

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

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

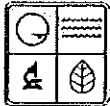


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE 							

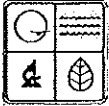
MO 780-0438 (05-13)

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



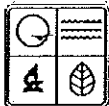
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL COLI	TOTAL	FREE
05/01/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Amey O'Neil</i>							



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



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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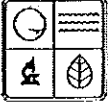
PUBLIC WATER SYSTEM NAME Breakers Condominiums				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS PO Box 1447				CERTIFICATION NUMBER 17			
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Swimming Pool Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1				MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director				DATE 3-31-19			
SIGNATURE 							



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

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



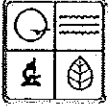
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STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

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

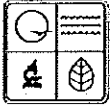
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 2-2-19	
SIGNATURE 		

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STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Club House	19	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-19				
SIGNATURE <i>Ang Miller</i>							



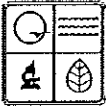
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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

MO 760-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



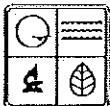
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/04/2018	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02

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

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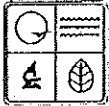


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/06/2018	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE 							

MO 780-0439 (05-13)

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

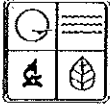


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Swimming Pool Restroom	003	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-7-18				
SIGNATURE 							

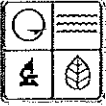
MO 780-0439 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Swimming Pool Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>Amy Adkins</i>							

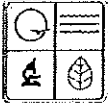


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Building 32	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 6-4-18					
SIGNATURE <i>Amy Oster</i>							

MO 789-0438 (05-13)

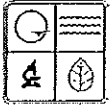
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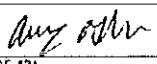
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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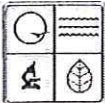
PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3238250		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUIFORM	FECAL E-COU	TOTAL	FREE
03/14/2018	R	Building 32 Outside	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>[Handwritten Signature]</i>							

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



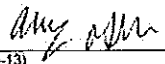
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COUNTY Camden		ID NUMBER MO-3238250			SAMPLE COLLECTOR NAME OR INITIALS EB		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/10/2018	R	Building 32 Outside	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-31-18				
SIGNATURE <i>Amy Oster</i>							

MO 760-0433 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



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

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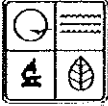
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CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238250		

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

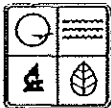
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-2-17	
SIGNATURE <i>[Handwritten Signature]</i>		

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 WATER PROTECTION PROGRAM
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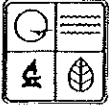
PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	Building 52	015	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE <i>Amy Allen</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Breakers Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 1447			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Swimming Pool - Outside	002	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 10-3-17				
SIGNATURE 							

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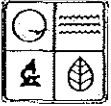
PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3238250		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House	19	A	A	<0.02	<0.02

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

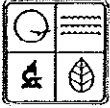
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PUBLIC WATER SYSTEM NAME Breakers Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 1447		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3238250					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	Building 32 Outside	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-17				
SIGNATURE <i>Ray O'Brien</i>							



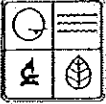
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

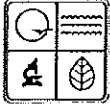
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-3031336						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL ECOLI	TOTAL	FREE
06/03/2019	R	Building 62 Unit 1A	12	A	A	0.89	0.75
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE 							

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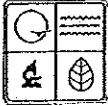


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2019	R	Building 62 Unit 1B - Outside	06	A	A	0.33	0.31
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Ray Miller</i>							

MO 780-0438 (05-13)

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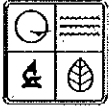


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/28/2019	S	Building 62 Unit 2A	9	A	A	1.07	0.70
05/28/2019	S	Building 103 Unit 1A	11	A	A	0.91	0.82
05/28/2019	S	Building 62 Unit 1A	12	A	A	1.01	0.76
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TITLE Laboratory Technical Director			DATE 5-29-19				
SIGNATURE <i>Amy Ash</i>							

MO 780-0438 (05-13)

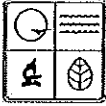
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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-3031336						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	Building 62 Unit 1A	12	A	A	0.64	0.71
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TITLE Laboratory Technical Director		DATE 3-2-19					
SIGNATURE 							

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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/14/2019	R	Building 62 Unit 1B - Outside	06	A	A	1.18	0.82
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE 							



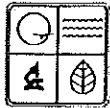
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3031336						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/10/2019	S	Well House	01	A	A	0.74	0.60
01/10/2019	S	Building 62 Unit 1B - Outside	06	A	A	0.45	0.41
01/10/2019	S	Building 62 Unit 2B - Outside	07	A	A	0.84	0.61
TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TITLE Laboratory Technical Director	DATE 2-2-19						
SIGNATURE <i>[Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/04/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.34	0.28
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TITLE Laboratory Technical Director			DATE 1-2-19				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2018	R	Building 62 1A	12	A	A	0.24	0.23
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TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE <i>[Signature]</i>							

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 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3031336						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	Building 62 Unit 1B - Outside	06	A	A	0.55	0.46
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 9-30-18					
SIGNATURE <i>Amy [illegible]</i>							

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

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 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	Building 62 Unit 1A	12	A	A	0.37	0.35
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE <i>Amy Miller</i>							

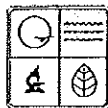


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336			SAMPLE COLLECTOR NAME OR INITIALS EB		
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/17/2018	R	Building 62 Unit 1B	06	A	A	0.78	0.55
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>Angie...</i>							

MO 780-0438 (05-13)

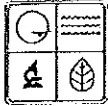
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PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	Building 62 Unit 1A	12	A	A	0.58	0.56
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TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>[Handwritten Signature]</i>							

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

MO 760-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

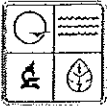


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Building 62 Unit 1B	06	A	A	0.57	0.52
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>[Signature]</i>							

MO 780-0438 (05-13)

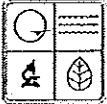
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

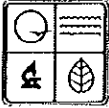
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

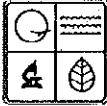
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

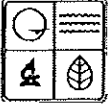
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3031336		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2017	R	Building 62 Unit 1B - Outside	06	A	A	0.74	0.71
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE <i>[Signature]</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
10/09/2017	R	Building 62 Unit 1A	12	A	A	0.49	0.44
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE: Laboratory Technical Director			DATE 10-31-17				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

MO 760-0438 (05-13)

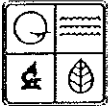
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Building 62 Unit 1A	12	A	A	0.61	0.53
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-28-17				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

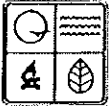
PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden		ID NUMBER MO-3031336	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2017	R	Building 62 Unit 1A	12	A	A	0.61	0.55

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

MO 780-0438 (05-13)

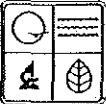
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Evergreen Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3031336					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Building 62 Unit 1B	06	A	A	0.51	0.46
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 7-2-17					
SIGNATURE <i>Amy...</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

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

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

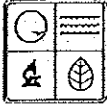


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>[Signature]</i>							

MO 790.0439 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

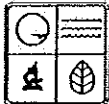
PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

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

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

MO 780-0438 (05-13)

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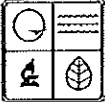


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/05/2019	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE <i>[Signature]</i>							

MO 780-0438 (05-13)

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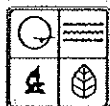
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

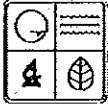
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

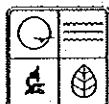
PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CITY Lake Ozark		ZIP CODE 65049		CERTIFICATION NUMBER 17	
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-2-19				
SIGNATURE <i>Ang Allen</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE 							

MO 780-0438 (05-13)

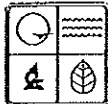
Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COULFORM	FECAL E-COLI	TOTAL	FREE
01/17/2019	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
01/17/2019	S	Building 110 - Lower Pool	009	A	A	<0.02	<0.02
01/17/2019	S	Building 77 Unit 1A	09	P	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE 							

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

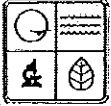
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-323097		

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

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

SIGNATURE

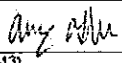


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

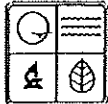
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17			
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden	ID NUMBER MO-323097				

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Pool Area Outside	09	A	A	<0.02	<0.02

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

SIGNATURE


MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 178, Jefferson City, MO 65102-0178

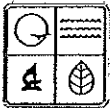


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

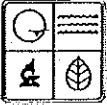
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-1-18	
SIGNATURE <i>[Handwritten Signature]</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-323097						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
11/20/2018	S	Pool Area Outside	09	A	A	<0.02	<0.02
11/20/2018	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
11/20/2018	S	Lower Pool	009	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 12-1-18					
SIGNATURE <i>Amy Allen</i>							

MO 760-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 178, Jefferson City, MO 65102-0178



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

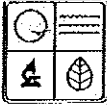
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-323097		

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

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

MO 780-0438 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

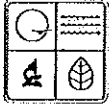
PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

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

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

SIGNATURE

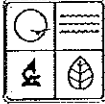


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-323097						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>[Signature]</i>							

MO 760-0438 (05-13)

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

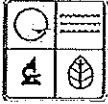
MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

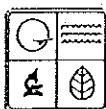
MO 750-Q439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

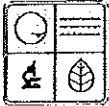
MO 760-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/14/2018	S	Well House	03	A	A	1.02	0.79
04/14/2018	S	Building 77 Unit 1A	10	A	A	0.43	0.37
04/14/2018	S	Building 41 Unit 1B	13	A	A	0.53	0.47
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-16-18				
SIGNATURE <i>My Miller</i>							

MO 780-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



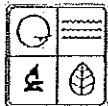
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/19/2018	S	Well House	03	A	A	0.87	0.72
04/19/2018	S	Building 77 Unit 1A	10	A	A	0.82	0.72
04/19/2018	S	Building 41 Unit 1B	13	A	A	0.44	0.39

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

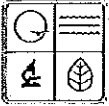
MO 760-0435 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>[Signature]</i>							

MO 769-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

COUNTY Camden	ID NUMBER MO-323097	SAMPLE COLLECTOR NAME OR INITIALS EB
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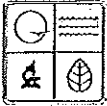
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Building 110 Lower Pool	009	A	A	<0.02	<0.02

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

SIGNATURE *[Signature]*

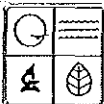
MO 760-0433 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/19/2018	S	Building 166 Unit 1B	010	A	A	<0.02	<0.02
02/19/2018	S	Building 110 Lower Pool	009	A	A	<0.02	<0.02
02/19/2018	S	Well House	03	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE 							

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

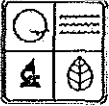
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-31-18	
SIGNATURE <i>Ang Allen</i>		



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

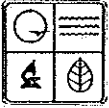


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/08/2017	R	Building 166 Unit 1B	010	A	A	<0.02	<0.02

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

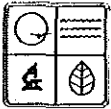
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-323097		

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

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

TITLE Laboratory Technical Director	DATE 10-31-17
--	------------------

SIGNATURE *Greg Miller*



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

MO 789-0438 (05-13)

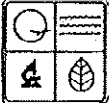
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-323097					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Building 118 Unit 1B	011	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-29-17				
SIGNATURE <i>[Signature]</i>							

MO 760-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

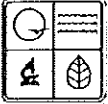


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME The Falls Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-323097		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Pool Area Outside	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE <i>Amy Oliver</i>							

MO 780-0438 (05-13)

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

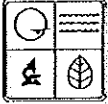
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STREET ADDRESS 1395 Hawk Island Drive		CITY Osage Beach		ZIP CODE 65065			
COUNTY Camden		ID NUMBER MO-3036354		CERTIFICATION NUMBER 17			
				SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E. COLI	TOTAL	FREE
06/04/2019	R	WWTP Outside	23	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 6-30-19					
SIGNATURE <i>Amy Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

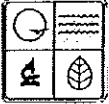
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STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Pool Area	05	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Amy Miller</i>							

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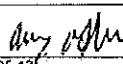


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

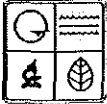
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STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	WWTP - Outside	23	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-4-19				
SIGNATURE <i>Angie Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
04/25/2019	S	1451 Hawk Island Dr.	12	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 5-4-19					
SIGNATURE 							

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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

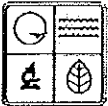
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STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3036354	SAMPLE COLLECTOR NAME OR INITIALS RG	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COULFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	Pool Area	05	A	A	<0.02	<0.02

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

MO 780-0438 (05-13)

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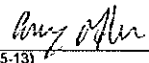


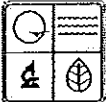
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

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

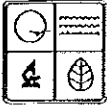
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TITLE Laboratory Technical Director	DATE 3-2-19	

SIGNATURE




MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach	ZIP CODE 65065						
COUNTY Camden	ID NUMBER MO-3036354		SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/02/2019	S	WWTP Outside	23	A	A	<0.02	<0.02
02/02/2019	S	1593 Ridgeview	31	A	A	<0.02	<0.02
02/02/2019	S	1455 Hawk Island	32	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 3-2-19				
SIGNATURE <i>Amy Adler</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	Pool Area	05	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 2-2-19					
SIGNATURE <i>[Signature]</i>							

MO 780-0435 (05-13)

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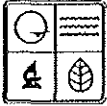


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	Pool Area	05	A	A	0.76	0.72
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-19				
SIGNATURE: 							

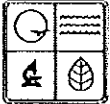
MO 780-0438 (06-13)

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3036354						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/17/2018	S	WWTP - Outside	23	A	A	<0.02	<0.02
12/17/2018	S	Pool Area	05	A	A	<0.02	<0.02
12/17/2018	S	Pool Area	05	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 1-2-19					
SIGNATURE <i>[Signature]</i>							



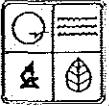
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

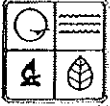
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

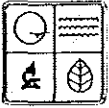
PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Pool Area	05	A	A	0.83	0.80
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-7-18				
SIGNATURE <i>Amy Miller</i>							

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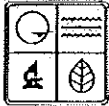
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1395 Hawk Island Drive				CERTIFICATION NUMBER 17			
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/11/2018	R	Pool Area	05	A	A	0.25	0.20
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>amy m...</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/14/2018	S	1451 Hawk Island Drive	12	A	A	0.37	0.26
09/14/2018	S	1593 Ridgeview	31	A	A	0.55	0.53
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-30-19				
SIGNATURE <i>Amy J. Miller</i>							



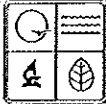
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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

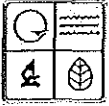
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PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	Pool Area	05	A	A	0.62	0.52
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>[Signature]</i>							

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WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME
Hawk Island Estates

STREET ADDRESS
1395 Hawk Island Drive

CITY
Osage Beach

ZIP CODE
65065

COUNTY
Camden

ID NUMBER
MO-3036354

LABORATORY NAME
Total Water Laboratories

LABORATORY TELEPHONE NUMBER WITH AREA CODE
573-346-3810

CERTIFICATION NUMBER
17

SAMPLE COLLECTOR NAME OR INITIALS
EB, KR

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/27/2018	S	WWTP Outside	23	A	A	1.51	1.39
07/27/2018	S	Pool Area	05	A	A	0.71	0.58
07/27/2018	S	Pool Area	05	A	A	0.71	0.58

TOTAL ROUTINE SAMPLE ANALYZED
0

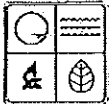
MONITORING VIOLATION
 Yes No

MCL VIOLATION
 Yes No

TITLE
Laboratory Technical Director

DATE
8-1-18

SIGNATURE
[Signature]



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

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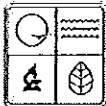


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive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

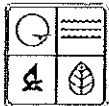
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MICROBIOLOGICAL ANALYSIS REPORT

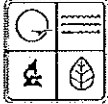
PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	Pool Area	05	A	A	0.84	0.79
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Amy Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

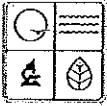
PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3036354					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	Pool Area	05	A	A	0.98	0.85
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE 							

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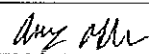


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

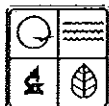


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER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

MO 782-D438 (05-13)

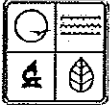
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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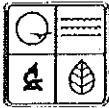


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Hawk Island Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1395 Hawk Island Drive			CERTIFICATION NUMBER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

MO 780-0438 (05-13)

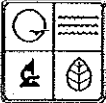
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MICROBIOLOGICAL ANALYSIS REPORT

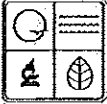
PUBLIC WATER SYSTEM NAME Hawk Island Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1395 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3036354		SAMPLE COLLECTOR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

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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2019	R	35 Craftsman	03	A	A	0.38	0.34
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 6-30-19					
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Club House - Outside	13	A	A	0.69	0.58
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE 							

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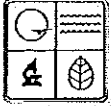


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	Club House - Outside	13	A	A	0.32	0.22
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 3-31-19					
SIGNATURE <i>[Signature]</i>							

MO 780-0438 (05-13)

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

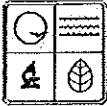


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/12/2019	R	35 Craftsman	03	A	A	0.28	0.32
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 3-2-19					
SIGNATURE <i>Ray Miller</i>							

MO 780-0430 (05-13)

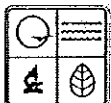
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

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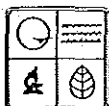


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	Club House - Outside	13	A	A	0.37	0.24

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2018	R	Club House - Outside	13	A	A	0.36	0.20
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE <i>[Signature]</i>							

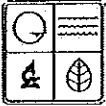


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Club House - Outside	13	A	A	0.48	0.40
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE <i>Amy Miller</i>							

MO 780-0439 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

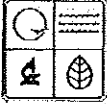
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2018	R	Club House - Outside	13	A	A	0.24	0.19

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

SIGNATURE *[Handwritten Signature]*

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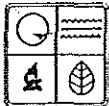
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/07/2018	R	65 Weather Vane	18	A	A	0.34	0.26

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-12-18	
SIGNATURE <i>[Signature]</i>		

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

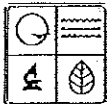


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

MO 780-0438 (05-13)

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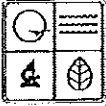


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Club House	13	A	A	0.98	0.82

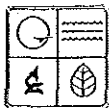
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 8-1-18	
SIGNATURE <i>Amy Wilson</i>		



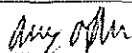
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

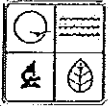
PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross-Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/04/2018	R	78 Fireside	07	A	A	0.27	0.21
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

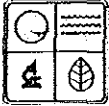
PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton	ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/04/2018	R	78 Fireside	07	A	A	0.37	0.31
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
TITLE Laboratory Technical Director	DATE 5-1-18						
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS JL				
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/20/2018	R	Club House Outside	13	A	A	0.56	0.36
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-31-18				
SIGNATURE <i>[Signature]</i>							

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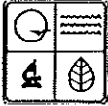
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

SIGNATURE



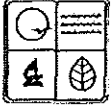
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/13/2017	R	78 Fireside	07	A	A	0.31	0.29

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

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

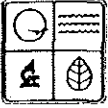
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-5031496						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	78 Fireside	07	A	A	0.56	0.49
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 10-3-17					
SIGNATURE <i>Amy Miller</i>							

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

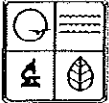


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

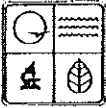
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Club House Outside	13	A	A	<0.02	<0.02

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

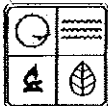
PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/05/2017	S	Club House Outside	13	A	A	<0.02	<0.02
08/05/2017	S	115 Porch Swing	04	A	A	<0.02	<0.02
08/05/2017	S	2985 Cross Creek	17	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-28-17				
SIGNATURE <i>Ang Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS Cross Creek Road		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-5031496		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	245 Porch Swing	11	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-7-17				
SIGNATURE 							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Lakeside at Cross Creek			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS Cross Creek Road			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-5031496					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	Club House Outside	13	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE <i>Andy Miller</i>							

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

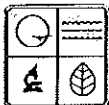


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

MO 783-0438 (05-13)

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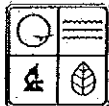


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

MO 780-0438 (05-13)

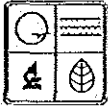
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS RG				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	5864 Baydy Peak	008	A	A	0.84	0.71
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE <i>Amy Adkin</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	5813 Baydy Peak	09	A	A	0.46	0.25

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

MO 780-0438 (05-13)

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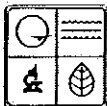


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/07/2018	R	5864 Baydy Peak	008	A	A	0.51	0.44
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE 							

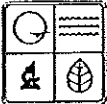
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	5808 Baydy Peak	07	A	A	0.48	0.39
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 11-1-18					
SIGNATURE 							



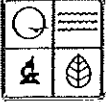
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

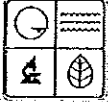
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 9-30-18	
SIGNATURE <i>Amy Allen</i>		

MO 789-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	5864 Baydy Peak	008	A	A	0.66	0.63
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE <i>Amy M. H.</i>							

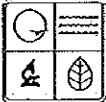


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION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

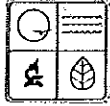
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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

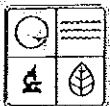
PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		
COUNTY Camden	ID NUMBER MO-3031208	SAMPLE COLLECTOR NAME OR INITIALS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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2018	R	5813 Baydy Peak	09	A	A	0.47	0.41

TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TITLE Laboratory Technical Director	DATE 6.4.18
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SIGNATURE *Amy Miller*

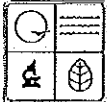


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION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

MO 780-0439 (05-13)

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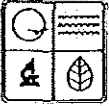


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Makalu Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 5864 Baydy Peak Rd		CERTIFICATION NUMBER 17					
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-3031208		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	5864 Baydy Peak	008	A	A	0.61	0.45
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>Amy D. W.</i>							

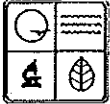
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

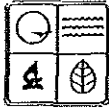
PUBLIC WATER SYSTEM NAME Makalu Estates				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 5864 Baydy Peak Rd				CERTIFICATION NUMBER 17			
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER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



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

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	5813 Baydy Peak	09	A	A	0.47	0.44
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE <i>Angie Miller</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

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

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

TITLE Laboratory Technical Director	DATE 10-3-17
--	-----------------

SIGNATURE <i>Angelle</i>

MO 783-0438 (05-13)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	5864 Baydy Peak	008	A	A	0.98	0.97

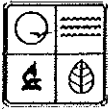
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---	--	---

TITLE Laboratory Technical Director	DATE 8-1-17
---	-----------------------

SIGNATURE *Ally V. [Signature]*

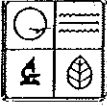
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

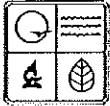
PUBLIC WATER SYSTEM NAME Makalu Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 5864 Baydy Peak Rd			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3031208					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	5808 Baydy Peak	07	A	A	0.54	0.52
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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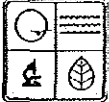
PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2019	R	369 Minnow Brook	018	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE <i>Angie M. [unclear]</i>							

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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	369 Minnow Brook	018	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 5-4-19					
SIGNATURE <i>[Signature]</i>							

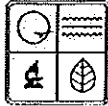


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL ECOU	TOTAL	FREE
03/18/2019	R	387 Minnow Brook	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE 							

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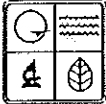
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/04/2019	R	369 Minnow Brook	018	A	A	<0.02	<0.02

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

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORN	FECAL E-COU	TOTAL	FREE
01/08/2019	R	182 Arrowhead	09	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE <i>Amy Adkins</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/17/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 1-2-19				
SIGNATURE <i>Andy Adams</i>							

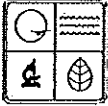
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT**

PUBLIC WATER SYSTEM NAME Minnowbrook Estates				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1774 N Hwy 5				CERTIFICATION NUMBER 17			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/16/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1				MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director				DATE 12-1-18			
SIGNATURE: <i>[Signature]</i>							

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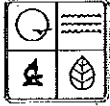


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

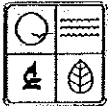
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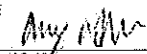


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

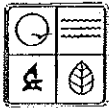
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>[Handwritten Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1774 N Hwy 5				CERTIFICATION NUMBER 17			
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1				MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director				DATE 9-4-18			
SIGNATURE 							

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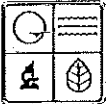


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton	ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3030981						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	387 Minnow Brook	010	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>Amey</i>							

MO 780-0439 (05-13)

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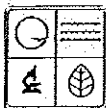


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/11/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>Ang Adams</i>							

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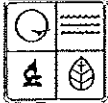
**MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT**

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/15/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02

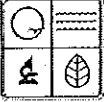
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 6-4-18	
SIGNATURE <i>Aug. Olsen</i>		

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

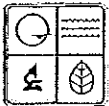
PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>Angie [unclear]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

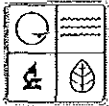
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3030981						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/05/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 5-1-18					
SIGNATURE <i>Amy [unclear]</i>							

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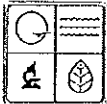
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3030981						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/l.)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/14/2018	R	401 Minnow Brook	20	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 4-2-18					
SIGNATURE <i>Amey [Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

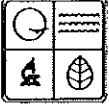
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CITY Camdenton		CERTIFICATION NUMBER 17			
CITY Camdenton		ZIP CODE 65020		COUNTY Camden			
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/08/2018	R	174 Arrowhead	15	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE 							



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PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
01/28/2018	R	374 Minnow Brook	008	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 1-31-18				
SIGNATURE <i>[Signature]</i>							

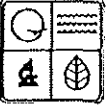
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

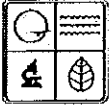
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STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/06/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 1-2-18					
SIGNATURE <i>Ang. Miller</i>							

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MICROBIOLOGICAL ANALYSIS REPORT

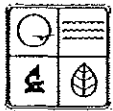
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STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3030981						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE <i>Ang Allen</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/12/2017	R	369 Minnow Brook	018	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-3-17				
SIGNATURE 							

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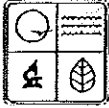


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 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-28-17				
SIGNATURE <i>Angie O'Brien</i>							

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PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	369 Minnow Brook	018	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director		DATE 8-17					
SIGNATURE <i>[Signature]</i>							

MO 780-0438 (05-13)

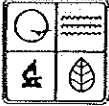
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

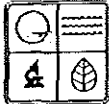
PUBLIC WATER SYSTEM NAME Minnowbrook Estates			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1774 N Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3030981		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	369 Minnow Brook	018	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-17				
SIGNATURE 							

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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

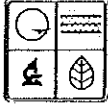
PUBLIC WATER SYSTEM NAME Minnowbrook Estates		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1774 N Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3030981					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	174 Arrowhead	15	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 7-2-17					
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Building C - Outside	03	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE <i>Amy [Signature]</i>							

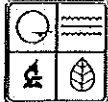
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

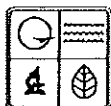
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STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Ray A. Miller</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2019	S	Building D	02	A	A	<0.02	<0.02
04/03/2019	S	Building C - Outside	03	A	A	<0.02	<0.02
04/03/2019	S	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-11-19				
SIGNATURE <i>Amy Miller</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	Building C - Outside	03	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 3-2-19				
SIGNATURE <i>Amey A. Allen</i>							

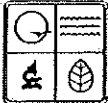
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 WATER PROTECTION PROGRAM
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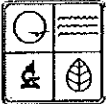
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STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORMS	FECAL E-COLI	TOTAL	FREE
01/02/2019	R	Between A&B	006	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE 							

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

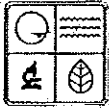
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Morgan	ID NUMBER MO-3238276						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COULFORM	FECAL E-COLI	TOTAL	FREE
12/11/2018	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-19				
SIGNATURE 							



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PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Morgan	ID NUMBER MO-3238276						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/16/2018	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE <i>[Signature]</i>							

MO 780-0433 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



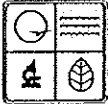
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/02/2018	R	Between A & B	006	A	A	<0.02	<0.02

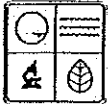
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TITLE Laboratory Technical Director	DATE 11-1-18	
SIGNATURE <i>[Signature]</i>		

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



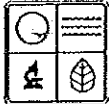
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark	ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Morgan	ID NUMBER MO-3238276						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLU	TOTAL	FREE
10/04/2018	S	Well House	001	A	A	<0.02	<0.02
10/04/2018	S	Building C - Outside	03	A	A	<0.02	<0.02
10/04/2018	S	Building B by Unit 204	04	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE <i>[Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

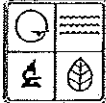
PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/04/2018	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>Amy Alder</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore				LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS PO Box 2409				CERTIFICATION NUMBER 17			
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE RESULTS			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/06/2018	R	Building C - Left side, under bld	11	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1				MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director				DATE 8-4-18			
SIGNATURE 							

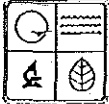
MO 780-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

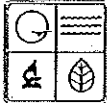
PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/16/2018	R	Between A & B	006	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE <i>[Signature]</i>							

MO 780-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

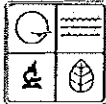
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Building C Left side, under bld	11	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 7-2-18					
SIGNATURE <i>[Handwritten Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

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

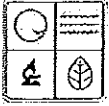
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
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TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>[Signature]</i>							

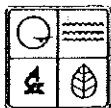
MO 760-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

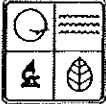
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Morgan		ID NUMBER MO-3238276		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/14/2018	R	Building C - Left Side	11	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director		DATE 2-28-18					
SIGNATURE <i>Amy Ollwe</i>							

MO 753-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

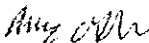


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/05/2017	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 1-2-18					
SIGNATURE							

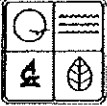


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/13/2017	R	Building C - Outside	03	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE 							

MO 780-0439 (05-13)

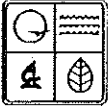
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

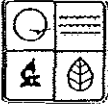
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049						
COUNTY Morgan	ID NUMBER MO-3238276	SAMPLE COLLECTOR NAME OR INITIALS EB					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/09/2017	R	Between A & B	006	A	A	<0.02	<0.02
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TITLE Laboratory Technical Director		DATE 10-31-17					
SIGNATURE <i>[Signature]</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Morgan	ID NUMBER MO-3238276						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/06/2017	R	Building C - Outside	03	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director	DATE 10-3-17						
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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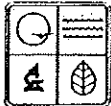
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STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Morgan	ID NUMBER MO-3238276		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	Between A&B	006	P	A	<0.02	<0.02

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

SIGNATURE <i>amy [signature]</i>



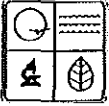
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/02/2017	P	Between A&B	006	A	A	<0.02	<0.02
08/02/2017	P	Between A&B	006	A	A	<0.02	<0.02
08/02/2017	P	Well House	001	A	A	<0.02	<0.02

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

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

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/12/2017	R	Building C Outside	03	A	A	<0.02	<0.02

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

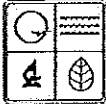
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME North Shore			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Morgan		ID NUMBER MO-3238276					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2017	R	Between A & B	006	A	A	<0.02	<0.02
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE <i>Amy Allen</i>							

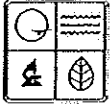
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	COUNTY Camden		ID NUMBER MO-5031544			
SAMPLE DATE MO/DAY/YR 06/03/2019		SAMPLE TYPE R	COLLECTION POINT 6231 Shadow Circle	SAMPLE LOCATION ID 04	SAMPLE RESULTS TOTAL COLIFORM A FECAL E-COLI A	CHLORINE RESIDUAL (mg/L) TOTAL 0.95 FREE 0.57	
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 6-30-14					
SIGNATURE <i>Amy Miller</i>							

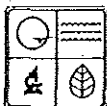
MO 780-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

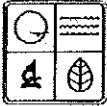
PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG				
COUNTY Camden		ID NUMBER MO-5031544					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	6255 Shadow Circle - Side	15	A	A	0.85	0.51
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Amy Allen</i>							

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

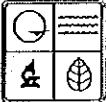
PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	6231 Shadow Circle	04	A	A	0.93	0.86
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-4-14				
SIGNATURE <i>Amy O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG					
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	6255 Shadow Circle - Side	15	A	A	0.73	0.65
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE <i>Amy Miller</i>							

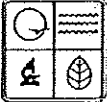
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	ID NUMBER MO-5031544		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden							
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/13/2019	R	6231 Shadow Circle	04	A	A	0.74	1.0
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 3-2-19					
SIGNATURE 							

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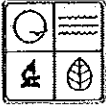
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS RG	
COUNTY Camden	ID NUMBER MO-5031544		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/14/2019	R	6255 Shadow Circle - Side	15	A	A	0.91	0.70

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

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

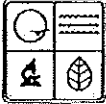


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031544		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	6255 Shadow Circle - Side	15	A	A	0.84	0.83

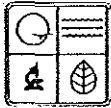
TOTAL ROUTINE SAMPLE ANALYZED 1	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 1-2-19	
SIGNATURE <i>My Adm</i>		



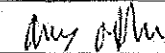
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/06/2018	R	6231 Shadow Circle	04	A	A	0.74	0.69
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 12-1-18				
SIGNATURE <i>[Signature]</i>							

MO 780-0428 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

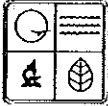


MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-5031544					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	6231 Shadow Circle	04	A	A	0.78	0.74
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE 							

MO 780-0438 (05-13)

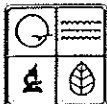
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT**

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-5031544					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/10/2018	R	6255 Shadow Circle - Side	15	A	A	0.69	0.64
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 9-30-18				
SIGNATURE <i>Ray Adler</i>							

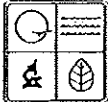
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

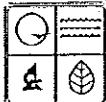
PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2018	R	6231 Shadow Circle	04	A	A	0.84	0.78
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE <i>Ang O'Neil</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	6255 Shadow Circle	15	A	A	0.86	0.68
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE 							

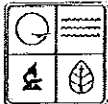


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031544		

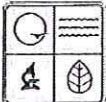
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/11/2018	R	6231 Shadow Circle	04	A	A	0.65	0.51

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



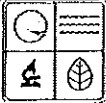
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544	SAMPLE COLLECTOR NAME OR INITIALS KR				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/08/2018	R	6255 Shadow Circle - Front	10	A	A	0.87	0.81
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065					
COUNTY Camden		ID NUMBER MO-5031544		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	6231 Shadow Circle	04	A	A	1.13	1.04
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Amy [Signature]</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031544		

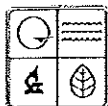
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	6255 Shadow Circle - Front	10	A	A	0.81	0.74

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

DATE
4-2-18

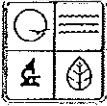
SIGNATURE
Amy Adams



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	6231 Shadow Circle	04	A	A	0.81	0.81
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 2-28-18					
SIGNATURE <i>Amy Ogden</i>							

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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031544		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	6280 Shadow Circle	06	A	A	0.91	0.90

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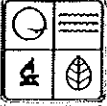
SIGNATURE <i>Angie O'Brien</i>

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



MISSOURI DEPARTMENT OF NATURAL RESOURCES
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PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-5031544					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E. COLI	TOTAL	FREE
12/06/2017	R	6255 Shadow Circle - Front	10	A	A	0.70	0.65
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE <i>Amy M. [Signature]</i>							



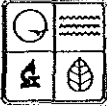
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031544		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COU	TOTAL	FREE
11/13/2017	R	6267 Shadow Circle	13	A	A	0.90	0.88

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

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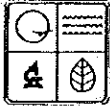
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-5031544			

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	6267 Shadow Circle	13	A	A	0.95	0.92

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

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810	
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17			
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR			
COUNTY Camden	ID NUMBER MO-5031544				

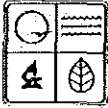
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2017	R	6280 Shadow Circle	06	A	A	0.69	0.66

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

TITLE Laboratory Technical Director	DATE 10-3-17
--	-----------------

SIGNATURE <i>[Signature]</i>

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 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17	
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-5031544		

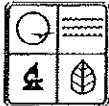
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/01/2017	R	6231 Shadow Circle	04	A	A	0.68	0.62

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

TITLE
Laboratory Technical Director

DATE
8-28-17

SIGNATURE
[Handwritten Signature]



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 1539 Hawk Island Drive		CERTIFICATION NUMBER 17					
CITY Osage Beach	ZIP CODE 65065	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-5031544						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2017	R	6280 Shadow Circle	06	A	A	0.66	0.65
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 8-1-17					
SIGNATURE <i>Angy Olan</i>							



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

PUBLIC WATER SYSTEM NAME Oak Shadows Subdivision			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 1539 Hawk Island Drive			CERTIFICATION NUMBER 17				
CITY Osage Beach		ZIP CODE 65065		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-5031544					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/07/2017	R	6237 Shadow Circle	07	A	A	0.98	0.61
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-17				
SIGNATURE <i>Amey [Signature]</i>							

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

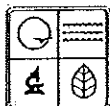


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS RG			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2019	R	Building 4B	10	A	A	0.99	0.68
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE <i>[Signature]</i>							

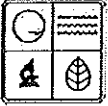
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 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020						
COUNTY Camden	ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS RG					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
04/01/2019	R	Building 4 B	10	A	A	0.96	0.89
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 5-4-19					
SIGNATURE <i>Amy Adkins</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3238092					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/18/2019	R	Building 4A	06	A	A	0.74	0.69
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 3-31-19				
SIGNATURE <i>My [Signature]</i>							

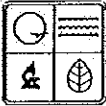


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238092		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/13/2018	R	Building 4A	06	A	A	0.61	0.60

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

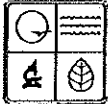


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB					
COUNTY Camden	ID NUMBER MO-3238092						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/09/2019	S	Duplex on Shell Bay	09	A	A	1.20	0.99
01/09/2019	S	Building 4A	06	A	A	1.11	0.97
01/09/2019	S	Building 4B	10	A	A	1.09	0.94
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-2-19				
SIGNATURE 							

MO 780-0439 (05-13)

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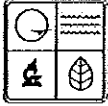
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3238092		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/03/2018	R	Building 4A	06	A	A	0.52	0.46

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

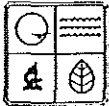
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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	ID NUMBER MO-3238092				
COUNTY Camden		SAMPLE COLLECTOR NAME OR INITIALS KR					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/01/2018	R	Building 4A	06	A	A	0.40	0.33
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE 							

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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020		
COUNTY Camden	ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB	

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
09/05/2018	R	Building 4A	06	A	A	0.62	0.57

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

MO 700-0438 (05-13)

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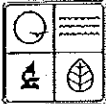


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

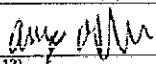
PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092	SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
08/06/2018	R	Building 4B	10	A	A	1.26	0.94
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 9-4-18				
SIGNATURE <i>Amy...</i>							

MO 780-0438 (05-13)

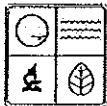
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/09/2018	R	Building 4A	06	A	A	0.82	0.79
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE 							

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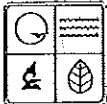


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS KR			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/26/2018	S	Building 2	04	A	A	1.16	1.05
07/26/2018	S	Building 4A	06	A	A	1.14	1.06
07/26/2018	S	Building 4A	06	A	A	1.14	1.06
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-18				
SIGNATURE 							

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WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

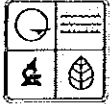
PUBLIC WATER SYSTEM NAME: Osage Heritage Condominiums
LABORATORY NAME: Total Water Laboratories
LABORATORY TELEPHONE NUMBER WITH AREA CODE: 573-346-3810
STREET ADDRESS: 505 Old South Hwy 5
CITY: Camdenton
ZIP CODE: 65020
COUNTY: Camden
ID NUMBER: MO-3238092
CERTIFICATION NUMBER: 17
SAMPLE COLLECTOR NAME OR INITIALS: EB

Table with columns: SAMPLE DATE, SAMPLE TYPE, COLLECTION POINT, SAMPLE LOCATION ID, SAMPLE RESULTS (TOTAL COLIFORM, FECAL E. COLI), CHLORINE RESIDUAL (TOTAL, FREE). Row 1: 06/04/2018, R, Building 4B, 10, A, A, 1.10, 1.03.

TOTAL ROUTINE SAMPLE ANALYZED: 1
MONITORING VIOLATION: [] Yes [x] No
MCL VIOLATION: [] Yes [x] No

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

SIGNATURE: [Handwritten signature]



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton	ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB				
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/22/2018	S	Building 1	03	A	A	0.98	0.86
06/22/2018	S	Building 2	04	A	A	0.92	0.81
06/22/2018	S	Building 4 A	06	A	A	0.96	0.84
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-24-18				
SIGNATURE 							

MO 760-0438 (05-13)

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

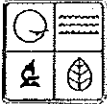


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/27/2018	S	Building 1	03	A	A	1.11	1.07
06/27/2018	S	Building 4A	06	A	A	1.28	1.23
06/27/2018	S	Building 4B	10	A	A	1.20	1.17
TOTAL ROUTINE SAMPLE ANALYZED 0			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>[Signature]</i>							

MO 789-0438 (05-13)

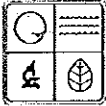
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/07/2018	R	Building 4A	06	A	A	1.17	0.98
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE 							

MO 780-0439 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

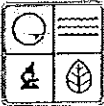


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2018	R	Building 4B	10	A	A	0.63	0.56
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Amy Adair</i>							

MO 750-0439 (05-13)

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

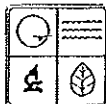


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
02/07/2018	R	Duplex on Shell Bay	09	A	A	0.98	0.92
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 2-28-18				
SIGNATURE <i>Amy Allen</i>							

MO 780-0438 (05-13)

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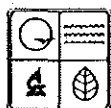
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17	
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB	
COUNTY Camden	ID NUMBER MO-3238092		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
01/08/2018	R	Building 4A	06	A	A	0.83	0.73

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

MO 763-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden	ID NUMBER MO-3238092						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
12/19/2017	R	Duplex on Shell Bay	09	A	A	0.59	0.42
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 1-2-18				
SIGNATURE <i>Amy Miller</i>							

MO 760-0438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

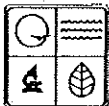


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3238092					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/13/2017	R	Building 4A	06	A	A	0.32	0.31
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 12-2-17				
SIGNATURE <i>Aug 13/17</i>							

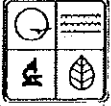
MO 780-0438 (05-13)

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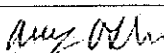


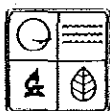
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020					
COUNTY Camden		ID NUMBER MO-3238092		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/16/2017	R	Duplex on Shell Bay	09	A	A	0.54	0.47
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 10-31-17				
SIGNATURE <i>Amey Adde</i>							



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

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS 505 Old South Hwy 5			CERTIFICATION NUMBER 17				
CITY Camdenton		ZIP CODE 65020		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3238092					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/18/2017	R	Duplex on Shell Bay	09	A	A	1.00	0.86
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 8-1-17				
SIGNATURE 							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Osage Heritage Condominiums		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810				
STREET ADDRESS 505 Old South Hwy 5		CERTIFICATION NUMBER 17					
CITY Camdenton	ZIP CODE 65020	SAMPLE COLLECTOR NAME OR INITIALS KR					
COUNTY Camden	ID NUMBER MO-3238092						
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
06/12/2017	R	Duplex on Shell Bay	09	A	A	0.87	0.81
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
TITLE Laboratory Technical Director		DATE 7-2-17					
SIGNATURE <i>[Signature]</i>							

MO 780-0433 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

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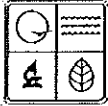
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COUFORM	FECAL E-COLI	TOTAL	FREE
06/03/2019	R	Building 5	07	A	A	0.67	0.52
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 6-30-19				
SIGNATURE 							

MO 783-0438 (05-13)

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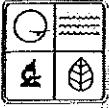
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

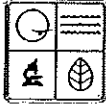
PUBLIC WATER SYSTEM NAME Park Place On The Lake			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS RG			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/01/2019	R	Building 2A	011	A	A	1.04	0.73
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-2-19				
SIGNATURE <i>Long</i>							

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake			LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810		
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS EB				
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/03/2019	R	Building 5	07	A	A	0.83	0.76
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-4-19				
SIGNATURE <i>Amy O'Brien</i>							



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

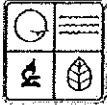
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PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3282326		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/15/2018	R	Club House	17	A	A	0.99	0.87

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

MO 763-0138 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

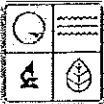


MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

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PUBLIC WATER SYSTEM NAME Park Place On The Lake			LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409			CERTIFICATION NUMBER 17				
CITY Lake Ozark		ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR				
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
10/02/2018	R	Club House	17	A	A	0.90	0.86
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 11-1-18				
SIGNATURE <i>David J. Miller</i>							

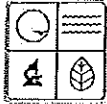
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
07/10/2018	R	Club House	17	A	A	1.10	1.02
TOTAL ROUTINE SAMPLE ANALYZED 1		MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director		DATE 8-1-18					
SIGNATURE <i>ding oyle</i>							

MO 760-9438 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

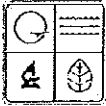


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
06/05/2018	R	Building 3 Unit 315	02	A	A	0.86	0.71
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 7-2-18				
SIGNATURE <i>Amy Miller</i>							

MO 780 0433 (05-13) Return completed form to Department of Natural Resources, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176

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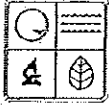
MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
05/14/2018	R	Building 2	012	A	A	0.71	0.64
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 6-4-18				
SIGNATURE <i>[Signature]</i>							

MO 750-0438 (05-13)

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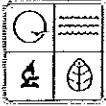
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MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049		SAMPLE COLLECTOR NAME OR INITIALS EB			
COUNTY Camden		ID NUMBER MO-3282326					
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
04/17/2018	R	Club House	17	A	A	1.58	1.48
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
TITLE Laboratory Technical Director			DATE 5-1-18				
SIGNATURE <i>Angie Miller</i>							

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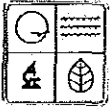


MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories		LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810			
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17					
CITY Lake Ozark		ZIP CODE 65049					
COUNTY Camden		ID NUMBER MO-3282326		SAMPLE COLLECTOR NAME OR INITIALS EB			
SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
03/12/2018	R	Club House	17	A	A	1.12	1.01
TOTAL ROUTINE SAMPLE ANALYZED 1			MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TITLE Laboratory Technical Director			DATE 4-2-18				
SIGNATURE <i>[Handwritten Signature]</i>							

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MICROBIOLOGICAL ANALYSIS REPORT

PUBLIC WATER SYSTEM NAME Park Place On The Lake		LABORATORY NAME Total Water Laboratories	LABORATORY TELEPHONE NUMBER WITH AREA CODE 573-346-3810
STREET ADDRESS PO Box 2409		CERTIFICATION NUMBER 17	
CITY Lake Ozark	ZIP CODE 65049	SAMPLE COLLECTOR NAME OR INITIALS KR	
COUNTY Camden	ID NUMBER MO-3282326		

SAMPLE DATE MO/DAY/YR	SAMPLE TYPE	COLLECTION POINT	SAMPLE LOCATION ID	SAMPLE RESULTS		CHLORINE RESIDUAL (mg/L)	
				TOTAL COLIFORM	FECAL E-COLI	TOTAL	FREE
11/16/2017	S	Building 2A	11	A	A	0.68	0.61
11/16/2017	S	Building 3 Unit 315	02	A	A	0.64	0.59
11/16/2017	S	Building 4 Unit 416	03	A	A	0.83	0.79

TOTAL ROUTINE SAMPLE ANALYZED 0	MONITORING VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MCL VIOLATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TITLE Laboratory Technical Director	DATE 12-2-17	
SIGNATURE <i>Roy Allen</i>		

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