

PUBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
St. Moritz Estates			Total Water La		5/3-346	-3810			
STREET ADDRESS			CERTIFICATION NU	MBER					
PO Box 1447		ZIP CODE	17						
сіту Lake Ozark		65049							
County Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INIT!	ALS				
SAMPLE DATE	SAMPLE	OOU FOTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION TOTAL FECAL COLIFORM E-COL		FECAL E-COLI	TOTAL	FREE		
02/07/2018	R	Unit 21	012	Α	0.89	0.81			
			_						
		-							
-									
			_						
TOTAL ROUTINE SAMPLI	E ANALZED	-1	MONITORING VIOL  ☐ Yes ✓ No		M	CL VIOLATION  Yes V No			
TITLE Laboratory Techn	nical Directo	ır	DATE 2-28	-18					
	olle								
MO 780-0438 (05-13)	0 00-	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CC 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
сітү Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE		
01/08/2018	R	Unit 9	800	Α	Α	1.03	0.91		
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	l <sub>M</sub>	ICL VIOLATION			
1 TITLE			☐ Yes ☑ No	)		Yes 🗸 No			
Laboratory Techn		or	1-31-1	8					
MO 780-0438 (05-13)	ym	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		-	CERTIFICATION NU		1.		
сітү Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	•	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	Unit 5 Front	007	Α	0.82	0.79	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ✓ No	ATION	M	CL VIOLATION  Yes V No	1	
TITLE Laboratory Techn	ical Directo	ır	DATE 1-2-19				
CONTROL OF THE PROPERTY OF THE	- olle						
MO 780-0438 (05-13)	UVVV	Return completed form to Depa	rtment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176

MWA 1.17-000540



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER	•		v		
сіту Lake Ozark		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/07/2017	R	Unit 9	008	008 A A		0.62	0.58		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	<u> </u>	CL VIOLATION Yes V No				
TITLE	nical Directo		DATE /2-2-		L	_ 162 [NO			
Laboratory Techr	e oMn	И	10.0						
MO 780-0438 (05-13)	VV	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME St. Moritz Estates		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER					
city Lake Ozark		ZIP CODE 65049							
County Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/09/2017	R	Unit 5 Front	007	Α	0.85	0.80			
						1			
					-				
			-						
			MONITORING VIO	LATION		MCI VIOLATION			
TOTAL ROUTINE SAMPL	E ANALZED		☐ Yes ☑ N	0		MCL VIOLATION Yes 7 No			
Laboratory Techr		or	DATE 10-3	1-17					
SIGNATURE  MO 780-0438 (05-13)  Return completed form to Depair			ment of Natural Resourc	es, Public Drinkin	g Water Branch	ı, P.O. Box 176, Jefferso	on City, MO 65102-0176		



PUBLIC WATER SYSTEM St. Moritz Estates	NAME		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NU		4:			
CITY Lake Ozark		ZIP CODE 65049						
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/11/2017	R	Unit 9	008	Α	0.98	0.90		
				)#i				
						10 MOLATION		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO ☐ Yes ☑ N	LATION O		ICL VIOLATION  ☐ Yes ☑ No		
TITLE Laboratory Techi		or	DATE /0-3-/	7				
SIGNATURE	aller				Water Descrip	DO Boy 174 Infforma	n City. MO 65102.0176	
NO 780-0438 (05-13)		Return completed form to Depar	tment of Natural Resource	es, Public Drinkin	g Water Branch	, P.O. Box 1/6, Jenerso	City, MC 05102-01/6	



PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water Laboratories   Laboratory Telephone Number with AREA CODE   573-346-3810						
STREET ADDRESS PO Box 1447			CERTIFICATION NU	MBER				
CITY <b>Lake Ozark</b>		ZIP CODE 65049						
соинту <b>Camden</b>		ID NUMBER MO-3238024	SAMPLE COLLECTO EB	OR NAME OR INIT!	ALS			
SAMPLE DATE	SAMPLE		SAMPLE R		ESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/02/2017	R	Unit 5 Front	007	A	0.70	0.60		
							-0.	
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION	l M	CL VIOLATION Yes V No		
Laboratory Techn			DATE 8-28	-17				
MO 780-0438 (05-13)	own	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jeffersor	City, MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water La			LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 1447			CERTIFICATION NU		-1				
сітү Lake Ozark	-	ZIP CODE 65049							
соинту Camden		ID NUMBER MO-3238024	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION TO ONLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/10/2017	R	Unit 9	008	Α	Α	0.95	0.91		
	151								
	-								
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes No			
TITLE Laboratory Techn	ical Directo	r	DATE 8-1-1	7					
SIGNATURE	y oth	^	*!						
MO 780-0438 (05-13)	V	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176		

MWA 1.17-000545



PUBLIC WATER SYSTEM NAME St. Moritz Estates		Total Water Laboratories 573-346-3810							
STREET ADDRESS PO Box 1447			CERTIFICATION NU.	MBER					
сітү <b>Lake Ozark</b>		ZIP CODE 65049							
COUNTY Camden		ID NUMBER MO-3238024	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION BOINT	SAMPLE RILLIOCATION		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID TOTAL FECAL COLIFORM E-COLI			TOTAL	FREE		
06/07/2017	R	Pool	5	Α	Α	0.69	0.56		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	   	ICL VIOLATION Yes V No				
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-		•				
SIGNATURE Any AM				Dublis Brists	Water Daniel	DO Boy 175 loffered	n City, MO 65102-0174		



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

PUBLIC WATER SYSTEM NAME Sylvan Ray		LABORATORY NAM			RY TELEPHONE NUMB	ER WITH AREA CODE		
Sylvan Bay			Total Water Laboratories 573-346-3810					
STREET ADDRESS			CERTIFICATION NU	MBER				
612 Sylvan Bay		ZIP CODE	17					
Linn Creek		65052						
COUNTY Camden		ID NUMBER MO-3031280	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/05/2019	R	92 Nine Iron	07	Α	Α	0.71	0.56	
TOTAL BOLES: 5 0	5 ANN 755		MONITORING VIOL	ATION	lsa.	CL VIOLATION		
TOTAL ROUTINE SAMPL  1 TITLE			Yes V No	)		Yes No		
Laboratory Techr	1	r	6-30-	14				
SIGNATURE MO 780-0438 (05-13)	nical Directo	Return completed form to Departm			Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-017	



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU						
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/01/2019	R	Hydrant at Club House	35	A	A	0.54	0.51		
TOTAL POLITIME CAMPI	E ANALZED		MONITORING VIOL	ATION	IM	CL VIOLATION			
TOTAL ROUTINE SAMPLE  1	E ANALZEU		Yes V No	)	Ľ	Yes No			
Laboratory Technical Director  SIGNATURE  May Alle		r	DATE 6-2-	19					
MO 780-0438 (05-13)	opu	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



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

PUBLIC WATER SYSTEM NAME Sylvan Bay STREET ADDRESS		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
612 Sylvan Bay  CITY  Linn Creek		ZIP CODE 65052	17				
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	OOLI SOTION DOINT	SAMPLE	SAMPLE F	RESULTS	ESULTS CHLORINE RESID	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2019	S	90 Sylvan Hills	25	Α	Α	0.64	0.53
05/08/2019	S	Hydrant at Club House	35	Α	Α	0.74	0.53
05/08/2019	19 S Hydrant at WWTP 29 A		А	А	0.71	0.59	
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	M	CL VIOLATION  Yes No	II.	
Laboratory Techn	ical Directo	r	DATE 5-9-19	i			
MO 780-0438 (05-13)	rlh	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000549



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU		4				
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
04/03/2019	R	270 Sylvan Hills	15	Α	Α	0.39	0.34		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes No			
Laboratory Techr	ical Directo	ır	DATE 5-4-19	Ĝ					
MO 780-0438 (05-13)	Mu	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 612 Sylvan Bay		Living account	CERTIFICATION NU	MBER				
CITY Linn Creek		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RESIDUAL (mg.		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/18/2019	R		07	Α	A 0.33	0.33	0.26	
	-							
			·					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes V No			
TITLE Laboratory Techr SIGNATURE	nical Directo	pr	DATE 3-3/-/4					
SIGNATURE	Mh							
MO 700 0430 (05 43)		Peturo completed form to Departm	ent of Natural Resource	s. Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810							
street address 612 Sylvan Bay			CERTIFICATION NU						
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	RG SAMPLE COLLECTO	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE	SAMPLE	SAMPLE AND SOUTH POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/28/2019	S	305 Tall Oaks	20	Α	Α	0.84	0.53		
03/28/2019	S	Hydrant at Club House	35	Α	Α	0.61	0.46		
03/28/2019	S	270 Sylvan Hills	15	Α	Α	0.65	0.49		
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL  ☐ Yes ☑ No		Ľ	CL VIOLATION  Yes 7 No				
Laboratory Techn	and the	or	DATE 3-3/14	,					
MO 780-0438 (05-13)	All	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CC 573-346-3810							
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	17	MBER					
Linn Creek		65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS RG						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RES			ESULTS CHLORINE RESIDUAL (			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/04/2019	R	270 Sylvan Hills	15	Α	Α	0.29	0.02		
					=				
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOLA  ☐ Yes ☑ No	ATION	MC	VIOLATION Yes V No				
тітье Laboratory Techni	cal Director		DATE 3-Z19		*				
SIGNATURE (My ( MO 780-0438 (05-13)	zh	Return completed form to Departm	ant of Natural Possures	Public Drinking	Vater Branch	DO Boy 175 lefformon	City MO 65102 0475		



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Linn Creek		65052 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
Camden		MO-3031280	SAMPLE SAMPLE		RESULTS	ESULTS CHLORINE RESIDUAL			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/08/2019	R	Hydrant at Club House	35	Α	Α	0.42	0.37		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	I M	ICL VIOLATION Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 2-2-1				4		
SIGNATURE AND I	Mar								
MO 780-0438 (05-13)	VUVC	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME		LABORATORY NAM			ABORATORY TELEPHONE NUMBER WITH AREA CODE 73-346-3810			
Sylvan Bay			Total Water La		013-346	-3010		
STREET ADDRESS 612 Sylvan Bay			17	WIDEK				
CITY Li <b>nn Creek</b>		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS  KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/12/2018	R	Hydrant at Club House	35	Α	Α	0.44	0.40	
TOTAL ROUTINE SAMPL	E ANALZED	1	MONITORING VIOL  ☐ Yes ☑ No			CL VIOLATION  Yes V No		
TITLE Laboratory Techr	nical Directo	or	DATE 1-2-19	Ì				
SIGNATURE Awy	offer						0% NO 4-1-1-	
MO 780-0438 (05-13)	180	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA Total Water Laboratories 573-346-3810							
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Linn Creek		65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULT		S CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE	OOLLEG HOLVY CHVI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/07/2018	R	230 Sylvan Hills	27	Α	Α	0.46	0.45		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL ☐ Yes ☑ No	ATION		CL VIOLATION  Yes 7 No			
TITLE Laboratory Techr		ır	DATE 12-1-1		15				
SIGNATURE May 0 MO 780-0438 (05-13)	Mr	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COLUMN STREET COLUM					
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU		1,		
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	ODU SOTION DOINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE
11/20/2018	S	270 Sylvan Hills	15	Α	Α	0.58	0.55
11/20/2018	S	Hydrant at Club House	35	Α	Α	0.57	0.51
11/20/2018	S	305 Tall Oaks	20	A	Α	0.51	0.40
					,		
	-						
TOTAL ROUTINE SAMPL	E ANALZED	<u> </u>	MONITORING VIOL	ATION	 	ICL VIOLATION  Yes 7 No	
TITLE Laboratory Technical Director		DATE 12-1-					
SIGNATURE MO 780-0438 (05-13)	ish	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH A 573-346-3810							
Sylvan Bay STREET ADDRESS			CERTIFICATION NU		0/3-346	D-30 IU			
612 Sylvan Bay			17	WIDEK					
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/01/2018	R	Hydrant at Club House	35	Α	Α	0.64	0.63		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	l M	ICL VIOLATION			
1 TITLE			☐ Yes ☑ No	)		] Yes ☑ No			
Laboratory Techr		or		8			=======================================		
MO 780-0438 (05-13)	Mh	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



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

PUBLIC WATER SYSTEM NAME		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA O						
Sylvan Bay			Total Water La	aboratories	573-346	5-3810		
street address 612 Sylvan Bay			CERTIFICATION NU	MBER				
CITY Linn Creek		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE		RESULTS CHLORINE RES		SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/31/2018	S	Hydrant at Club House	35	Α	Α	0.54	0.53	
10/31/2018	S	Hydrant at WWTP	29	Α	Α	0.51	0.51	
10/31/2018	S	230 Sylvan Hills	27	Α	Α	0.45	0.35	
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION O	M C	CL VIOLATION Yes 7 No	A	
TITLE Laboratory Techr		or .	DATE  1-1-18					
	Alle		1 120 G	8 Lu = 4 -		DO Day 470 1-15	- City MO orang 6177	
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	water Branch,	. P.O. BOX 1/6, Jenerso	III CITY, MO 65102-0176	

MWA 1.17-000559



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
street address 612 Sylvan Bay			CERTIFICATION NU		· ·				
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/05/2018	R	92 Nine Iron	07	A	Α	0.25	0.17		
			- 17						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	M [	ICL VIOLATION Yes V No				
Laboratory Technical Director		DATE 9-30 -19	3						
MO 780-0438 (05-13)	affer	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO							
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	CERTIFICATION NUMBER 17						
CITY Linn Creek		ZIP CODE 65052								
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	MO/DAY/YR TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
08/06/2018	R	Hydrant at Club House	35	А	Α	0.66	0.54			
<u> </u>										
-										
		·								
<u> </u>										
		,								
	-									
			-							
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL ☐ Yes ☑ No		MG	CL VIOLATION Yes 7 No				
тітье Laboratory Techni	ical Director	r	DATE 9-4-18		<del>-</del>					
SIGNATURE MO 780-0438 (05-13)	osm	Return completed form to Den	ndmost of Notural Pagerness	- Dublic Deleking	Nator Branch	DO Doy 475 Jofferson	Cit. MO 65402 0476			



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810								
street address 612 Sylvan Bay			CERTIFICATION NU	MBER						
CITY Linn Creek		ZIP CODE 65052								
соимту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RE		CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
07/09/2018	R	Hydrant @ WWTP	29	Α	0.31	0.29				
TOTAL ROUTINE SAMPL	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION D	N [	ICL VIOLATION  Yes V No				
TITLE Laboratory Techr	nical Directo	or	DATE 8-11		-					
SIGNATURE	ogh	91			w	DO D. 170	- Ob. 100 State 61-1			
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	es, Public Drinking	water Branch	, P.U. Box 1/6, Jefferso	n City, MO 65102-01/6			



ublic water system name Sylvan Bay		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 612 Sylvan Bay		•	CERTIFICATION NU	MBER					
сітү Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1			
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLI		RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/04/2018	R	92 Nine Iron	07 A A			0.61	0.58		
		0							
				-					
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION O	M [	ICL VIOLATION  Yes V No				
τιτιε Laboratory Techr	nical Directo	or	DATE 7-2-1	8					
SIGNATURE AWY	Alu	Return completed form to Departu		P. Life Deletion	Water Branch	DO Pay 476 Jofforno	n City MO 65102.0176		



UBLIC WATER SYSTEM NAME		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
lvan Bay			CERTIFICATION NUI						
REET ADDRESS			17						
2 Sylvan Bay Y		ZIP CODE							
nn Creek		65052	SAMPLE COLLECTOR NAME OR INITIALS						
<sub>UNTY</sub> amden		ID NUMBER MO-3031280	EB						
SAMPLE DATE	SAMPLE COLLECTION POINT	SAMPLE			CHLORINE RE	SIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	OINT LOCATION TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE		
05/07/2018	R	Hydrant @ WWTP	29	Α	Α	0.49	0.43		
				-	-				
		+	_						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIC	DLATION		MCL VIOLATION  ☐ Yes ☑ No				
1			DATE 6-4			_ 100 _ 110			
Laboratory Tecl	nnical Direc	TOF	6.91	7 0					



JBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
Sylvan Bay			Total Water L		5/3-346	5-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER					
сітү Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE SAMPLE RESULTS			CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL FECAL COLIFORM E-COL		FECAL E-COLI	TOTAL	FREE		
04/03/2018	R	92 Nine Iron	07	Α	Α	0.56	0.40		
				1.					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	M	CL VIOLATION Yes 7 No				
Laboratory Techn		r	DATE 5.1-14	3					
MO 780-0438 (05-13)	Mu	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



ublic water system name Sylvan Bay		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 612 Sylvan Bay		w-	CERTIFICATION NUMBER 17						
CITY Linn Creek		ZIP CODE 65052	34						
соинту Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RESULTS			CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION TOWN	ID TOTAL FECAL COLIFORM E-COLI		TOTAL	FREE			
03/13/2018	R	Hydrant at Club House	35	A	0.75	0.67			
						"			
2									
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	N.	ICL VIOLATION  Yes ✓ No				
TITLE Laboratory Technical Director  SIGNATURE  MO 780-0438 (05-13)  Return completed form to Departm		DATE 4-2-1	8						
MO 780-0438 (05-13)	y opn	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



ublic water system name Sylvan Bay		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA ( 573-346-3810						
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU					
CITY Linn Creek		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOIN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/07/2018	R	305 Tall Oaks	20	Α	0.78	0.71		
	†/j							
9								
		2						
	10							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL ☐ Yes ✓ No	ATION )	M	CL VIOLATION  Yes No			
TITLE Laboratory Technical Director		DATE 2-28	-18					
SIGNATURE MO 780-0438 (05-13)	ogh	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R Hydrant at Club House 35 A A		А	0.66	0.42		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	l M	icl violation  Yes No		
1 TITLE Laboratory Technical Director		DATE /- 3/-1					
SIGNATURE Any	SIGNATURE ANY AM			e Dublie Delabi	Water Presch	PO Boy 176 Jaffarro	n City. MO 65102-0174
WO 780-0438 (05-13)		Return completed form to Departm	ent of Matoral Resource	a, rubic brinking	-vacer Dianich	, , . J. DOX 110, generat	



	UBLIC WATER SYSTEM NAME		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
Sylvan Bay			Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER						
street address 612 Sylvan Bay			17	WIDEN					
CITY Linn Creek		ZIP CODE 65052							
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	1.7-20-118-1	the second		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/09/2018	S	Well House	01	Α	Α	<0.02	<0.02		
01/09/2018	S	Hydrant at Club House	35	Α	Α	0.65	0.49		
01/09/2018	S	326 Tall Oaks	37	Α	Α	0.56	0.50		
				-					
				4					
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	I N	CL VIOLATION Yes No				
TITLE Laboratory Technical Director		DATE 1-31-1	8						
SIGNATURE My MO 780-0438 (05-13)	Mu	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU		•		
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE
12/12/2017	R	57 Jeanie Lane	32	Α	0.62	0.51	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )		CL VIOLATION  Yes No		
Laboratory Techn	ical Directo	r	DATE 1-2-18				
SIGNATURE Aug MO 780-0438 (05-13)	offen	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Sylvan Bay		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NUMBER 17					
Linn Creek		65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO	OR NAME OR INITI	ALS	I Salar I Sala		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS   CHLORINE RES		:SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGIION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/14/2017	S	28 Sylvan Hills	13	Α	Α	0.41	0.31	
12/14/2017	S	Hydrant at Club House	35	Α	Α	0.52	0.41	
12/14/2017	S	305 Tall Oaks	20	A	Α	0.79	0.73	
	7							
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	I C	CL VIOLATION  Yes V No			
Laboratory Technical Director		DATE 1-2-19	3					
MO 780-0438 (05-13)	oll	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM Sylvan Bay	JBLIC WATER SYSTEM NAME Sylvan Bay		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
street address 612 Sylvan Bay			CERTIFICATION NU	MBER				
CITY Linn Creek		ZIP CODE 65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE RELOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGIION I OINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
11/13/2017	R	270 Sylvan Hills	15 A A			0.41	0.38	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes No			
Laboratory Technisignature		r	DATE 12-2-	17				
MO 780-0438 (05-13)	e odla	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Sylvan Bay		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	AMPLE COLLECTION POINT	SAMPLE SAMPLE LOCATION		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	Hydrant at Club House	35	А	Α	0.73	0.63
						*	
TOTAL ROLITINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	M	CL VIOLATION Yes V No		
TITLE Laboratory Techn	nical Directo	or	DATE /0-3	1-17			
MO 780-0438 (05-13)	y offer	Return completed form to Departm	ent of Natural Resource	s, Public Drinkina	Water Branch.	P.O. Box 176, Jefferson	n City, MO 65102-0176

MWA 1.17-000573



PUBLIC WATER SYSTEM NAME Sylvan Bay		Total Water Laboratories 573-346-3810								
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER						
CITY Linn Creek		ZIP CODE 65052								
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		ESULTS	CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	TYPE	TYPE GOLLEGIION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
09/06/2017	R	Hydrant @ WWTP	29	Α	Α	0.56	0.43			
		9								
1										
						*				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes V No					
Laboratory Technical Director		DATE /6-3-/	7							
SIGNATURE My MM MO 780-0438 (05-13)  Return completed form to Depart		nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176				



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810					
STREET ADDRESS 612 Sylvan Bay			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE RELOCATION		RESULTS	CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	230 Sylvan Hills	27	Α	Α	0.47	0.40
_							
			0				E
(4)							
		·		J.			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	_ATION D	   	ICL VIOLATION Yes 7 No		
TITLE Laboratory Technical Director			8-17				
CICNATURE	colle	Seturn completed form to Departm					Ole. Mo order com
	-	Deturn completed form to Departm	ent of Natural Resource	s Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MU 65102-0176



PUBLIC WATER SYSTEM NAME SYIVAN BAY STREET ADDRESS			LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810  CERTIFICATION NUMBER				
STREET ADDRESS 612 Sylvan Bay DITY		ZIP CODE	17	MRFK			
Linn Creek		65052					
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	Wallia Tea Tanan	
SAMPLE DATE	SAMPLE	AND FOTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/30/2017	S	Hydrant @ WWTP	29	Α	Α	0.49	0.45
08/30/2017	S	Hydrant at Club House	35	Α	Α	1.28	1.19
08/30/2017	S	90 Sylvan Hills	25	A	Α	0.76	0.69
		:					
	= = = = = = = = = = = = = = = = = = = =	±					
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION	M C	CL VIOLATION Yes 🗸 No		
TITLE Laboratory Techr		г	DATE 9-2-1	7			
SIGNATURE (My)	oghn	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Sylvan Bay			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA C 573-346-3810					
STREET ADDRESS 612 Sylvan Bay CITY		ZIP CODE	CERTIFICATION NU	MBER				
Linn Creek		65052						
COUNTY Camden		ID NUMBER MO-3031280	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	T		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RES				ESIDUAL (mg/L)	
MO/DAY/YR	TYPE	OCCUPATION ON THE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/18/2017	R	Hydrant at Club House	35	Α	Α	0.46	0.32	
		V						
				ATION		ICL VIOLATION		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	) 		CL VIOLATION  Yes No			
TITLE Laboratory Technical Director		DATE 8-1-	17					
SIGNATURE MO 780-0438 (05-13)	y other	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME Sylvan Bay		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS 612 Sylvan Bay		ZIP CODE	17	MBER					
Linn Creek		65052 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		MO-3031280	KR			OUI ORNE DE	CIDITAL (may)		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE RE LOCATION ID TOTAL COLIFORM		FECAL E-COLI	CHLORINE RE	FREE		
06/05/2017	R	230 Sylvan Hills	27	COLIFORM	E-COLI A	0.53	0.51		
00/03/2011		Zoo Cyrtain Time							
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL		N [	ICL VIOLATION Yes No				
Laboratory Techr	nical Directo	Dr.	DATE 7-2-1	7					
SIGNATURE My	Mu	Delum completed form to Denarin	seet of Natural Paraures	e Bublic Drinking	Water Branch	P.O. Box 176. Jefferso	n City. MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810							
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NU	MBER					
Wildwood		63038							
соинту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	OOLLEO HOLLY CHAI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/03/2019	R	Well House	01	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	l M·	CL VIOLATION Yes  No	4		
TITLE Laboratory Technical Director		DATE 6-30-1	9	×					
SIGNATURE MO 780-0438 (05-13)	odh	Return completed form to Departm	ent of Natural Resource	s. Public Drinkinn	Water Branch	P.O. Box 176. Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA OF 573-346-3810					
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU		9		
CITY Wildwood		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE			CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2019	R	Well House	01	Α	Α	<0.02	<0.02
						IOL MIOLATION	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	[N	CL VIOLATION  Yes No		
Laboratory Technical Director		DATE 6-2-19					
SIGNATURE My MO 780-0438 (05-13)	aller	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
street address 1847 Sheppard		T	CERTIFICATION NU	MBER			
CITY Wildwood		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	OCCEDION ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	645 Wilbus Road	02	Α	Α	<0.02	<0.02
<u></u>							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes No		
TITLE Laboratory Technical Director		DATE 5-4-19					
SIGNATURE (May A) MO 780-0438 (05-13)	Mn	Return completed form to Departr	ment of Natural Resource	s, Public Drinking	Water Branch,	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER			
CITY: Wildwood		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RI		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Well House	01	Α	Α	<0.02	<0.02
	-						
TOTAL ROUTINE SAMPLE	ANALZED	1	MONITORING VIOL	ATION		ICL VIOLATION  Yes  No	
TITLE Laboratory Techn	ical Directo	or	DATE 3-3/-19				
SIGNATURE May /	ylir	Pature completed form to Danset					-04. 100 65100 0750



UBLIC WATER SYSTEM NAME  West Lake Villas  TREET ADDRESS		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODI 573-346-3810							
1847 Sheppard		ZIP CODE	17						
Wildwood		63038	SAMPLE COLLECTO	SO MANE OF INIT	A1 C				
COUNTY Camden		Non-Permitted	RG	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/04/2019	R	Well House	01	Α	Α	<0.02	<0.02		
	-								
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	LATION	I	ICL VIOLATION  Yes V No				
TITLE Laboratory Technical Director		DATE 3-21							
SIGNATURE My	yla		114 (131)			11117			
MO 780-0438 (05-13)		Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810								
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER	.,					
CITY <b>Wildwood</b>		ZIP CODE 63038								
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F		CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE	OOLLES HONT GINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
01/14/2019	R	Well House	01	Α	Α	<0.02	<0.02			
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL		I In	L CL VIOLATION Yes ☑ No	l .				
TITLE Laboratory Technical Director		DATE 2-2-1								
SIGNATURE  MO 780-0438 (05-13)'  Return completed form to Depart.		ent of Natural Possures	s Public Drinkles	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176				



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE 63038	CERTIFICATION NU	MBER				
Wildwood COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
12/04/2018	R	Well House	01	A	A	<0.02	<0.02	
							<i>J</i> .	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIO	LATION D	\[ \]	MCL VIOLATION  Yes V No			
Laboratory Technical Director		DATE 1-2-16	î					
CICNATURE	other	Return completed form to Departr			g Water Branch	ı, P.O. Box 176, Jefferso	on City, MO 65102-(	



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
STREET ADDRESS 1847 Sheppard DITY		ZIP CODE	CERTIFICATION NU	MBER							
Wildwood		63038									
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INIT	ALS						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	ESULTS CHLORINE RESIDUAL (mg/					
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE				
11/06/2018	R	Well House	01	Α	Α	<0.02	<0.02				
			-								
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	N.	ICL VIOLATION  Yes No						
Laboratory Tech		Or .	DATE 12-1	-18							
SIGNATURE	all			- Bublic Belokies	Water Peansh	PO Boy 176 Jefferso	n City MO 65102-0176				



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM West Lake Villas	ublic water system name West Lake Villas		Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard		In one	CERTIFICATION NU	MBER				
CITY Wildwood		ZIP CODE 63038						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
10/01/2018	R	Well House	01	01 A A		<0.02	<0.02	
				0				
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	   <u> </u>  r	ICL VIOLATION  Yes  No		
TITLE Laboratory Techn	nical Directo	or .	DATE 11-1-18					
Approximate No.	Mh		"					
MO 780 0438 (05-13)		Return completed form to Depar	tment of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH A 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER				
CITY Wildwood		ZIP CODE 63038						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/10/2018	R	Well House	01	01 A A			<0.02	
		W.						
		24						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )	ľ.	ICL VIOLATION  Yes No			
TITLE Laboratory Techr		or	DATE 9-30-18	3				
SIGNATURE My	Mr			a Dublia Palati	Water Danash	DO Boy 175 Informa	n City MO 65102 0176	
MO 780-0438 (05-13)		Return completed form to Departm	tent of Natural Resource	s, Public Drinking	water Branch	, r.J. Box 176, Jenerso	11 City, MO 65102-01/6	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810							
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Wildwood		63038 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden		Non-Permitted	KR	-			e Chin Sistem		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F			SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION ON	ID		FECAL E-COLI	TOTAL	FREE		
08/01/2018	R	Well House	01	Α	Α	<0.02	<0.02		
	-								
			MONITORING MO	ATION	<u> </u>	ICL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	)		Yes No				
тітье Laboratory Techr	nical Directo	or	DATE 9-4-19	<b>§</b>					
SIGNATURE	Mu			ARTINO CONTRACTOR OF THE PROPERTY OF THE PROPE					
MO 780-0438 (05-13)		Return completed form to Departn	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard		34.	CERTIFICATION NU	MBER			
сіту <b>Wildwood</b>		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/17/2018	R	Well House	01	Α	Α	<0.02	<0.02
		1					
			-				
<i>b.</i>		*					
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	N.	MCL VIOLATION		
1 TITLE			☐ Yes ☑ No		<u> </u>	Yes 🗹 No	
Laboratory Techr		or .	4-11				
MO 780-0438 (05-13)	MA,	Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA COLUMBER WITH AREA COLUMBE								
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER						
city <b>Wildwoo</b> d		ZIP CODE 63038	×							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS					
SAMPLE DATE SAM	PLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg				
MO/DAY/YR TY	PE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
06/04/2018 F	₹	Well House	Well House 01 A A		Α	A <0.02	<0.02			
1)										
					E .					
				ATION		OL MOLATION				
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION )		CL VIOLATION  Yes No					
TITLE Laboratory Technical Di		•	DATE 7-2-19	3						
SIGNATURE dry AM	N	Return completed form to Denatin	ant of Natural Possesses	e Public Drinking	Water Branch	P.O. Box 176 Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM NAME		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810					
West Lake Villas			CERTIFICATION NU		070-040	2010	
1847 Sheppard			17				
CITY Wildwood		ZIP CODE 63038					
COUNTY Camden	1	ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		N 1 & E A1 1 S 2
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/02/2018	R	Well House	01	Α	<0.02	<0.02	
					#		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	 ATION D	M C	ICL VIOLATION  Yes V No		
TITLE Laboratory Technical Director		DATE 641					
SIGNATURE Muy	osh					10000	
MO 780-0438 (05-13)		Return completed form to Departme	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM West Lake Villas	JBLIC WATER SYSTEM NAME Vest Lake Villas		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER				
CITY Wildwood		ZIP CODE 63038						
соинту Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	HLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/03/2018	R	Well House	01 A A			<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes	ATION	M	CL VIOLATION Yes V No	1.		
TITLE Laboratory Techn	ical Directo	r	DATE 5-1-1	8				
SIGNATURE My ( MO 780-0438 (05-13)	odle	Return completed form to Departm	ent of Natural Resource	s. Public Drinking	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176	



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water Laboratories 573-346-3810					
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER			
CITY Wildwood		ZIP CODE 63038					
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Well House	01	Α	Α	<0.02	<0.02
	TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	_ATION	   <u> </u>	ICL VIOLATION Yes ✓ No	
1 TITLE Laboratory Technical Director		☐ Yes ☑ No  DATE  4-2-18		IL	_ Yes [√] No		
SIGNATURE ANY MAIN		nent of Natural Resource		Water Branch	P.O. Box 176 .lefferso	n City, MO 65102-0176	
NUT 1 00-0420 (02-12)		neturn completed form to Departit	or mararas mesonates		A DESCRIPTION OF THE PROPERTY.	CILIO CONTROLO CONTRO	orani i muzaki ten uzaki.



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH ARE 573-346-3810							
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NUMBER 17						
Wildwood		63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RES		ESULTS CHLORINE RESIDUAL		SIDUAL (mg/L)		
MO/DAY/YR	R TYPE GOLLLOTTONT ON		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/07/2018	R	Well House	01	Α	Α	<0.02	<0.02		
1 == -1									
							1		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION		CL VIOLATION  Yes V No				
TITLE Laboratory Technical Director		DATE 2-28	-18						
SIGNATURE Muy MO 780-0438 (05-13)	om	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM West Lake Villas	NAME		Total Water Laboratories 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER					
CITY Wildwood		ZIP CODE 63038							
COUNTY Camden	211	ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	PE GOLLEGITOTT GIVE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/19/2018	R	Well House	01	A	Α	<0.02	<0.02		
					*				
						Ú.			
		34							
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		MONITORING VIOL	)	N [	ICL VIOLATION Yes 7 No				
Laboratory Technical Director  SIGNATURE  May AM		-31-18							
MO 780-0438 (05-13)	-0	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories 573-346-3810								
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER						
CITY <b>Wildwood</b>		ZIP CODE 63038								
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLUMN TO THE REAL PROPERTY.	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
12/06/2017	12/06/2017 R Well House 0		01	Α	Α	<0.02	<0.02			
							1			
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION )	ľ.	CL VIOLATION Yes No	·				
TITLE Laboratory Technical Director SIGNATURE		DATE [-Z-]	\$							
MO 780-0438 (05-13)	ogh	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810							
STREET ADDRESS  1847 Sheppard  CITY		ZIP CODE	CERTIFICATION NUMBER  17						
Wildwood		63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
11/06/2017	R	Well House	01	Α	Α	<0.02	<0.02		
						<u></u>			
•									
		*							
			MONTONIA	ATION	1	CL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		MONITORING VIOL  ☐ Yes ✓ No	)	ľ	Yes No				
Laboratory Technisis Signature MO 780-0438 (05-13)	ical Directo	or	DATE /2-Z	-17					
MO 780-0438 (05-13)	nun	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CENTRE STATEMENT OF THE PROPERTY OF THE P							
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	17						
Wildwood		63038	OMEN S CONTROL NAME OF BUILDING						
COUNTY Camden		Non-Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/09/2017	R	Well House	01 A A			<0.02	<0.02		
	1								
						<del> </del>			
				7:					
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	[	ICL VIOLATION  Yes V No			
TITLE Laboratory Techr	nical Directo	DΓ	DATE / D - 3	11-17					
SIGNATURE duy	e offen								
MO 780-0438 (05-13)		Return completed form to Departr	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CO 573-346-3810							
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NU	MBER					
Wildwood		63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	SAMPLE COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RE	ESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/05/2017	R	Well House	01	01 A A			<0.02		
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	N E	ICL VIOLATION Yes ✓ No	<u> </u>			
TITLE Laboratory Techr	nical Directo	or	DATE 10-3-1						
COST WOLLY SELE	zoun		- All						
MO 780-0438 (05-13)	VP	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard CITY		ZIP CODE	CERTIFICATION NU	MBER					
Wildwood		63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	Ü			
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	OOLLEG HOLVY CHA	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
08/01/2017	R	Well House	01	Α	Α	<0.02	<0.02		
			,						
	+								
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No		M	CL VIOLATION  Yes No			
TITLE Laboratory Techr	nical Directo	or	DATE 8-29	i-17					
SIGNATURE	coper		and at Natural Passaures	e Bublic Bricking	Water Branch	P.O. Roy 176 Jefferso	n City. MO 65102-0176		



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1847 Sheppard		ZIP CODE	CERTIFICATION NUMBER 17					
Wildwood		63038						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI.	ALS			
SAMPLE DATE	SAMPLE		SAMPLE LOCATION -	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE		ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE	
07/10/2017	R	Well House	01	A	Α	<0.02	<0.02	
			-					
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL  ☐ Yes ☑ No	ATION )	M	CL VIOLATION  Yes No		
TITLE Laboratory Techn			DATE 8-1-1	7				
SIGNATURE A	my of	Return completed form to Departm	ent of Natural Resource	s Public Drigking	Water Branch	P.O. Box 176. Jefferson	n City. MO 65102-0176	

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



### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME West Lake Villas		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 1847 Sheppard		ZIP CODE	CERTIFICATION NUMBER 17						
CITY <b>Wildwood</b>		63038							
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RESIDUAL (m			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/05/2017	R	Well House	01	Α	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	LATION	N E	ICL VIOLATION Yes V No				
TITLE Laboratory Techr	nical Directo	or	DATE 7-2-1						
SIGNATURE duy	collin	Return completed form to Departn	A Natural Bassier	os Bublis Delakina	Water Branch	P.O. Roy 176 Jefferso	n City. MO 65102-0176		



PUBLIC WATER SYSTEM NAME West Lake Villas		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810						
STREET ADDRESS 1847 Sheppard			CERTIFICATION NU	MBER				
CITY <b>Wildwood</b>		ZIP CODE 63038						
COUNTY Camden		ID NUMBER Non-Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLEGIION TON	ID	ID TOTAL FECAL COLIFORM E-COL			FREE	
06/08/2017	S	647 Wilbus Road	03	Α	Α	<0.02	<0.02	
06/08/2017	S	647 Wilbus Road	03	A	A	<0.02	<0.02	
TOTAL ROUTINE SAMPL	E ANAL ZED		MONITORING VIOL	ATION	l m	CL VIOLATION		
0 TITLE	E ANALZEU		☐ Yes ☑ No	)		] Yes ☑ No		
Laboratory Techr			DATE 7-2-	17				
MO 780-0438 (05-13)	e ofth	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



PUBLIC WATER SYSTEM Whispering Hills S			Total Water Laboratories   573-346-3810						
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER	4*				
CITY		ZIP CODE	<b>-</b>						
Linn Creek		65020 ID NUMBER	SAMPLE COLLECTOR NAME OR INITIALS						
Camden	IIIN II VA	MO-3036251	RG	term of the	0.23				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
06/10/2019	R	49 Ginny	10	Α	Α	0.78	0.75		
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ☑ No	ATION	M	CL VIOLATION  Yes V No				
TITLE Laboratory Techn		г	DATE 6-30 -	-19					
SIGNATURE (My	Mm	Return completed form to Departm	ent of Natural Resource	s. Public Drinking	Water Branch.	P.O. Box 176, Jefferson	City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
STREET ADDRESS 186 Capstone		In and	CERTIFICATION NU	MBER				
сітү Linn Creek		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	COLUMN TO SERVICE	CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	OSEEE TION TO SHI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
05/01/2019	R	214 Ginny	11	Α	A	<0.02	<0.02	
		<u>                                     </u>						
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL  ☐ Yes	ATION )	ľ	Yes No	J(		
TITLE Laboratory Techr	nical Directo	r	DATE 6-2-19	9				
SIGNATURE (My () MO 780-0438 (05-13)	yh	Return completed form to Departm	ant of Natural Parauma	s Dublic Drinking	Water Branch	P.O. Box 176 lefferso	n City. MO 65102-0176	
MU 780-0438 (05-13)*		Return completed form to Departme	ent of Matural Resource	e, rubiic britiking	ater Dranch	1 DOX 110, Junioral		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/06/2019	S	Well		Р	Α	<0.02	<0.02
05/06/2019	S	Storage Tank		P	A	0.03	<0.02
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION		CL VIOLATION Yes V No		
0 TITLE Laboratory Technical Director SIGNATURE		DATE 6-2-1					
MO 780-0438 (05-13)	offer	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



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

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision STREET ADDRESS		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA COD Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA COD 573-346-3810					
186 Capstone CITY Linn Creek		ZIP CODE 65020	17				
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2019	S	Well 2	03	03 P A			<0.02
_							
TOTAL POLITINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	Im	CL VIOLATION	
TOTAL ROUTINE SAMPLE  TITLE	E ANALZEU		☐ Yes ☑ No	)	Į.	Yes No	
Laboratory Technical Director  SIGNATURE  May All		DATE 6-2-	19				
MO 780-0438 (05-13)	VV	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH  573-346-3810					
street address 186 Capstone		I'm coor	CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/16/2019	S	Well		Р	Α	<0.02	<0.02
05/16/2019	S	Tank Pipe		Р	A	1.5	1.42
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	N	ICL VIOLATION  Yes V No	
TITLE Laboratory Techr SIGNATURE	W/	r	DATE 6-2-6	19			
MO 780-0438 (05-13)	Mu	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



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

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision STREET ADDRESS		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810							
186 Capstone  CITY  Linn Creek		ZIP CODE 65020	17						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INIT	ALS				
SAMPLE DATE	SAMPLE	SAMPLE	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/22/2019	S	Well		A A			<0.02		
05/22/2019	S	Tank		A	A	1.28	1.13		
				2.5					
			HOWERE	ATION	17.	ICL VIOLATION			
TOTAL ROUTINE SAMPL  0  TITLE	E ANALZED		MONITORING VIOL  ☐ Yes ☑ NO  DATE	)	ľ	Yes No			
Laboratory Techr	MAN .	or	DATE 6-2-	/ 9					
MO 780-0438 (05-13)	WVV-	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000610



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

PUBLIC WATER SYSTEM Whispering Hills S			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA CODE Total Water Laboratories 573-346-3810							
street address 186 Capstone	anaivisioiI		CERTIFICATION NUMBER  17							
CITY		ZIP CODE 65020								
Linn Creek COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
05/23/2019	S	Pipe		Α	Α	0.78	0.63			
05/23/2019	S	Tank		A	Α	0.77	0.61			
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	M [	CL VIOLATION  Yes V No				
TITLE Laboratory Techn SIGNATURE		г	DATE 6-2-1	9						
MO 780-0438 (05-13)	offer	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176			

MWA 1.17-000611



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
STREET ADDRESS 186 Capstone		ZIP CODE	CERTIFICATION NU	MBER			
Linn Creek		65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	49 Ginny	10	Α	Α	<0.02	<0.02
*							
						HOLATION .	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	)	Ľ	ICL VIOLATION  Yes V No		
TITLE Laboratory Technical Director SIGNATURE		5-4-1	9				
MO 780-0438 (05-13)	yuu	Return completed form to Departr	ment of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810					
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION DOINT			CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	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	Α	Α	<0.02	<0.02
04/18/2019	S	49 Ginny	10	A	Α	<0.02	<0.02
		e:					
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	.L	ICL VIOLATION  Yes No	L
TITLE Laboratory Technical Director		DATE 5 4-19					
SIGNATURE MUY MO 780-0438 (05-13)	All	Return completed form to Departm	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176



PUBLIC WATER SYSTEM Whispering Hills S			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER 573-346-3810		ER WITH AREA CODE			
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER				
CITY <b>Linn Creek</b>		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLL FOTION BOINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
03/18/2019	R	214 Ginny	11	Α	Α	<0.02	<0.02	
		1				-		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	ATION	 	ICL VIOLATION  Yes 7 No		
TITLE Laboratory Techr	nical Directo	OT .	DATE 3-3/-/4					
SIGNATURE Airy (MO 780-0438 (05-13)*	role	Return completed form to Departr	nent of Natural Resource	es Public Dripking	ı Water Branch	. P.O. Box 176, Jefferso	on City, MO 65102-0176	



PUBLIC WATER SYSTEM NAME  Whispering Hills Subdivision  LABORATORY NAME  LABORATORY TELEPHONE NUI  Total Water Laboratories  573-346-3810			ER WITH AREA CODE					
STREET ADDRESS 186 Capstone CITY		ZIP CODE	CERTIFICATION NUMBER 17					
Linn Creek		65020						
COUNTY Camden		ID NUMBER MO-3036251	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RESIDUAL (mg.		
MO/DAY/YR	TYPE		ID TOTAL COLIFORM		FECAL E-COLI	TOTAL	FREE	
02/13/2019	R	49 Ginny	10	Α	Α	<0.02	<0.02	
		-						
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	l M	ICL VIOLATION  Yes V No		
1 τιτιε Laboratory Techr	nical Directo	or .	DATE 3 - Z - 14		1L	_ 169 M MO		
SIGNATURE  MO 780-0438 (05-13)  Return completed form to Depart			ant of Natural Daga	e Public Drinkins	Water Branch	P.O. Box 176 Jefferso	n City, MO 65102-0176	
10 (60-0436 (05-13)		Ketuin completed form to Departif	on of recursi resource	o, rabile britishing				



PUBLIC WATER SYSTEM Whispering Hills S			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI  Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
street address 186 Capstone			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO RG	OR NAME OR INITI	ALS	Y	
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/24/2019	R	186 Prairie Rose	18	Α	Α	1.02	0.82
						7	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION		CL VIOLATION  Yes V No		
Laboratory Technical Director		DATE 2-2-	19				
SIGNATURE My	Mu	Datum namelated form to Provide	port of Natural Pasoures	se Dublic Delablas	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAME  Total Water Laboratories  LABORATORY TELEPHONE NUMBER WITH AREA COL 573-346-3810								
STREET ADDRESS  186 Capstone  CITY		ZIP CODE	CERTIFICATION NUMBER 17							
Linn Creek		65020								
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
12/11/2018	R	263 Prarie Rose	07	Α	Α	<0.02	<0.02			
	4									
<u> </u>										
				<u> </u>	ļ					
	-				-					
				<b>!</b>						
						IOLATION				
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIO	LATION D	<u> </u>	ICL VIOLATION  ☐ Yes ☑ No				
TITLE Laboratory Techi	nical Directo	or	DATE 1-2-1	9						
SIGNATURE WY WW										
MO 780-0438 (05-13)	V PV	Return completed form to Departr	nent of Natural Resource	es. Public Drinkin	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			



PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHOI  Total Water Laboratories 573-346-3810			HONE NUMBER WITH AREA CODE			
Whispering Hills S STREET ADDRESS	upulvi5i0(1		CERTIFICATION NU		0.0040				
186 Capstone			17						
CITY		ZIP CODE							
Linn Creek		65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLUECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID TOTAL FOLIFORM E		FECAL E-COLI	TOTAL	FREE		
11/16/2018	R	263 Prairie Rose	07	Α	Α	<0.02	<0.02		
	+								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	L L	Yes V No				
TITLE Laboratory Techr	nical Directo	or	DATE 12-1-18	3					
SIGNATURE My MW									
MO 780-0438 (05-13)	V	Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water La		DRATORY TELEPHONE NUMBER WITH AREA CODE 3-346-3810			
street address 186 Capstone			CERTIFICATION NU	MBER	•		
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	LOCATION		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FORM	TOTAL F		FECAL E-COLI	TOTAL	FREE
10/17/2018	R	78 Capstone	17	Α	Α	<0.02	<0.02
				1			
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL		I Ir	ICL VIOLATION  Yes 7 No		
TITLE Laboratory Techr	nical Directo	or	DATE   - - 4			<del></del>	
SIGNATURE MY	MM						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



	Total Water Laboratories   Laboratory Telephone Number with Area Co					
STREET ADDRESS  186 Capstone  CITY ZIP CODE	CERTIFICATION NU	MBER				
Linn Creek 65020						
COUNTY ID NUMBER MO-3036251	SAMPLE COLLECTO EB	R NAME OR INITI	ALS		KUSU NESSU VIEW	
SAMPLE DATE SAMPLE COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l		
MO/DAY/YR TYPE COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
09/10/2018 R 214 Ginny	11	Α	Α	<0.02	<0.02	
	-				-	
TOTAL ROUTINE SAMPLE ANALZED  1	MONITORING VIOL	ATION )	M	CL VIOLATION  Yes V No		
тітье Laboratory Technical Director	DATE 9-30-					
SIGNATURE May all Petur completed form to Departs		e Dublic Briefit	Water Beanch	P.O. Roy 178 loffers	n City MO 65402.0476	



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH / Total Water Laboratories 573-346-3810					
STREET ADDRESS 186 Capstone		Lun accer	CERTIFICATION NUMBER 17					
CITY Linn Creek		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RE	SIDUAL (mg/L)	
MO/DAY/YR	TYPE	OOLLEG HOLL TOUT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/08/2018	R	187 Capstone	13	13 A A		<0.02	<0.02	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION O	I M	CL VIOLATION  Yes No			
TITLE Laboratory Techn	ical Directo	)r	DATE 9-4-			-		
SIGNATURE My M/M				D. LUC T. L.	Water Decemb	DO Doy 470 Julio	n Ciby MO 85402 0470	
MO 780-0438 (05-13)	-	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



	Public water system name Whispering Hills Subdivision		Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU			TV.			
186 Capstone			<b>⊒</b> 17						
CITY Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	E COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/09/2018	R	49 Ginny	10	A	Α	<0.02	<0.02		
*									
						ICI MOLATION			
TOTAL ROUTINE SAMPLE ANALZED  1 TITLE		MONITORING VIOL	)	ľ	ICL VIOLATION  Yes ✓ No				
Laboratory Techr		or	8-1-18						
SIGNATURE MO 780-0438 (05-13)	Am	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		LABORATORY NAM Total Water L		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
street address 186 Capstone		Lun ager	CERTIFICATION NUMBER 17					
CITY <b>Linn Creek</b>		ZIP CODE 65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION TO ONE	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/04/2018	R	214 Ginny	11	Α	Α	<0.02	<0.02	
			-		0			
			-					
TOTAL ROUTINE SAMPLE	I E ANALZED	1	MONITORING VIOL	ATION	I M	CL VIOLATION  Yes V No		
тітье Laboratory Techn	ical Directo	ır	DATE 7-2-					
SIGNATURE My	aller	Return completed form to Departm		- Bullia Bullia	Water Proces	D.O. Day 476 July	City MO 65402 0470	



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA 573-346-3810				
street address 186 Capstone		T	CERTIFICATION NUM	MBER			
CITY Linn Creek		ZIP CODE 65020					
County Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO  JL	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/09/2018	s	229 Prairie Rose	15	Р	Α	<0.02	<0.02
06/09/2018	s	68 Prairie Rose	14	Р	Α	<0.02	<0.02
06/09/2018	S	214 Ginny	11	Р	Α	<0.02	<0.02
06/09/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02
06/09/2018	S	Well	01	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE	ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION Yes V No	
тітье Laboratory Techn	ical Directo	r	DATE 6-24	48			
	Mn	Pature completed form to Departme			Maria	DO Barrata	n City MO SEASO
40 700 0420 IDE 42\		Return completed form to Decadors	ant of Natural Resource	s Public Drinking	water Branch.	P.U. BOX 176, Jefferso	11 UitV. MU 65702-0176



Whispering Hills Subdivision Total Water Laboratories 57		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 186 Capstone		The same of the sa	CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/11/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02
06/11/2018	S	25 Ginny	16	Α	Α	<0.02	<0.02
06/11/2018	S	Well	01	Α	Α	<0.02	<0.02
06/11/2018	S	214 Ginny	11	A	Α	<0.02	<0.02
			1				
TOTAL ROUTINE SAMPLE A	ANALZED		MONITORING VIOL ☐ Yes ✓ No	ATION	M	CL VIOLATION Yes V No	
τιτιε Laboratory Technic		r	DATE 6-24-	18			
SIGNATURE ANY	ostr	Pature completed form to Denartme			W	D.O. D.J. 470 1.47	Che MO criss of



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS 186 Capstone			CERTIFICATION NU	MBER			
CITY Linn Creek		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RE		RESULTS	CHLORINE RESIDUAL (mg/l	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	FECAL E-COLI	TOTAL	FREE	
06/20/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02
06/20/2018	S	25 Ginny	16	Α	Α	<0.02	<0.02
06/20/2018	S	214 Ginny	11	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	ATION		CL VIOLATION  Yes No		
TITLE Laboratory Techn SIGNATURE		or .	DATE 6-24-1	8			
MO 780-0438 (05-13)	pM	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision			Total Water La	ER WITH AREA CODE				
STREET ADDRESS 186 Capstone CITY		ZIP CODE	CERTIFICATION NU	MBER				
Linn Creek		65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	5		
SAMPLE DATE	SAMPLE	CONTRACTION DON'T	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
06/21/2018	S	Well 1	01	Α	Α	<0.02	<0.02	
06/21/2018	s	49 Ginny	10	Α	Α	<0.02	<0.02	
06/21/2018	S	25 Ginny	16	A A		<0.02	<0.02	
			0					
			72					
		lē						
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL		MC MC	CL VIOLATION Yes  No		
тпье Laboratory Techn	ical Directo	r	DATE 6-24-1	8				
SIGNATURE My	orth			- Dublic Deletion	Water Dranch	DO Boy 176 Infformati	City MO 65102-0176	



### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water Laboratories 573-346-3810							
STREET ADDRESS 186 Capstone		Tour	CERTIFICATION NU	MBER					
сітү Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE R		RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
05/07/2018	R	68 Prairie Rose	14	A	Α	<0.02	<0.02		
						-			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	   	ICL VIOLATION  Yes  No			
TITLE Laboratory Technical Director		DATE 6-4-1			_ 100 🛅 110				
SIGNATURE AW ( MO 780-0438 (05-13)	allu	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000628



#### MICROBIOLOGICAL ANALYSIS REPORT

Whispering Hills S	JBLIC WATER SYSTEM NAME Vhispering Hills Subdivision		Total Water Laboratories   LABORATORY TELEPHONE NUMBER WITH AREA CODE					
STREET ADDRESS 186 Capstone CITY		ZIP CODE	17	MBEK				
Linn Creek		65020						
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS		01	
SAMPLE DATE	SAMPLE		SAMPLE SAMPLE RI		RESULTS	CHLORINE RESIDUAL (mg/l		
MO/DAY/YR	TYPE	COLLECTION TO ONLY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/04/2018	R	187 Capstone	13	Α	Α	<0.02	<0.02	
			12					
141								
+1								
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL  ☐ Yes ✓ NO	)	l L	Yes No			
Laboratory Techr	nical Directo	or .	5-1-19	9				
SIGNATURE Aug MO 780-0438 (05-13)	you	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176	

MWA 1.17-000629



PUBLIC WATER SYSTEM NAME		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
Whispering Hills S	Subdivision		CERTIFICATION NU		373-340	-3010	
186 Capstone			17	WDEI			
CITY		ZIP CODE	<del>-</del>  ''				
Linn Creek		65020					
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	AY/YR TYPE COLLECTION FOINT		LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	189 Prarie Rose	121	Α	Α	<0.02	<0.02
					<u></u>		
		i i					
							-
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION  Yes  No	4	
тітье Laboratory Techr	ical Directo	or .	DATE 4-2-18	?			
SIGNATURE ANY	ofhe	Return completed form to Departm	and of National States	n Bubble Deleti	Water Person	DO Boy 176 Johnson	n City MO 66402.0476
AQ 780-0438 (05-13)		return completed form to Departin	iem of Natural Resource	SECTION OF DELIVING	AARTOL MINISTER		



	IBLIC WATER SYSTEM NAME /hispering Hills Subdivision		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS	2341101011		CERTIFICATION NU					
186 Capstone		ZIP CODE						
Linn Creek		65020 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
Camden	retories.	MO-3036251	EB	044451.5.5	NEOLU TO	OUI OPINE DE	CIDIIAL (man/L)	
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg		
WO/B/ TITTE			ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/13/2018	R	214 Ginny	11	Α	Α	<0.02	<0.02	
		У.						
TOTAL ROUTINE SAMPLE	E ANALZED	d.	MONITORING VIOL  ☐ Yes ☑ No	ATION	Mo	CL VIOLATION Yes ✓ No		
τιτιε Laboratory Techn	ical Directo	r	DATE 2-28	-18				
SIGNATURE MUY MO 780-0438 (05-13)	e ofth	Return completed form to Departm	ent of Natural Resource	s. Public Drinkina	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176	



### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
street address 186 Capstone			CERTIFICATION NU	MBER	· · · · · · · · · · · · · · · · · · ·					
CITY Linn Creek		ZIP CODE 65020								
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE SAMPLE RES		RESULTS CHLORINE RE		SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
02/01/2018	S	Well 2	03	А	Α	<0.02	<0.02			
02/01/2018	S	49 Ginny	10	Α	А	<0.02	<0.02			
02/01/2018	S	214 Ginny	11	А	А	<0p.02	<0.02			
	V									
	.93	- 2%								
		<u>u</u>				2				
		4)								
				X						
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL ☐ Yes ☑ No		M	CL VIOLATION  Yes ✓ No				
TITLE Laboratory Techn	ical Directo	r	DATE 2-25							
SIGNATURE ANY	often	Return completed form to Departm	pent of Natural Resource	s Public Drinking	Water Branch	P.O. Box 176. Jefferso	n City, MO 65102-0176			

MWA 1.17-000632



	PUBLIC WATER SYSTEM NAME Whispering Hills Subdivision		Total Water Laboratories   Laboratory Telephone number with area col						
STREET ADDRESS 186 Capstone			CERTIFICATION NU						
CITY Linn Creek		ZIP CODE 65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg.			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/02/2018	S	Well 2	03	Α	Α	<0.02	<0.02		
02/02/2018	S	49 Ginny	10	Α	Α	<0.02	<0.02		
02/02/2018	S	263 Prairie Rose	07	A	Α	<0.02	<0.02		
	<u> </u>	V							
							3		
			_						
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL  ☐ Yes	ATION	M	CL VIOLATION  Yes  No			
тітье Laboratory Techn		г	DATE 2-Z	g-18					
SIGNATURE <i>My</i>	olle	Return completed form to Departm	ent of Natural Resource	s, Public Drinkina	Water Branch.	P.O. Box 176. Jefferson	n City, MO 65102-0176		



### MICROBIOLOGICAL ANALYSIS REPORT

Whispering Hills S			Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU	IMBER					
186 Capstone		ZIP CODE	17						
Linn Creek		65020							
COUNTY Camden		ID NUMBER MO-3036251	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS	47			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	ESIDUAL (mg/L)		
MO/DAY/YR	TYPE	OCCEPTION CONT.	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/24/2018	S	Well 1	01	А	Α	<0.02	<0.02		
01/24/2018	S	Well 2	03	A	Α	<0.02	<0.02		
TOTAL ROUTINE SAMPL  0  TITLE	E ANALZED		MONITORING VIOL  Yes No	ATION )	I L	CL VIOLATION  Yes No			
Laboratory Techn	nical Directo	ſ	1-31-12	<u> </u>					
MO 780-0438 (05-13)	-vevu	Return completed form to Departn	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		

MWA 1.17-000634



#### MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM Whispering Strear			LABORATORY NAME LABORATORY TELEPHONE NUM Total Water Laboratories 573-346-3810			ER WITH AREA CODE	
STREET ADDRESS 241 Whispering St		Y	CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTO RG	R NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	211 Whispering Streams Road	02	Α	Α	1.04	0.96
TOTAL ROUTINE SAMPLI	E ANALZED		MONITORING VIOL	ATION	Ľ	CL VIOLATION  Yes V No	
Laboratory Techn		r	DATE 6-30-	14			
SIGNATURE 007	osh	Return completed form to Department	of Natural Paccurac	s Public Orinkina	Water Branch	P.O. Box 176 Jefferso	n City. MO 65102-0176

MWA 1.17-000635



PUBLIC WATER SYSTEM Whispering Stream			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS  241 Whispering S			CERTIFICATION NU	MBER	1		
сіту Osage Beach		ZIP CODE 65065					
COUNTY Miller		ID NUMBER Non- Permitted	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg	
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	35 Hidden Cove Road	07	Α	Α	1.21	1.16
						1	
TOTAL BOLEWS SALES	E AMALESES		MONITORING MON	ATION	l In	CL VIOLATION	
TOTAL ROUTINE SAMPLE  1 TITLE	E ANALZED		MONITORING VIOL  Yes No	) )	ľ	CL VIOLATION  Yes No	
Laboratory Techn	, A	ſ	6-2-1	9			
MO 780-0438 (05-13)	offen	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176



PUBLIC WATER SYSTEM Whispering Strear			ER WITH AREA CODE							
STREET ADDRESS 241 Whispering St	treams	In a comp	CERTIFICATION NU	MBER						
сітү Osage Beach		ZIP CODE 65065								
COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI.	ALS					
SAMPLE DATE	SAMPLE	COLLECTION DOINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
04/02/2019	R	35 Hidden Cove Road	07	А	Α	0.96	0.93			
			7							
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	[	ICL VIOLATION  Yes No					
Laboratory Techn		or	DATE 5-4-19							
MO 780-0438 (05-13)	Mu	Return completed form to Departr	ment of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			



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

PUBLIC WATER SYSTEM Whispering Strean			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS 241 Whispering St		T:	CERTIFICATION NU	MBER			
сіту <b>Osage Beach</b>		ZIP CODE 65065					
COUNTY Miller		Non- Permitted	SAMPLE COLLECTO EB	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L	
MO/DAY/YR	TYPE	COLLECTION FORM	ID TOTAL FECAL E-COLI		FECAL E-COLI	TOTAL	FREE
03/19/2019	R	211 Whispering Streams Rd	02 P A		1.03	0.96	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION	.I   	ICL VIOLATION  Yes V No	,1	
TITLE Laboratory Techr	nical Directo	or	DATE 3-3/-/				
SIGNATURE (My MO 780-0438 (05-13)	Aln	Return completed form to Departmen	et of Netural Bana	se Bublic Delablas	Water Dranch	P.O. Roy 176 laffered	n City MO 65102-0176



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

PUBLIC WATER SYSTEM Whispering Strear			Total Water La	aboratories	573-346	RY TELEPHONE NUMB -3810	ER WITH AREA CODE		
STREET ADDRESS  241 Whispering State  DITY	treams	ZIP CODE	17						
Osage Beach COUNTY Miller		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
03/20/2019	Р	211 Whispering Streams Rd	02	Α	Α	0.45	0.43		
03/20/2019	Р	25 Deer Hollow Rd	10	Α	Α	0.49	0.43		
03/20/2019	Р	35 Hidden Cove Rd	07	A	A	0.56	0.47		
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL  ☐ Yes	ATION	M [	CL VIOLATION  Yes ✓ No			
TITLE Laboratory Technical Director SIGNATURE		3-3/-14	1						



PUBLIC WATER SYSTEM NAME Whispering Streams		Total Water Laboratories 573-346-3810							
STREET ADDRESS			CERTIFICATION NU						
241 Whispering St	treams	ZIP CODE	17						
CITY <b>Osage Beach</b>		65065							
COUNTY Miller		ID NUMBER Non- Permitted	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE SAMPLE R		CHLORINE RESIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLEGIIONI OINI	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
02/13/2019	R	35 Hidden Cove Road	07	Α	Α	0.65	0.54		
TOTAL ROUTINE SAMPLE  1 TITLE	E ANALZED		MONITORING VIOL  Yes No	)	M C	CL VIOLATION  Yes No			
Laboratory Techn		r	3.2-1	9					
MO 780-0438 (05-13)	ylu	Return completed form to Depart	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM			LABORATORY NAME LABORATORY TELEPHONE NUMBER V Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
Whispering Stream	115		CERTIFICATION NU		070-040	7-0010	
241 Whispering S	treams		17				
CITY		ZIP CODE					
Osage Beach		65065	0.11015 00115076	SO MANE OD INITI	A1.C		
COUNTY Miller		Non- Permitted	RG	OR NAME OR INITI	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE			CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION FOINT	ID			TOTAL	FREE
01/24/2019	R	35 Hidden Cove Road	07	Α	Α	0.94	0.89
	-						
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION		ICL VIOLATION  Yes V No		
TITLE Laboratory Techr	nical Directo	or .	DATE 2-2-16		<del> </del>  -	10.	
SIGNATURE My (	1						
MO 780-0438 (05-13)	•	Return completed form to Depa	rtment of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



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

0440150455	044515		SAMPLE	SAMPLE RES	SULTS	CHLORINE RESIDUAL (mg/L)
Miller		Non- Permitted	RG			
COUNTY		ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITIALS	3	
Osage Beach		65065				
CITY		ZIP CODE				
241 Whispering St	reams	W	17			
STREET ADDRESS			CERTIFICATION NU	MBER		
Whispering Stream	ns		Total Water La	aboratories	573-346	-3810
PUBLIC WATER SYSTEM	VAME		LABORATORY NAM			RY TELEPHONE NUMBER WITH AREA CODE

154 158	The state of the s							
SAMPLE			SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L		
TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
Р	221 Whispering Streams Rd	03	Α	Α	1.06	1.03		
Р	25 Deer Hollow Rd	10	Α	Α	1.03	1.01		
Р	39 Hidden Cove Rd	08	A	Α	1.02	1.01		
				=				
: ANALZED		Yes 🗸 No	ATION	M.	CL VIOLATION Yes  No			
i A	r	DATE 2-2-19						
	P P P ANALZED	P 221 Whispering Streams Rd P 39 Hidden Cove Rd	TYPE  COLLECTION POINT  ID  P 221 Whispering Streams Rd 03  P 25 Deer Hollow Rd 10  P 39 Hidden Cove Rd 08  ANALZED  MONITORING VIOLE  TYPE  COLLECTION POINT  ID  MONITORING VIOLE  DATE  CATALYTIC ID  ANALZED  MONITORING VIOLE  DATE  CATALYTIC  DATE  COLLECTION POINT  ID  ANALZED  MONITORING VIOLE  DATE  CATALYTIC  DATE  CATALYTIC  DATE  COLLECTION POINT  ID  ANALZED  MONITORING VIOLE  DATE  CATALYTIC  DATE  COLLECTION POINT  ID  ANALZED  MONITORING VIOLE  DATE  CATALYTIC  DATE  CATALYTIC  DATE  COLLECTION POINT  ID  ANALZED  MONITORING VIOLE  DATE  CATALYTIC  CATALYTIC  DATE  CATALYTIC  CATALYTIC  DATE  CATALYTIC  CATALYTIC  DATE  CATALYTIC  CA	TYPE COLLECTION FOINT ID COLFORM  P 221 Whispering Streams Rd 03 A  P 25 Deer Hollow Rd 10 A  P 39 Hidden Cove Rd 08 A	TYPE  COLLECTION POINT  DOCATION  TOTAL ESCAL ESCAL P  221 Whispering Streams Rd  P  39 Hidden Cove Rd  08  A  A  A  A  A  A  B  A  B  B  B  B  B	TYPE         COLLECTION FOINT         TOTAL COLLFORM         FEGAL COLLFORM         TOTAL           P         221 Whispering Streams Rd         03         A         A         1.06           P         25 Deer Hollow Rd         10         A         A         1.03           P         39 Hidden Cove Rd         08         A         A         1.02		

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



PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAMI Total Water La	aboratories	573-346	RY TELEPHONE NUMBI -3810	ER WITH AREA CODE		
STREET ADDRESS  241 Whispering States  CITY	treams	ZIP CODE	CERTIFICATION NUMBER 17						
Osage Beach		65065							
COUNTY Miller		ID NUMBER Non- Permitted	RG SAMPLE COLLECTO	OR NAME OR INITI	ALS				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION TOWN	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/30/2019	S	221 Whispering Streams Rd	03	Р	Α	1.06	1.03		
01/30/2019	S	25 Deer Hollow Rd	10	Α	Α	1.03	1.01		
01/30/2019	S	39 Hidden Cove Rd	08	А	A e	1.02	1.01		
TOTAL ROUTINE SAMPLE	E ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION  Yes V No	N.		
Laboratory Techr	Laboratory Technical Director		DATE 2-2-19						
MO 780-0438 (05-13)	MIM	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM Whispering Strear			LABORATORY NAME LABORATORY TELEPHONE NUMBER WI Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS  241 Whispering St			CERTIFICATION NU	MBER			
сіту Osage Beach		ZIP CODE 65065					
COUNTY Miller		Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLEGIIONT ON	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	35 Hidden Cove Road	07	Α	Α	0.45	0.26
-							
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	   <u> </u>	ICL VIOLATION		
1 TITLE	inal Discret		☐ Yes ☑ No		L	☐ Yes ☑ No	
Laboratory Techr	Mu Directo		1-2-19				
MO 780-0438 (05-13)	yw	Return completed form to Departn	nent of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



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 ZIP CODE Eugene 65032			(				
COUNTY ID NUMBER		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
11/16/2018	R	39 Hidden Cove Road	08	Α	Α	1.07	1.04
					-		
TOTAL ROUTINE SAMPLE ANALZED  1			MONITORING VIOLATION ☐ Yes ✓ No			MCL VIOLATION  ☐ Yes ☑ No	
TITLE Laboratory Technical Director			DATE /2-1-18				
SIGNATURE My	allu	Petum completed form to Departm	ont of Natural Passaura	se Public Dripping	Water Branch	P.O. Roy 176 Jefferso	n City MO 65102-0176



## MICROBIOLOGICAL ANALYSIS REPORT

	UBLIC WATER SYSTEM NAME Vhispering Streams		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS		Izin cope	CERTIFICATION NU	CERTIFICATION NUMBER 17						
сітү E <b>ugene</b>		ZIP CODE 65032								
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO KR	SAMPLE COLLECTOR NAME OR INITIALS KR						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)				
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
10/17/2018	R	35 Hidden Cove Road	07	Α	А	1.57	1.35			
			MONITORING	ATION	1	ICL VIOLATION				
1			MONITORING VIOL			Yes No				
Laboratory Techr		OF .	DATE (1-1-14	3						
MO 780-0438 (05-13)	apm	Return completed form to Depar	tment of Natural Resource	es. Public Drinking	Water Branch	. P.O. Box 176, Jefferso	n City, MO 65102-0176			

MWA 1.17-000646



## MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM $\ \ _{\scriptscriptstyle \zeta}$

Whispering Strean	ns		LICIAL WATER LA		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			Total Water Laboratories 573-346-3810  CERTIFICATION NUMBER						
			17	VIDER					
сітү Eugene		ZIP CODE 65032							
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE		SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l			
	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/04/2018	R	211 Whispering Streams Road	02	Α	Α	0.64	0.57		
							_		
TOTAL DOLETING CALLS	ANAL 750		MONITORING VIOL	ATION	I I KA	CL VIOLATION			
TOTAL ROUTINE SAMPLE ANALZED  1		Yes 🗹 No	ATION )	Ü	Yes No				
Laboratory Techn	ical Directo	г	DATE 9-30-18						
SIGNATURE My MO 780-0438 (05-13)	Mr	Return completed form to Department	t of Natural Resource	s, Public Drinkinn	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176		



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

PUBLIC WATER SYSTEM NAME Whispering Streams STREET ADDRESS		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810						
сітү Eugene		ZIP CODE   65032	17					
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB					
	SAMPLE	E COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L		
MO/DAY/YR	TYPE	COLLECTION TO MY	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
08/06/2018	R	25 Deer Hollow Road	10	Α	Α	0.86	0.84	
TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	MONITORING VIOLATION					
тітье Laboratory Techn	ical Directo	r	☐ Yes ☑ No ☐ Yes ☑ No  DATE  9-4-18					
SIGNATURE MO 780-0438 (05-13)	olle	Return completed form to Departr	ment of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	



⊃UBLIC WATER SYSTEM NAME Whispering Streams		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS			CERTIFICATION NUMBER 17						
сітү Eugene		ZIP CODE 65032							
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	OOLL FOTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RE	SIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
07/16/2018	R	35 Hidden Cove Road	07	Α	Α	0.68	0.52		
						4			
N	1								
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	LATION	N F	ICL VIOLATION Yes ✓ No				
TITLE Laboratory Techr	nical Directo	or	DATE 8-1-18						
SIGNATURE MO 780-0438 (05-13)	MM	Return completed form to Departm	ent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176		

9	====
4	

## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS		T	CERTIFICATION NU	MBER			
CITY Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION TO SINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	211 Whispering Streams Rd	02	Α	Α	1.00	0.64
<u></u>							
		it.					
						*	
						5	
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION )	M	CL VIOLATION  Yes V No	J.	
TITLE Laboratory Techn	ical Directo	or	DATE 7-Z-	8			
MO 780-0438 (05-13)	aglir	Return completed form to Departmen	nt of Natural Resource	s, Public Drinking	Water Branch.	P.O. Box 176, Jefferso	n City, MO 65102-0176

MWA 1.17-000650



PUBLIC WATER SYSTEM NAME Whispering Streams			LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH AREA  Total Water Laboratories  573-346-3810						
STREET ADDRESS			CERTIFICATION NU	MBER					
CITY Eugene		ZIP CODE 65032							
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE		ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
05/14/2018	R	35 Hidden Cove Road	07	А	A	0.28	0.22		
	-								
TOTAL ROUTINE SAMPLI	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOLATION  ☐ Yes ☑ No  ☐ Yes ☑ No						
TITLE Laboratory Techr	nical Directo	r	DATE 6-4-1						
	alle	Poture completed form to Departm							



Whispering Streams		Total Water La	aboratories	573-346-3810				
STREET ADDRESS		770 0005	CERTIFICATION NU	MBER				
CITY Eugene		ZIP CODE 65032	1					
COUNTY	.,	ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
04/17/2018	R	211 Whispering Streams Road	02	А	Α	1.18	0.98	
						<u> </u>		
			-					
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	LATION OITA	N	icl violation Yes V No			
TITLE Laboratory Techr	nical Directo	or	DATE 5/1					
	allu	Peturo completed form to Departmen		a Bublia Delation	Water Descale	DO Roy 176 laffered	n City. MO 85102.0178	



PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS			CERTIFICATION NU				
CITY		ZIP CODE					
Eugene COUNTY		65032 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS		
		Non- Permitted	EB				
SAMPLE DATE	SAMPLE	E COLLECTION DOINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	35 Hidden Cove Road	07	Α	Α	1.10	0.90
		Λ.					
	-					1	
TOTAL ROUTINE SAMPLE	TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION O	M	CL VIOLATION  Yes  No	
Laboratory Techn	ical Directo	ır	DATE 4-2-	18	(A)		
SIGNATURE Aug	Men						
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAM		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS			CERTIFICATION NU					
CITY Eugene		ZIP CODE 65032						
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)		
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
02/14/2018	R	211 Whispering Streams Road	02	A	A	1.10	1.07	
_								
11								
		Vi						
							E)	
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	M	CL VIOLATION Yes / No	•		
Laboratory Techn		r	DATE 2-28	-18				
MO 780-0438 (05-13)	e odlu	Return completed form to Department	of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176	

MWA 1.17-000654



PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAM Total Water La		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS			CERTIFICATION NUMBER 17						
CITY Eugene		ZIP CODE 65032							
COUNTY		Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	MPLE COLLECTION BOINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/L			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
01/10/2018	R	35 Hidden Cove Road	07	A	А	1.20	1.09		
			_						
		0							
(#)									
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL		M L	CL VIOLATION Yes V No	<i>y</i>			
TITLE Laboratory Techn	nical Directo	or	DATE 1-31-18						
SIGNATURE My	odh					William .			
MO 780-0438 (05-13)		Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferson	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME  Whispering Streams		LABORATORY NAM Total Water La	aboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810					
STREET ADDRESS		ZIP CODE	CERTIFICATION NUMBER 17						
Eugene		65032							
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB						
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	002220 1101 1 011 1 1 1 1 1 1 1 1 1 1 1	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
12/05/2017	R	221 Whispering Streams Road	03	Α	Ā	1.10	1.06		
							0		
	-								
			MONITORING VIOL	ATION	Tax	CL VIOLATION			
TOTAL ROUTINE SAMPL	E ANALZED	70	Yes ✓ No	) 		CL VIOLATION  Yes  No			
TITLE Laboratory Techr SIGNATURE	nical Directo	r	1-Z-15	3					
and the My	offer	Poture completed form to Department	of Natural Bengures	e Public Orinking	Water Branch	P.O. Box 176. Jefferson	City. MO 65102-0176		



ns		CERTIFICATION NU		Total Water Laboratories 573-346-3810							
	STREET ADDRESS		CERTIFICATION NUMBER 17								
ZIP CODE Eugene 65032		<b>⊣</b> 1′									
	65032										
	Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB									
SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	ESULTS	CHLORINE RESIDUAL (mg/						
TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE					
R	25 Deer Hollow Road	10	Α	Α	<0.02	<0.02					
ANALZED		MONITORING VIOL	ATION	M	CL VIOLATION Tyes 7 No						
ical Directo	r	DATE									
oph	Return completed form to Decard	ent of Natural Resources	s. Public Drinking	Water Branch	P.O. Box 176, Jefferson	n City, MO 65102-0176					
	R  R  ANALZED  ical Directo	SAMPLE TYPE COLLECTION POINT  R 25 Deer Hollow Road	ID NUMBER NON- Permitted  SAMPLE COLLECTION POINT  R 25 Deer Hollow Road 10  ANALZED  MONITORING VIOLETTION POINT  MONITORING VIOLETTION POINT  MONITORING VIOLETTION POINT  ANALZED  MONITORING VIOLETTION POINT  MONITORI	ID NUMBER NON- Permitted  SAMPLE COLLECTION POINT  R  25 Deer Hollow Road  10  A  TOTAL COLLFORM  TOTAL COLLFORM  A  A  A  A  A  A  A  A  A  A  A  A  A	ID NUMBER NOn- Permitted  SAMPLE COLLECTION POINT	ID NUMBER NOT- Permitted  SAMPLE TYPE  COLLECTION POINT  R  25 Deer Hollow Road  10  A  A  <					

Revised Report



MISSOURI DEPARTMENT OF NATURAL RESOURCES WATER PROTECTION PROGRAM

## MICROBIOLOGICAL ANALYSIS REPORT

1-2-18

PUBLIC WATER SYSTEM Whispering Stream			LABORATORY NAMI		573-346	RY TELEPHONE NUMBI -3810	ER WITH AREA CODE			
STREET ADDRESS			CERTIFICATION NU							
CITY Eugene		ZIP CODE 65032								
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB	PLE COLLECTOR NAME OR INITIALS						
SAMPLE DATE	SAMPLE		SAMPLE	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L				
MO/DAY/YR	D/DAY/YR TYPE GOLLEGI		1D	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
11/08/2017	R	25 Deer Hollow Road	10	10 A A		0.76	0.72			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	LATION O	N I	ICL VIOLATION  Yes V No				
TITLE Laboratory Techr	1 <sup>TITLE</sup> Laboratory Technical Director		DATE 1-Z-							
SIGNATURE (My MO 780-0438 (05-13)	colle	Return completed form to Departr	ment of Natural Resource	es. Public Drinkin	Water Branch	, P.O. Box 176, Jefferso	on City, MO 65102-0176			



PUBLIC WATER SYSTEM I Whispering Stream			LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITE 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS		I	CERTIFICATION NU	MBER			
сітү Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO EB	OR NAME OR INITIA	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	RESULTS	CHLORINE RE	SIDUAL (mg/L)
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	221 Whispering Streams Road	03	Α	A	<0.02	<0.02
TOTAL ROUTINE SAMPL	E ANALZED	1	MONITORING VIOL	LATION O	I.	ICL VIOLATION  Yes ✓ No	
TITLE Laboratory Techr	nical Directo	or	DATE (0-3				
	Min	Return completed form to Departmen			Water Branch	DO Boy 175 165	o City MO 65102-0476





PUBLIC WATER SYSTEM NAME Whispering Streams		Total Water Laboratories 573-346-3810							
STREET ADDRESS			CERTIFICATION NU	MBER	- X*/,				
DITY		ZIP CODE	17						
Eugene COUNTY		65032 ID NUMBER	SAMPLE COLLECTO	OR NAME OR INITI	ALS				
		Non- Permitted	EB		VIII VIII VIII	E E CANTONIA ON EXERCIO			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F		CHLORINE RESIDUAL (mg/			
MO/DAY/YR	TYPE	ODEELO HOLVY OILV	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
10/16/2017	R	221 Whispering Streams Road	03	Α	Α	0.82	0.53		
			16.						
e:									
TOTAL ROUTINE SAMPLE ANALZED  1		MONITORING VIOL	ATION	ı E	CL VIOLATION  Yes No				
Laboratory Techr	255	or	DATE 1-Z-	18					
MO 780-0438 (05-13)	colle	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch	P.O. Box 176, Jefferso	n City, MO 65102-0176		



PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories LABORATORY TELEPHONE NUMBER WITH 573-346-3810							
STREET ADDRESS			CERTIFICATION NU	MBER					
сітү <b>Eugene</b>	3	ZIP CODE 65032							
COUNTY		Non- Permitted	SAMPLE COLLECTO EB	MPLE COLLECTOR NAME OR INITIALS B					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/l			
MO/DAY/YR	TYPE	COLLECTION FORM	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE		
09/06/2017	R	241 Whispering Streams Road	05	P	Α	<0.02	<0.02		
					n				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIOL	ATION	l E	CL VIOLATION Yes V No				
1 TITLE Laboratory Technical Director		DATE (0 -3-/							
SIGNATURE My MO 780-0438 (05-13)	oph	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176		



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		Total Water Laboratories 573-346-3810								
STREET ADDRESS		lan cope	17	MREK		8				
CITY Eugene		ZIP CODE 65032								
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTOR NAME OR INITIALS  EB							
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE R	ESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
09/08/2017	Р	Well House	01	Р	Α	<0.02	<0.02			
09/08/2017	Р	35 Hidden Cave Road	07	Α	Α	<0.02	<0.02			
09/08/2017	Р	241 Whispering Streams Road	05 A A <0.00				<0.02			
				11						
			,							
, m										
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL	LATION D	M [	CL VIOLATION Yes V No					
Laboratory Techr		or	DATE 10-3	-17						
MO 780-0438 (05-13)	eMn	Return completed form to Departmen	t of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			

MWA 1.17-000662



PUBLIC WATER SYSTEM I Whispering Strean		¥	LABORATORY NAME LABORATORY TELEPHONE NUMBER WITH Total Water Laboratories 573-346-3810		ER WITH AREA CODE		
STREET ADDRESS			CERTIFICATION NUI	MBER	ALI		
Eugene		ZIP CODE 65032					
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO	OR NAME OR INIT!	ALS		
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg/	
MO/DAY/YR	TYPE	COLLECTION POINT	LOCATION	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/09/2017	S	Well House	01	Α	Α	0.91	0.82
09/09/2017	S	25 Deer Hollow Road	10	Α	Α	<0.02	<0.02
09/09/2017	S	241 Whispering Streams Road	05	Α	Α	<0.02	<0.02
09/09/2017	S	35 Hidden Cave Road	07	Α	Α	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALZED 0		MONITORING VIOL  ☐ Yes ☑ No	ATION	ľ	CL VIOLATION  Yes V No	ļ	
TITLE	nical Directo	or	DATE /0-3-/				
Laboratory Techr SIGNATURE MO 780-0438 (05-13)	ash	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME Total Water Laboratories  CERTIFICATION NUMBER  LABORATORY TELEPHONE NUMBER WITH AREA COI 573-346-3810								
STREET ADDRESS		ZIP CODE	17	MBEK						
CITY Eugene		65032								
COUNTY	v	ID NUMBER Non- Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS					
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg				
MO/DAY/YR	TYPE	COLLECTION POINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
08/01/2017	R	35 Hidden Cave Road	07	A	Α	A <0.02	<0.02			
				Į.						
						ļ				
TOTAL ROUTINE SAMPLE ANALZED		MONITORING VIO	LATION	N	ICL VIOLATION					
1 TITLE			☐ Yes ☑ No		L	Yes 🗸 No				
Laboratory Techr	www.	JI	0 20							
MO 780-0438 (05-13)	2 Demc	Return completed form to Departm	nent of Natural Resource	es, Public Drinking	Water Branch	, P.O. Box 176, Jefferso	n City, MO 65102-0176			

MWA 1.17-000664



## MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Whispering Streams		LABORATORY NAME LABORATORY TELEPHONE NUMBER WITTER  Total Water Laboratories 573-346-3810						
STREET ADDRESS			CERTIFICATION NU	MBER				
CITY Eugene		ZIP CODE 65032						
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO	OR NAME OR INITI	ALS			
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RESIDUAL (mg		
MO/DAY/YR	TYPE	COLLECTION FOINT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE	
07/18/2017	R	221 Whispering Streams Road	03	03 A A			<0.02	
TOTAL ROUTINE SAMPL	TOTAL ROUTINE SAMPLE ANALZED 1		MONITORING VIOL	ATION O	M	CL VIOLATION  Yes V No	.l.	
TITLE Laboratory Techr	nical Directo	or	DATE 8-1-					
	1 on	n				BO Day 470 James	o City MO 65402 0476	
MO 780-0438 (05-13)	8	Return completed form to Departmen	t of Natural Resource	s, Public Drinking	water Branch,	r.O. Box 1/6, Jenerso	II Gity, MG 65 102-0176	

MWA 1.17-000665



PUBLIC WATER SYSTEM Whispering Strear			LABORATORY NAM Total Water La		573-346	RY TELEPHONE NUMBI i-3810	ER WITH AREA CODE			
STREET ADDRESS			CERTIFICATION NUMBER 17							
CITY <b>Eugene</b>		ZIP CODE 65032								
COUNTY		ID NUMBER Non- Permitted	SAMPLE COLLECTO KR	OR NAME OR INITI	ALS	·				
SAMPLE DATE	SAMPLE	COLLECTION POINT	SAMPLE LOCATION	SAMPLE F	RESULTS	CHLORINE RE	SIDUAL (mg/L)			
MO/DAY/YR	TYPE	COLLECTION FORT	ID	TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE			
06/05/2017	R	35 Hidden Cave Road	07	A	Α	<0.02	<0.02			
TOTAL ROUTINE SAMPL	E ANALZED		MONITORING VIOL	ATION	IM	ICL VIOLATION				
1			MONITORING VIOL  Yes ✓ No  DATE  7-2-/			Yes 🗸 No				
Laboratory Techr	Mlm			•						
MO 780-0438 (05-13)	VVVV	Return completed form to Departm	ent of Natural Resource	s, Public Drinking	Water Branch,	P.O. Box 176, Jefferso	n City, MO 65102-0176			

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



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

#### Introduction

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

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

## Lakeside at Cross Creek

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

## Missouri Department of Natural Resources

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

#### **Facility Description and History**

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

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

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

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

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

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

#### Discussion of Inspection and Observation

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

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

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

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

#### Sampling and Monitoring

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

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

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

#### **Compliance Determination and Required Actions**

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

#### **Unsatisfactory Findings**

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

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

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

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

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

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

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

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

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

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

#### Recommendations

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

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

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

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

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

#### **Additional Comments**

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

## **Signatures**

SUBMITTED BY:

Johnny O'Dell

Environmental Specialist Southwest Regional Office

## **Attachments**

Photograph Addendum 1 through 6 Application for Permit to Dispense

**REVIEWED BY:** 

Judith Charlton, Chief

Drinking Water Inspection Unit Southwest Regional Office

#### PHOTOGRAPH ADDENDUM

REGIONAL OFFICE Southwest Regional Office



PHOTOGRAPH #1

TAKEN BY: Johnny O'Dell

ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse DESCRIPTION: Wellhead

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

Branch



PHOTOGRAPH #2

TAKEN BY: Johnny O'Dell

ENTITY: Lakeside at Cross Creek

PERMIT: MO5031496

LOCATION: Inside wellhouse

DESCRIPTION: Chlorine injection point

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

Branch



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 #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

FOR	OFFICE	USE	ONLY	
DATE F	RECEIVED			

**PUBLIC WATER SYSTEMS** 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 ☐ Transient Noncommunity Nontransient Noncommunity Community PWS ID NUMBER COUNTY 2. NAME OF WATER SYSTEM 3. ADDRESS TELEPHONE NUMBER WITH AREA CODE EMAIL ADDRESS 4. NAME OF PROPERTY OWNER ZIPCODE CITY 5 ADDRESS TELEPHONE NUMBER WITH AREA CODE 6. CONTINUING OPERATING AUTHORITY (IF SAME AS OWNER INDICATE "SAME") 7. TYPE OF SUPPLY ☐ Subdivision ☐ Mobile Home Park ☐ City ☐ PWSD Other (Describe) ☐ 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? TYes ☐ No 9, TYPE AND LOCATION OF SOURCE Purchase water from another public water supply ☐ Well ☐ Intake Longitude Geographic Coordinates: Latitude 10. Emergency connection to another PWS: Supplier PWS ID number: MO Longitude Geographic coordinates of master meter: Latitude 11. If purchase wholesale water: Supplier's PWS ID number: MO Average amount purchased per day: Max allowable purchased per day: Geographic coordinates of master meter: Latitude Longitude Purchaser's PWS ID number: MO 12. If sell wholesale water: Average amount sold per day: Max allowable 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 Local Intake Name Total depth Lake/River/Creek Name Casing depth Capacity Pump capacity Date Constructed Well certification number Date constructed if more than one well or intake is being used, provide the information on a separate page Yes, well is grandfathered Constructed prior to July 27, 1987 15. Well grandfathered ☐ No, well is not grandfathered yes-agreement has been completed A noncompliant well agreement was issued between the no- agreement has not been completed n/a – well is either grandfathered or state no- agreement has not been completed department and the public water supply. 16. Noncompliant well This is for wells that are not state approved that were drilled between July 27, 1987 and June 15, 2007. certified as a public water supply Well has certification from the Missouri Department of Certification or reference 17. State-approved number: Natural Resources' Geological Survey

780-2122 (02-15)

18. BOOSTER OR HIGH SERVICE F					_			_		
Number of pumps	Cap	pacity of each:	Pump #1	gpm	Pump #2	2	gpm	Pump #3	3	gpm
Type of pumps Geographic coordinates	of numn station	· lotitudo	longitudo			:*.				
	•		Iongitude							
If more than one pump	station is bein	ıg used, provi	de the informa	ation on	a separate	e page				
19. Volume/Storage	Indicate volu	ıme of each sto	orage structure	separate	ely using a	dditiona	al page	s as nece	ssary	
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Stand Pipes						C	allons			
Ground Storage						G	Ballons		т	
Pressure Tanks	Number of to	anks	Capacity of e	each tank	11					olume of all re tanks
Bladder Tanks	Number of tanks Capacity of each tank Total volume of all bladde tanks									
Total Storage Volume						G	allons			
20. WATER TREATMENT DESCRIPT	RON St		¥							
CHIEF OPERATOR'S NAME		CHIEF OPERATOR	'S PHONE NUMBER		C	HIEF OPE	RATOR'S	CERTIFICAT	ON NUMBE	R
If the system has hired	additional and	 	anardda lafa					! .!!!!	15	
22. Required documents			provide iiiloi	mation	or each o	ретасо	i on ar	i additioi	iai page	·•
Copy of property deed Proof of ownership if, Well information: Well Emergency Operation As-Built Drawings, Re the system was issued Technical, Managerial commencing operation Operational Managem after Oct. 1, 1999 Financial Capacity Dewater systems and not	ls for wells, well i.e. bylaws for l drillers certifica s Plan, required quired for Com and Financial as after Oct. 1, ent Plan for co monstrations an	Il houses, stora HOA, POA or Cation log or weld of for communit munity Water & Checklist for ca 1999 mmunity water s listed on the community water	COA or busines I certification if y water system Systems comm ommunity wate r systems and r Technical, Mar er systems com	es registra available as only dencing o er systema nontransi nagerial a nmencing	peration with the peration be and nonthe ent noncorund Financorund	efore O ransien mmunit ial Cap is after	ctober  It nonco  y water  acity D  Oct. 1,	1, 1999 if ommunity systems evelopme 1999	water so	ystems ncing operations klist for community
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Mail completed copy to:	Public Drinkir		ural Resources h, P.O. Box 17 3-751-1300	6, Jeffers		10 651		6		Ŧ
80-2122 (02-15)										

MWA 1.18-000678

## 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

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

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

### Introduction

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

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

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

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

### **Facility Description and History**

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

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

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

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

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

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

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

### Discussion of Inspection and Observation

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

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

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

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

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

### Sampling and Monitoring

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

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

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

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

### **Engineering Assessment**

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

### **Compliance Determination and Required Actions**

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

### Significant Deficiencies

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

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

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

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

### **Unsatisfactory Findings**

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

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

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

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

### Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signatures

SUBMITTED BY:

**REVIEWED BY:** 

Kristen Pattinson, Chief

Southwest Regional Office

**Drinking Water Compliance Unit** 

Environmental Specialist

Southwest Regional Office

Attachments

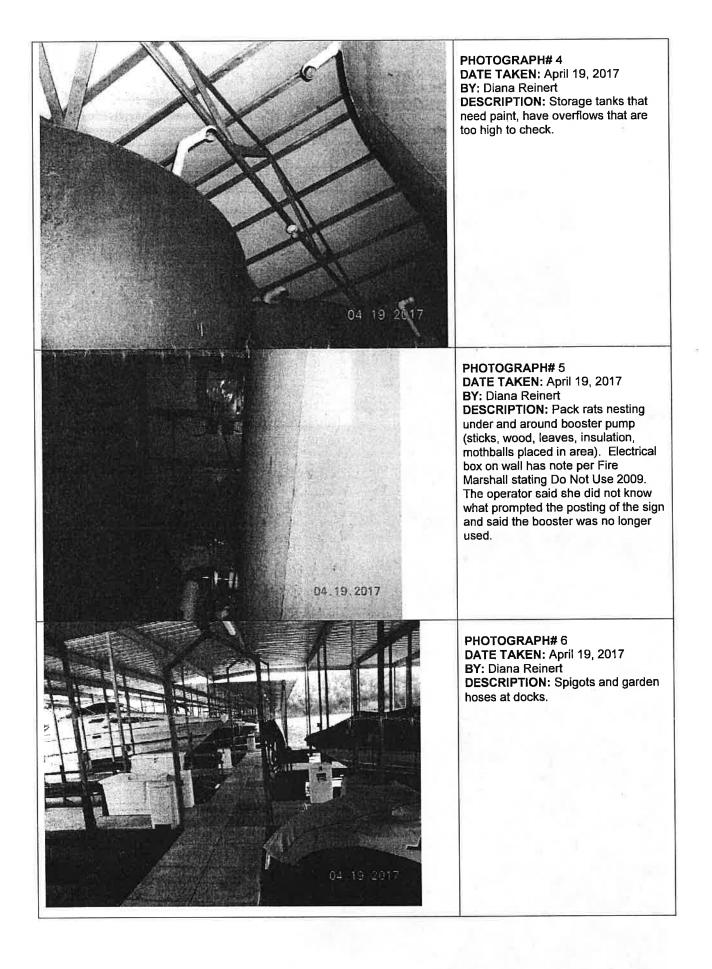
Photograph Addendum 1 through 6 Cross connection control template Backflow fact sheet Publication 2112 tank inspection



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

REGIONAL OFFICE
Southwest Regional Office

<u>C</u>	Southwest Regional Office
GENERAL INFORMATION	
FACILITY Park Place Master	PROGRAM
CTIVITY (INSPECTION, INVESTIGATION, ETC.)	Drinking Water Program  DATE OF ACTIVITY
nspection	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.
9.2017	PHOTOGRAPH# 3 DATE TAKEN: April 19, 2017 BY: Diana Reinert DESCRIPTION: 34,000 gallon corrugated storage tank.
04 19 20	





### DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 1, 2015

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

Dear Mr. Goss:

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

- 1. Establish a cross-connection control program.
- 2. Prepare, deliver, and certify delivery of the 2014 Consumer Confidence Report in accordance with Safe Drinking Water Regulations.
- 3. Provide a sample tap to allow the collection of bacteriological samples and disinfection residuals at a point after the storage tank.
- 4. Provide as-built drawings for the emergency chlorination system that is now used continuously at the system.
- 5. Provide overflow and low level alarms.
- 6. Provide a splash pad under the overflow and grade the ground to direct flow away from the tank base.
- 7. Provide provisions for emergency electrical power or establish an emergency connection with the adjoining Camden County PWSD #2 line.
- 8. Install a security fence.
- 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

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

### <u>INTRODUCTION</u>

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

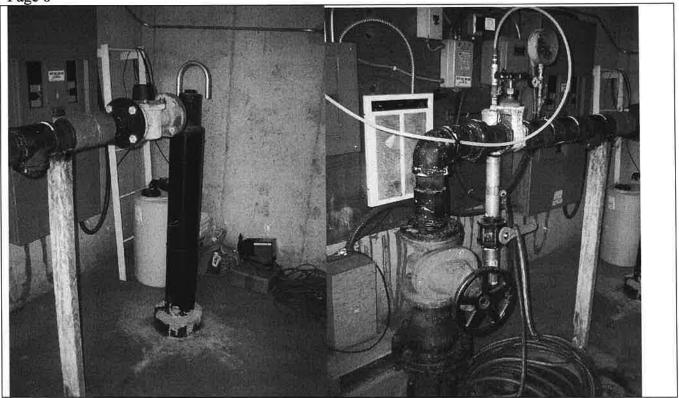
Clinton Finn. P.E.

APPROVED BY:

Drinking Water Engineering

and Assistance Unit

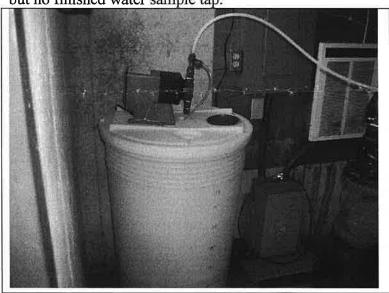
Page 8



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

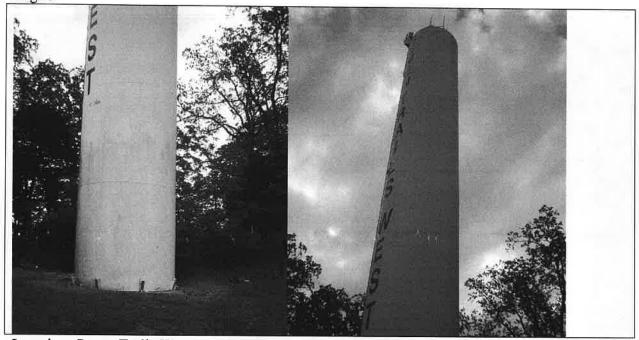
but no finished water sample tap.



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

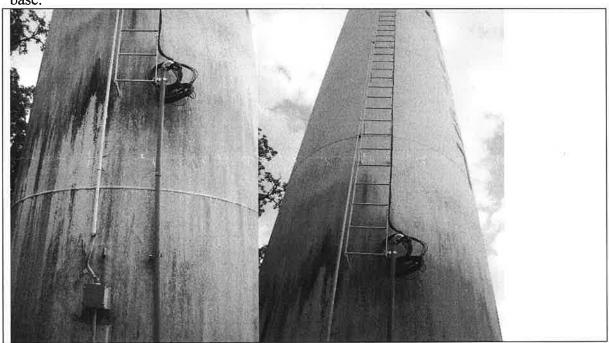
aggravated corrosion around the tank base.



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

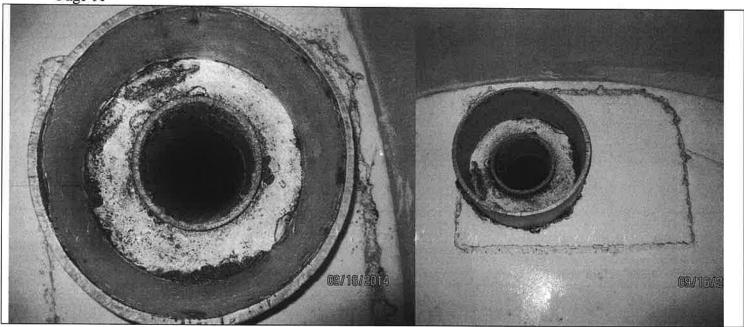
base.



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

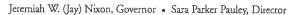
climbing the ladder. MWA 1.18-000704



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.



### DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 18, 2015

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

STATE OF MISSOURI

Dear Mr. Jones:

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

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



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

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

Sincerely,

SOUTHWEST REGIONAL OFFICE

Mark Rader, Chief Drinking Water Section

MDR/dbl

Enclosures

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

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

June 18, 2015

### INTRODUCTION

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

### **DISCUSSION**

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

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

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

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

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

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

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

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

### MONITORING AND SAMPLING HISTORY

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

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

### **UNSATISFACTORY FEATURES**

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

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

### Significant Deficiencies

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

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

### Violations of Missouri Safe Drinking Water Regulations

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

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

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

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

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

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

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

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

### Department Recommendations

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

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

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

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

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

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

6. Storage capacity is insufficient.

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

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

7. The storage tank needs exterior painting.

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

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

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

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

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

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

9. Each service connection is not individually metered.

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

The department recommends installing meters on each service connection.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maintain an adequate well water level monitoring program.

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

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

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

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

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

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

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

REPORTED BY:

APPROVED BY:

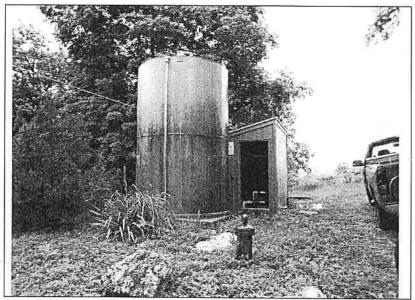
Darrell Barber

Environmental Specialist

Judith Charlton, Chief

**Drinking Water Inspection Unit** 

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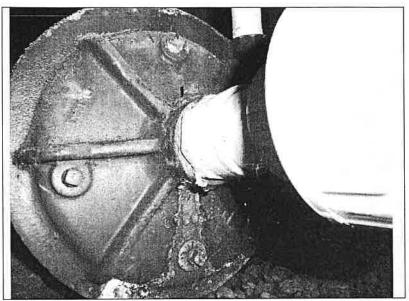
Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

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



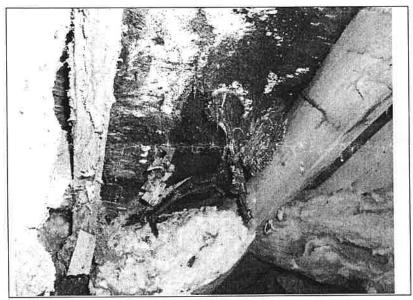
Location: Makalu Estates Photographer: Darrell Barber Photograph Date: May 20, 2015

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



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

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



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

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