

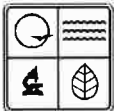
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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
02/07/2018	R	Unit 21	012	A	A	0.89	0.81
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 Oller</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
01/08/2018	R	Unit 9	008	A	A	1.03	0.91
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>							



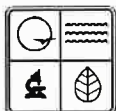
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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
12/06/2017	R	Unit 5 Front	007	A	A	0.82	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 1-2-18	
SIGNATURE <i>Angie Odum</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 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
11/07/2017	R	Unit 9	008	A	A	0.62	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 *Amy A. Miller*



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
09/11/2017	R	Unit 9	008	A	A	0.98	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 10-3-17	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

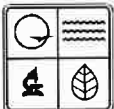
PUBLIC WATER SYSTEM NAME St. Moritz Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark	ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3238024						
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
08/02/2017	R	Unit 5 Front	007	A	A	0.70	0.60
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 8-26-17				
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 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
07/10/2017	R	Unit 9	008	A	A	0.95	0.91
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>							

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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
06/07/2017	R	Pool	5	A	A	0.69	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 7-2-17	
SIGNATURE <i>Amy Osler</i>		



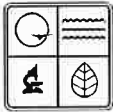
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052		
COUNTY Camden	ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS 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
06/05/2019	R	92 Nine Iron	07	A	A	0.71	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 6-30-14	
SIGNATURE <i>Ang O'Neil</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17			
CITY Linn Creek		ZIP CODE 65052			
COUNTY Camden		ID NUMBER MO-3031280			
SAMPLE COLLECTOR NAME OR INITIALS EB					

SAMPLE DATE 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	Hydrant at Club House	35	A	A	0.54	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 6-2-19	
SIGNATURE <i>Ang otk</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 Sylvan Bay			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3031280					
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
04/03/2019	R	270 Sylvan Hills	15	A	A	0.39	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 5-4-19				
SIGNATURE <i>[Signature]</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280		SAMPLE COLLECTOR NAME OR INITIALS 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	92 Nine Iron	07	A	A	0.33	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 3-31-19				
SIGNATURE <i>[Handwritten Signature]</i>							

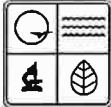


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052		
COUNTY Camden	ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS 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
03/28/2019	S	305 Tall Oaks	20	A	A	0.84	0.53
03/28/2019	S	Hydrant at Club House	35	A	A	0.61	0.46
03/28/2019	S	270 Sylvan Hills	15	A	A	0.65	0.49

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>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3031280		

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	270 Sylvan Hills	15	A	A	0.29	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 3-2-19	
SIGNATURE <i>[Handwritten Signature]</i>		

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STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek	ZIP CODE 65052		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3031280						
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	Hydrant at Club House	35	A	A	0.42	0.37
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 2-2-19				
SIGNATURE <i>Ang Allen</i>							

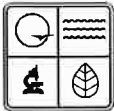


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PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031280		

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
12/12/2018	R	Hydrant at Club House	35	A	A	0.44	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 1-2-19	
SIGNATURE <i>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17			
CITY Linn Creek		ZIP CODE 65052			
COUNTY Camden		ID NUMBER MO-3031280		SAMPLE COLLECTOR NAME OR INITIALS 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
11/07/2018	R	230 Sylvan Hills	27	A	A	0.46	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
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TITLE Laboratory Technical Director	DATE 12-1-18
---	------------------------

SIGNATURE <i>[Handwritten Signature]</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052		
COUNTY Camden	ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE 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	270 Sylvan Hills	15	A	A	0.58	0.55
11/20/2018	S	Hydrant at Club House	35	A	A	0.57	0.51
11/20/2018	S	305 Tall Oaks	20	A	A	0.51	0.40

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>Mary Walker</i>		

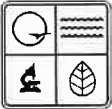


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CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031280		

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	Hydrant at Club House	35	A	A	0.64	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 11-1-18	
SIGNATURE <i>[Handwritten Signature]</i>		

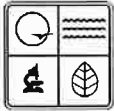


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CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/31/2018	S	Hydrant at Club House	35	A	A	0.54	0.53
10/31/2018	S	Hydrant at WWTP	29	A	A	0.51	0.51
10/31/2018	S	230 Sylvan Hills	27	A	A	0.45	0.35
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 11-1-18					
SIGNATURE <i>Amy Miller</i>							

MO 780-0438 (05-13)

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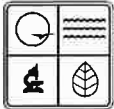
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STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	92 Nine Iron	07	A	A	0.25	0.17

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 9-30-18	
SIGNATURE <i>[Signature]</i>		

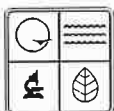
MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE 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	Hydrant at Club House	35	A	A	0.66	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 9-4-18				
SIGNATURE <i>my ofm</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	Hydrant @ WWTP	29	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 8-1-18	
SIGNATURE <i>Angie Dyer</i>		



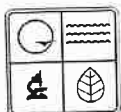
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	92 Nine Iron	07	A	A	0.61	0.58

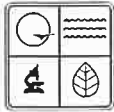
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 7-2-18	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031280					
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	Hydrant @ WWTP	29	A	A	0.49	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		
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE <i>[Handwritten Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031280					

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	92 Nine Iron	07	A	A	0.56	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 5-1-16				
SIGNATURE <i>[Handwritten Signature]</i>							

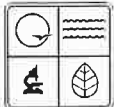


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	Hydrant at Club House	35	A	A	0.75	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 4-2-18	
SIGNATURE 		

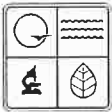


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	305 Tall Oaks	20	A	A	0.78	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 2-28-18	
SIGNATURE 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek	ZIP CODE 65052		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3031280						
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	Hydrant at Club House	35	A	A	0.66	0.42
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>Angi Olson</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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
12/12/2017	R	57 Jeanie Lane	32	A	A	0.62	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
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TITLE Laboratory Technical Director	DATE 1-2-18
---	-----------------------

SIGNATURE *[Signature]*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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
12/14/2017	S	28 Sylvan Hills	13	A	A	0.41	0.31
12/14/2017	S	Hydrant at Club House	35	A	A	0.52	0.41
12/14/2017	S	305 Tall Oaks	20	A	A	0.79	0.73

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 1-2-18	
SIGNATURE 		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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	270 Sylvan Hills	15	A	A	0.41	0.38

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 Sylvan Bay		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17					
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3031280						
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	Hydrant at Club House	35	A	A	0.73	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 10-31-17					
SIGNATURE <i>Amy Miller</i>							




MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

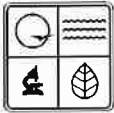
PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031280					
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	Hydrant @ WWTP	29	A	A	0.56	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	
TITLE Laboratory Technical Director			DATE 10-3-17				
SIGNATURE <i>Amy A. Miller</i>							



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

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65052		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031280					
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
08/30/2017	S	Hydrant @ WWTP	29	A	A	0.49	0.45
08/30/2017	S	Hydrant at Club House	35	A	A	1.28	1.19
08/30/2017	S	90 Sylvan Hills	25	A	A	0.76	0.69
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 9-2-17				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3031280		

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
07/18/2017	R	Hydrant at Club House	35	A	A	0.46	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
TITLE Laboratory Technical Director	DATE 8-1-17	
SIGNATURE <i>Amy Allen</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 612 Sylvan Bay		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65052	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3031280		

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	230 Sylvan Hills	27	A	A	0.53	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 7-2-17	
SIGNATURE 		

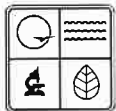


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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>amy 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

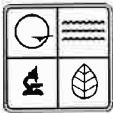
PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17					
CITY Wildwood		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted		SAMPLE COLLECTOR NAME OR 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	645 Wilbus Road	02	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 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17				
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 3-3-19				
SIGNATURE 							



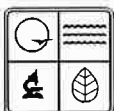
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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>My Allen</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17				
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 1-2-19				
SIGNATURE <i>Amy Oller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17					
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 <i>[Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17				
CITY Wildwood		ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17					
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER Non-Permitted						
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	Well House	01	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>Amy Miller</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

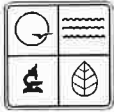
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STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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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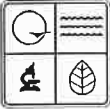
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038		
COUNTY Camden	ID NUMBER Non-Permitted	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
07/17/2018	R	Well House	01	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 		

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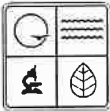
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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>amy admr</i>		

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 <i>6-4-18</i>	
SIGNATURE <i>Angie Oshe</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

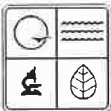
PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 *Amy O'Brien*



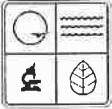
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038		
COUNTY Camden	ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Well House	01	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>Ray Allen</i>		

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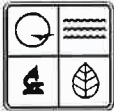
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1847 Sheppard			CERTIFICATION NUMBER 17				
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 1-31-18				
SIGNATURE <i>[Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1847 Sheppard				CERTIFICATION NUMBER 17			
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 							



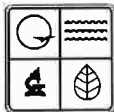
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 10-31-17
SIGNATURE <i>Angie O'Brien</i>	

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

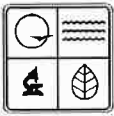
PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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	Well House	01	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 10-3-17
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SIGNATURE <i>Muz Apin</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17					
CITY Wildwood		ZIP CODE 63038		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER Non-Permitted					
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	Well House	01	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 8-29-17					
SIGNATURE <i>Ang O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038		
COUNTY Camden	ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2017	R	Well House	01	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>Amey O'Brien</i>		

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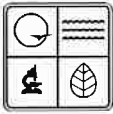


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1847 Sheppard		CERTIFICATION NUMBER 17	
CITY Wildwood	ZIP CODE 63038	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER Non-Permitted		

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
06/08/2017	S	647 Wilbus Road	03	A	A	<0.02	<0.02
06/08/2017	S	647 Wilbus Road	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 7-2-17	
SIGNATURE <i>Amy Allen</i>		



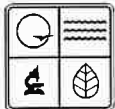
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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
06/10/2019	R	49 Ginny	10	A	A	0.78	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>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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	214 Ginny	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 6-2-19	
SIGNATURE <i>Andy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/06/2019	S	Well		P	A	<0.02	<0.02
05/06/2019	S	Storage Tank		P	A	0.03	<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 6-2-19				
SIGNATURE <i>amy oster</i>							

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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
05/08/2019	S	Well 2	03	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 6-2-19	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3036251					
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
05/16/2019	S	Well		P	A	<0.02	<0.02
05/16/2019	S	Tank Pipe		P	A	1.5	1.42
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 6-2-19					
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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
05/22/2019	S	Well		A	A	<0.02	<0.02
05/22/2019	S	Tank		A	A	1.28	1.13

TOTAL ROUTINE SAMPLE ANALYZED 0	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 6-2-19	
SIGNATURE 		

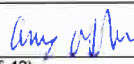
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/23/2019	S	Pipe		A	A	0.78	0.63
05/23/2019	S	Tank		A	A	0.77	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 6-2-19	
SIGNATURE 		



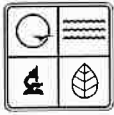
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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	49 Ginny	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 5-4-19	
SIGNATURE <i>[Signature]</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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
04/18/2019	S	186 Prairie Rose	18	A	A	<0.02	<0.02
04/18/2019	S	68 Prairie Rose	14	A	A	<0.02	<0.02
04/18/2019	S	49 Ginny	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 5-4-19	
SIGNATURE <i>[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



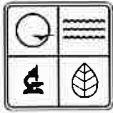
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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	214 Ginny	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 3-31-19	
SIGNATURE <i>Angy Miller</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-3036251		

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	49 Ginny	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 3-2-19	
SIGNATURE <i>Angie O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3036251					
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	186 Prairie Rose	18	A	A	1.02	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 <i>Angie Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3036251		

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	263 Prarie Rose	07	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>Amy Adler</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

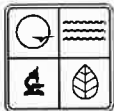
PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS 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
11/16/2018	R	263 Prairie Rose	07	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
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SIGNATURE *[Handwritten Signature]*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036251					
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
10/17/2018	R	78 Capstone	17	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
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3036251					
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	214 Ginny	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 9-30-18				
SIGNATURE <i>Ang after</i>							

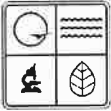


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/08/2018	R	187 Capstone	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 9-4-18	
SIGNATURE <i>[Signature]</i>		



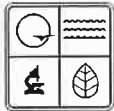
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	49 Ginny	10	A	A	<0.02	<0.02

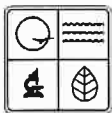
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-18	
SIGNATURE <i>Amey N...</i>		

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3036251					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	214 Ginny	11	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>[Signature]</i>							



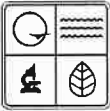
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS JL	
COUNTY Camden	ID NUMBER MO-3036251		

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
06/09/2018	S	229 Prairie Rose	15	P	A	<0.02	<0.02
06/09/2018	S	68 Prairie Rose	14	P	A	<0.02	<0.02
06/09/2018	S	214 Ginny	11	P	A	<0.02	<0.02
06/09/2018	S	49 Ginny	10	A	A	<0.02	<0.02
06/09/2018	S	Well	01	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 6-24-18	

SIGNATURE *amy [signature]*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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
06/11/2018	S	49 Ginny	10	A	A	<0.02	<0.02
06/11/2018	S	25 Ginny	16	A	A	<0.02	<0.02
06/11/2018	S	Well	01	A	A	<0.02	<0.02
06/11/2018	S	214 Ginny	11	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 Technical Director	DATE 6-24-18
--	-----------------

SIGNATURE <i>Amy Oster</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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	S	49 Ginny	10	A	A	<0.02	<0.02
06/20/2018	S	25 Ginny	16	A	A	<0.02	<0.02
06/20/2018	S	214 Ginny	11	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 6-24-18	
SIGNATURE <i>[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

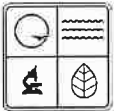
PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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
06/21/2018	S	Well 1	01	A	A	<0.02	<0.02
06/21/2018	S	49 Ginny	10	A	A	<0.02	<0.02
06/21/2018	S	25 Ginny	16	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 Technical Director	DATE 6-24-18
--	-----------------

SIGNATURE <i>[Signature]</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2018	R	68 Prairie Rose	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 6-4-18				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3036251					

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	187 Capstone	13	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
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TITLE Laboratory Technical Director	DATE 5-1-19
--	----------------

SIGNATURE <i>Amy Miller</i>

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 186 Capstone			CERTIFICATION NUMBER 17				
CITY Linn Creek		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE RESULTS				
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	189 Prarie Rose	121	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 Whispering Hills Subdivision	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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STREET ADDRESS 186 Capstone	CERTIFICATION NUMBER 17
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CITY Linn Creek	ZIP CODE 65020
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COUNTY Camden	ID NUMBER MO-3036251	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
02/01/2018	S	Well 2	03	A	A	<0.02	<0.02
02/01/2018	S	49 Ginny	10	A	A	<0.02	<0.02
02/01/2018	S	214 Ginny	11	A	A	<0p.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 Miller</i>



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

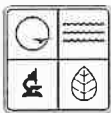
PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

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
02/02/2018	S	Well 2	03	A	A	<0.02	<0.02
02/02/2018	S	49 Ginny	10	A	A	<0.02	<0.02
02/02/2018	S	263 Prairie Rose	07	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 Allen</i>		

MO 780-0438 (05-13)

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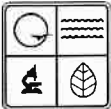


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 186 Capstone		CERTIFICATION NUMBER 17	
CITY Linn Creek	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3036251		

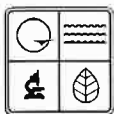
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/24/2018	S	Well 1	01	A	A	<0.02	<0.02
01/24/2018	S	Well 2	03	A	A	<0.02	<0.02

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 1-31-18	
SIGNATURE <i>[Handwritten Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 241 Whispering Streams			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted		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	211 Whispering Streams Road	02	A	A	1.04	0.96
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 Astler</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

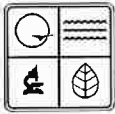
PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Miller	ID NUMBER Non- Permitted		

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	35 Hidden Cove Road	07	A	A	1.21	1.16

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 6-2-19
---	-----------------------

SIGNATURE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Miller	ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB	

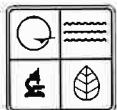
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/02/2019	R	35 Hidden Cove Road	07	A	A	0.96	0.93

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>		

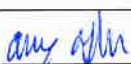


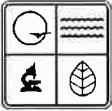
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 241 Whispering Streams			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted	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
03/19/2019	R	211 Whispering Streams Rd	02	P	A	1.03	0.96
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 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted		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
03/20/2019	P	211 Whispering Streams Rd	02	A	A	0.45	0.43
03/20/2019	P	25 Deer Hollow Rd	10	A	A	0.49	0.43
03/20/2019	P	35 Hidden Cove Rd	07	A	A	0.56	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		
TITLE Laboratory Technical Director		DATE 3-31-19					
SIGNATURE 							

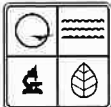


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Miller	ID NUMBER Non- Permitted	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	35 Hidden Cove Road	07	A	A	0.65	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 3-2-19	
SIGNATURE <i>Amy Ogden</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Miller	ID NUMBER Non- Permitted		

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
01/31/2019	P	221 Whispering Streams Rd	03	A	A	1.06	1.03
01/31/2019	P	25 Deer Hollow Rd	10	A	A	1.03	1.01
01/31/2019	P	39 Hidden Cove Rd	08	A	A	1.02	1.01

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 *my offer*

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 241 Whispering Streams			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Miller		ID NUMBER Non- Permitted					
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
01/30/2019	S	221 Whispering Streams Rd	03	P	A	1.06	1.03
01/30/2019	S	25 Deer Hollow Rd	10	A	A	1.03	1.01
01/30/2019	S	39 Hidden Cove Rd	08	A	A	1.02	1.01
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>amy aslin</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 241 Whispering Streams		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Miller	ID NUMBER Non- Permitted						
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	35 Hidden Cove Road	07	A	A	0.45	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 1-2-19					
SIGNATURE <i>Amy Miller</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS		CERTIFICATION NUMBER 17					
CITY Eugene	ZIP CODE 65032		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY	ID NUMBER Non- Permitted						
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	39 Hidden Cove Road	08	A	A	1.07	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 12-1-18				
SIGNATURE <i>Angie Allen</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS		CERTIFICATION NUMBER 17					
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY	ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/17/2018	R	35 Hidden Cove Road	07	A	A	1.57	1.35
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 11-1-18					
SIGNATURE <i>Amey [Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS		CERTIFICATION NUMBER 17			
CITY Eugene		ZIP CODE 65032			
COUNTY		ID NUMBER Non- Permitted		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	211 Whispering Streams Road	02	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	
TITLE Laboratory Technical Director		DATE 9-30-18			
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 Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS		CERTIFICATION NUMBER 17					
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY	ID NUMBER Non- Permitted						
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	25 Deer Hollow Road	10	A	A	0.86	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 9-4-18					
SIGNATURE <i>[Signature]</i>							



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

PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY		ID NUMBER Non- Permitted					
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	35 Hidden Cove Road	07	A	A	0.68	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 <i>Amey Rubin</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 Whispering Streams				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS				CERTIFICATION NUMBER 17			
CITY Eugene			ZIP CODE 65032				
COUNTY			ID NUMBER Non- Permitted		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	211 Whispering Streams Rd	02	A	A	1.00	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 7-2-18			
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY		ID NUMBER Non- Permitted					
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	35 Hidden Cove Road	07	A	A	0.28	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 6-4-18				
SIGNATURE <i>Amy O'Brien</i>							

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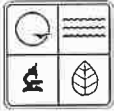


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY	ID NUMBER Non- Permitted		

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
04/17/2018	R	211 Whispering Streams Road	02	A	A	1.18	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 5-11-8	
SIGNATURE <i>[Handwritten Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY		ID NUMBER Non- Permitted					
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	35 Hidden Cove Road	07	A	A	1.10	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 4-2-18				
SIGNATURE <i>Amy Adkins</i>							

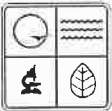
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY		ID NUMBER Non- Permitted					
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	211 Whispering Streams Road	02	A	A	1.10	1.07
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 Odum</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted		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
01/10/2018	R	35 Hidden Cove Road	07	A	A	1.20	1.09
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 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032		
COUNTY	ID NUMBER Non- Permitted	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
12/05/2017	R	221 Whispering Streams Road	03	A	A	1.10	1.06

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 Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted	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
11/08/2017	R	25 Deer Hollow Road	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 12-2-17				
SIGNATURE 							

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1-2-18



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams	LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
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STREET ADDRESS	CERTIFICATION NUMBER 17
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CITY Eugene	ZIP CODE 65032
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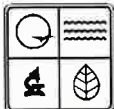
COUNTY	ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB
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SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/08/2017	R	25 Deer Hollow Road	10	A	A	0.76	0.72

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 1-2-18
--	----------------

SIGNATURE *Amy Osler*



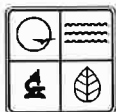
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY	ID NUMBER Non- Permitted		

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	221 Whispering Streams Road	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 10-31-17	
SIGNATURE <i>Any other</i>		

Revised Report
1-2-18



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032			SAMPLE COLLECTOR NAME OR INITIALS EB		
COUNTY		ID NUMBER Non- Permitted					
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	221 Whispering Streams Road	03	A	A	0.82	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 1-2-18				
SIGNATURE <i>amy osher</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032		
COUNTY	ID NUMBER Non- Permitted	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
09/06/2017	R	241 Whispering Streams Road	05	P	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 <i>10-3-17</i>	
SIGNATURE <i>[Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY	ID NUMBER Non- Permitted		

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
09/08/2017	P	Well House	01	P	A	<0.02	<0.02
09/08/2017	P	35 Hidden Cave Road	07	A	A	<0.02	<0.02
09/08/2017	P	241 Whispering Streams Road	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 10-3-17	

SIGNATURE *Amz Omm*

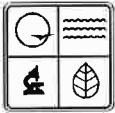


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS		CERTIFICATION NUMBER 17	
CITY Eugene	ZIP CODE 65032	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY	ID NUMBER Non- Permitted		

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
09/09/2017	S	Well House	01	A	A	0.91	0.82
09/09/2017	S	25 Deer Hollow Road	10	A	A	<0.02	<0.02
09/09/2017	S	241 Whispering Streams Road	05	A	A	<0.02	<0.02
09/09/2017	S	35 Hidden Cave Road	07	A	A	<0.02	<0.02

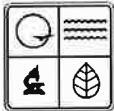
TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 10-3-17	
SIGNATURE <i>Amy O'Brien</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

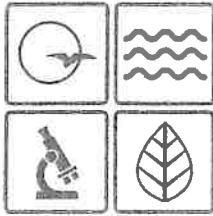
PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS		CERTIFICATION NUMBER 17					
CITY Eugene		ZIP CODE 65032		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY		ID NUMBER Non- Permitted		SAMPLE 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
07/18/2017	R	221 Whispering Streams Road	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 8-1-17				
SIGNATURE <i>[Signature]</i>							

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 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS			CERTIFICATION NUMBER 17				
CITY Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	35 Hidden Cave Road	07	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>							



Missouri Department of dnr.mo.gov

NATURAL RESOURCES

Michael L. Parson, Governor

Carol S. Comer, Director

March 7, 2019

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

UNSATISFACTORY FINDINGS RESPONSE REQUIRED

Dear Mr. Goss:

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

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

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

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

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

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief
Drinking Water Section

MDR/jow

Enclosure

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

029.pdwp.LakesideatCrossCreek.mo5031496.x.2019.03.07.fy19.ins.x.jeo



MWA 1.18-000667

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

Introduction

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

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

Lakeside at Cross Creek

Mr. Kelly Goss, Designated Operator, 573-353-9595

Mr. Ed Barlund, Designated Operator, 573-569-3732

Missouri Department of Natural Resources

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

Facility Description and History

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

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

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

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

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

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

Discussion of Inspection and Observation

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

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

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

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

Sampling and Monitoring

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

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

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

Compliance Determination and Required Actions

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

Unsatisfactory Findings

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

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

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

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

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

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

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

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

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

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

Recommendations

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

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

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

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

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

Additional Comments

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

Report of Inspection
Lakeside at Cross Creek
March 7, 2019
Page 5


Signatures

SUBMITTED BY:



Johnny O'Dell
Environmental Specialist
Southwest Regional Office

REVIEWED BY:

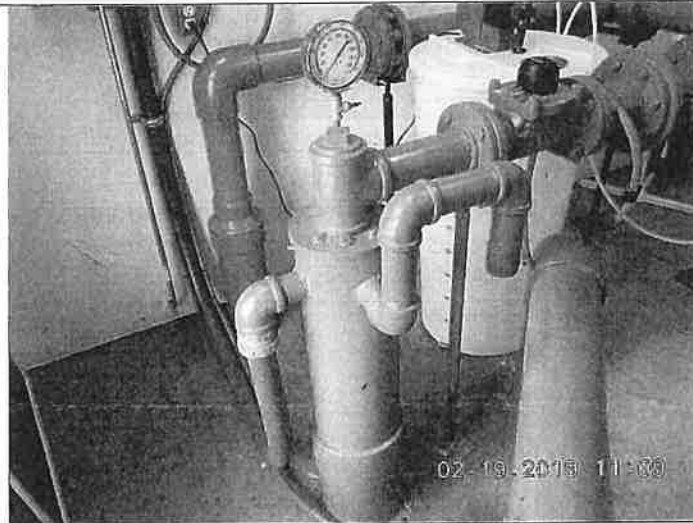
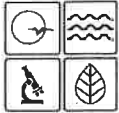


Judith Charlton, Chief
Drinking Water Inspection Unit
Southwest Regional Office

Attachments

Photograph Addendum 1 through 6
Application for Permit to Dispense

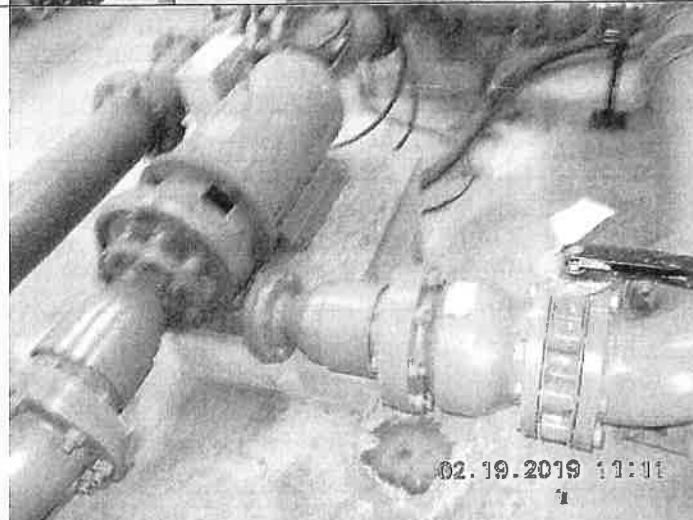
Handwritten text, possibly a signature or name, located in the upper middle section of the page.



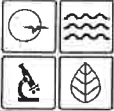
PHOTOGRAPH #1
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Inside wellhouse
DESCRIPTION: Wellhead
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch



PHOTOGRAPH #2
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Inside wellhouse
DESCRIPTION: Chlorine injection point
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch

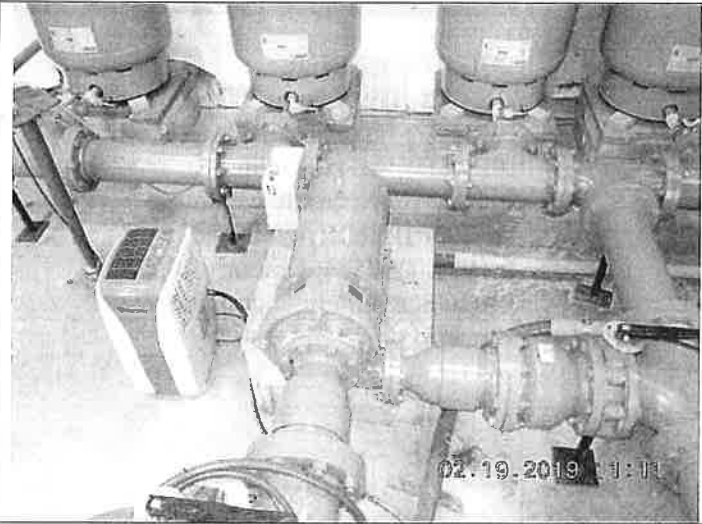


PHOTOGRAPH #3
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Inside wellhouse
DESCRIPTION: first booster bump
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch



PHOTOGRAPH ADDENDUM

REGIONAL OFFICE
Southwest Regional Office



PHOTOGRAPH #4
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Inside wellhouse
DESCRIPTION: second booster bump
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch



PHOTOGRAPH #5
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Inside wellhouse
DESCRIPTION: Bladder tanks
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch



PHOTOGRAPH #6
TAKEN BY: Johnny O'Dell
ENTITY: Lakeside at Cross Creek
PERMIT: MO5031496
LOCATION: Outside wellhouse
DESCRIPTION: Storage tank
DATE TAKEN: February 19, 2019
PROGRAM: Public Drinking Water Branch



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 PUBLIC DRINKING WATER BRANCH
**PERMIT TO DISPENSE APPLICATION FOR
 PUBLIC WATER SYSTEMS**

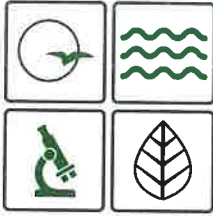
FOR OFFICE USE ONLY
 DATE RECEIVED

Per 10 CSR 60-3.020 (3) Owners of all public water systems commencing operation after Oct. 1, 1999 applying for written construction authorizations, permits to dispense, or both, shall show in accordance with 10 CSR 60-3.020 (6) that a permanent organization exists which will serve as the continuing operating authority for the management, operation, replacement, maintenance and modernization of the facility for which the application is made. Construction authorizations and permits to dispense will not be issued unless the applicant provides proof satisfactory to the department that a continuing operating authority exists that shall have jurisdiction over the facility. Written construction authorization and permits to dispense water will be issued to the continuing operating authority and shall be valid only for the continuing operating authority to which the permit is issued.

1. SYSTEM CLASSIFICATION			
<input type="checkbox"/> Community		<input type="checkbox"/> Nontransient Noncommunity	
		<input type="checkbox"/> Transient Noncommunity	
2. NAME OF WATER SYSTEM		COUNTY	PWS ID NUMBER
			MO
3. ADDRESS	CITY	STATE	ZIPCODE
4. NAME OF PROPERTY OWNER	EMAIL ADDRESS	TELEPHONE NUMBER WITH AREA CODE	
5. ADDRESS	CITY	STATE	ZIPCODE
6. CONTINUING OPERATING AUTHORITY (IF SAME AS OWNER INDICATE "SAME")		TELEPHONE NUMBER WITH AREA CODE	
7. TYPE OF SUPPLY			
<input type="checkbox"/> City <input type="checkbox"/> PWSD <input type="checkbox"/> Subdivision <input type="checkbox"/> Mobile Home Park <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Noncommunity: (Describe)			
8. TECHNICAL, MANAGERIAL, AND FINANCIAL (TMF) CAPACITY DEVELOPMENT REVIEW ONLY APPLIES TO COMMUNITY AND NONTRANSIENT NONCOMMUNITY WATER SYSTEMS COMMENCING OPERATION AFTER OCT. 1, 1999.			
TMF Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. TYPE AND LOCATION OF SOURCE			
<input type="checkbox"/> Well <input type="checkbox"/> Intake <input type="checkbox"/> Purchase water from another public water supply Geographic Coordinates: Latitude Longitude			
10. Emergency connection to another PWS: Supplier PWS ID number: MO Geographic coordinates of master meter: Latitude Longitude			
11. If purchase wholesale water: Supplier's PWS ID number: MO Max allowable purchased per day: Average amount purchased per day: Geographic coordinates of master meter: Latitude Longitude			
12. If sell wholesale water: Purchaser's PWS ID number: MO Max allowable sold per day: Average amount sold per day: geographic coordinates of master meter: Latitude Longitude			
IF YOU HAVE MORE THAN ONE SOURCE, PURCHASE FROM OR SELL TO MORE THAN ONE ENTITY OR HAVE MULTIPLE EMERGENCY CONNECTIONS LIST EACH ON A SEPARATE PAGE			
13. Well information (if unknown leave blank)		14. Intake information	
Total depth		Local Intake Name	
Casing depth		Lake/River/Creek Name	
Pump capacity		Capacity	
Well certification number		Date Constructed	
Date constructed			
If more than one well or intake is being used, provide the information on a separate page			
15. Well grandfathered	Constructed prior to July 27, 1987	<input type="checkbox"/> Yes, well is grandfathered <input type="checkbox"/> No, well is not grandfathered	
16. Noncompliant well	A noncompliant well agreement was issued between the department and the public water supply. This is for wells that are not state approved that were drilled between July 27, 1987 and June 15, 2007.	<input type="checkbox"/> yes-agreement has been completed <input type="checkbox"/> no- agreement has not been completed <input type="checkbox"/> n/a - well is either grandfathered or state certified as a public water supply	
17. State-approved	Well has certification from the Missouri Department of Natural Resources' Geological Survey	Certification or reference number:	

18. BOOSTER OR HIGH SERVICE PUMPS			
Number of pumps	Capacity of each:	Pump #1 gpm	Pump #2 gpm Pump #3 gpm
Type of pumps			
Geographic coordinates of pump station: latitude longitude			
If more than one pump station is being used, provide the information on a separate page			
19. Volume/Storage	Indicate volume of each storage structure separately using additional pages as necessary		
Water Tower		Gallons	
Stand Pipes		Gallons	
Ground Storage		Gallons	
Pressure Tanks	Number of tanks	Capacity of each tank	Total volume of all pressure tanks
Bladder Tanks	Number of tanks	Capacity of each tank	Total volume of all bladder tanks
Total Storage Volume		Gallons	
20. WATER TREATMENT DESCRIPTION			
21. OPERATOR			
CHIEF OPERATOR'S NAME	CHIEF OPERATOR'S PHONE NUMBER	CHIEF OPERATOR'S CERTIFICATION NUMBER	
If the system has hired additional operators, please provide information for each operator on an additional page.			
22. Required documents to be provided include			
<input type="checkbox"/> Copy of property deeds for wells, well houses, storage tanks and treatment plants			
<input type="checkbox"/> Proof of ownership if, i.e. bylaws for HOA, POA or COA or business registration with the Secretary of State			
<input type="checkbox"/> Well information: Well drillers certification log or well certification if available			
<input type="checkbox"/> Emergency Operations Plan, required for community water systems only			
<input type="checkbox"/> As-Built Drawings, Required for Community Water Systems commencing operation before October 1, 1999 if no construction permit for the system was issued			
<input type="checkbox"/> Technical, Managerial and Financial Checklist for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999			
<input type="checkbox"/> Operational Management Plan for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999			
<input type="checkbox"/> Financial Capacity Demonstrations as listed on the Technical, Managerial and Financial Capacity Development Checklist for community water systems and nontransient noncommunity water systems commencing operations after Oct. 1, 1999			
NOTE: For owner/official custodian: For a sole proprietorship, use the name of the proprietor; For a corporation, use the name of an officer of at least the level of a plant manager; For a partnership, use the name of a principal partner; for a city, state, federal or other public facility, use the name of either a principal executive officer or a ranking public official.			
23. ADDRESS	CITY	STATE	ZIPCODE
SIGNATURE OF OWNER OR OFFICIAL CUSTODIAN			DATE
PRINT NAME OF OWNER OR OFFICIAL CUSTODIAN	TITLE	TELEPHONE NUMBER WITH AREA CODE	
Mail completed copy to: Missouri Department Of Natural Resources, Water Protection Program, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176 Phone: 800-361-4827 Or 573-751-1300 Fax: 573-751-3110			

780-2122 (02-15)



Missouri Department of

dnr.mo.gov

NATURAL RESOURCES

Michael L. Parson, Governor

Carol S. Comer, Director

March 7, 2019

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

Dear Mr. Goss:

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

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

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

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

Sincerely,

SOUTHWEST REGIONAL OFFICE

Gwenda J. Bassett
Environmental Scientist

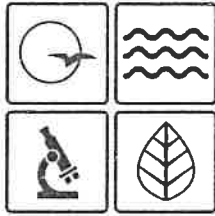
GJB/gbp

c: Public Drinking Water Branch, Compliance and Enforcement Section

029.pdwp.OakShadowsSubdivision.mo5031544x.2019.03.07.fy19.bcartc.x.gjb


Recycled paper

MWA 1.18-000679



Missouri Department of dnr.mo.gov

NATURAL RESOURCES

Eric R. Greitens, Governor

Carol S. Comer, Director

May 19, 2017

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

SIGNIFICANT DEFICIENCY RESPONSE REQUIRED

Dear Mr. Thurwanger:

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

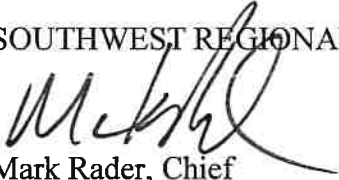
Please refer to the enclosed report for details of identified Unsatisfactory Findings and required actions. **A written response documenting actions taken to correct the violations is required by the date specified in the report.**

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

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

Sincerely,

SOUTHWEST REGIONAL OFFICE



Mark Rader, Chief
Drinking Water Section

MDR/syl

Enclosure

c: Ms. Brandy Gelber, Public Drinking Water Branch
Mr. Kelly Goss, Co-owner
Ms. Airin Haselwander, Wellhead Protection Section
Ms. Kim Rannebarger, Operator
Mr. Brent Weis, Public Drinking Water Branch

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



MWA 1.18-000680

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

Introduction

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

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

Park Place Master

Ms. Kim Rannebarger

Missouri Department of Natural Resources

Ms. Sheila Yoder, Environmental Specialist

Ms. Diana Reinert, Environmental Specialist

Facility Description and History

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

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

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

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

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

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

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

Discussion of Inspection and Observation

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

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

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

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

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

Sampling and Monitoring

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

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

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

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

Engineering Assessment

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

Compliance Determination and Required Actions

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

Significant Deficiencies

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

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

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

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

Unsatisfactory Findings

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

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

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

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

Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signatures

SUBMITTED BY:

REVIEWED BY:

Sheila Yoder

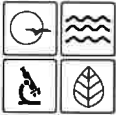
Sheila Yoder
Environmental Specialist
Southwest Regional Office

Kristen Pattinson

Kristen Pattinson, Chief
Drinking Water Compliance Unit
Southwest Regional Office



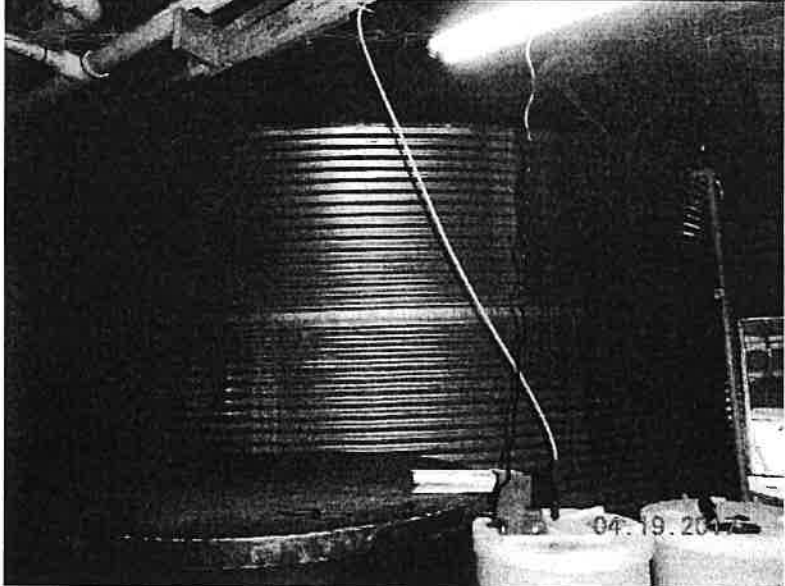
Attachments

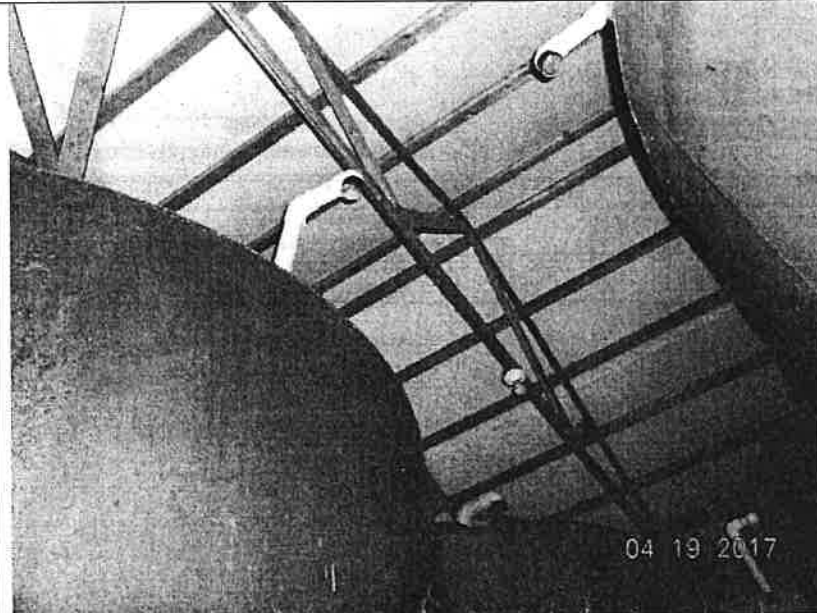
Photograph Addendum 1 through 6
Cross connection control template
Backflow fact sheet
Publication 2112 tank inspection



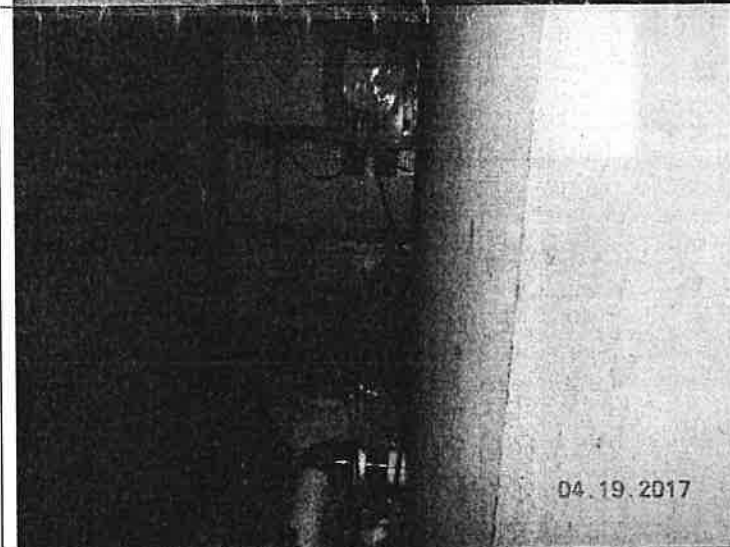
MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
PHOTOGRAPH ADDENDUM

REGIONAL OFFICE
Southwest Regional Office

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



PHOTOGRAPH# 4
DATE TAKEN: April 19, 2017
BY: Diana Reinert
DESCRIPTION: Storage tanks that need paint, have overflows that are too high to check.



PHOTOGRAPH# 5
DATE TAKEN: April 19, 2017
BY: Diana Reinert
DESCRIPTION: Pack rats nesting under and around booster pump (sticks, wood, leaves, insulation, mothballs placed in area). Electrical box on wall has note per Fire Marshall stating Do Not Use 2009. The operator said she did not know what prompted the posting of the sign and said the booster was no longer used.



PHOTOGRAPH# 6
DATE TAKEN: April 19, 2017
BY: Diana Reinert
DESCRIPTION: Spigots and garden hoses at docks.



Jeremiah W. (Jay) Nixon, Governor • Sara Parker Pauley, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 1, 2015

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

Dear Mr. Goss:

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

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

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

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

Sincerely,

SOUTHWEST REGIONAL OFFICE

A handwritten signature in black ink, appearing to read 'Mark Rader', with a long, sweeping underline that extends to the right.

Mark Rader, Chief
Drinking Water Section

MDR/mjgl

Enclosure

c: Ms. Misty Lange, Public Drinking Water Branch

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

June 1, 2015

INTRODUCTION

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

DISCUSSION

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

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

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

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

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

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

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

UNSATISFACTORY FEATURES

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

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

Significant Deficiencies

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

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

Violations of Missouri Safe Drinking Water Regulations

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

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

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

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

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

Establish a cross-connection control program.

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

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

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

Department Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

REPORTED BY:

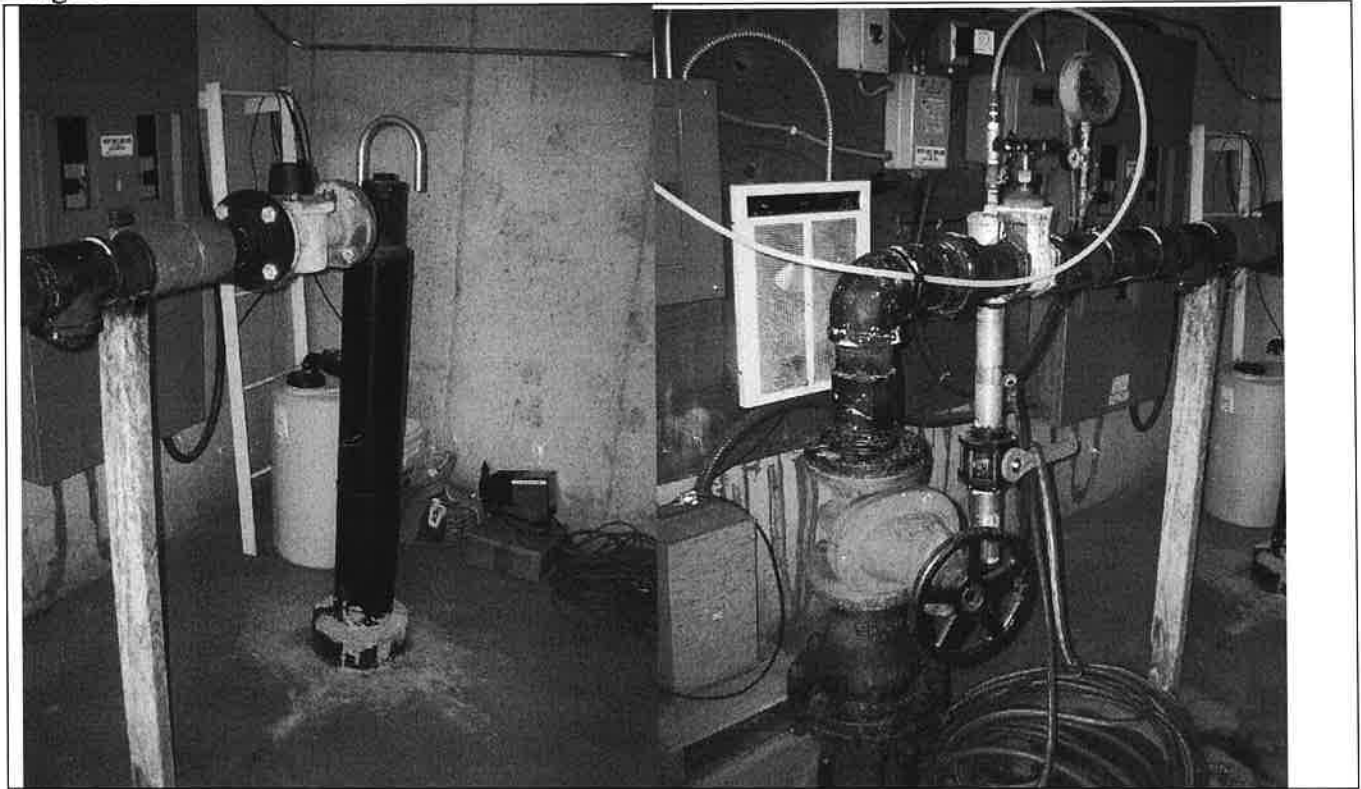


Michael Grose
Drinking Water Engineering
and Assistance Unit

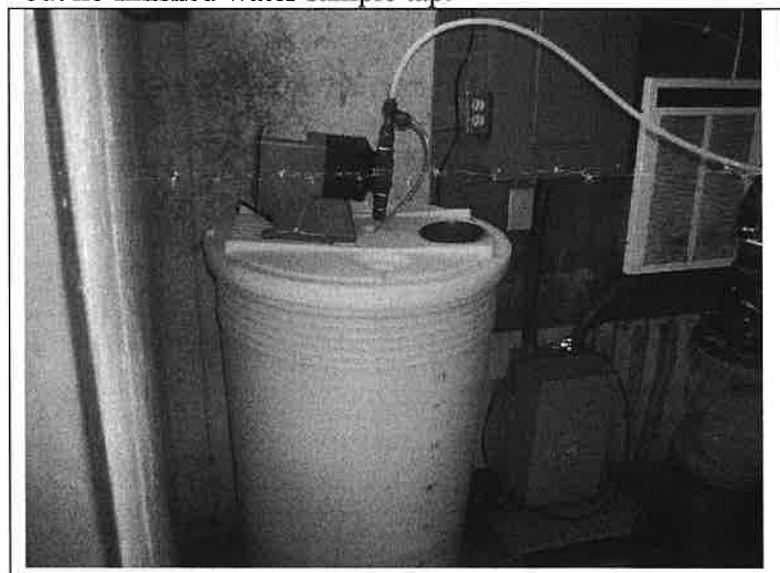
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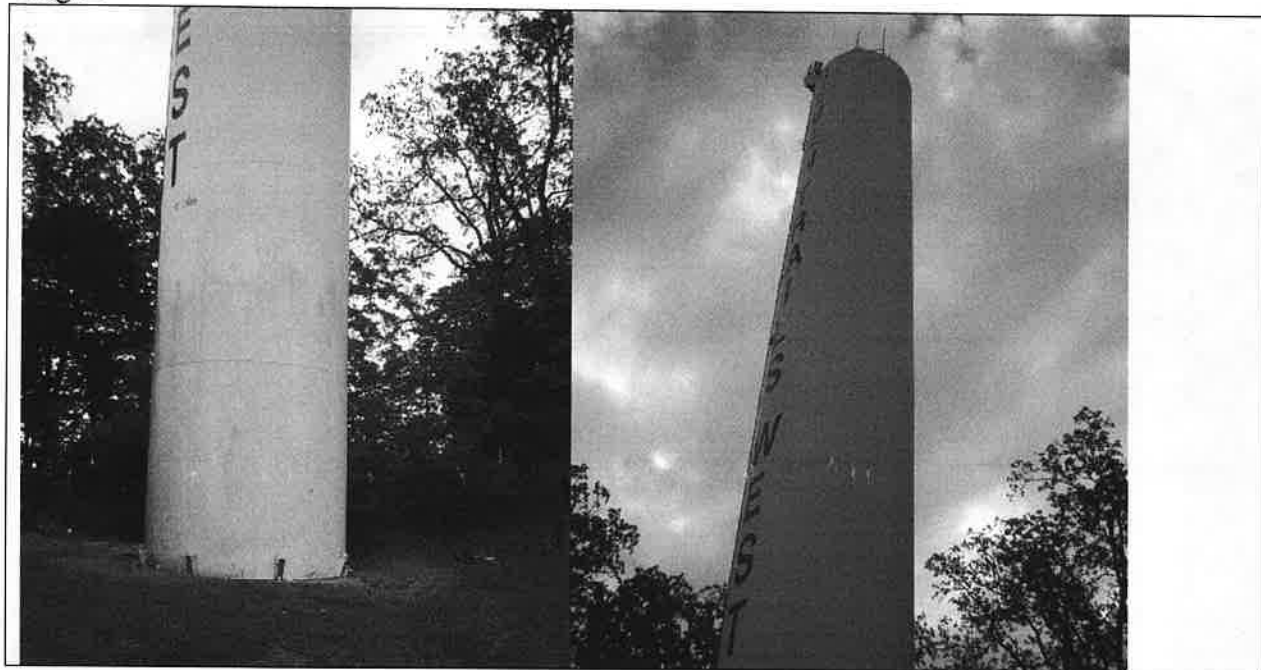
Clinton Finn, P.E.
Drinking Water Engineering
and Assistance Unit



Location: Seven Trails West
Photographer: Michael Grose
Photograph Date: May 7, 2015
Comments: Well head and discharge piping with under sized vent, check valve, isolation valves, pump to waste piping, and chlorine injection facilities. There is a raw water sample tap but no finished water sample tap.



Location: Seven Trails West
Photographer: Michael Grose
Photograph Date: May 7, 2015
Comments: 44 gpd chlorine injection pump with graduated chlorine semi-opaque solution tank.



Location: Seven Trails West
Photographer: Michael Grose
Photograph Date: May 7, 2015
Comments: 10 foot diameter by 80 foot tall standpipe.



Location: Seven Trails West
Photographer: Michael Grose
Photograph Date: May 7, 2015
Comments: Tank base with dirt and standing water in contact with the tank base causing aggravated corrosion around the tank base.

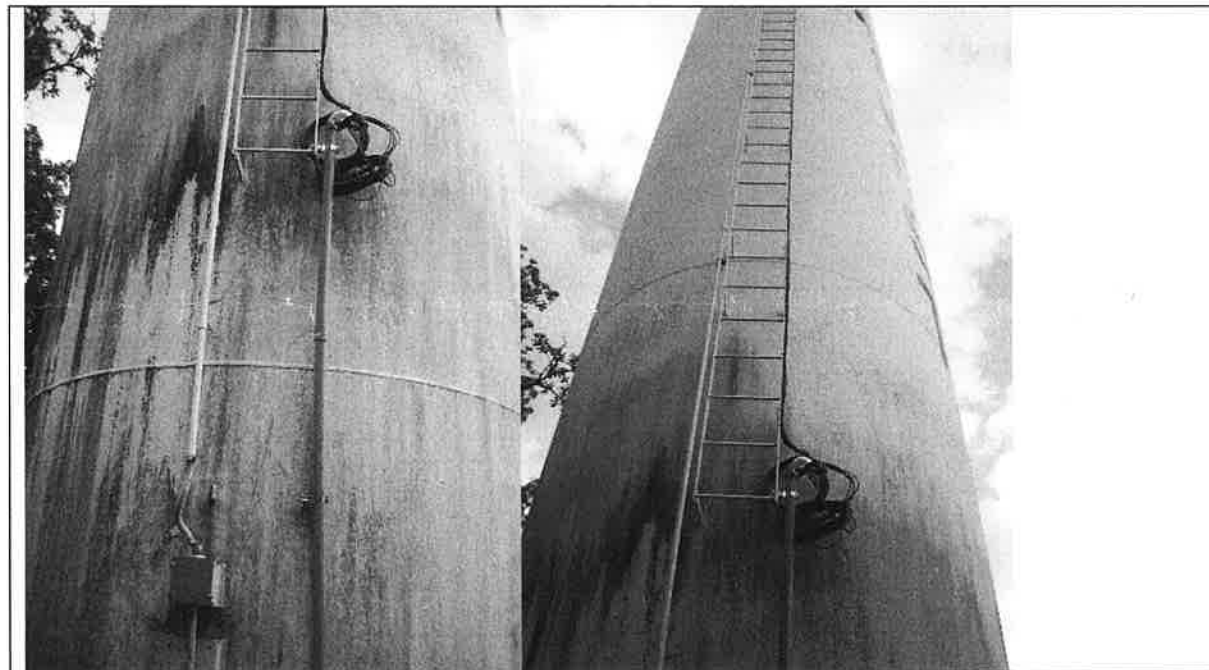


Location: Seven Trails West

Photographer: Michael Grose

Photograph Date: May 7, 2015

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

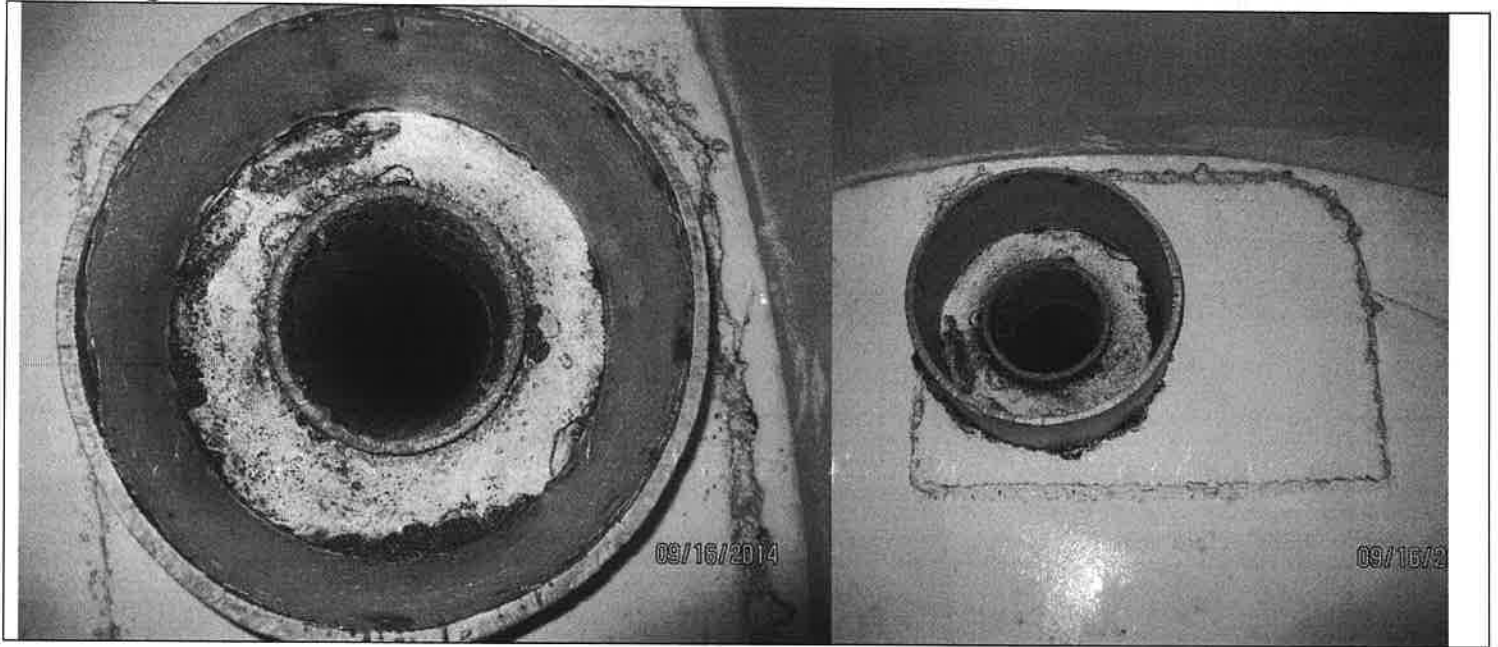


Location: Seven Trails West

Photographer: Michael Grose

Photograph Date: May 7, 2015

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




Location: Seven Trails West

Photographer: Missouri Water Association

Photograph Date: September 16, 2014

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



STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES

Jeremiah W. (Jay) Nixon, Governor • Sara Parker Pauley, Director

www.dnr.mo.gov

June 18, 2015

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

Dear Mr. Jones:

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

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

Mr. Dal Jones
Makalu Estates
June 18, 2015
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Unless otherwise requested within the report, all correspondence and questions should be directed to Mr. Darrell Barber of this office by calling 573-348-0875 or via mail at the Southwest Regional Office, 2040 West Woodland, Springfield, MO 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE



Mark Rader, Chief
Drinking Water Section

MDR/dbl

Enclosures

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

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

June 18, 2015

INTRODUCTION

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

DISCUSSION

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

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

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

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

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

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

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

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

MONITORING AND SAMPLING HISTORY

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

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

UNSATISFACTORY FEATURES

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

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

Significant Deficiencies

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

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

Violations of Missouri Safe Drinking Water Regulations

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

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

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

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

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

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

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

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

Department Recommendations

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

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

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

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

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

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

6. Storage capacity is insufficient.

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

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

7. The storage tank needs exterior painting.

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

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

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

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

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

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

9. Each service connection is not individually metered.

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

The department recommends installing meters on each service connection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maintain an adequate well water level monitoring program.

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

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

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

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


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


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

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

REPORTED BY:

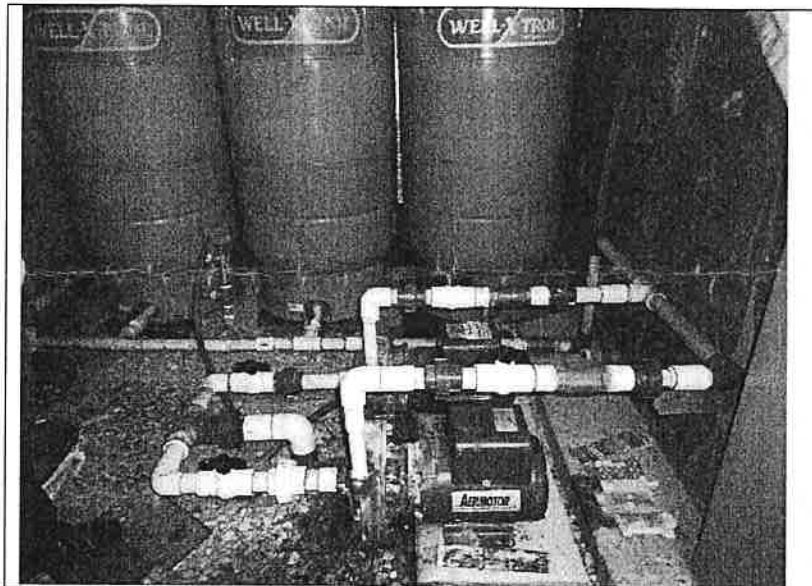
APPROVED BY:


Darrell Barber
Environmental Specialist

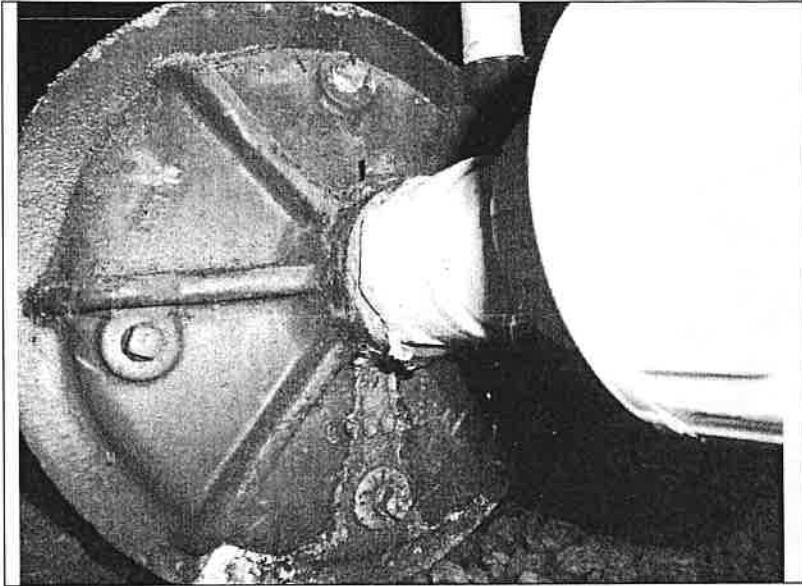

Judith Charlton, Chief
Drinking Water Inspection Unit



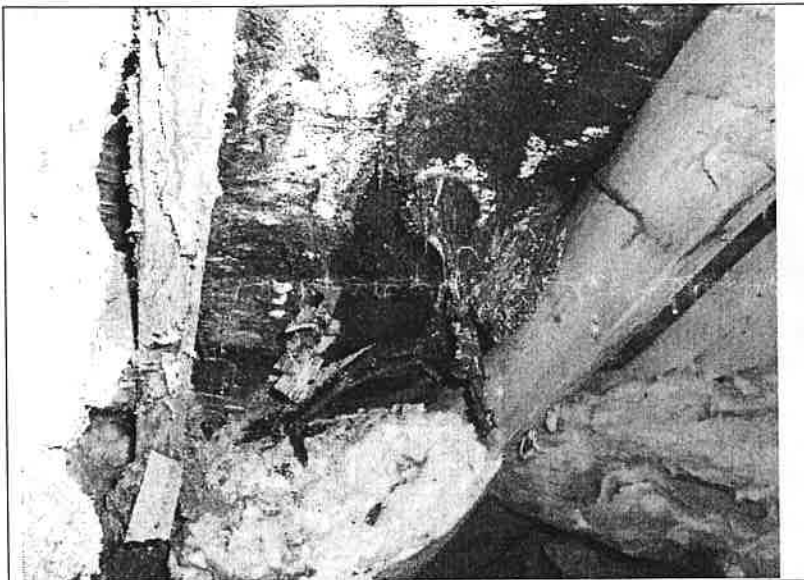
Location: Makalu Estates
Photographer: Darrell Barber
Photograph Date: May 20, 2015
Comments: Well #2, well house and 3,500-gallon ground storage tank.



Location: Makalu Estates
Photographer: Darrell Barber
Photograph Date: May 20, 2015
Comments: Two Baldor 5-hp booster pumps, four 119-gallon bladder tanks and related piping.



Location: Makalu Estates
Photographer: Darrell Barber
Photograph Date: May 20, 2015
Comments: Booster Pump #1 – leak around male adaptor on suction line.



Location: Makalu Estates
Photographer: Darrell Barber
Photograph Date: May 20, 2015
Comments: Deteriorated roof of well house, which is leaking.