

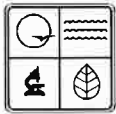


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 153 Blue Dolphin Drive		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5301497		

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
09/12/2017	R	Building 72 Unit 2C	04	A	A	0.73	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 10-3-17	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 153 Blue Dolphin Drive		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5301497		

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 72 Unit 1C	02	A	A	1.03	0.70

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 		

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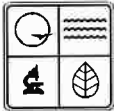


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 153 Blue Dolphin Drive		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5301497		

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
07/10/2017	R	Building 72 Unit 2C	04	A	A	0.97	0.83

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 Olsen</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sierra Bay Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 153 Blue Dolphin Drive		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-5301497	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
06/05/2017	R	Building 72 Unit 1C	02	A	A	1.21	1.02

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 		


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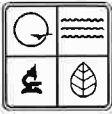


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates			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-3238024					

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	Unit 9 - Outside	008	A	A	1.06	0.98

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 6-30-19	
SIGNATURE 		

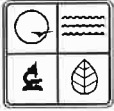


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024	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	Unit 5 - Outside	007	A	A	1.18	1.04

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>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024		

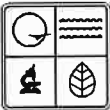
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	Unit 9 -Outside	008	A	A	0.67	0.64

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
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TITLE Laboratory Technical Director	DATE 5-4-19
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SIGNATURE *Ang Adler*

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024	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
03/18/2019	R	Unit 5 - Outside	007	A	A	1.0	0.90

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 		

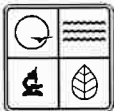
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates			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-3238024	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/26/2019	S	Unit 9 - Outside	008	A	A	0.51	0.39
03/26/2019	S	Unit 5 - Outside	007	A	A	0.53	0.41
03/26/2019	S	Unit 27	014	A	A	0.55	0.42
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 3-31-19				
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 St. Moritz Estates	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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STREET ADDRESS PO Box 1447	CERTIFICATION NUMBER 17
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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG
COUNTY Camden	ID NUMBER MO-3238024	

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	Unit 9 - Outside	008	A	A	1.34	1.03

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
---	-----------------------

SIGNATURE *[Handwritten Signature]*



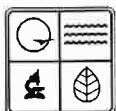
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024		

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	Unit 9 - Outside	008	A	A	0.38	0.27

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>Angie Miller</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024					
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	Unit 9 - Outside	08	A	A	0.81	0.72
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>Ang Allen</i>							



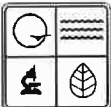
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024		

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	Unit 9 - Outside	08	A	A	0.94	0.90

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>Aug Asher</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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	ID NUMBER MO-3238024			
COUNTY Camden		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	Unit 9 - Outside	08	A	A	1.33	1.29

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 11-1-18	
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 St. Moritz Estates		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-3238024		

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	Unit 5 - Outside	007	A	A	1.28	1.25

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 9-30-18	
SIGNATURE <i>Amy Miller</i>		


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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024		

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
09/28/2018	S	Unit 9 - Outside	08	A	A	1.44	1.38
09/28/2018	S	Unit 9 - Outside	08	A	A	1.44	1.38
09/28/2018	S	Unit 5 - Outside	007	A	A	1.44	1.39

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 9-30-18	
SIGNATURE 		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Unit 9 - Outside	08	A	A	1.23	1.17

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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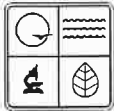
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		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-3238024		

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	Unit 5 - Outside	007	A	A	1.53	1.48
08/24/2018	S	Unit 9 - Outside	008	A	A	1.62	1.42
08/24/2018	S	Unit 27	14	A	A	1.38	1.31

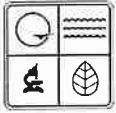
TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-4-18	
SIGNATURE <i>Myranda</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		CITY Lake Ozark					
		ZIP CODE 65049		CERTIFICATION NUMBER 17			
COUNTY Camden		ID NUMBER MO-3238024		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	Pool	005	A	A	0.86	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>My O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates
LABORATORY NAME Total Water Laboratories
LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810

STREET ADDRESS PO Box 1447
CITY Lake Ozark
ZIP CODE 65049
CERTIFICATION NUMBER 17

CITY Lake Ozark
ZIP CODE 65049
COUNTY Camden
ID NUMBER MO-3238024
SAMPLE COLLECTOR NAME OR INITIALS KR

CITY Lake Ozark
ZIP CODE 65049
COUNTY Camden
ID NUMBER MO-3238024
SAMPLE COLLECTOR NAME OR INITIALS KR

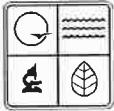
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	Unit 9	008	A	A	1.58	1.47

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

TITLE Laboratory Technical Director
DATE 7-2-18

SIGNATURE *my asin*

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 St. Moritz Estates		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-3238024						
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	Unit 9	008	A	A	1.98	1.95
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
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COUNTY Camden	ID NUMBER MO-3238024						
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	Unit 5 Front	007	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>[Handwritten Signature]</i>							

