	
SIGNATURE <i>Angie [Signature]</i>		

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CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	Building 52	015	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE 							



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				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02

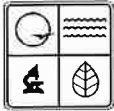
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-3-17	
SIGNATURE <i>Ang H. M.</i>		

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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House	19	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-28-17				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17		
CITY Lake Ozark	ZIP CODE 65049			
COUNTY Camden	ID NUMBER MO-3238250	SAMPLE COLLECTOR NAME OR INITIALS EB		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	Building 32 Outside	011	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-17	
SIGNATURE <i>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

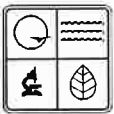
PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Swimming Pool Outside	002	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 7-2-17
--	----------------

SIGNATURE <i>Angi Miller</i>



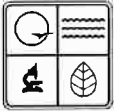
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Building 62 Unit 1A	12	A	A	0.89	0.75

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-30-19	
SIGNATURE <i>Angie [Signature]</i>		

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

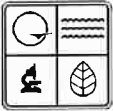


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2019	R	Building 62 Unit 1B - Outside	06	A	A	0.33	0.31

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-2-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/28/2019	S	Building 62 Unit 2A	9	A	A	1.07	0.70
05/28/2019	S	Building 103 Unit 1A	11	A	A	0.91	0.82
05/28/2019	S	Building 62 Unit 1A	12	A	A	1.01	0.76

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-29-19	
SIGNATURE <i>Angie Miller</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	Building 62 Unit 1A	12	A	A	0.76	0.53

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-4-19	
SIGNATURE <i>[Signature]</i>		

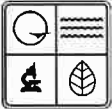


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Building 62 Unit 1B - Outside	06	A	A	0.69	0.67

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-31-19	
SIGNATURE <i>[Handwritten Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	Building 62 Unit 1A	12	A	A	0.64	0.71

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-2-19	
SIGNATURE 		

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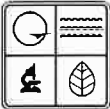
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/14/2019	R	Building 62 Unit 1B - Outside	06	A	A	1.18	0.82

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE 		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/10/2019	S	Well House	01	A	A	0.74	0.60
01/10/2019	S	Building 62 Unit 1B - Outside	06	A	A	0.45	0.41
01/10/2019	S	Building 62 Unit 2B - Outside	07	A	A	0.84	0.61

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031336		

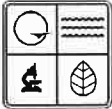
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/04/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.34	0.28

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-2-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2018	R	Building 62 1A	12	A	A	0.24	0.23
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.58	0.46
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE <i>[Signature]</i>							

MO 780-0438 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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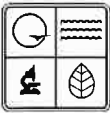
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.55	0.46

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	---	--

TITLE Laboratory Technical Director	DATE 9-30-18
--	-----------------

SIGNATURE <i>Amy [unclear]</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/26/2018	S	Building 62 Unit 1B - Outside	06	A	A	0.67	0.55
09/26/2018	S	Building 62 Unit 1B - Outside	06	A	A	0.67	0.55
09/26/2018	S	Building 62 Unit 1A	12	A	A	0.63	0.61
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>[Handwritten Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Building 62 Unit 1A	12	A	A	0.37	0.35

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME: Evergreen Condominiums
 LABORATORY NAME: Total Water Laboratories
 LABORATORY TELEPHONE NUMBER WITH AREA CODE: 573-346-3810

STREET ADDRESS: PO Box 2409
 CITY: Lake Ozark
 ZIP CODE: 65049
 CERTIFICATION NUMBER: 17

COUNTY: Camden
 ID NUMBER: MO-3031336
 SAMPLE COLLECTOR NAME OR INITIALS: KR

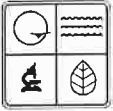
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	Building 62 Unit 1A	12	A	A	0.58	0.56

TOTAL ROUTINE SAMPLE ANALYZED: 1
 MONITORING VIOLATION: Yes No
 MCL VIOLATION: Yes No

TITLE: Laboratory Technical Director
 DATE: 7-2-18

SIGNATURE: *[Handwritten Signature]*

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/02/2018	R	Building 62 Unit 1B	06	A	A	0.40	0.38
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE <i>Ang Allen</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	Building 62 Unit 1A	12	A	A	0.40	0.39
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Amey...</i>							

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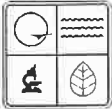


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031336		

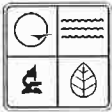
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Building 62 Unit 1B	06	A	A	0.57	0.52

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 4-2-18	
SIGNATURE <i>Amy [Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Building 62 Unit 1A	12	A	A	0.51	0.44
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/19/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.62	0.59
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-31-18				
SIGNATURE <i>Amy Allen</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2017	R	Building 62 Unit 1A	12	A	A	0.50	0.45
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE <i>[Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2017	R	Building 62 Unit 1B - Outside	06	A	A	0.74	0.71

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-2-17	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3031336						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2017	R	Building 62 Unit 1B - Outside	06	A	A	0.60	0.55
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 10-3-17				
SIGNATURE <i>Amey...</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Building 62 Unit 1A	12	A	A	0.61	0.53

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 8-28-17
--	-----------------

SIGNATURE <i>[Signature]</i>

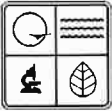


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031336		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Building 62 Unit 1B	06	A	A	0.51	0.46

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-17	
SIGNATURE <i>Amy O'Mara</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE <i>Amy O'Brien</i>							

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



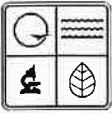
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Pool Area Outside	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-2-19	
SIGNATURE <i>[Handwritten Signature]</i>		

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/02/2019	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-4-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 3-31-19
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SIGNATURE <i>[Handwritten Signature]</i>



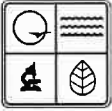
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/08/2019	S	Pool Area Outside	09	A	A	<0.02	<0.02
03/08/2019	S	Building 77 Unit 1A	10	A	A	<0.02	<0.02
03/08/2019	S	Building 37 Unit 1A	012	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-10-19	
SIGNATURE 		

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT


PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-2-19	
SIGNATURE <i>Amy Miller</i>		



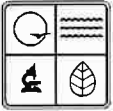
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-323097						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/22/2019	S	Building 77 Unit 1A	10	P	A	<0.02	<0.02
02/22/2019	S	Building 37 Unit 1A	012	A	A	<0.02	<0.02
02/22/2019	S	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-25-19				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/23/2019	S	Pool Area Outside	09	A	A	<0.02	<0.02
02/23/2019	S	Building 37 Unit 1A	012	A	A	<0.02	<0.02
02/23/2019	S	Building 77 Unit 1A	10	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 2-25-19					
SIGNATURE <i>my other</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/17/2019	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
01/17/2019	S	Building 110 - Lower Pool	009	A	A	<0.02	<0.02
01/17/2019	S	Building 77 Unit 1A	09	P	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 2-2-19
--	----------------

SIGNATURE *[Handwritten Signature]*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/18/2019	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
01/18/2019	S	Pool Area Outside	09	A	A	<0.02	<0.02
01/18/2019	S	Building 77 Unit 1A	10	A	A	<0.02	<0.02

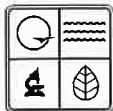
TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-323097						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 1-2-19					
SIGNATURE 							

MWA 1.17-000164



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

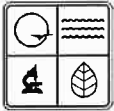
PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		
COUNTY Camden	ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2018	R	Pool Area Outside	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-1-18	

SIGNATURE *[Handwritten Signature]*

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/20/2018	S	Pool Area Outside	09	A	A	<0.02	<0.02
11/20/2018	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
11/20/2018	S	Lower Pool	009	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-1-18	
SIGNATURE <i>Angie O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/02/2018	R	Pool Area - Outside	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 11-1-18	
SIGNATURE <i>Amey Oster</i>		

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/04/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-30-18	
SIGNATURE <i>[Signature]</i>		

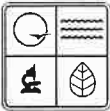
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/06/2018	R	Upper Pool	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 9-4-18					
SIGNATURE 							

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

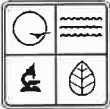


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT


PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

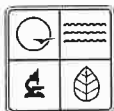
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Pool Area Outside	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-18	
SIGNATURE <i>Amey Oster</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 7-2-18					
SIGNATURE 							



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

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Building 77 Unit 1A	10	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE 							

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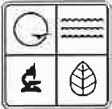
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/10/2018	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-1-18	
SIGNATURE <i>[Signature]</i>		

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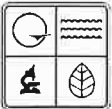


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/12/2018	S	Building 31 1B	11	A	A	<0.02	<0.02
04/12/2018	S	Building 65 1B	15	A	A	<0.02	<0.02
04/12/2018	S	West Shore Hydrant	16	P	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4/16/18				
SIGNATURE <i>Amy Asher</i>							

MO 780-0438 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/14/2018	S	Well House	03	A	A	1.02	0.79
04/14/2018	S	Building 77 Unit 1A	10	A	A	0.43	0.37
04/14/2018	S	Building 41 Unit 1B	13	A	A	0.53	0.47

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 4-16-18
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SIGNATURE *Amey Adler*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/19/2018	S	Well House	03	A	A	0.87	0.72
04/19/2018	S	Building 77 Unit 1A	10	A	A	0.82	0.72
04/19/2018	S	Building 41 Unit 1B	13	A	A	0.44	0.39
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>[Signature]</i>							

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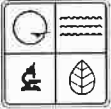


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/24/2018	S	Well House	03	A	A	<0.02	<0.02
04/24/2018	S	Building 77 Unit 1A	10	A	A	<0.02	<0.02
04/24/2018	S	Building 41 Unit 1B	13	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-1-18	
SIGNATURE <i>Amey</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 4-2-18	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE <i>Amy O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/19/2018	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
02/19/2018	S	Building 110 Lower Pool	009	A	A	<0.02	<0.02
02/19/2018	S	Well House	03	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-28-18	
SIGNATURE <i>Amy Olsen</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

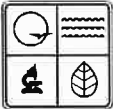
PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17		
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB		
COUNTY Camden	ID NUMBER MO-323097			

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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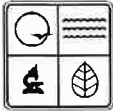
TITLE Laboratory Technical Director	DATE 1-31-18
SIGNATURE <i>Aug. Oster</i>	

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Hydrant 2nd Tier	14	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE 							



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

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/10/2017	R	Hydrant 2nd Tier	14	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-31-17	
SIGNATURE <i>[Handwritten Signature]</i>		

MWA 1.17-000184



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-3-17				
SIGNATURE <i>[Handwritten Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049		

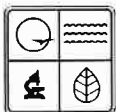
COUNTY Camden	ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS KR	
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SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Building 118 Unit 1B	011	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 8-29-17
--	-----------------

SIGNATURE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
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CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	Hydrant 2nd Tier	14	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-17				
SIGNATURE <i>Ang O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-323097		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Pool Area Outside	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-17	
SIGNATURE <i>Amy M...</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	WWTP Outside	23	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-30-19	
SIGNATURE <i>Amy [illegible]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Pool Area	05	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-2-19	
SIGNATURE <i>Angy Allen</i>		

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



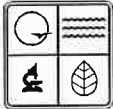
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	WWTP - Outside	23	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-4-19	
SIGNATURE <i>Angie</i>		

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

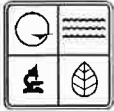


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/25/2019	S	1451 Hawk Island Dr.	12	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-4-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	WWTP Outside	23	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-2-19	
SIGNATURE <i>Ang Oster</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/02/2019	S	WWTP Outside	23	A	A	<0.02	<0.02
02/02/2019	S	1593 Ridgeview	31	A	A	<0.02	<0.02
02/02/2019	S	1455 Hawk Island	32	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-2-19	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
---	---	--

STREET ADDRESS 1395 Hawk Island Drive	CERTIFICATION NUMBER 17
CITY Osage Beach	ZIP CODE 65065

COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG
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SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/20/2019	S	1455 Hawk Island	32	A	A	<0.02	<0.02
02/20/2019	S	1459 Hawk Island	33	A	A	<0.02	<0.02
02/20/2019	S	1593 Ridgeview	31	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Analyst	DATE 2-21-19
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SIGNATURE
Vannesa Flockhart



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	Pool Area	05	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/17/2018	S	WWTP - Outside	23	A	A	<0.02	<0.02
12/17/2018	S	Pool Area	05	A	A	<0.02	<0.02
12/17/2018	S	Pool Area	05	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-2-19	
SIGNATURE <i>Amy Aden</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2018	R	Pool Area	05	A	A	0.35	0.31

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-1-18	
SIGNATURE <i>Andy O'Brien</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Pool Area	05	A	A	0.83	0.80

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 11-1-18
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SIGNATURE *[Handwritten Signature]*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2018	R	Pool Area	05	A	A	0.25	0.20

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-30-18	
SIGNATURE <i>Amy [Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/14/2018	S	1451 Hawk Island Drive	12	A	A	0.37	0.26
09/14/2018	S	1593 Ridgeview	31	A	A	0.55	0.53

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 9-30-18
--	-----------------

SIGNATURE *Amey...*



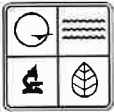
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Pool Area	05	A	A	1.46	1.37

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	

SIGNATURE 



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/31/2018	S	1391 Hawk Island Drive	29	A	A	0.42	0.37
08/31/2018	S	1419 Hawk Island Drive	30	A	A	0.38	0.26
08/31/2018	S	1427 Hawk Island Drive	10	A	A	0.42	0.34

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	
SIGNATURE <i>[Signature]</i>		

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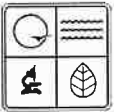


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	Pool Area	05	A	A	0.62	0.52

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-18	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

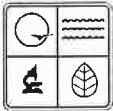
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STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB, KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/27/2018	S	WWTP Outside	23	A	A	1.51	1.39
07/27/2018	S	Pool Area	05	A	A	0.71	0.58
07/27/2018	S	Pool Area	05	A	A	0.71	0.58
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

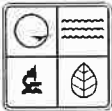
PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/13/2018	R	W.W.T.P. outside	23	A	A	1.40	1.31
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>Amy Adkins</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Pool Area	05	A	A	0.50	0.35
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE <i>Amy Allen</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/10/2018	S	1569 Hawk Island Dr	24	A	A	0.92	0.74
05/10/2018	S	1403 Hawk Island	19	A	A	0.90	0.78
05/10/2018	S	1581 Ridgeview	25	A	A	0.94	0.77

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-4-18	
SIGNATURE <i>Amy Oster</i>		

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

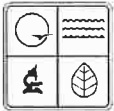


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	Pool Area	05	A	A	0.84	0.79

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-1-18	
SIGNATURE <i>[Signature]</i>		



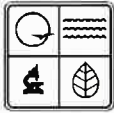
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Pool Area	05	A	A	0.68	0.58
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE <i>Amey Allen</i>							




MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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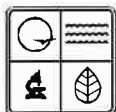
PUBLIC WATER SYSTEM NAME Hawk Island Estates				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1395 Hawk Island Drive				CERTIFICATION NUMBER 17			
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	WWTP Outside	23	A	A	0.83	0.77
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-31-18				
SIGNATURE <i>Any Oller</i>							




MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	Pool Area	05	A	A	1.15	1.10
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE 							

MWA 1.17-000215



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2017	R	WWTP Outside	23	A	A	0.91	0.87
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE 							



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/09/2017	R	Pool Area	05	A	A	1.61	1.55
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE <i>Angie O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036354		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2017	R	WWTP Outside	23	A	A	1.04	1.01

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-3-17	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	R	Pool Area	05	A	A	1.00	0.89
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 8-28-17					
SIGNATURE <i>Angie O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	VVTP Outside	23	A	A	0.31	0.26
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-17				
SIGNATURE <i>Ang O'Brien</i>							

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 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/07/2017	R	Pool	05	A	A	1.17	0.98
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE 							

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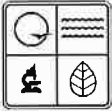
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	35 Craftsman	03	A	A	0.38	0.34

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-30-19	
SIGNATURE <i>[Handwritten Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Club House - Outside	13	A	A	0.69	0.58

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-2-19	
SIGNATURE <i>Amey</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	35 Craftsman	03	A	A	0.62	0.44

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-4-19	
SIGNATURE <i>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	Club House - Outside	13	A	A	0.32	0.22

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 3-31-19	
SIGNATURE 		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS RG	

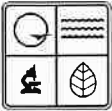
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/12/2019	R	35 Craftsman	03	A	A	0.28	0.32

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 3-2-19
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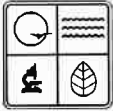
SIGNATURE <i>Angy Miller</i>

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/14/2019	R	Club House - Outside	13	A	A	1.60	1.28
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 2-2-14				
SIGNATURE <i>amy austin</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-5031496						

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	Club House - Outside	13	A	A	0.37	0.24
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No				
TITLE Laboratory Technical Director	DATE 1-2-19						
SIGNATURE <i>Andy Miller</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2018	R	Club House - Outside	13	A	A	0.36	0.20

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 12-18
---	----------------------

SIGNATURE



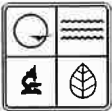
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-5031496	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Club House - Outside	13	A	A	0.48	0.40

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 11-1-18	
SIGNATURE <i>Angela Miller</i>		

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

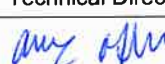
PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2018	R	Club House - Outside	13	A	A	0.24	0.19

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-30-18	
SIGNATURE <i>Amey adler</i>		



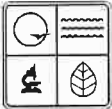
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WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/07/2018	R	65 Weather Vane	18	A	A	0.34	0.26
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director		DATE 8-12-18					
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/24/2018	S	70 Weather Vane	20	A	A	0.58	0.56
08/24/2018	S	66 Weather Vane	19	A	A	0.38	0.36
08/24/2018	S	Club House - Outside	13	A	A	0.66	0.63
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE <i>My oster</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Club House	13	A	A	0.98	0.82
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>Amy Miller</i>							

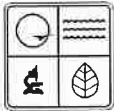


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	78 Fireside	07	A	A	0.27	0.21

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-18	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2018	R	Club House - Outside	13	A	A	0.37	0.31

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-4-18	
SIGNATURE <i>Amy Oster</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/04/2018	R	78 Fireside	07	A	A	0.37	0.31

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 5-1-18	
SIGNATURE <i>Any other</i>		

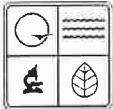
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	Club House - Outside	13	A	A	0.57	0.52

TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>Any of the</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS JL	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/20/2018	R	Club House Outside	13	A	A	0.56	0.36

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 1-31-18
--	-----------------

SIGNATURE <i>Amy O'Brien</i>

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Club House Outside	13	A	A	0.39	0.35

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 1-2-18
SIGNATURE <i>Amy Allen</i>	

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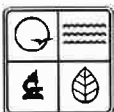


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/13/2017	R	78 Fireside	07	A	A	0.31	0.29
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE <i>Angie P. [Signature]</i>							

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

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/09/2017	R	Club House Outside	13	A	A	0.32	0.28
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE 							

MO 780-0438 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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STREET ADDRESS Cross Creek Road	CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB
COUNTY Camden	ID NUMBER MO-5031496	

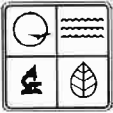
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	78 Fireside	07	A	A	0.56	0.49

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 10-3-17
---	------------------------

SIGNATURE <i>Amy Miller</i>	
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House Outside	13	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-28-17	
SIGNATURE <i>Amy O'Brien</i>		

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

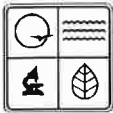


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/05/2017	S	Club House Outside	13	A	A	<0.02	<0.02
08/05/2017	S	115 Porch Swing	04	A	A	<0.02	<0.02
08/05/2017	S	2985 Cross Creek	17	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-28-17	
SIGNATURE <i>[Handwritten Signature]</i>		

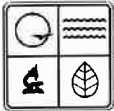


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	245 Porch Swing	11	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-7-17	
SIGNATURE <i>[Handwritten Signature]</i>		



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

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031496		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	Club House Outside	13	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-17	
SIGNATURE <i>Amy Allen</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	5813 Baydy Peak	09	A	A	0.43	0.41

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-30-14	
SIGNATURE <i>Angie Miller</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	5864 Baydy Peak	008	A	A	0.72	0.60
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>[Handwritten Signature]</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	6808 Baydy Peak	009	A	A	0.82	0.76
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-4-19				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	5864 Baydy Peak	008	A	A	0.84	0.71

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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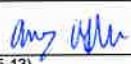
TITLE Laboratory Technical Director	DATE 3-31-19
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SIGNATURE

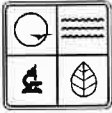
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	5813 Baydy Peak	09	A	A	0.46	0.25
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-2-19				
SIGNATURE 							


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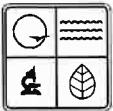


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17	
CITY Osage Beach		ZIP CODE 65065		
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/24/2019	R	5864 Baydy Peak	008	A	A	0.63	0.56

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE 		



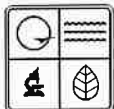
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	5864 Baydy Peak	008	A	A	0.49	0.46

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-2-19	
SIGNATURE <i>Any Affin</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	5808 Baydy Peak	07	A	A	0.48	0.39

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 11-1-18	
SIGNATURE 		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2018	R	5864 Baydy Peak	008	A	A	0.64	0.57

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 9/30/18
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SIGNATURE <i>[Signature]</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	5864 Baydy Peak	008	A	A	0.66	0.63

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	
SIGNATURE <i>Amy O'Brien</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3031208						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/11/2018	R	5813 Baydy Peak	09	A	A	0.90	0.82
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 8-1-18					
SIGNATURE <i>Amy Owen</i>							

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3031208						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/20/2018	R	5816 Baydy Peak	005	A	A	0.98	0.82
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>Myr... [Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3031208						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2018	R	5813 Baydy Peak	09	A	A	0.47	0.41
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE <i>Amey Adler</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	5864 Baydy Peak	008	A	A	0.57	0.52
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Any [Signature]</i>							

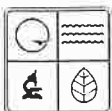


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	5864 Baydy Peak	008	A	A	0.61	0.45

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 4-2-18	
SIGNATURE <i>Ang [signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/08/2018	R	5864 Baydy Peak	008	A	A	0.67	0.43

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 2-28-18
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SIGNATURE <i>Angy O'Brien</i>

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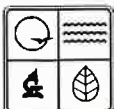
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17		
CITY Osage Beach	ZIP CODE 65065				
COUNTY Camden	ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS KR			


SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	5864 Baydy Peak	008	A	A	0.57	0.51

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-31-18	
SIGNATURE <i>[Signature]</i>		

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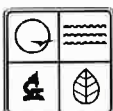
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	5864 Baydy Peak	008	A	A	0.56	0.54
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2017	R	5864 Baydy Peak	008	A	A	0.64	0.58
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031208		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	5813 Baydy Peak	09	A	A	0.47	0.44

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-31-17	
SIGNATURE <i>[Handwritten Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17
CITY Osage Beach	ZIP CODE 65065	
COUNTY Camden	ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS KR

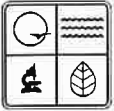
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2017	R	5864 Baydy Peak	008	A	A	0.71	0.64

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-3-17	
SIGNATURE <i>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	R	5813 Baydy Peak	09	A	A	0.91	0.84
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-28-17				
SIGNATURE <i>Amy O'Neil</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-3030981	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2019	R	182 Arrowhead	09	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE <i>[Signature]</i>		



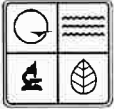
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

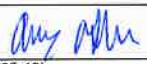
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/16/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-1-18	
SIGNATURE 		

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE 							

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 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

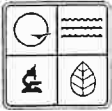
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--

TITLE Laboratory Technical Director	DATE 9-30-18
---	------------------------

SIGNATURE <i>my o/h</i>

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

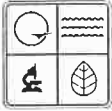
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 4-2-18
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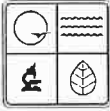
SIGNATURE <i>Mary O'Brien</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/08/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE <i>Amey O'Brien</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/28/2018	R	374 Minnow Brook	008	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 1-31-18
--	-----------------

SIGNATURE <i>[Signature]</i>

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

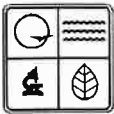
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--

TITLE Laboratory Technical Director	DATE 1-2-18
---	-----------------------

SIGNATURE <i>Amy J. O'Brien</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/13/2017	R	369 Minnow Brook	18	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3030981		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-31-17	
SIGNATURE <i>Angy Miller</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 8-1-18					
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME: North Shore
LABORATORY NAME: Total Water Laboratories
LABORATORY TELEPHONE NUMBER WITH AREA CODE: 573-346-3810
STREET ADDRESS: PO Box 2409
CITY: Lake Ozark
ZIP CODE: 65049
COUNTY: Morgan
ID NUMBER: MO-3238276
SAMPLE COLLECTOR NAME OR INITIALS: EB

Table with columns: SAMPLE DATE MO/DAY/YR, SAMPLE TYPE, COLLECTION POINT, SAMPLE LOCATION ID, SAMPLE RESULTS (TOTAL COLIFORM, FECAL E-COLI), CHLORINE RESIDUAL (mg/L) (TOTAL, FREE). Row 1: 06/05/2018, R, Building C Left side, under bld, 11, A, A, <0.02, <0.02.

TOTAL ROUTINE SAMPLE ANALYZED: 1
MONITORING VIOLATION: [] Yes [x] No
MCL VIOLATION: [] Yes [x] No
TITLE: Laboratory Technical Director
DATE: 7-2-18
SIGNATURE: [Handwritten Signature]

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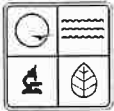


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE 							

MO 780-0438 (05-13)

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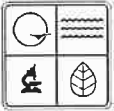


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/10/2018	R	Building C -Left side, under	11	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-7-18				
SIGNATURE <i>[Signature]</i>							

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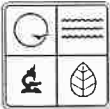


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Morgan	ID NUMBER MO-3238276		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Building C - Outside	03	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 4-2-18	
SIGNATURE <i>[Handwritten Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Morgan	ID NUMBER MO-3238276		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Building C - Left Side	11	A	A	<0.02	<0.02

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 2-28-18
--	-----------------

SIGNATURE <i>Amy Oshe</i>
