

# Exhibit No. 10

Staff – Exhibit 10  
DNR Records (Exh. 7  
from WO-2024-0036)  
File No. WC-2023-0353

Ex 10

STATE OF MISSOURI )  
 ) S.S.  
COUNTY OF COLE )

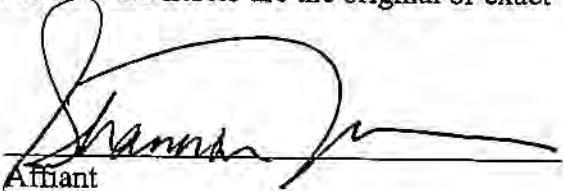
AFFIDAVIT FOR BUSINESS RECORDS

Before me, the undersigned authority, personally appeared Shannon Wilson, Custodian of Records for the Missouri Department of Natural Resources, who being by me duly sworn, deposed as follows:

My name is Shannon Wilson, I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Records for the Department of Natural Resources. Attached hereto are 160 pages of records inspection and well determination report with other related forms for drinking water sites.

These records are kept by the Department of Natural Resources in the regular course of business, and it was the regular course of business of the Department of Natural Resources for an employee or representative of the Department of Natural Resources with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion or diagnosis. The records attached hereto are the original or exact duplicates of the original.

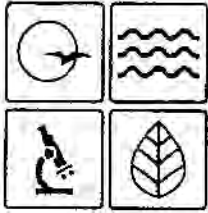
  
Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this 4<sup>th</sup> day of October, 2023.

  
(SIGNED:

TAMI SPEARS  
NOTARY PUBLIC - NOTARY SEAL  
STATE OF MISSOURI  
MY COMMISSION EXPIRES DECEMBER 6, 2026  
COLE COUNTY  
COMMISSION #22387229

(SEAL)



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

**NOTICE OF VIOLATION**

August 16, 2022

CERTIFIED MAIL # 70001670000099977046

Travis Blevins  
Misty Mountain PWS  
15405 Texas Road  
St. Robert, MO 65584

**BOIL WATER ORDER**

Dear Travis Blevins:

The Misty Mountain public water system, MO3036363, specially Well #1 on Topo Drive, located in Pulaski County has exceeded the *E. coli* Maximum Contaminant Level for the month of August 2022, in violation of Missouri Safe Drinking Water Regulation 10 CSR 60-4.022 (10)(A) requiring immediate public notification. Four special samples collected on August 15, 2022, from the distribution system and the well, were total coliform-positive and *E. coli*-positive. The presence of *E. coli* in this water system may pose an ACUTE RISK TO HEALTH. As a result, the Missouri Department of Natural Resources, under authority provided in 640.130 Revised Statutes of Missouri, is hereby issuing a **BOIL WATER ORDER** effective August 16, 2022, for the Misty Mountain public water system Well #1 on Topo Drive.

System officials are hereby ordered to issue a public notice to all customers of the water system advising them of the *E. coli* maximum contaminant level violation and to boil their drinking and cooking water before use. The notice must be issued within 24 hours of the date of this letter. The notice must be issued in a form and manner reasonably calculated to reach all persons served. The notice may be delivered using broadcast media such as radio and television or by hand delivery.

The following actions must be taken. Items 1-3 must be completed before the Department will consider lifting the Boil Water Order. The Department will notify you when the Boil Water Order can be lifted. The remaining items must be done, but will not affect lifting the order.

1. Within **24 hours** of notification of the Boil Water Order, the public water system must notify its customers by the most effective means possible to boil drinking water prior to consumption.
2. After any required corrective actions have been completed, the system must collect **three special samples** each day for two consecutive days.

3. Within ten calendar days of the official lifting of the Boil Water Order, return the enclosed certification page (see Attachment B & D) and a copy of the Boil Water Order notice that was posted to the Department in accordance with Safe Drinking Water Regulation 10 CSR 60-7.010.

Department staff will be at the system on August 16, 2022, to take additional compliance samples. If you have questions, please feel free to contact Dalton Young of my staff at 573-522-3322 or via mail at the [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov)

Sincerely,

CENTRAL FIELD OPERATIONS



Sebastien Clos-Versailles  
Environmental Supervisor

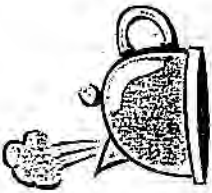
Enclosures-Attachment A, Attachment B, Attachment C

- c: Patrick Vavra, Compliance and Enforcement Unit Chief, Public Drinking Water Branch  
Melissa May, Public Notice Coordinator, Public Drinking Water Branch  
Pulaski County Health Department



## BOIL ALL DRINKING WATER

Hiervan el agua antes de usarla.

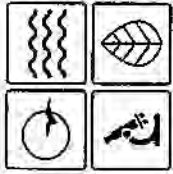


Your public water system is under a boil water order. You need to take the following actions:

1. Boil water vigorously for three minutes prior to use. Use only boiled water for drinking, brushing teeth, diluting fruit juices and all other food preparations, or consumption. Use of bottled water may be a feasible, though relatively expensive, alternative to boiling tap water when under a boil water order.
2. Do not use ice from a household automatic icemaker or use any ice made with unboiled water from this system. Remake ice cubes with water that has been boiled or buy ice.
3. Disinfect dishes and other food contact surfaces by immersion for at least one minute in clean tap water that contains one teaspoon of unscented household bleach per gallon of water.
4. LET WATER COOL SUFFICIENTLY BEFORE DRINKING.

Water used for bathing does not generally need to be boiled. Supervision of children is necessary while bathing or using backyard pools so water is not ingested. Persons with cuts or severe rashes may wish to consult their physicians.

**SEE REVERSE FOR ADDITIONAL INFORMATION**



## Boil All Drinking Water

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

The Missouri Department of Natural Resources has issued a Boil Water Order for Misty Mountain, ID# MO3036363 for Well #1 on Topo Drive located in Pulaski County.

The order was issued on August 16, 2022, because total coliform bacteria was detected in water samples collected on the following date: August 15, 2022, and at least one of these samples also tested positive for *E. coli* bacteria exceeding the *E. coli* Maximum Contaminant Level for the August 2022 monitoring period.

*E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human Pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791.

The order will remain in effect until any required corrective actions are completed as well as water samples indicating the contaminant is no longer present. You will be notified when the boil water order is lifted. You can reach the staff of your water system by calling:

\_\_\_\_\_ at \_\_\_\_\_ (Phone #)

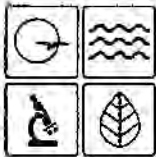
A description of the problem and actions being taken to correct it are:

\_\_\_\_\_  
\_\_\_\_\_

For additional information, you may contact the Central Field Operations at 573-522-3322 or the Public Drinking Water Branch at 573-526-6925.

Please share this information with all other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

TO



Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

Misty Mountain PWS – Topo Drive  
**IS UNDER A BOIL WATER ORDER**

On August 16, 2022, the Missouri Department of Natural Resources issued a boil water order for the Misty Mountain public water system for Well #1 on Topo Drive, MO3036363, located in Pulaski County.

Four samples collected on August 15, 2022, from the water system were total coliform-positive and *E. coli*-positive. As our customer, you have a right to know what happened and what we are doing to correct the situation. We are now coordinating with the Missouri Department of Natural Resources to conduct additional sampling and investigating the extent of the problem.

*E. coli* are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human Pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. **They may pose a greater health risk for infants, young children, the elderly, and people with severely compromised immune systems.** These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA’s Safe Drinking Water Hotline at 1-800-426-4791. The symptoms are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice.

The order will remain in effect until any required corrective actions are completed as well as water samples indicating the contaminant is no longer present. You will be notified when the boil water order is lifted. You can reach the staff of your water system by calling:

\_\_\_\_\_ (Contact person at water system) \_\_\_\_\_ (Phone #) \_\_\_\_\_ (Address)

A description of the cause of the problem and actions being taken to correct it are:

\_\_\_\_\_

For additional information, you may contact the Department’s Central Field Operations at 573-522-3322 or Public Drinking Water Branch at 573-526-6925.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

The standard precautions consumers need to take are given below. If this system is providing bottled water this may not apply. Your public water system is under a boil water order. You need to take the following actions:

1. Boil water vigorously for three minutes prior to use. Use only boiled water for drinking, brushing teeth, diluting fruit juices, and all other food preparations or consumption. Use of bottled water may be a feasible, though relatively expensive, alternative to boiling tap water when under a boil water order.
2. Do not use ice from a household automatic icemaker or use any ice made with unboiled water from this system. Remake ice cubes with water that has been boiled or buy ice.
3. Disinfect dishes and other food contact surfaces by immersion for at least one minute in clean tap water that contains one teaspoon of unscented household bleach per gallon of water.
4. LET WATER COOL SUFFICIENTLY BEFORE DRINKING.

Water used for bathing does not generally need to be boiled. Supervision of children is necessary while bathing or using backyard pools so water is not ingested. Persons with cuts or severe rashes may wish to consult their physicians.



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

**Instructions for Public Notice  
for August/2022  
Acute Microbiological MCL Violations**

**Notification date:** August 16, 2022

**Date public must be notified by:** August 17, 2022

**Date to send documentation back to the Department by:** Within seven days of notifying the public

**Overview:** Public water systems must provide public notice in a form and manner reasonably calculated to reach persons served in the required time period. The Department provides these instructions and sample notices to help systems comply with the Public Notice Rule and ensure the public is duly notified. An electronic version may be provided to the system upon request. Public water systems must take the following actions:

- A. As soon as possible, but within 24 hours, you must notify your customers to boil their drinking water by the most effective means possible. The Department will determine which or all of the following methods you need to use to achieve this:
1. Hand deliver the attached door hanger or notice without taking staff away from correcting the problem that led to the violation. Fill in the blanks and make copies as needed. For door hangers, fold where indicated, punch holes, and loop rubber bands through the holes. This way you can readily leave the notice on doorknobs of homes, cabins or other lodging units. It is strongly recommended that parents or guardians of minors also be notified. Putting written instructions into peoples' hands is the single most effective way to reach customers when under a Boil Water Order. Its importance cannot be overstated.
  2. Post the notice in logical locations.
  3. If appropriate, use electronic means such as radio, television, or the internet to immediately notify customers. The Regional Office may have already notified some media on the system's behalf. The drawback to this method, however, is that it misses customers who do not tune in to the right station at the right time.
  4. Use any other effective means, such as a phone tree, e-mail, or standard mail. Update answering machines or voice mail to communicate Boil Water Order information to your customers when water system staff are busy with other calls or otherwise unavailable. Announcements at public meetings, schools, sporting events, or church services may also be effective.
- B. **AFTER** public notice has been made, return a copy of the published, posted, and/or distributed version of the public notice and the completed certification on the next page to:

Missouri Department of Natural Resources  
Water Protection Program  
Public Drinking Water Branch  
Attn: Public Notice Coordinator  
P.O. Box 176  
Jefferson City, MO 65102-0176

**YOU MUST SEND PUBLIC NOTICE DOCUMENTS TO THE DEPARTMENT TO FULFILL THIS REQUIREMENT. Failure to do so is a violation.** Please submit documentation within seven days of notifying the public. You may fax these documents to 573-751-3110 or e-mail to [DWPublicNotice@dnr.mo.gov](mailto:DWPublicNotice@dnr.mo.gov). Please retain a copy of the completed certification and public notice for a minimum of three years. Complete state regulations for the public notification of drinking water violations can be found in 10 CSR 60-8.010 <http://s1.sos.mo.gov/cmsimages/adrules/csr/current/10csr/10c60-8.pdf>.

If you have any questions about public notice, please contact the Public Notice Coordinator at the Water Protection Program, Public Drinking Water Branch at 573-526-0425.

CERTIFICATION OF PUBLIC NOTICE - (Attachment C)

I certify public notice was performed by at least one of the method(s) checked below:

Hand delivery

Date: \_\_\_\_\_

Standard Mail

Date: \_\_\_\_\_

E-Mail

Date: \_\_\_\_\_

Internet

Begin Posting Date: \_\_\_\_\_

End Posting Date: \_\_\_\_\_

Posting:

Begin Posting Date: \_\_\_\_\_

End Posting Date: \_\_\_\_\_

Locations: \_\_\_\_\_

\_\_\_\_\_

Media notified

Television Stations: \_\_\_\_\_

Date(s): \_\_\_\_\_

Radio Stations: \_\_\_\_\_

Date(s): \_\_\_\_\_

Newspaper(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Phoned customers

Date(s): \_\_\_\_\_

Updated answering machines or voice mail:

Dates(s): \_\_\_\_\_

Other (please specify):

\_\_\_\_\_

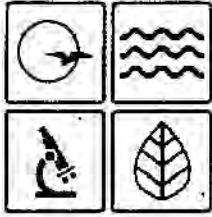
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)





**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

August 23, 2022

Travis Blevins  
Misty Mountain PWS  
15405 Texas Road  
St. Robert, MO 65584

RE: Letter of Warning – Operator Certification

Dear Travis Blevins:

All community and nontransient noncommunity public water systems are required to employ a certified operator to oversee system operations and maintenance. Misty Mountain PWS (MO3036363) is required to have an operator certified at the DS I distribution level or higher. The Missouri Department of Natural Resources records indicate that your system does not have an operator certified at this level and is therefore in violation of Missouri Safe Drinking Water Regulation 10 CSR 60-14.010.

Within 15 days of this notification, Misty Mountain PWS must provide proof to the Department that they have obtained the services of a properly certified operator or enter into a Department approved schedule (corrective action plan) to obtain the services of a certified operator. Failure to comply with these requirements may result in the Department taking further enforcement action against your water system.

If you currently have a properly certified operator in charge of your water system, please contact the Water Protection Program's Public Drinking Water Branch, using the contact information provided at the end of this letter.

If you currently do not have a properly certified operator, your public water system may choose to have an employee obtain operator certification through the Department or you may enter into a contractual agreement with a certified operator to maintain your water system.

If you obtain the services of a certified operator through contract, you are required to submit a copy of the agreement with the operator's name, address, telephone number, and certification number in writing to the Water Protection Program's Public Drinking Water Branch within 15 days of this notification. The agreement shall indicate the responsibilities of the operator including, but not limited to, those listed in Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4)(F)1.

Travis Blevins

Page 2

If you wish to have an employee become certified, you are required to submit a corrective action plan to the Water Protection Program's Public Drinking Water Branch within 15 days of this notification for review and approval. The plan must be on letterhead, signed by a person of authority and dated. The plan must include the name of person to be certified, position and affiliation with the public water system, and a schedule for when the employee will take the certification exam. Information on training courses and examination schedules is located online at <https://dnr.mo.gov/water/business-industry-other-entities/permits-certification-engineering-fees/operator-certification>. You can also contact the Operator Certification Unit by phone at 800-361-4827 to learn more about certification requirements.

All community and nontransient noncommunity public water systems are required to have a contingency plan for a standby replacement of the chief operator to be available at all times. Examples include a second employee certified at the chief operator level, a mutual assistance agreement with a nearby system, or a prearranged agreement with a contract operator.

Within 15 days of this notification, please contact the Water Protection Program's Public Drinking Water Branch to inform us of your contingency plan for a standby replacement of the chief operator.

If you have any questions regarding this letter, please contact Ms. Jackie Johnson by phone at 573-751-4414, by email at [jackie.johnson@dnr.mo.gov](mailto:jackie.johnson@dnr.mo.gov), or by mail at Department of Natural Resources, Water Protection Program, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176. Thank you.

Sincerely,

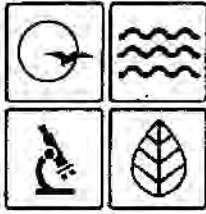
WATER PROTECTION PROGRAM



Lance Dorsey  
Compliance and Enforcement Section Chief

LD:jjjs

c: Sebastien Clos-Versailles, Unit Chief, Central Field Operations



**MISSOURI  
DEPARTMENT OF  
NATURAL RESOURCES**

**Michael L. Parson**  
Governor

**Dru Buntin**  
Director

September 21, 2022

Lori Jean  
Misty Mountain PWS  
203 North Clay Street #615  
PO Box 615  
Marshfield, MO 65706  
Via email at [ljean52066@gmail.com](mailto:ljean52066@gmail.com)

**LEVEL 2 ASSESSMENT  
RESPONSE REQUIRED**

Dear Lori Jean:

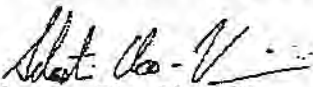
On August 11, 2022, the Missouri Department of Natural Resources' staff conducted a Level 2 Assessment of Misty Mountain PWS MO#3036363. The Level 2 Assessment was triggered in August 2022. Enclosed is a Schedule of Compliance to address actions needed to correct Sanitary Defects identified in the Level 2 Assessment. This schedule represents a commitment by the owner to take actions to correct the Sanitary Defects.

Please complete the corrective actions and submit documentation of the actions taken (photographs, receipt for repairs, tank inspection, etc.) to the Department's Central Field Operations so your system may be returned to compliance.

If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Dalten Young by mail at the Department of Natural Resources', Central Field Operations, P.O Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).

Sincerely,

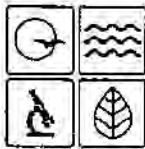
CENTRAL FIELD OPERATIONS

  
Sebastien Clos-Versailles  
Environmental Supervisor

Enclosure

- c: Public Drinking Water Branch, Monitoring Unit
- Public Drinking Water Branch, Compliance and Enforcement Unit





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE  
LEVEL 2 ASSESSMENT FORM**

**PUBLIC WATER SYSTEM (PWS) INFORMATION**

PWS NAME Misty Mountain PWS		PWS ID NUMBER MO3036363	
COUNTY Pulaski		MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) August/2022	
PWS CONTACT PERSON Travis Blevins	PWS CONTACT POSITION/TITLE Owner	PWS CONTACT PHONE NUMBER 573-855-2769	
System Type: <input checked="" type="checkbox"/> Com; <input type="checkbox"/> NTNC; <input type="checkbox"/> TNC		Source Type(s): <input checked="" type="checkbox"/> GW; <input type="checkbox"/> SW or GWUDISW; <input type="checkbox"/> GWP; <input type="checkbox"/> SWP	
PWS PERSON IN RESPONSIBLE CHARGE Travis Blevins		NOTIFICATION DATE OF LEVEL 2 ASSESSMENT TRIGGER 8/17/2022	ASSESSMENT DATE 8/18/2022
ASSESSOR NAME & TITLE Dalton Young Env. Program Assistant		ASSESSOR TELEPHONE NUMBER WITH AREA CODE 573-522-3018	ASSESSOR EMAIL ADDRESS Dalton.young@dnr.mo.gov

**REASON FOR LEVEL 2 ASSESSMENT**

ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): 7	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): 3	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): 0
ROUTINE SAMPLES E. COLI-POSITIVE (#): 7	REPEAT SAMPLES E. COLI-POSITIVE (#): 3	SOURCE WATER SAMPLES E. COLI-POSITIVE (#): 6
<input checked="" type="checkbox"/> E. coli MCL Violation		<input type="checkbox"/> Second or greater Level 1 Trigger in 12 months

**INSTRUCTIONS:**

Sanitary Defect Checklist, review and evaluate the listed elements below. Check  the box next to each issue or potential cause of contamination that was identified during the assessment. If no potential cause of contamination was identified in a subsection, check  the box next to "No issues" in that subsection. Check  "Not Applicable" if the section does not apply to the public water system.

Description, Use the space to provide explanation and additional information for any issues that were identified in Sanitary Defect Checklist that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.

Corrective Action, provide corrective action(s) and date(s) completed or provide proposed timeframe for completion of outstanding corrective action(s) for issues identified.

**Sanitary Defect Checklist. Have any of the following occurred?**

<b>1. GENERAL</b>	<input type="checkbox"/> No issues
<input checked="" type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations <input checked="" type="checkbox"/> B. Operation/maintenance activities that could introduce contamination <input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage <input type="checkbox"/> D. Heavy rainfall <input type="checkbox"/> E. Extremes in heat or cold	<input type="checkbox"/> F. Visible indicators of unsanitary conditions <input type="checkbox"/> G. Recent distribution system main repairs or well pump pulled <input type="checkbox"/> H. Power Loss <input type="checkbox"/> I. Heavy snow melt or flooding <input type="checkbox"/> J. Changes to available source water (drop in water table) <input checked="" type="checkbox"/> K. Other, <u>Dirty well house</u>

**Description**

In the past few months the system has had constant low pressure issues with the Topo Drive well and distribution system. Residents were complaining that the people down stream did not have any water at all. The system found that a check valve was leaking and causing the low pressure issues. The check valve was fixed but the well cap was open during the maintenance activities which could have also been a possible source of contamination.

The well house for the bladder tank for the Topo Drive Well and discharge piping was filled with both dead and alive bugs.

<b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b>		<input checked="" type="checkbox"/> No issues
<input type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker	
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location	
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap	
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow	
<input type="checkbox"/> E. Vegetation rest up against sample site	<input type="checkbox"/> N. Sampling bottle mishandled	
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main	
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling	
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Q. Other _____	
<input type="checkbox"/> I. Untrained or inexperienced sample collector		

Description

**3. SOURCE(S)**

<b>WELLS:</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Defective/damaged well cap/well seal	<input type="checkbox"/> G. Potential source of contamination near well		
<input type="checkbox"/> B. Damaged/unscreened well vent	<input type="checkbox"/> H. Damaged well casing		
<input type="checkbox"/> C. Floodwater/run-off inundation near well	<input type="checkbox"/> I. Damaged pitless adaptor		
<input type="checkbox"/> D. Well recently repaired/wellhead opened	<input type="checkbox"/> J. Missing/damaged grout seal		
<input type="checkbox"/> E. Unplugged abandoned well in area	<input checked="" type="checkbox"/> K. Other: <u>Improper shocking</u>		
<input checked="" type="checkbox"/> F. Unprotected opening in wellhead/pump			
<b>SURFACE WATER/GWUDISW:</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Recent flooding or heavy rainfall	<input type="checkbox"/> D. Damaged intake or spring box		
<input type="checkbox"/> B. Change in source water quality	<input type="checkbox"/> E. Other: _____		
<input type="checkbox"/> C. Any potential source of contamination near source			
<b>PURCHASED WATER:</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Water quality issues with supplier	<input type="checkbox"/> C. Other: _____		
<input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)			

Description

The unprotected opening in the well head was the air relief valve on the well was not screened leaving an opening for contamination (Photo #1).

The system shocked the Topo well twice and both times, less than a week later the system tested positive for E coli. The system told the Department that they did not flush each connection until chlorine was detected, which did not result in the system truly disinfecting the Topo Drive distribution system. The system shocked the well multiple times, each time leaving the well head open each time while they disinfected well.

**4. TREATMENT PROCESS**

No issues     Not Applicable

<input type="checkbox"/> A. Inadequate disinfection	<input type="checkbox"/> I. Meters not recently/properly calibrated
<input type="checkbox"/> B. Interruption in treatment/power loss	<input type="checkbox"/> J. Solution pump not primed
<input type="checkbox"/> C. Chlorine/Turbidity meters out of range	<input type="checkbox"/> K. Treatment bypassed
<input type="checkbox"/> D. Change in chemical used/dosage	<input type="checkbox"/> L. Treatment added or changed
<input type="checkbox"/> E. Solution injector/tank condition	<input type="checkbox"/> M. Softener serviced/salt added
<input type="checkbox"/> F. O and M procedures not followed	<input type="checkbox"/> N. Any Turbidity changes
<input type="checkbox"/> G. Recent repairs or maintenance performed	<input type="checkbox"/> O. Other: _____
<input type="checkbox"/> H. Change in flow rates or water quality	

Description

<b>5. STORAGE TANKS AND TOWERS</b>	<input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Evidence of animals/insects in tank <input type="checkbox"/> B. Tank vent not downturned/screened <input type="checkbox"/> C. Tank access hatch has no water tight seal <input type="checkbox"/> D. Tank sample tap condition <input type="checkbox"/> E. Tank deterioration or rust noted <input type="checkbox"/> F. Tank maintenance practices not followed <input type="checkbox"/> G. Low disinfectant residuals <input type="checkbox"/> H. Debris in tank overflow pipe	<input type="checkbox"/> I. Recent tank repairs <input type="checkbox"/> J. Tank is isolated <input type="checkbox"/> K. Incomplete inspection recommendations <input type="checkbox"/> L. Incorrect operation of level control valves, altitude valves, and related appurtenances <input type="checkbox"/> M. Tank leaking or holes in tank <input type="checkbox"/> N. Debris in tank <input type="checkbox"/> O. Tank hatch not locked <input type="checkbox"/> P. Evidence of vandalism/tampering <input type="checkbox"/> Q. Combined tank inlet/outlet <input type="checkbox"/> R. Other: _____
Date - last inspection of vents and hatches: _____ Date - last sanitary tank inspection: _____ Date - last tank cleaning: _____	

Description

<b>6. BLADDER AND PRESSURE TANKS</b>	<input checked="" type="checkbox"/> No issues <input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Air/water tanks: air added recently <input type="checkbox"/> B. Pressure tank not on main line <input type="checkbox"/> C. If "A" is checked, is air filter dirty	<input type="checkbox"/> D. Bladder of bladder tank ruptured or waterlogged <input type="checkbox"/> E. Bladder of bladder tank ruptured or waterlogged <input type="checkbox"/> F. Other: _____

Description

<b>7. PUMPING FACILITIES</b>	<input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Pump Facility subject to flooding <input type="checkbox"/> B. Pump maintenance <input type="checkbox"/> C. Leaks around pump seals	<input type="checkbox"/> D. Electrical systems for pumps <input type="checkbox"/> E. Low pressures due to pumping facilities <input type="checkbox"/> F. Other: _____

Description

<b>8. DISTRIBUTION SYSTEM</b>	<input checked="" type="checkbox"/> No issues
<input type="checkbox"/> A. Any unprotected cross connection <input type="checkbox"/> B. Submerged air-relief/air-vacuum valve <input type="checkbox"/> C. Any recent construction activity <input type="checkbox"/> D. New service connections recently added <input type="checkbox"/> E. Flushing procedure not followed <input type="checkbox"/> F. Low/inadequate disinfectant residuals <input type="checkbox"/> G. Standing water/debris in valve vault	<input type="checkbox"/> H. Recent flushing of fire hydrants or blow-offs <input type="checkbox"/> I. Improper operation of pumps or valves <input type="checkbox"/> J. Recent main breaks or leaks <input type="checkbox"/> K. Recent pump or valve failure <input type="checkbox"/> L. Illegal use of hydrants <input type="checkbox"/> M. Excessive water hammer <input type="checkbox"/> N. Other: _____

Description

<b>9. MONITORING</b>		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Residuals recorded daily <input type="checkbox"/> B. Daily CT/Turbidity records <input type="checkbox"/> C. Unusual chemistry trending <input type="checkbox"/> D. GWR 4-log monitoring records <input type="checkbox"/> E. Approved monitoring equipment	<input type="checkbox"/> F. Equipment calibration records <input type="checkbox"/> G. Fire event <input type="checkbox"/> H. CT calculation records <input type="checkbox"/> I. Chlorine monitoring frequency <input type="checkbox"/> J. Other: _____		

**Description**

**10. ADDITIONAL INFORMATION-PHOTOGRAPHS AND SAMPLE RESULTS**

Sample Type	Date Collected mm/dd/yyyy	Lab # (Accession#)	Site ID	Location Address	Coliform Results Absent / Present		Chlorine Residual Chloramine (mg/L)	
					TC	E Coli	Free	Total
Special	8/18/2022	719865	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719868	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719867	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719866	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719864	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719861	WL	Topo Dr Well	P	P	NA	NA
Special	8/18/2022	719862	TCR	23249 Topo Drive	P	P	NA	NA
Special	8/18/2022	719860	TCR	23249 Topo Drive	P	P	NA	NA
Special	8/18/2022	719863	TCR	23249 Topo Drive	P	P	NA	NA



Photograph #1  
 Date: August 25, 2022  
 By: Sebastien Clos-Versailles  
 System: Misty Mountain PWS  
 Location: Topo Drive Well House  
 Description: View of air relief valve without a screen

**Corrective Action:** Use this space to describe corrective action(s) taken with completion date(s) and/or proposed corrective action(s) with planned completion date(s). PWS must notify DNR Regional Office after completing each scheduled corrective action.

The system will need to equip the air relief with an 18-mesh corrosion resistant screen to prevent contaminants from getting into the well.

The system will need to properly shock and flush the system. When shocking the well, the system must properly let the chlorine disinfect the system by pouring the chlorine down the well, flushing the casing with a hose, and flushing each connection until chlorine is present at each connection. The system will need to let the water sit overnight before flushing the system until the chlorine is out of the system.

The system must also send in the corrective actions letter to acknowledge the issues with the Topo Drive Well.

**Certification:** I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

ASSESSOR NAME (TYPE OR PRINT) Dalton Young	ASSESSOR TELEPHONE WITH AREA CODE 573-522-3018	DATE 8/26/2022
ASSESSOR SIGNATURE 	ASSESSOR E-MAIL ADDRESS Dalton.young@dnr.mo.gov	

Submit this completed form within 30 days of notification to the appropriate Missouri Department of Natural Resources regional office.

See website for map: <http://dnr.mo.gov/regions/> or call the Public Drinking Water Branch at 573-751-1077 for assistance.

780-xxxx (11-19)



**Schedule of Compliance**

Misty Mountain PWS  
15405 Texas Road  
St Robert, MO 65584  
MO3036363

Misty Mountain PWS shall complete the following action to correct Sanitary Defects identified during the Level 2 Assessment completed on September 21, 2022 as per the Missouri Safe Drinking Water Law and its implementing regulations. This Schedule of Compliance represents a commitment by the Owner to take actions to correct the Sanitary Defects. The Missouri Department of Natural Resources reserves its right to initiate formal enforcement actions and/or pursue penalties pursuant to 640.130 and 640.131 of the Missouri Revised Statutes.

**Sanitary Defects:**

1. Air relief valve not screened

**REQUIRED ACTIONS:**

1. The system will need to put an 18-mesh corrosion resistant screen on the air relief valve by October 21, 2022.
2. Sign the enclosed Corrective Actions document and return to the Department by October 21, 2022.

**Recommendations:**

1. The system will need to properly shock and flush the system. When shocking the well, the system must properly let the chlorine disinfect the system by pouring the chlorine down the well, flushing the casing with a hose, and flushing each connection until chlorine is present at each connection. The system will need to let the water sit overnight before flushing the system until the chlorine is out of the system.

Should additional time be required due to construction activities or other valid reasons, a request for extension of a specific deadline may be submitted to the Department for review and consideration.

Submit the written response to the Central Field Operations ATTN: Dalten Young by mail at the Department of Natural Resources, Central Field Operations, PO Box 176, Jefferson City, MO 65102 or by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov).

**CORRECTIVE ACTION PLAN FOR SOURCE WATER CONTAMINATION  
GROUND WATER RULE**

Name of public water System: Misty Mountain PWS  
ID# of public water system: MO3036363  
County: Pulaski County  
Month of E coli. Samples: August 2022

I certify that the presence of *E. coli* in the Topo Drive well (WL20295) will be corrected by one or more of the following actions:

**PLEASE CIRCLE WHICH ONE(S) WILL BE USED**

1. Find and eliminate the source of contamination by the method described below.
2. Provide chlorination that achieves 99.99 percent (4-log) inactivation or removal of viruses. The system must consult an engineer to install adequate chlorination and detention to meet the required 4-log inactivation or removal of viruses exiting detention. The public water system understand free daily chlorine measurements will be required and to submit them to the Department monthly.
3. Drill a new state approved well.
4. Connect to another Department approved public water system.

I certify that I will notify the Department within 30 days after the required corrective action is complete. Failure to comply with this requirement by the deadline may cause the Department to initiate legal action, including appropriate penalties, to obtain compliance with this requirement.

**Additional Comments**

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\_\_\_\_\_  
Signature of Person Responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

Mail to Central Field Operations, P.O. Box 176, Jefferson City, MO 65102, or email to [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov)

RECEIVED  
OCT 11 2022  
Water Protection Program

**CORRECTIVE ACTION PLAN FOR SOURCE WATER CONTAMINATION  
GROUND WATER RULE**

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ID# of public water system: MO3036363  
County: Pulaski County  
Month of E coli. Samples: August 2022

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3. Drill a new state approved well.
4. Connect to another Department approved public water system.

I certify that I will notify the Department within 30 days after the required corrective action is complete. Failure to comply with this requirement by the due date may cause the Department to initiate legal action, including appropriate penalties, to obtain compliance with this requirement.

**Additional Comments**

*See schedule of compliance.*

*[Signature]*  
\_\_\_\_\_  
Signature of Person Responsible

*9-30-2022*  
\_\_\_\_\_  
Date

*LEON T. BLEVINS*  
\_\_\_\_\_  
Typed or Printed Name

*Owner*  
\_\_\_\_\_  
Title

Mail to Central Field Operations, P.O. Box 176, Jefferson City, MO 65102, or email to DNRCEO.PDW@dnr.mo.gov

RECEIVED  
OCT 11 2022  
WMP



**Schedule of Compliance**

Misty Mountain PWS  
15405 Texas Road  
St Robert, MO 65584  
MO3036363

Misty Mountain PWS shall complete the following action to correct Sanitary Defects identified during the Level 2 Assessment completed on September 21, 2022 as per the Missouri Safe Drinking Water Law and its implementing regulations. This Schedule of Compliance represents a commitment by the Owner to take actions to correct the Sanitary Defects. The Missouri Department of Natural Resources reserves its right to initiate formal enforcement actions and/or pursue penalties pursuant to 640.130 and 640.131 of the Missouri Revised Statutes.

**Sanitary Defects:**

1. Air relief valve not screened

**REQUIRED ACTIONS:**

1. The system will need to put an 18-mesh corrosion resistant screen on the air relief valve by October 21, 2022.
2. Sign the enclosed Corrective Actions document and return to the Department by October 21, 2022.

**Recommendations:**

1. The system will need to properly shock and flush the system. When shocking the well, the system must properly let the chlorine disinfect the system by pouring the chlorine down the well, flushing the casing with a hose, and flushing each connection until chlorine is present at each connection. The system will need to let the water sit overnight before flushing the system until the chlorine is out of the system.

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Submit the written response to the Central Field Operations ATTN: Dalten Young by mail at the Department of Natural Resources, Central Field Operations, PO Box 176, Jefferson City, MO 65102 or by email at [DNR.CFO.PDW@dnr.mo.gov](mailto:DNR.CFO.PDW@dnr.mo.gov).

m03036363-misty-mountain-pws-20220908-ussi-pulaski-dw

Page 1 of 2



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
INVESTIGATION OF COLIFORM- POSITIVE SAMPLES  
REVISED TOTAL COLIFORM RULE

RECEIVED

09/08/2022

PWS: Misty Mountain PWS ID# MO3036363 County: Pulaski PUBLIC DRINKING WATER

Sample Results via: Email Date Received 09/08/2022

Report of Total Coliform Positive Samples

Sample Type	Date Collected m/d/yyyy	Lab #	Site ID	Location Address	Coliform A/P		Chlorine	
					TC	E Coli	Free	Total
Routine	09/06/2022	727749	04	24443 Tigger Lane	P	A	NA	NA
Repeat - OR	09/19/2022	734539	04	24443 Tigger Lane	A	A	NA	NA
Repeat - UP	09/19/2022	734537	TCr	Tigger lane	A	A	NA	NA
Repeat - DN	09/19/2022	734538	TCr	24423 tigger lane	P	A	NA	NA
GW Source	09/19/2022	734510	W120298	well	A	A	NA	NA
Other								
Other								
Other								

Person Called: Lori Jean Phone: 417-425-9343 Date: 09/08/2022

Date PWS was required to collect repeat samples by:

GW System with population <1,000 with one well?  No  Yes If YES, PWS have 4-Log treatment?  No  Yes

Dual Purpose Sample approved for this GW System?  No  Yes  Not Applicable

ACTIONS and or COMMENTS

09/08/2022-  
09/22/2022 JT-Left message for Lori informing of TC+ results and suggesting wells be disinfected and flushed again.

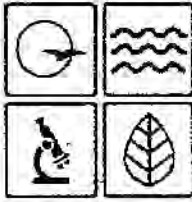
RTCR TT Trigger Exceeded?  No  Yes (Level 1 or 2 Assessment will be required) Date of previous RTCR exceedance: August 2022

E. coli MCL Violation  Level 1 TT Trigger-Multiple TC Positives  Level 1 TT Trigger-Failure to Collect All Repeat Samples

PDWB notified/copied on: \_\_\_\_\_ (date) (Note: 2+ RTCR TT exceedances in 12 months or E.coli positive will require Level 2 Assessment)

Ground Water Rule & Triggered Source Water Sample Requirements

1) <input type="checkbox"/> Ground Water System (Go to #3)	<input type="checkbox"/> Secondary/purchased water system (Go to #2)	<input type="checkbox"/> If Surface Water only (STOP)
2) If Secondary System: is Primary system <input type="checkbox"/> GW (go to #4) or <input type="checkbox"/> SW (if SW ONLY, no GW: STOP)		
3) Does Ground Water System provide 4-Log treatment? <input type="checkbox"/> YES (STOP) <input type="checkbox"/> NO (Triggered source water sampling required. Go to #5.)		
If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.		
4) GW systems not doing 4-Log treatment requires source water sample from EACH well active the day of unsafe sample. List the Primary (seller) Groundwater System(s) and ID#s here(if applicable):		
Date Primary GW system(s) were notified to collect Triggered Source Water Samples:		(Go to #5)



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

7099 3220 0009 3711 1301

November 21, 2022

Misty Mountain PWS  
Travis Blevins  
203 North Clay Street  
PO Box 615  
Marshfield, MO 65706

REFERRAL NOTICE OF VIOLATION  
CFO RNOV# 23003

Dear Travis Blevins.:

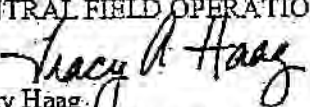
The entity operating under the authority of Misty Mountain PWS, MO3036363, is being sent this Referral Notice of Violation (RNOV) NOV #SL 23003 based on the accumulation of the following violations:

- E coli. Maximum Containment Level for the following dates:
  - 8/19/2022
  - 10/19/2022
  - 11/17/2022

This case is being referred to the Department's name of Program enforcement for further action. If you have questions regarding the status of the enforcement case or would like to meet with Department staff to discuss compliance requirements, please contact Patrick Vavra by mail at the Missouri Department of Natural Resources, Water Protection Program, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-751-1606; or by email at [patrick.vavra@dnr.mo.gov](mailto:patrick.vavra@dnr.mo.gov).

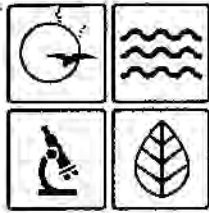
Sincerely,

CENTRAL FIELD OPERATIONS

  
Tracy Haag  
Environmental Supervisor

Enclosure:

c: Public Drinking Water Branch, Compliance and Enforcement Unit  
Pulaski County Health Department



**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

**Michael L. Parson**  
Governor

**Dru Buntin**  
Director

November 21, 2022

Travis Blevins  
Misty Mountain PWS  
203 North Clay Street  
PO Box 615  
Marshfield, MO 65706  
Via email at [Ljean52066@gmail.com](mailto:Ljean52066@gmail.com)

**LEVEL 2 ASSESSMENT**  
**RESPONSE REQUIRED**

Dear Travis Blevins:

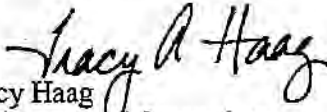
On November 14, 2022, the Missouri Department of Natural Resources' staff conducted a Level 2 Assessment of Misty Mountain PWS MO#3036363. The Level 2 Assessment was triggered in November 2022. Enclosed is a Schedule of Compliance to address actions needed to correct Sanitary Defects identified in the Level 2 Assessment. This schedule represents a commitment by the owner to take actions to correct the Sanitary Defects.

Please complete the corrective actions and submit documentation of the actions taken (photographs, receipt for repairs, tank inspection, etc.) to the Department's Central Field Operations so your system may be returned to compliance.

If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Dalten Young by phone at 573-522-3322; by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov); or by mail at the Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102. Thank you.

Sincerely,

CENTRAL FIELD OPERATIONS

  
Tracy Haag  
Environmental Supervisor

Enclosure

- c: Public Drinking Water Branch, Monitoring Unit
- Public Drinking Water Branch, Compliance and Enforcement Unit
- Pulaski County Health Department



**Schedule of Compliance**

Misty Mountain PWS

15405 Texas Road

St. Robert

MO3036363

Misty Mountain PWS shall complete the following action to correct Sanitary Defects identified during the Level 2 Assessment completed on November 14, 2022, as per the Missouri Safe Drinking Water Law and its implementing regulations. This Schedule of Compliance represents a commitment by the Owner to take actions to correct the Sanitary Defects. The Missouri Department of Natural Resources reserves its right to initiate formal enforcement actions and/or pursue penalties pursuant to 640.130 and 640.131 of the Missouri Revised Statutes.

**Sanitary Defects:**

1. Defective/damaged well cap/well seal
2. Well recently repaired/wellhead opened
3. Potential source of contamination near well
4. Damaged pitless adaptor
5. Recent main breaks or leaks

**REQUIRED ACTIONS: By December 21, 2022**

1. 1. Check the seal on the well head to ensure that there are no cracks or defects with the seal.
2. Tighten the bolts on the well head to ensure no contaminants can enter the well.
3. Investigate the white pipe located near the well located, as pictured in Photo #1, to identify what the pipe leads to, certain set back distances need to be met per Missouri Safe Drinking Water Regulations:
  - a. Waterwater lagoons – 300 feet
  - b. Sewage pumping station – 100 feet
  - c. Sanitary sewer lines – 50 feet
  - d. Pits, sumps, or holes – 50 feet
  - e. Septic tanks – 300 feet
4. Excavate the area around the well to inspect the pitless adapter and replace if needed.
5. Investigate the possible leak near the well and possibly the repair or replace the line.
6. If after the sanitary defects have been addressed and the system keeps having E Coli positive samples, emergency chlorination will need to be added to the system.



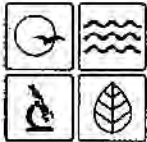
**MANDATORY CHLORINATION:**

If the system fails to address the sanitary defects by **December 21, 2022**, the Department will require mandatory chlorination to treat the water by **January 20, 2023**.

If chlorination is added to the well, the system will need to have a licensed engineer conduct an engineer report on the system to verify that the changes to the system will not lessen the water quality.

Should additional time be required due to construction activities or other valid reasons, a request for extension of a specific deadline may be submitted to the Department for review and consideration.

Submit the written response to the Central Field Operations ATTN: Dalten Young by mail at the Department of Natural Resources, Central Field Operations, PO Box 176, Jefferson City, MO 65102 or by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov).



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE  
LEVEL 2 ASSESSMENT FORM**

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PWS NAME Misty Mountain PWS		PWS ID NUMBER MO3036363
COUNTY Pulaski		MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) November/2022
PWS CONTACT PERSON Lori Jean	PWS CONTACT POSITION/TITLE Operator	PWS CONTACT PHONE NUMBER 417-425-9343
System Type: <input checked="" type="checkbox"/> Com; <input type="checkbox"/> NTNC; <input type="checkbox"/> TNC      Source Type(s): <input checked="" type="checkbox"/> GW; <input type="checkbox"/> SW or GWUDISW; <input type="checkbox"/> GWP; <input type="checkbox"/> SWP		
PWS PERSON IN RESPONSIBLE CHARGE Travis Blevins	NOTIFICATION DATE OF LEVEL 2 ASSESSMENT TRIGGER November 10, 2022	ASSESSMENT DATE November 14, 2022
ASSESSOR NAME Dalton Young	ASSESSOR TELEPHONE NUMBER WITH AREA CODE 573-522-3018	ASSESSOR EMAIL ADDRESS Dalton.young@dnr.mo.gov
OTHER PERSONS ASSISTING OR PRESENT DURING ASSESSMENT Jackie Hooker & Keith Brown		
REASON FOR LEVEL 2 ASSESSMENT		
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): 1	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): 4	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): 0
ROUTINE SAMPLES E. COLI-POSITIVE (#): 1	REPEAT SAMPLES E. COLI-POSITIVE (#): 4	SOURCE WATER SAMPLES E. COLI-POSITIVE (#): 0
<input checked="" type="checkbox"/> E. coli MCL Violation <input checked="" type="checkbox"/> Second or greater Level 1 Trigger in 12 months		
INSTRUCTIONS:		
<p><b>Sanitary Defect Checklist, review and evaluate</b> the listed elements below. Check <input checked="" type="checkbox"/> the box next to each issue or potential cause of contamination that was identified during the assessment. If no potential cause of contamination was identified in a subsection, check <input checked="" type="checkbox"/> the box next to "No issues" in that subsection. Check <input checked="" type="checkbox"/> "Not Applicable" if the section does not apply to the public water system.</p> <p><b>Description</b>, Use the space to provide explanation and additional information for any issues that were identified in Sanitary Defect Checklist that supports your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.</p> <p><b>Corrective Action</b>, provide corrective action(s) and date(s) completed or provide proposed timeframe for completion of outstanding corrective action(s) for issues identified.</p>		
<b>Sanitary Defect Checklist</b> Have any of the following occurred?		
1. GENERAL		<input checked="" type="checkbox"/> No issues
<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> F. Visible indicators of unsanitary conditions	
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> G. Recent distribution system main repairs or well pump pulled	
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> H. Power Loss	
<input type="checkbox"/> D. Heavy rainfall	<input type="checkbox"/> I. Heavy snow melt or flooding	
<input type="checkbox"/> E. Extremes in heat or cold	<input type="checkbox"/> J. Changes to available source water (drop in water table)	
	<input type="checkbox"/> K. Other: _____	
<b>Description</b>		

<b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b>		<input checked="" type="checkbox"/> No issues
<input type="checkbox"/> A. Windy & raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker	
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location	
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap	
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow	
<input type="checkbox"/> E. Vegetation rest up against sample site	<input type="checkbox"/> N. Sampling bottle mishandled	
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main	
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling	
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Q. Other: _____	
<input type="checkbox"/> I. Untrained or inexperienced sample collector		

Description

**3. SOURCE(S)**

<b>WELLS:</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> A. Defective/damaged well cap/well seal	<input checked="" type="checkbox"/> G. Potential source of contamination near well		
<input type="checkbox"/> B. Damaged/unscreened well vent	<input type="checkbox"/> H. Damaged well casing		
<input type="checkbox"/> C. Floodwater/run-off inundation near well	<input checked="" type="checkbox"/> I. Damaged pitless adaptor		
<input checked="" type="checkbox"/> D. Well recently repaired/wellhead opened	<input type="checkbox"/> J. Missing/damaged grout seal		
<input type="checkbox"/> E. Unplugged abandoned well in area	<input type="checkbox"/> K. Other: _____		
<input type="checkbox"/> F. Unprotected opening in wellhead/pump			

<b>SURFACE WATER/GWUDISW:</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Recent flooding or heavy rainfall	<input type="checkbox"/> D. Damaged intake or spring box		
<input type="checkbox"/> B. Change in source water quality	<input type="checkbox"/> E. Other: _____		
<input type="checkbox"/> C. Any potential source of contamination near source			

<b>PURCHASED WATER:</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Water quality issues with supplier	<input type="checkbox"/> C. Other: _____		
<input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)			

Description

- The bolts on the well head were loose and it appears that the well head was opened recently.
- The state of the well seal is unknown as the well head was recently opened and not bolted back down properly.
- There is a white pipe sticking out of the ground approximately four feet away from the well head. It is unknown what that pipe is or leads to.
- The owner believes that the pitless adaptor is cracked which may have cause the land around the well to sink in around the well head.

<b>4. TREATMENT PROCESS</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Inadequate disinfection	<input type="checkbox"/> I. Meters not recently/property calibrated		
<input type="checkbox"/> B. Interruption in treatment/power loss	<input type="checkbox"/> J. Solution pump not primed		
<input type="checkbox"/> C. Chlorine/Turbidity meters out of range	<input type="checkbox"/> K. Treatment bypassed		
<input type="checkbox"/> D. Change in chemical used/dosage	<input type="checkbox"/> L. Treatment added or changed		
<input type="checkbox"/> E. Solution injector/tank condition	<input type="checkbox"/> M. Softener serviced/salt added		
<input type="checkbox"/> F. O and M procedures not followed	<input type="checkbox"/> N. Any Turbidity changes		
<input type="checkbox"/> G. Recent repairs or maintenance performed	<input type="checkbox"/> O. Other: _____		
<input type="checkbox"/> H. Change in flow rates or water quality			

Description

<b>5. STORAGE TANKS AND TOWERS</b>		<input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Evidence of animals/insects in tank <input type="checkbox"/> B. Tank vent not downturned/screened <input type="checkbox"/> C. Tank access hatch has no water tight seal <input type="checkbox"/> D. Tank sample tap condition <input type="checkbox"/> E. Tank deterioration or rust noted <input type="checkbox"/> F. Tank maintenance practices not followed <input type="checkbox"/> G. Low disinfectant residuals <input type="checkbox"/> H. Debris in tank overflow pipe	<input type="checkbox"/> I. Recent tank repairs <input type="checkbox"/> J. Tank is isolated <input type="checkbox"/> K. Incomplete inspection recommendations <input type="checkbox"/> L. Incorrect operation of level control valves, altitude valves, and related appurtenances <input type="checkbox"/> M. Tank leaking or holes in tank <input type="checkbox"/> N. Debris in tank <input type="checkbox"/> O. Tank hatch not locked <input type="checkbox"/> P. Evidence of vandalism/tampering <input type="checkbox"/> Q. Combined tank inlet/outlet <input type="checkbox"/> R. Other: _____	
Date - last inspection of vents and hatches: _____		
Date - last sanitary tank inspection: _____		
Date - last tank cleaning: _____		

**Description**

<b>6. BLADDER AND PRESSURE TANKS</b>		<input checked="" type="checkbox"/> No issues <input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Air/water tanks: air added recently <input type="checkbox"/> B. Pressure tank not on main line <input type="checkbox"/> C. If "A" is checked, is air filter dirty	<input type="checkbox"/> D. Bladder of bladder tank ruptured or waterlogged <input type="checkbox"/> E. Bladder of bladder tank ruptured or waterlogged <input type="checkbox"/> F. Other: _____	

**Description**

<b>7. PUMPING FACILITIES</b>		<input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Pump Facility subject to flooding <input type="checkbox"/> B. Pump maintenance <input type="checkbox"/> C. Leaks around pump seals	<input type="checkbox"/> D. Electrical systems for pumps <input type="checkbox"/> E. Low pressures due to pumping facilities <input type="checkbox"/> F. Other: _____	

**Description**

<b>8. DISTRIBUTION SYSTEM</b>		<input type="checkbox"/> No issues
<input type="checkbox"/> A. Any unprotected cross connection <input type="checkbox"/> B. Submerged air-relief/air-vacuum valve <input type="checkbox"/> C. Any recent construction activity <input type="checkbox"/> D. New service connections recently added <input type="checkbox"/> E. Flushing procedure not followed <input type="checkbox"/> F. Low/inadequate disinfectant residuals <input type="checkbox"/> G. Standing water/debris in valve vault	<input type="checkbox"/> H. Recent flushing of fire hydrants or blow-offs <input type="checkbox"/> I. Improper operation of pumps or valves <input checked="" type="checkbox"/> J. Recent main breaks or leaks <input type="checkbox"/> K. Recent pump or valve failure <input type="checkbox"/> L. Illegal use of hydrants <input type="checkbox"/> M. Excessive water hammer <input type="checkbox"/> N. Other: _____	

**Description**

1. A home owner near the well has contacted the operator to inform them of possible mud or other contaminants entering his house through the water line and that mud backs up into his house. There is patch of much greener grass between the well and the home approximately 30 feet from the well. This may indicate a possible leak in the line leading to the home.

<b>9. MONITORING</b>	<input checked="" type="checkbox"/> No Issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Residuals recorded daily	<input type="checkbox"/> F. Equipment calibration records	
<input type="checkbox"/> B. Daily CT/Turbidity records	<input type="checkbox"/> G. Fire event	
<input type="checkbox"/> C. Unusual chemistry trending	<input type="checkbox"/> H. CT calculation records	
<input type="checkbox"/> D. GWR 4-log monitoring records	<input type="checkbox"/> I. Chlorine monitoring frequency	
<input type="checkbox"/> E. Approved monitoring equipment	<input type="checkbox"/> J. Other: _____	

Description

**10. ADDITIONAL INFORMATION-PHOTOGRAPHS**



Photograph #1:  
Date: November 14, 2022  
By: Dalten Young  
System: Misty Mountain PWS  
Location: Topo Drive  
Description: View of the well head and white pipe near well head.

**Corrective Action:** Use this space to describe corrective action(s) taken with completion date(s) and/or proposed corrective action(s) with planned completion date(s). PWS must notify DNR Regional Office after completing each scheduled corrective action.

**By DATE +30**

1. Check the seal on the well head to ensure that there are no cracks or defects in the seal.
2. Tighten the bolts on the well head to ensure no contaminants can enter the well.
3. Investigate the white pipe located near the well located, as pictured in Photo #1, to identify what the pipe leads to. Certain set back distances need to be met per Missouri Safe Drinking Water Regulations:
  - a. Waterwater lagoons – 300 feet
  - b. Sewage pumping station – 100 feet
  - c. Sanitary sewer lines – 50 feet
  - d. Pits, sumps, or holes – 50 feet
  - e. Septic tanks – 300 feet
4. Excavate the area around the well to inspect the pitless adapter and replace if needed.
5. Investigate the possible leak near the well and possibly the repair or replace the line.

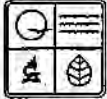
6. If after the sanitary defects have been addressed and the system keeps having E Coli. positive samples, emergency chlorination will need to be added to the system.
7. If the system fails to address the sanitary defects by ~~DATE 30~~, the Department will require mandatory chlorination to treat the water by ~~DATE 60~~
  - a. If chlorination is put on the well, the system will need to have a licensed engineer conduct an engineer report on the system to verify that the changes to the system will not lessen the water quality.

**Certification:** I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

ASSESSOR NAME (TYPE OR PRINT)	ASSESSOR TELEPHONE WITH AREA CODE	DATE
Dalten Young	573-522-3018	November 17, 2022
ASSESSOR SIGNATURE	ASSESSOR E-MAIL ADDRESS	
	Dalten.young@dnr.mo.gov	

Submit this completed form within 30 days of notification to the appropriate Missouri Department of Natural Resources regional office.  
See website for map: <http://dnr.mo.gov/regions/> or call the Public Drinking Water Branch at 573-751-1077 for assistance.

780-xxxx (11-19)



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 1 Assessment Required**

**Date of Report:** September 30, 2022  
**PWS Name:** MISTY MOUNTAIN PWS-TIGGER LN 2

**PWS ID:** MO3036363  
**County:** Pulaski

LORI JEAN  
203 N CLAY ST #615  
PO BOX 615  
MARSHFIELD, MO 65706

*Please notify us of any name or address changes*

MISTY MOUNTAIN PWS public water system (PWS) has triggered a Level 1 assessment for the September 2022 monitoring period.

**Treatment Technique Trigger:** Level 1 Assessment Required for Multiple Total Coliform Positive Samples.  
The PWS has exceeded the level 1 assessment treatment technique trigger as specified in 10 CSR 60-4.022(9)(A)1.B. For systems collecting fewer than 40 samples per month, two or more total coliform positive samples exceeds the treatment technique trigger requiring a Level 1 assessment.

**Required Actions:**

1. Read the enclosed fact sheet on the Revised Total Coliform Rule.
2. Refer to and follow the instructions on the enclosed "Level 1 Assessment Form".
3. Make a copy of the completed assessment form and retain it for your records.
4. Submit the completed assessment form with corrective actions taken so far and any requests for additional time back to the Department's Central Field Operations at the address given below within 30 days from the date of this letter for review and approval. Any request for additional time will require Department approval and a signed "Schedule of Compliance."
5. If a schedule of compliance is issued for any corrective actions requiring longer than 30 days to complete, notify the Department's Central Field Operations after completing each scheduled corrective action.
6. After the assessment form and all documented corrective actions completed are reviewed and approved, the Department's Central Field Operations will send a closure letter for the assessment and completed schedule of compliance to be retained in your records.

For assistance with the assessment or corrective actions, contact the Central Field Operations at 573-522-3322, 1101 Riverside Dr, Jefferson City, MO 65102-0176.



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch  
**Revised Total Coliform Rule**  
**Level 1 Assessment Instructions**

**What is an assessment?** When total coliform sample results indicate a Public Water System (PWS) may be vulnerable to contamination, the PWS must perform an assessment (Level 1 or Level 2) and FIND AND FIX ANY "SANITARY DEFECTS." A sanitary defect can provide a pathway of entry for microbial contamination into the distribution system or indicate imminent failure in an existing barrier (e.g., vent missing or unscreened vent on wellhead, sanitary seal on wellhead has holes in it, storage tank with openings allowing possible access by birds, etc.).

**THERE ARE FIVE BASIC ELEMENTS TO INVESTIGATE DURING AN ASSESSMENT:**

- Unusual events that may affect distributed water quality or indicate that distributed water quality was impaired;
- Changes in distribution system maintenance and operation, including water storage;
- Water source treatment methods that affect distributed water quality;
- Inadequacies in sample sites, sample collection procedures and sample processing; and
- Existing water quality monitoring data.

A Level 1 assessment will be conducted by the PWS. A Level 2 assessment will be conducted by the Department.

- **The Level 1 Assessment must be conducted by personnel qualified to operate and maintain the water system's facilities.**
- The water system has 30 days from the date of this notice to complete the assessment, correct any sanitary defects found, and submit the completed assessment form to the appropriate regional office. For sanitary defects found but NOT fixed within 30 days, the system must have a Schedule of Compliance approved by the Department, which includes a proposed completion date for all incomplete corrective actions. After completing each scheduled corrective action, the system must notify the Department to avoid violations. Throughout the assessment process, systems should consult with the Department to discuss progress.

Section A is broken into seven subsections relating to the following specific areas of a PWS: general, sampling sites and sampling protocol, distribution system, storage tanks and towers, bladder and pressure tanks, treatment process, and source(s) (well, surface or purchased water). Each subsection contains questions specific to that heading which should be answered by checking the box next to the question if applicable. A checked box should be considered a potential issue and the box under Section B- Description of Occurrence and Section C- Corrective Action should be completed.

When considering Subsections A through F, answer the questions in relation to what was occurring in the system at the time of the positive sample, not what normally occurs or what has occurred in the past. The purpose of these questions is to determine the reason for the current positive sample.

If you are unsure of what is being asked or do not know how to answer one of the questions, you are encouraged to contact your regional office for further assistance.

You must verify the information provided in the form is accurate and correct. Please print your name and sign and date the form. Once completed, make a copy for your record and submit completed Level 1 assessment form to the appropriate regional office.

If the Department determines the assessment is insufficient, the Department will send written notification to the PWS. The PWS must consult with the Department within 14 days of receiving written notification of an insufficient assessment.





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH  
REVISED TOTAL COLIFORM RULE  
LEVEL 1 ASSESSMENT FORM

FOR OFFICE USE ONLY	
DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PWS NAME <b>MISTY MOUNTAIN PWS</b>		PWS ID NUMBER <b>MO3036363</b>
COUNTY <b>Pulaski</b>		MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) <b>SEPTEMBER 2022</b>
REASON FOR LEVEL 1 ASSESSMENT		NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER <b>9/30/2022</b>
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>1</b>	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>1</b>	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): <b>0</b>
INSTRUCTIONS:		
<p><b>Section A, Sanitary Defect Checklist:</b> Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.</p> <p><b>Section B, Description of Occurrence:</b> Provide explanation and additional information for any issues identified in Section A.</p> <p><b>Section C, Corrective Action:</b> Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.</p> <p>Return this form to appropriate department regional office within 30 days (from notification date above). Retain a copy of this completed assessment form in your files for at least five years.</p>		
Section A – Sanitary Defect Checklist: Have any of the following occurred?		
1. GENERAL <input type="checkbox"/> No issues		
<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions	
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled	
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss	
	<input type="checkbox"/> Z. Other: _____	
2. SAMPLING SITES AND SAMPLING PROTOCOL <input type="checkbox"/> No issues		
<input type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker	
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location	
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap	
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow	
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error	
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main	
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling	
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> I. Untrained or inexperienced sample collector		
3. DISTRIBUTION SYSTEM <input type="checkbox"/> No issues		
<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves	
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks	
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure	
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants	
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer	
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs		
4. STORAGE TANKS AND TOWERS <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals	
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe	
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs	
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances	
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank	
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank	
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering	
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____	

<b>5. BLADDER AND PRESSURE TANKS</b> <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Air/water tanks: air added recently	<input type="checkbox"/> C. Bladder of bladder tank ruptured or waterlogged	
<input type="checkbox"/> B. If "A" is checked, is air filter dirty	<input type="checkbox"/> Z. Other: _____	
<b>6. TREATMENT PROCESS</b> <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Inadequate disinfection	<input type="checkbox"/> G. Change in flow rates or water quality	
<input type="checkbox"/> B. Interruption in treatment/power loss	<input type="checkbox"/> H. Meters not recently/properly calibrated	
<input type="checkbox"/> C. Chlorine/Turbidity meters out of range	<input type="checkbox"/> I. Treatment bypassed	
<input type="checkbox"/> D. Change in chemical dosage	<input type="checkbox"/> J. Treatment added or changed	
<input type="checkbox"/> E. O and M procedures not followed	<input type="checkbox"/> K. Softener serviced/salt added	
<input type="checkbox"/> F. Recent repairs or maintenance performed	<input type="checkbox"/> Z. Other: _____	
<b>7. SOURCE(S)</b>		
<b>WELLS:</b> <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Defective/damaged well cap/well seal	<input type="checkbox"/> G. Potential source of contamination near well	
<input type="checkbox"/> B. Damaged/unscreened well vent	<input type="checkbox"/> H. Damaged well casing	
<input type="checkbox"/> C. Floodwater/run-off inundation near well	<input type="checkbox"/> I. Damaged pitless adaptor	
<input type="checkbox"/> D. Well recently repaired/wellhead opened	<input type="checkbox"/> J. Missing/damaged grout seal	
<input type="checkbox"/> E. Unplugged abandoned well in area	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> F. Unprotected opening in wellhead/pump		
<b>SURFACE WATER/GWUDISW:</b> <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Recent flooding or heavy rainfall	<input type="checkbox"/> D. Damaged intake or spring box	
<input type="checkbox"/> B. Change in source water quality	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> C. Any potential source of contamination near source		
<b>PURCHASED WATER:</b> <input type="checkbox"/> No issues <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> A. Water quality issues with supplier	<input type="checkbox"/> Z. Other: _____	
<input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)		
<b>Section B - Description of Occurrence:</b> Use this space to provide explanation and additional information for any issues identified in Section A that support your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.		
<input type="checkbox"/> Check if PWS did not find any causes for the contamination.		
<b>Section C - Corrective Action:</b> Use this space to describe corrective actions taken with completion dates and proposed corrective actions with planned completion dates. Notify your local regional office after completing each scheduled corrective action.		
<b>Please Note:</b> Exceeding a second Level 1 treatment technique trigger within a rolling 12-month period will require a Level 2 assessment.		
<b>Certification:</b> I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.		
PWS CONTACT NAME (TYPE OR PRINT)	PWS CONTACT OFFICIAL TITLE	PWS CONTACT TELEPHONE WITH AREA CODE
PWS CONTACT SIGNATURE	PWS CONTACT EMAIL ADDRESS	DATE
Submit this completed form within 30 days of notification to the appropriate Missouri Department of Natural Resources regional office. See website for map: <a href="https://dnr.mo.gov/document-search/regional-office-map-and-directory">https://dnr.mo.gov/document-search/regional-office-map-and-directory</a> or call the Public Drinking Water Branch at 573-751-1077 for assistance.		



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 2 Assessment Required**

**Date of Report:** August 19, 2022  
**PWS Name:** MISTY MOUNTAIN PWS

**PWS ID:** MO3036363  
**County:** Pulaski

TRAVIS BLEVINS  
15405 TEXAS RD  
ST ROBERT, MO 65584

*Please notify us of any name or address changes*

MISTY MOUNTAIN PWS public water system (PWS) has exceeded the Level 2 assessment treatment technique trigger for the August 2022 monitoring period.

**2B LEVEL 2 ASSESSMENT, MCL TRIGGERED (RTCR)**

**Treatment Technique Trigger:**

The public water system has exceeded the *E. coli* MCL as specified in 10 CSR 60-4.022(9)(A)2.A. A PWS exceeding the *E. coli* MCL with one or more *E. coli*-positive routine or repeat sample(s) or failure to collect all repeat samples following an *E. coli* positive routine sample has exceeded the treatment technique trigger requiring a Level 2 assessment.

**Required Actions:**

1. Read the enclosed fact sheet on the Revised Total Coliform Rule.
2. Contact the Department's Central Field Operations at 573-522-3322 to schedule a "Level 2 Assessment" if not already contacted or completed by the Department.
3. After the Level 2 assessment is conducted, the Department's Central Field Operations will provide you a "Schedule of Compliance" if any sanitary defects are identified during the assessment detailing corrective actions required to be completed within 30 days from the date that the assessment was triggered.
4. If a schedule of compliance is issued for any corrective actions requiring longer than 30 days to complete, notify the Department's Central Field Operations after completing each scheduled corrective action.
5. After the assessment form and all documented corrective actions completed are reviewed and approved, the Department's Central Field Operations will send a closure letter for the assessment and completed schedule of compliance to be retained in your records.

For assistance with the assessment or corrective actions, contact the Central Field Operations at 573-522-3322, 1101 Riverside Dr, Jefferson City,



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch  
**Revised Total Coliform Rule**  
**Level 2 Assessment Instructions**

**What is an assessment?** When total coliform sample results indicate a public water system (PWS) may be vulnerable to contamination, the PWS must perform an assessment (Level 1 or Level 2) and FIND AND FIX ANY "SANITARY DEFECTS." A sanitary defect can provide a pathway of entry for microbial contamination into the distribution system or indicate imminent failure in an existing barrier (e.g., vent missing or unscreened vent on wellhead, sanitary seal on wellhead has holes in it, storage tank with openings allowing possible access by birds, etc.).

**THERE ARE FIVE BASIC ELEMENTS TO INVESTIGATE DURING AN ASSESSMENT:**

- Unusual events that may affect distributed water quality or indicate that distributed water quality was impaired;
- Changes in distribution system maintenance and operation, including water storage;
- Water source treatment methods that affect distributed water quality;
- Inadequacies in sample sites, sample collection procedures and sample processing; and
- Existing water quality monitoring data.

A Level 1 assessment will be conducted by the PWS. A Level 2 assessment will be conducted by the Department.

- **The Level 2 Assessment must be conducted by the Department or a party approved by the Department in coordination with personnel qualified to operate and maintain the water system's facilities.**
- You have 30 days from the date of this notice to correct any sanitary defects found during the Level 2 assessment, to the Department's Central Field Operations. For sanitary defects found but NOT fixed within 30 days, the PWS must enter a Schedule of Compliance, with the approval of the Department, which includes a proposed completion date for all incomplete corrective actions. After completing each scheduled corrective action, the PWS must notify the department to avoid violations.

mo3036363-misty-mountain-pws-20220819-ussi-pulaski-dw

Page 1 of 2



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
INVESTIGATION OF COLIFORM- POSITIVE SAMPLES  
REVISED TOTAL COLIFORM RULE

RECEIVED  
PUBLIC DRINKING WATER

PWS: Misty Mountain PWS

ID# MO3036363

County: Pulaski

Sample Results via: Email

Date Received 8/18/2022

Report of Total Coliform Positive Samples

Sample Type	Date Collected m/d/yyyy	Lab #	Site ID	Location Address	Coliform A/P		Chlorine	
					TC	E Coli	Free	Total
Routine	8/16/2022	OE718717	TCR	23249 Topo	P	P	N/A	N/A
Repeat - OR	08/18/2022	OE719860	TCR	23249 Topo	P	P	N/A	N/A
Repeat - UP	08/18/2022	OE719862	TCR	23249 Topo	P	P	N/A	N/A
Repeat - DN	08/18/2022	OE719863	TCR	23249 Topo	P	P	N/A	N/A
GW Source	08/18/2022	OE719861	WL20295	Topo Well	P	P	N/A	N/A
Other								
Other								
Other								

Person Called: Travis Blevins Phone: 573-855-2769 Date: 08/18/2022

Date PWS was required to collect repeat samples by:

GW System with population <1,000 with one well?  No  Yes If YES, PWS have 4-Log treatment?  No  Yes

Dual Purpose Sample approved for this GW System?  No  Yes  Not Applicable

ACTIONS and or COMMENTS

08/18/2022 DSY - Routine samples were collected for the new activated system, five from the well and three from distribution on 08/16/2022. All 8 samples came back E. Coli. + Sebastien Clos-Versailles called Travis to inform him of the samples and put the system on a boil order and that staff will be out there to take confirmation samples. I went down to the system and took conformation samples. Six from the well and three distribution.

8/19/2022 SPC - I called and let Mr. Blevins know that all the repeat samples came back E. coli positive. I let him know the boil order would remain in effect and suggested he shock the well immediately before trying to collect special samples to remove the boil order.

RTCR TT Triger Exceeded?  No  Yes (Level 1 or 2 Assessment will be required) Date of previous RTCR exceedance: N/A

E. coli MCL Violation  Level 1 TT Triger-Multiple TC Positives  Level 1 TT Triger-Failure to Collect All Repeat Samples

PDWB notified/copied on: \_\_\_\_\_ (date) (Note: 2+ RTCR TT exceedances in 12 months or E.coli positive will require Level 2 Assessment)

Ground Water Rule & Triggered Source Water Sample Requirements

1)  Ground Water System (Go to #3)  Secondary/purchased water system (Go to #2)  If Surface Water only (STOP)

2) If Secondary System: is Primary system  GW (go to #4) or  SW (if SW ONLY, no GW: STOP)

3) Does Ground Water System provide 4-Log treatment?  YES (STOP)  NO (Triggered source water sampling required. Go to #5.)  
If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.

4) GW systems not doing 4-Log treatment requires source water sample from EACH well active the day of unsafe sample.  
List the Primary (seller) Groundwater System(s) and ID#'s here(if applicable):

Date Primary GW system(s) were notified to collect Triggered Source Water Samples: \_\_\_\_\_ (Go to #5)

5) Triggered Source Water Sample Results

Misty Mountain PWS		Primary PWS Name	
Lab #	Date	Well # or name	Date
OE719861	08/18/2022	WL20295	

Any source water sample E. Coli positive?  N  Y (If yes 5 additional well samples required)

Well# / Name / Location: WL20295 / Topo Well

Additional Triggered Source Water Monitoring (if required)

Misty Mountain PWS			
Well: Topo Well (WL20295)	Lab #	Date	TC E. Coli
	OE719864	08/18/2022	P
	OE719865	08/18/2022	P
	OE719867	08/18/2022	P
	OE719868	08/18/2022	P
	OE719865	08/18/2022	P
	OE719866	08/18/2022	P
	OE719865	08/18/2022	P

Well:			
Lab #	Date	TC	E. Coli

Well:			
Lab #	Date	TC	E. Coli

Well:			
Lab #	Date	TC	E. Coli

Was any of the additional source water sample E. Coli positive?  N  Y

Corrective Action required?  No  Yes.....(attached documentation as necessary)

If Yes, date system notified to take Corrective Action: \_\_\_\_\_

(Attach additional copies of this page if necessary)



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 2 Assessment Required**

**Date of Report:** November 2, 2022  
**PWS Name:** MISTY MOUNTAIN PWS

**PWS ID:** MO3036363  
**County:** Pulaski

LORI JEAN  
203 N CLAY ST #615  
PO BOX 615  
MARSHFIELD, MO 65706

*Please notify us of any name or address changes*

MISTY MOUNTAIN PWS public water system (PWS) has exceeded the Level 2 assessment treatment technique trigger for the October 2022 monitoring period.

**2B LEVEL 2 ASSESSMENT, MCL TRIGGERED (RTCR)**

**Treatment Technique Trigger:**

The public water system has exceeded the *E. coli* MCL as specified in 10 CSR 60-4.022(9)(A)2.A. A PWS exceeding the *E. coli* MCL with one or more *E. coli*-positive routine or repeat sample(s) or failure to collect all repeat samples following an *E. coli* positive routine sample has exceeded the treatment technique trigger requiring a Level 2 assessment.

**Required Actions:**

1. Read the enclosed fact sheet on the Revised Total Coliform Rule.
2. Contact the Department's Central Field Operations at 573-522-3322 to schedule a "Level 2 Assessment" if not already contacted or completed by the Department.
3. After the Level 2 assessment is conducted, the Department's Central Field Operations will provide you a "Schedule of Compliance" if any sanitary defects are identified during the assessment detailing corrective actions required to be completed within 30 days from the date that the assessment was triggered.
4. If a schedule of compliance is issued for any corrective actions requiring longer than 30 days to complete, notify the Department's Central Field Operations after completing each scheduled corrective action.
5. After the assessment form and all documented corrective actions completed are reviewed and approved, the Department's Central Field Operations will send a closure letter for the assessment and completed schedule of compliance to be retained in your records.

For assistance with the assessment or corrective actions, contact the Central Field Operations at 573-522-3322, 1101 Riverside Dr, Jefferson City,



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch  
**Revised Total Coliform Rule**  
**Level 2 Assessment Instructions**

**What is an assessment?** When total coliform sample results indicate a public water system (PWS) may be vulnerable to contamination, the PWS must perform an assessment (Level 1 or Level 2) and FIND AND FIX ANY "SANITARY DEFECTS." A sanitary defect can provide a pathway of entry for microbial contamination into the distribution system or indicate imminent failure in an existing barrier (e.g., vent missing or unscreened vent on wellhead, sanitary seal on wellhead has holes in it, storage tank with openings allowing possible access by birds, etc.).

**THERE ARE FIVE BASIC ELEMENTS TO INVESTIGATE DURING AN ASSESSMENT:**

- Unusual events that may affect distributed water quality or indicate that distributed water quality was impaired;
- Changes in distribution system maintenance and operation, including water storage;
- Water source treatment methods that affect distributed water quality;
- Inadequacies in sample sites, sample collection procedures and sample processing; and
- Existing water quality monitoring data.

A Level 1 assessment will be conducted by the PWS. A Level 2 assessment will be conducted by the Department.

- **The Level 2 Assessment must be conducted by the Department or a party approved by the Department in coordination with personnel qualified to operate and maintain the water system's facilities.**
- You have 30 days from the date of this notice to correct any sanitary defects found during the Level 2 assessment, to the Department's Central Field Operations. For sanitary defects found but NOT fixed within 30 days, the PWS must enter a Schedule of Compliance, with the approval of the Department, which includes a proposed completion date for all incomplete corrective actions. After completing each scheduled corrective action, the PWS must notify the department to avoid violations.



mo3036363-misty-mountain-pws-20221021-ussi-pulaski-dw-1

Page 1 of 2



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
INVESTIGATION OF COLIFORM- POSITIVE SAMPLES  
REVISED TOTAL COLIFORM RULE

PWS: Misty Mountain PWS ID# MO3036363 County: Pulaski  
Sample Results via: Email Date Received 10/21/2022

Report of Total Coliform Positive Samples

Sample Type	Date Collected m/d/yyyy	Lab #	Site ID	Location Address	Coliform AP		Chlorine	
					TC	E Coli	Free	Total
Routine	10/19/2022	749458	04	24443 tigger	P	A	NA	NA
Repeat - OR	10/24/2022	751621	04	24443 tigger	A	A	NA	NA
Repeat - UP	10/24/2022	751622	TCR	24410 tigger	A	A	NA	NA
Repeat - DN	10/24/2022	751623	TCR	24423 tigger	A	A	NA	NA
GW Source	10/24/2022	751620	W20298	Well 4	A	A	NA	NA
Other								
Other								
Other								

Person Called: Lori Jean Phone: 417-425-9343 Date: 10/21/2022

Date PWS was required to collect repeat samples by:

GW System with population <1,000 with one well?  No  Yes If YES, PWS have 4-Log treatment?  No  Yes

Dual Purpose Sample approved for this GW System?  No  Yes  Not Applicable

ACTIONS and or COMMENTS

10/21/2022 MH - I spoke with Lori and informed her that the sample taken had come back TC+ and that we would need for her to take repeat samples; one from the original location, one upstream, one downstream, and one from the well. She said she will take those samples first thing Monday morning.

10/26/2022 JT- Left message for Lori Jean informing of safe sample results for Tigger Well. Asked for return call to confirm Topo well samples would be taken.

RTCR TT Trigger Exceeded?  No  Yes (Level 1 or 2 Assessment will be required) Date of previous RTCR exceedance:

E. coli MCL Violation  Level 1 TT Trigger-Multiple TC Positives  Level 1 TT Trigger-Failure to Collect All Repeat Samples

PDWB notified/copied on: \_\_\_\_\_ (date) (Note: 2+ RTCR TT exceedances in 12 months or E.coli positive will require Level 2 Assessment)

Ground Water Rule & Triggered Source Water Sample Requirements

1)  Ground Water System (Go to #3)  Secondary/purchased water system (Go to #2)  If Surface Water only (STOP)

2) If Secondary System: is Primary system  GW (go to #4) or  SW (if SW ONLY, no GW: STOP)

3) Does Ground Water System provide 4-Log treatment?  YES (STOP)  NO (Triggered source water sampling required. Go to #5.)  
If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.

4) GW systems not doing 4-Log treatment requires source water sample from EACH well active the day of unsafe sample.  
List the Primary (seller) Groundwater System(s) and ID#s here(if applicable):

Date Primary GW system(s) were notified to collect Triggered Source Water Samples: \_\_\_\_\_ (Go to #5)

mo3036363-misty-mountain-pws-20221021-ussi-pulaski-dw-1

5) Triggered Source Water Sample Results

Primary PWS Name					Primary PWS Name				
Lab #	Date	Well # or name	Coliform A/P		Lab #	Date	Well # or name	Coliform A/P	
			TC	E. Coli				TC	E. Coli

Any source water sample E. Coli positive ?  N  Y (If yes 5 additional well samples required)

Well# / Name / Location: \_\_\_\_\_

Additional Triggered Source Water Monitoring (if required)

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Was any of the additional source water sample E. Coli positive ?  N  Y

Corrective Action required?  No  Yes.....(attached documentation as necessary)

If Yes, date system notified to take Corrective Action: \_\_\_\_\_

(Attach additional copies of this page if necessary)



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 2 Assessment Required**

**Date of Report:** November 17, 2022  
**PWS Name:** MISTY MOUNTAIN PWS

**PWS ID:** MO3036363  
**County:** Pulaski

LORI JEAN  
203 N CLAY ST #615  
PO BOX 615  
MARSHFIELD, MO 65706

*Please notify us of any name or address changes*

MISTY MOUNTAIN PWS public water system (PWS) has exceeded the Level 2 assessment treatment technique trigger for the November 2022 monitoring period.

**2B LEVEL 2 ASSESSMENT, MCL TRIGGERED (RTCR)**

**Treatment Technique Trigger:**

The public water system has exceeded the *E. coli* MCL as specified in 10 CSR 60-4.022(9)(A)2.A. A PWS exceeding the *E. coli* MCL with one or more *E. coli*-positive routine or repeat sample(s) or failure to collect all repeat samples following an *E. coli* positive routine sample has exceeded the treatment technique trigger requiring a Level 2 assessment.

**Required Actions:**

1. Read the enclosed fact sheet on the Revised Total Coliform Rule.
2. Contact the Department's Central Field Operations at 573-522-3322 to schedule a "Level 2 Assessment" if not already contacted or completed by the Department.
3. After the Level 2 assessment is conducted, the Department's Central Field Operations will provide you a "Schedule of Compliance" if any sanitary defects are identified during the assessment detailing corrective actions required to be completed within 30 days from the date that the assessment was triggered.
4. If a schedule of compliance is issued for any corrective actions requiring longer than 30 days to complete, notify the Department's Central Field Operations after completing each scheduled corrective action.
5. After the assessment form and all documented corrective actions completed are reviewed and approved, the Department's Central Field Operations will send a closure letter for the assessment and completed schedule of compliance to be retained in your records.

For assistance with the assessment or corrective actions, contact the Central Field Operations at 573-522-3322, 1101 Riverside Dr, Jefferson City,



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 2 Assessment Instructions**

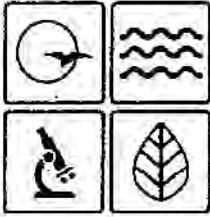
**What is an assessment?** When total coliform sample results indicate a public water system (PWS) may be vulnerable to contamination, the PWS must perform an assessment (Level 1 or Level 2) and FIND AND FIX ANY "SANITARY DEFECTS." A sanitary defect can provide a pathway of entry for microbial contamination into the distribution system or indicate imminent failure in an existing barrier (e.g., vent missing or unscreened vent on wellhead, sanitary seal on wellhead has holes in it, storage tank with openings allowing possible access by birds, etc.).

**THERE ARE FIVE BASIC ELEMENTS TO INVESTIGATE DURING AN ASSESSMENT:**

- Unusual events that may affect distributed water quality or indicate that distributed water quality was impaired;
- Changes in distribution system maintenance and operation, including water storage;
- Water source treatment methods that affect distributed water quality;
- Inadequacies in sample sites, sample collection procedures and sample processing; and
- Existing water quality monitoring data.

A Level 1 assessment will be conducted by the PWS. A Level 2 assessment will be conducted by the Department.

- **The Level 2 Assessment must be conducted by the Department or a party approved by the Department in coordination with personnel qualified to operate and maintain the water system's facilities.**
- You have 30 days from the date of this notice to correct any sanitary defects found during the Level 2 assessment, to the Department's Central Field Operations. For sanitary defects found but NOT fixed within 30 days, the PWS must enter a Schedule of Compliance, with the approval of the Department, which includes a proposed completion date for all incomplete corrective actions. After completing each scheduled corrective action, the PWS must notify the department to avoid violations.



**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

August 23, 2022

Travis Blevins  
~~Rolling Hills PWS~~  
15405 Texas Road  
St. Robert, MO 65584

RE: Letter of Warning – Operator Certification

Dear Travis Blevins:

All community and nontransient noncommunity public water systems are required to employ a certified operator to oversee system operations and maintenance. Rolling Hills PWS (MO3036362) is required to have an operator certified at the DS I distribution level or higher. The Missouri Department of Natural Resources records indicate that your system does not have an operator certified at this level and is therefore in violation of Missouri Safe Drinking Water Regulation 10 CSR 60-14.010.

Within 15 days of this notification, Rolling Hills PWS must provide proof to the Department that they have obtained the services of a properly certified operator or enter into a Department approved schedule (corrective action plan) to obtain the services of a certified operator. Failure to comply with these requirements may result in the Department taking further enforcement action against your water system.

If you currently have a properly certified operator in charge of your water system, please contact the Water Protection Program's Public Drinking Water Branch, using the contact information provided at the end of this letter.

If you currently do not have a properly certified operator, your public water system may choose to have an employee obtain operator certification through the Department or you may enter into a contractual agreement with a certified operator to maintain your water system.

If you obtain the services of a certified operator through contract, you are required to submit a copy of the agreement with the operator's name, address, telephone number, and certification number in writing to the Water Protection Program's Public Drinking Water Branch within 15 days of this notification. The agreement shall indicate the responsibilities of the operator including, but not limited to, those listed in Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4)(F)1.

Travis Blevins

Page 2

If you wish to have an employee become certified, you are required to submit a corrective action plan to the Water Protection Program's Public Drinking Water Branch within 15 days of this notification for review and approval. The plan must be on letterhead, signed by a person of authority and dated. The plan must include the name of person to be certified, position and affiliation with the public water system, and a schedule for when the employee will take the certification exam. Information on training courses and examination schedules is located online at <https://dnr.mo.gov/water/business-industry-other-entities/permits-certification-engineering-fees/operator-certification>. You can also contact the Operator Certification Unit by phone at 800-361-4827 to learn more about certification requirements.

All community and nontransient noncommunity public water systems are required to have a contingency plan for a standby replacement of the chief operator to be available at all times. Examples include a second employee certified at the chief operator level, a mutual assistance agreement with a nearby system, or a prearranged agreement with a contract operator.

Within 15 days of this notification, please contact the Water Protection Program's Public Drinking Water Branch to inform us of your contingency plan for a standby replacement of the chief operator.

---

If you have any questions regarding this letter, please contact Ms. Jackie Johnson by phone at 573-751-4414, by email at [jackie.johnson@dnr.mo.gov](mailto:jackie.johnson@dnr.mo.gov), or by mail at Department of Natural Resources, Water Protection Program, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176. Thank you.

Sincerely,

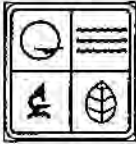
WATER PROTECTION PROGRAM



Lance Dorsey  
Compliance and Enforcement Section Chief

LD:jjjs

c: Sebastien Clos-Versailles, Unit Chief, Central Field Operations



Missouri Department Of Natural Resources  
Public Drinking Water Program

P.O. Box 176  
Jefferson City, MO 65102 (573)751-5331



Public Water System Radionuclide Results

PWS Name : ~~ROLLING HILLS PWS~~  
Mail to : LORI JEAN  
PO BOX 615  
MARSHFIELD, MO 65706-0000

PWS ID : MO3036362  
County : PULASKI

Please notify us of any  
name and address changes

Lab Sample ID : 22S-335  
Date Collected : 10/18/2022  
Time Collected :  
Sample Type : Routine  
Location ID: WL 20293  
Location : WELL #1  
Source : GW  
Collector :  
Collection Technique :  
Laboratory : ST LOUIS COUNTY DEPT OF HEALTH

Contaminant	Result	MCL Value	Unit of Measure
RADIUM-228	< 1 PC/L		
COMBINED URANIUM	< 0.67 PC/L	30	UG/L
GROSS ALPHA, EXCL. RADON & U	< 3 PC/L	15	PC/L
GROSS ALPHA PARTICLE ACTIVITY	< 3 PC/L	15	PC/L
RADIUM-226	< 1 PC/L		
COMBINED RADIUM (-226 & -228)	< 1 PC/L	5	PC/L

A result of < (less than) a specified quantity means the concentration was either zero or less than the analytical detection level.

Tuesday, January 10, 2023

JAN 09 2022

CHAIN OF CUSTODY AND RADIONUCLIDE ANALYSIS OF WATER SAMPLE

PUBLIC DRINKING WATER

MO3036362

4th Qtr

ROLLING HILLS PWS

PULASKI

SAMPLE SHOULD BE TAKEN AT: IF NOT INDICATE WHERE AND WHY LOCATION CHANGED

- ROUTINE  
 SPECIAL

WL 20293 WELL #1

COMPLETED BY THE SAMPLE COLLECTOR (TYPE OR USE BLACK BALL POINT PEN)

SAMPLE COLLECTED BY:

Lori A. Jean

- WATER SYSTEM  
 DNR  
 OTHER

DAYTIME PHONE #

417 425 9343

DATE SAMPLE COLLECTED:

10-18-22

TIME SAMPLE COLLECTED

0900

- PM  
 AM

TYPE OF WATER

- RAW  
 FINISHED

- SHIPPED  HAND DELIVERED

CARRIER

UPS

NUMBER OF CONTAINERS

1

RELINQUISHED BY:

Lori A. Jean

DATE:

10/19/22

COMPLETED BY LABORATORY ONLY

RECEIVED AND PRESERVED TO pH<2 WITH CONC. NITRIC ACID BY:

10-20-22 NA 21-2

LAB. LOG NUMBER

225-335

RADIONUCLIDE	CONCENTRATION (pCi/l)	DATE OF ANALYSIS	METHOD OF ANALYSIS	ANALYST
<input checked="" type="checkbox"/> Gross Alpha Particle Activity	23.0	11-1-22	EPA 900.0	[Signature]
<input checked="" type="checkbox"/> Radium-226	22.0	12.13.22	EPA 903.1	
<input checked="" type="checkbox"/> Radium-228	21.0	12.7.22	EPA 904.0	
<input type="checkbox"/> Gross Beta Particle Activity				
<input checked="" type="checkbox"/> Uranium	20.67	10-28-22	EPA 200.8	[Signature]
<input type="checkbox"/> Radon				

The above analyses were performed by the Saint Louis County Department of Health, Environmental Laboratories.

Approved by:

[Signature]

Date

1/3/23

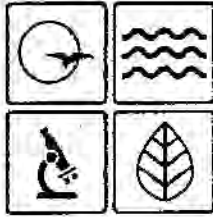
A result of <(less than) a specified quantity means the concentration was either zero or less than the analytical detection level.

The test results reported on this form show the following:

- No additional testing is required at this time because the concentration of radionuclides in your water do not exceed the maximum contaminant level allowed in drinking water.  
 Additional testing is required because the analysis result exceeds the screening limit.

240/7.6





**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

August 23, 2022

Travis Blevins  
Charity PWS  
15405 Texas Road  
St. Robert, MO 65584

RE: Letter of Warning – Operator Certification

Dear Travis Blevins:

All community and nontransient noncommunity public water systems are required to employ a certified operator to oversee system operations and maintenance. Charity PWS (MO3036361) is required to have an operator certified at the DS I distribution level higher. The Missouri Department of Natural Resources records indicate that your system does not have an operator certified at this level and is therefore in violation of Missouri Safe Drinking Water Regulation 10 CSR 60-14.010.

Within 15 days of this notification, Charity PWS must provide proof to the Department that they have obtained the services of a properly certified operator or enter into a Department approved schedule (corrective action plan) to obtain the services of a certified operator. Failure to comply with these requirements may result in the Department taking further enforcement action against your water system.

If you currently have a properly certified operator in charge of your water system, please contact the Water Protection Program's Public Drinking Water Branch, using the contact information provided at the end of this letter.

If you currently do not have a properly certified operator, your public water system may choose to have an employee obtain operator certification through the Department or you may enter into a contractual agreement with a certified operator to maintain your water system.

If you obtain the services of a certified operator through contract, you are required to submit a copy of the agreement with the operator's name, address, telephone number, and certification number in writing to the Water Protection Program's Public Drinking Water Branch within 15 days of this notification. The agreement shall indicate the responsibilities of the operator including, but not limited to, those listed in Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4)(F)1.

Travis Blevins

Page 2

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All community and nontransient noncommunity public water systems are required to have a contingency plan for a standby replacement of the chief operator to be available at all times. Examples include a second employee certified at the chief operator level, a mutual assistance agreement with a nearby system, or a prearranged agreement with a contract operator.

Within 15 days of this notification, please contact the Water Protection Program's Public Drinking Water Branch to inform us of your contingency plan for a standby replacement of the chief operator.

---

If you have any questions regarding this letter, please contact Ms. Jackie Johnson by phone at 573-751-4414, by email at [jackie.johnson@dnr.mo.gov](mailto:jackie.johnson@dnr.mo.gov), or by mail at Department of Natural Resources, Water Protection Program, Public Drinking Water Branch, P.O. Box 176, Jefferson City, MO 65102-0176. Thank you.

Sincerely,

WATER PROTECTION PROGRAM



Lance Dorsey  
Compliance and Enforcement Section Chief

LD:jjjs

c: Sebastien Clos-Versailles, Unit Chief, Central Field Operations

mo3036361-charity-pws-20221021-ussi-pulaski-dw



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
INVESTIGATION OF COLIFORM- POSITIVE SAMPLES  
REVISED TOTAL COLIFORM RULE

PWS: Charity PWS ID# MO3036361 County: Pulaski  
Sample Results via: Email Date Received 10/21/2022

Report of Total Coliform Positive Samples

Sample Type	Date Collected m/d/yyyy	Lab #	Site ID	Location Address	Coliform MP		Chlorine	
					TC	E Coli	Free	Total
Routine	10/19/2022	749462	06	11904 hwy pp	P	A	NA	NA
Repeat - OR	10/24/2022	751541	06	11904 hwy pp	A	A	NA	NA
Repeat - UP	10/24/2022	751539	01	18410 charity	A	A	NA	NA
Repeat - DN	10/24/2022	751540	03	11955 hwy pp	A	A	NA	NA
GW Source	10/24/2022	751538	WI20291	well	A	A	NA	NA
Other								
Other								
Other								

Person Called: Lori Jean Phone: 417-425-9343 Date: 10/21/2022

Date PWS was required to collect repeat samples by:

GW System with population <1,000 with one well?  No  Yes If YES, PWS have 4-Log treatment?  No  Yes

Dual Purpose Sample approved for this GW System?  No  Yes  Not Applicable

ACTIONS and or COMMENTS

10/21/2022 MEH - I spoke with Lori and informed her that the sample taken had come back TC+ and that we would need for her to take repeat samples; one from the original location, one upstream, one downstream, and one from the well. She said she will take those samples first thing Monday morning.  
10/26/2022 JT-Left message for Lori Jean informing of safe sample results.

RTCR TT Trigger Exceeded?  No  Yes (Level 1 or 2 Assessment will be required) Date of previous RTCR exceedance:

E. coli MCL Violation  Level 1 TT Trigger-Multiple TC Positives  Level 1 TT Trigger-Failure to Collect All Repeat Samples

PDWB notified/copied on: \_\_\_\_\_ (date) (Note: 2+ RTCR TT exceedances in 12 months or E.coli positive will require Level 2 Assessment)

Ground Water Rule & Triggered Source Water Sample Requirements

1)  Ground Water System (Go to #3)  Secondary/purchased water system (Go to #2)  If Surface Water only (STOP)

2) If Secondary System: Is Primary system  GW (go to #4) or  SW (if SW ONLY, no GW: STOP)

3) Does Ground Water System provide 4-Log treatment?  YES (STOP)  NO (Triggered source water sampling required. Go to #5.)  
If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.

4) GW systems not doing 4-Log treatment requires source water sample from EACH well active the day of unsafe sample.  
List the Primary (seller) Groundwater System(s) and ID#s here(if applicable):

Date Primary GW system(s) were notified to collect Triggered Source Water Samples: \_\_\_\_\_ (Go to #5)

**5) Triggered Source Water Sample Results**

Primary PWS Name					Primary PWS Name				
Lab #	Date	Well # or name	Coliform A/P		Lab #	Date	Well # or name	Coliform A/P	
			TC	E. Coli				TC	E. Coli

Any source water sample E. Coli positive ?  N  Y (If yes 5 additional well samples required)  
 Well# / Name / Location: \_\_\_\_\_

**Additional Triggered Source Water Monitoring (if required)**

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

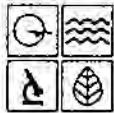
	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Was any of the additional source water sample E. Coli positive ?  N  Y

Corrective Action required?  No  Yes.....(attached documentation as necessary)

If Yes, date system notified to take Corrective Action: \_\_\_\_\_

(Attach additional copies of this page if necessary)



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH  
**INVESTIGATION OF COLIFORM- POSITIVE SAMPLES**  
**REVISED TOTAL COLIFORM RULE**

**PWS:** Charity PWS      **ID#** MO3036361      **County:** Pulaski  
**Sample Results via:** Email      **Date Received** 11/9/2022

**Report of Total Coliform Positive Samples**

Sample Type	Date Collected m/d/yyyy	Lab #	Site ID	Location Address	Coliform A/P		Chlorine	
					TC	E Coli	Free	Total
Routine	11/7/2022	758522	05	18320 Charity	P	A	NA	NA
Repeat – OR	11/10/2022	760042	05	18320 Charity	A	A	NA	NA
Repeat – UP	11/10/2022	760043	TCR	18185 charity	A	A	NA	NA
Repeat – DN	11/10/2022	760044	TCR	18325 charity	A	A	NA	NA
GW Source	11/10/2022	760041	WL20291	WL20291	A	A	NA	NA
Other								
Other								
Other								

Person Called: Lori Jean      Phone:      Date: 11/9/2022

Date PWS was required to collect repeat samples by:  
 GW System with population <1,000 with one well?  No  Yes      If YES, PWS have 4-Log treatment?  No  Yes  
 Dual Purpose Sample approved for this GW System?  No  Yes  Not Applicable

**ACTIONS and or COMMENTS**

11/9/2022 JT- Spoke with Lori about TC+ sample at site 05. Confirmed that Dalton had spoke with her about the Misty Mountain sample. Lori stated all repeat samples would be taken tomorrow.  
 11/14/2022 JT- Spoke with Lori to confirm that sample 760042 was for the Charity PWS and not Misty Mountain. Lori confirmed and I informed of the safe results at Charity PWS. I then emailed the monitoring group so that sample 760042 could be properly entered as a sample for Charity PWS and not Misty Mountain PWS.

RTCR TT Triger Exceeded?  No  Yes (Level 1 or 2 Assessment will be required)      Date of previous RTCR exceedance:  
 E. coli MCL Violation     Level 1 TT Triger-Multiple TC Positives     Level 1 TT Triger-Failure to Collect All Repeat Samples  
 PDWB notified/copied on: \_\_\_\_\_ (date) (Note: 2+ RTCR TT exceedances in 12 months or E.coli positive will require Level 2 Assessment)

**Ground Water Rule & Triggered Source Water Sample Requirements**

1) <input type="checkbox"/> Ground Water System (Go to #3)	<input type="checkbox"/> Secondary/purchased water system (Go to #2)	<input type="checkbox"/> If Surface Water only (STOP)
2) If Secondary System: is Primary system <input type="checkbox"/> GW (go to #4) or <input type="checkbox"/> SW (if SW ONLY, no GW: STOP)		
3) Does Ground Water System provide 4-Log treatment? <input type="checkbox"/> YES (STOP) <input type="checkbox"/> NO (Triggered source water sampling required. Go to #5.) If Primary (seller) is not a 4-log system, the secondary system (purchaser) must notify the Primary of the Coliform sample within 24-hours.		
4) GW systems not doing 4-Log treatment requires source water sample from EACH well active the day of unsafe sample. List the Primary (seller) Groundwater System(s) and ID#'s here(if applicable):		
Date Primary GW system(s) were notified to collect Triggered Source Water Samples:		(Go to #5)

**5) Triggered Source Water Sample Results**

Primary PWS Name					Primary PWS Name				
Lab #	Date	Well # or name	Coliform A/P		Lab #	Date	Well # or name	Coliform A/P	
			TC	E. Coli				TC	E. Coli

Any source water sample E. Coli positive ?  N  Y (if yes 5 additional well samples required)  
 Well# / Name / Location: \_\_\_\_\_

**Additional Triggered Source Water Monitoring (if required)**

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Well: \_\_\_\_\_

	Lab #	Date	Coliform A/P	
			TC	E. Coli
1				
2				
3				
4				
5				

Was any of the additional source water sample E. Coli positive ?  N  Y  
 Corrective Action required?  No  Yes.....(attached documentation as necessary)  
 If Yes, date system notified to take Corrective Action: \_\_\_\_\_  
 (Attach additional copies of this page if necessary)



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE**  
**LEVEL 1 ASSESSMENT FORM**

FOR OFFICE USE ONLY	
DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PWS NAME <b>CHARITY PWS</b>		PWS ID NUMBER <b>MO3036361</b>
COUNTY <b>Pulaski</b>		MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) <b>FEBRUARY 2023</b>
REASON FOR LEVEL 1 ASSESSMENT		NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER <b>2/15/2023</b>
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>1</b>	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>2</b>	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): <b>NA</b>

**INSTRUCTIONS:**

**Section A, Sanitary Defect Checklist:** Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.

**Section B, Description of Occurrence:** Provide explanation and additional information for any issues identified in Section A.

**Section C, Corrective Action:** Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.

Return this form to appropriate department regional office within 30 days (from notification date above).  
 Retain a copy of this completed assessment form in your files for at least five years.

**Section A - Sanitary Defect Checklist** Have any of the following occurred?

<b>1. GENERAL</b> <input checked="" type="checkbox"/> No issues	
<input type="checkbox"/> A- Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D- Visible indicators of unsanitary conditions
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss
	<input type="checkbox"/> Z. Other: _____
<b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b> <input type="checkbox"/> No issues	
<input checked="" type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> I. Untrained or inexperienced sample collector	
<b>3. DISTRIBUTION SYSTEM</b> <input checked="" type="checkbox"/> No issues	
<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs	
<b>4. STORAGE TANKS AND TOWERS</b> <input checked="" type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE**  
**LEVEL 1 ASSESSMENT FORM**

FOR OFFICE USE ONLY	
DATE RECEIVED	APPROVED! <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PWS NAME CHARITY PWS	PWS ID NUMBER MO3036361	
COUNTY Pulaski	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) FEBRUARY 2023	
REASON FOR LEVEL 1 ASSESSMENT		NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER 2/15/2023
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): 1	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): 2	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): NA

**INSTRUCTIONS:**

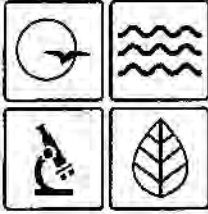
**Section A, Sanitary Defect Checklist:** Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.  
**Section B, Description of Occurrence:** Provide explanation and additional information for any issues identified in Section A.  
**Section C, Corrective Action:** Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.  
 Return this form to appropriate department regional office within 30 days (from notification date above).  
 Retain a copy of this completed assessment form in your files for at least five years.

**Section A - Sanitary Defect Checklist** Have any of the following occurred?

<b>1. GENERAL</b> <input checked="" type="checkbox"/> No issues	
<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss
	<input type="checkbox"/> Z. Other: _____
<b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b> <input type="checkbox"/> No issues	
<input checked="" type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> I. Untrained or inexperienced sample collector	
<b>3. DISTRIBUTION SYSTEM</b> <input checked="" type="checkbox"/> No issues	
<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs	
<b>4. STORAGE TANKS AND TOWERS</b> <input checked="" type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____

780-2634 (04-16)





**MISSOURI  
DEPARTMENT OF  
NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

July 18, 2023

Misty Mountain PWS  
Travis Blevins  
15405 Texas Road  
St. Robert, MO 65584  
Via email at [leontravis@yahoo.com](mailto:leontravis@yahoo.com)

**SIGNIFICANT DEFICIENCIES and UNSATISFACTORY FINDINGS  
RESPONSE REQUIRED**

Dear Travis Blevins:

On June 20, 2023, team members from the Missouri Department of Natural Resources conducted an inspection of Misty Mountain PWS, located on Treetop Lane in Pulaski County. The entity operates under the authority of Misty Mountain PWS, MO3036363.

Compliance with the Missouri Safe Drinking Water Law was evaluated. The enclosed report is being issued with Significant Deficiencies for the violations identified in the enclosed report.

Please direct your attention to the **Compliance Determination and Listing of Violations and Required Actions** in the enclosed report. The report documents the findings and the actions that you must take to address the violations. **A written response documenting actions taken to correct the violations is required by the date specified in the report.**

Failure to address the required actions will result in the issuance of a Notice of Violation. If you have any questions or would like to schedule a time to meet with a Department team member to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).

Sincerely,

CENTRAL FIELD OPERATIONS

Sebastien Clos-Versailles  
Environmental Supervisor

Enclosure

- c: Public Drinking Water Branch, Compliance and Enforcement Unit  
Public Drinking Water Branch, Monitoring Unit  
Justin Davis, Missouri Geological Survey, Well Installation Section  
Pulaski County Health Department  
Lori Jean, Operator

# Compliance Summary

**Facility Name: Misty Mountain PWS**

**Permit Number: MO3036363**

**Inspection Date: June 20, 2023**

**This summary is intended to direct your attention to violations noted during the inspection of your facility.**

## **Violations noted during the inspection:**

1. Non-certified individual making operational decisions for the water system
2. Unscreened breather vent on Trisha Well #2
3. Unsealed well cap on Tigger Well #4
4. No Permit to Dispense Water to the Public
5. System failed to pay lab fees for 2023
6. System does not have a site sampling plan
7. System does not have a plan for a backup operator
8. All wells being used are considered noncompliant wells

## **Actions necessary to return to compliance:**

1. Beginning immediately, non-certified individuals must cease work on the water system without proper supervision from the certified chief operator and must notify the Department of their plan to do so
2. Properly screen the breather vent for Trisha Well #2 with an 18-mesh screen
3. Reroute the wiring through the electrical conduit and properly seal the well cap for Tigger Well #4
4. Upon completion of the noncompliant well agreements, apply for a Permit to Dispense Water
5. Pay the laboratory fees for the 2023 calendar year
6. Establish a satisfactory site sampling plan, which includes sufficient sample locations, identified repeat locations, a sample schedule and a map of the sample locations
7. Determine a plan for a backup chief operator or identify an individual as the certified backup operator
8. Sign the noncompliant well agreements for each well associated with the system upon receipt from the Department and satisfy the requirements laid out within

Refer to the Significant Deficiencies and Unsatisfactory Findings sections on pages six through nine of the enclosed report for detailed information about these violations and how to correct them so your facility may be returned to compliance.

**We appreciate your prompt attention to these issues. If you have any questions, or if you would like to meet to discuss these violations further, please contact Sebastien Clos-Versailles at Central Field Operations at (573) 522-3322 or at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).**

**Missouri Department of Natural Resources  
Central Field Operations  
Report of Inspection  
Misty Mountain PWS  
15405 Texas Road, St. Robert, Pulaski County  
PWS ID# MO3036363  
July 18, 2023**

**Introduction**

I, Sebastien Clos-Versailles, of the Missouri Department of Natural Resources' Central Field Operations (CFO), conducted a routine Compliance and Operations Inspection of the Misty Mountain public water system. The inspection was conducted on June 20, 2023, with the following participants:

Charity PWS

Travis Blevins	Owner	573-855-2769
Lori Jean	Chief Operator	417-425-9343
Jonathan Fuqua	Owner – Well #5	573-337-1982

Missouri Department of Natural Resources

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Sebastien Clos-Versailles	Environmental Supervisor	573-526-0459 <a href="mailto:sebastien.clos-versailles@dnr.mo.gov">sebastien.clos-versailles@dnr.mo.gov</a>
Jackie Johnson	Environmental Specialist	573-751-4414 <a href="mailto:jackie.johnson@dnr.mo.gov">jackie.johnson@dnr.mo.gov</a>

This inspection was conducted to determine whether the system is operated and maintained in compliance with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, in accordance with 640.120.5, Revised Statutes of Missouri. This inspection reviewed all eight critical components of a public water system, as defined by the Environmental Protection Agency (EPA). Required actions to correct deficiencies found during this inspection, as well as any recommendations, are described in this report.

**Entity Description and History**

Misty Mountain PWS is a community public water system requiring an operator with a Distribution I certification. The system is located in Misty Mountain Acres off Treetop Lane in St. Robert, MO 65584. The water system serves approximately 70 customers through 28 active service connections. This is a primary ground water system with 5 wells, 2 119-gallon bladder tanks, an 86-gallon bladder tank, a 62-gallon bladder tank, and an interconnection with Pulaski County PWS 2 (MO3024491) from which it purchases water. The water it purchases from Pulaski County PWS 2 is 100 percent groundwater. The system is divided into four distinct distribution systems: one fed by the water purchased water from Pulaski County PWS 2, which was previously fed by Topo Drive Well #1; one fed by Trisha Well #2, one fed by Tigger Well #1 and Taylor Well #5, which is currently not operational; and one fed by Tigger Well #2. The system operates year round and produces an unknown amount of water per day.

The Department activated the Misty Mountain PWS in July, 2022. Shortly after activation, the system exceeded the *E. coli* MCL for the distribution system fed by Topo Well #1 during the August 2022 monitoring period. The Department subsequently issued a Boil Water Order for that section of the distribution system on August 16, 2022. In addition to the nine distribution samples which were total coliform and *E. coli* positive from August 15 – August 24, the Department also collected an additional 12 samples from Topo Drive Well #1 which also tested positive for total coliform bacteria and *E. coli* during that time span. The Department conducted the corresponding Level 2 Assessment on August 18, 2022 and issued a corrective actions plan for source water contamination. On October 11, 2022, the system responded to the corrective actions plan, electing to find and fix the issue. This action was never achieved and the Department consequently issued the system a groundwater rule violation on January 20, 2023; this violation remains unresolved. The Topo Drive Well #1 section of the system triggered another Level 2 Assessment during the November 2022 monitoring period following the collection of four additional total coliform and *E. coli* positive samples. The Department conducted the Assessment on November 14, 2022. The system never met the corrective actions as outlined in the second Assessment, and the Department issued the system a violation for failing to meet the corrective actions. This violation remains open. On November 21, 2022, Central Field Operations referred the Misty Mountain PWS to the Public Drinking Water Branch Compliance and Enforcement section.

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On April 3, 2023, the system submitted a low pressure event for the customers on Topo Drive following a collapse of Topo Drive Well #1. The casing cracked just below the pitless adapter, about six feet down, and the pump and casing fell into the well. At the time of inspection, the well was in this state and not in use. As a result of the well collapsing, the system turned on a connection with the Pulaski County PWS 2, previously unknown to the Department. The meter to this line is located at intersection of Treetop Lane and Topo Drive, with the service line running directly to the Topo Drive well house.

Additionally, Travis Blevins sold Taylor Well #5 to Jonathan Fuqua in February 2023 with the intention of severing the connection with Tigger Well #1. At the time of inspection, however, the well remained offline and will soon be sold back to Travis Blevins, per Jonathan Fuqua.

The system has failed to pay the laboratory fees for the 2023 year. The system also triggered a Level 1 Assessment of the Tigger Well #2 distribution system during the September 2022 monitoring period following the collection of multiple total coliform positive samples. The system also received an additional violation, in December 2022, for failing to post a public notice in time.

### **Discussion of Inspection and Observations**

As part of the inspection, I reviewed the files for Misty Mountain PWS, MO3036363, including previous inspection reports, correspondence, and the status of the Permit to Dispense to familiarize myself with the requirements specific to this system. Prior to the inspection, I called Travis Blevins and Lori Jean to set up the drinking water inspection for Misty Mountain PWS; after a brief discussion of the scope of the inspection we set the inspection date for June 20, 2023.

Jackie Johnson and I met Travis Blevins and Lori Jean at the Topo Drive Well #1 well house and viewed Topo Well #1 and the now offline 119-gallon bladder tank in the Topo Drive well house. We then proceeded to the Trisha well house to view Trisha Well #2 and the respective 62-gallon bladder tank. We then proceeded to view the meter pit where Misty Mountain PWS purchases water from Pulaski County PWSD 2. We then proceeded to view Tigger Well #3 and the respective 119-gallon bladder tank, followed by Tigger Well #4 and the respective 86-gallon bladder tank. We then met Jonathan Fuqua at the Taylor well house, but they could not locate the key so we were not able to access the well house. Lori Jean, Travis Blevins, Jackie Johnson and I then went to Travis Blevins' office at 15405 Texas Road to review the system files. As part of the inspection, I collected a routine bacteriological drinking water sample from sample point #07. I delivered the sample to the Missouri State Public Health Lab for analysis.

My observations from the inspection of the Misty Mountain PWS public water system are organized according to the eight critical components of public drinking water systems: System Management and Operation, Operator Certification, Monitoring and Reporting, System Source, System Treatment, Pumping Facilities, Finished Water Storage, and Distribution System.

#### *System Management and Operation*

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At the time of inspection, it came to the attention of the Department that the system's chief operator was not always in charge of operating the water system and individuals not appropriately certified as Distribution System I operators were making changes to the water system (**Significant Deficiency #1**). The system does not have a Permit to Dispense Water to the Public (**Unsatisfactory Finding #1**). The system has not paid laboratory fees for 2023 (**Unsatisfactory Finding #2**). The system does not have a satisfactory site sampling plan (**Unsatisfactory Finding #3**). The system does not have a cross connection control program (**Recommendation #1**). The system does not have a leak repair procedure (**Recommendation #2**) and does not have a flushing program (**Recommendation #3**). The system does not have a map of the distribution system (**Recommendation #4**). The system does not have each connection individually metered, so they cannot calculate water loss (**Recommendation #5**).

#### *Operator Certification*

The chief operator is Lori Jean, Certification ID #9729, Distribution System II, Treatment C. The system does not have a backup operator or a plan in place should their chief operator be unavailable (**Unsatisfactory Finding #4**).

#### *Monitoring and Reporting*

The system has done a commendable job collecting all required chemical and bacteriological samples.

Review Table #1, below, for the Misty Mountain PWS analyte monitoring schedule.

Table #1 Analyte Monitoring Schedule			
Analyte	Number of Sample(s)	Frequency	Next Scheduled Action
Bacteria	4	Monthly, Wells & Distribution System	Every month, every year
Nitrate/Nitrite	1	Every year per Well	2023
Synthetic Organic Chemicals (SOC)	1	Every six years per Well	2028
Volatile Organic Chemicals (VOC)	1	Every three years per Well	2025
Inorganic Chemicals (IOC)	1	Every three years per Well	2025
Lead & Copper Analysis	5	Semi-annually from the Distribution System	2023
Radionuclides	1	Every quarter for Trisha Well #2	2023
Radionuclides	1	Every nine years for Tigger Wells #3 and #4	2031
Glyphosate	1	Every nine years per Well	2031

*System Source*

The system has three active wells and an interconnection with Pulaski County PWSD 2 (Photo #5), that it uses as its primary sources of water. At the time of inspection, both Topo Well #1 and Taylor Well #5 were offline. Trisha Well #2, Tigger Well #3, and Tigger Well #4 are the primary wells. The system purchases water from the Pulaski County PWSD 2 public water system to provide water to the customers which used to be on the Topo Well #1. The Department has determined all five wells to be noncompliant wells. Additional information on well specifications and appurtenances is available in Tables #2 and #3.

Table #2 Well Specifications								
Well ID	Installation Date	Casing Depth (ft)	Casing Diameter (m)	Total Depth (ft)	Pump Capacity (gpm)	Pump Type	WIMS Record ID	Photo
Topo Well #1	2007	120	6	480	20	Submersible	00403720	Photo #1
Trisha Well #2	2006	80	6	420	30	Submersible	00402796	Photo #3
Tigger 1 Well #3	2006	84	6	440	30	Submersible	00402795	Photo #6
Tigger 2 Well #4	2011	200	6	450	20	Submersible	00450605	Photo #11
Taylor Well #5	2006	126	6	420	45	Submersible	00367318	N/A

Well ID	Breather Vent	Pump to Waste	Sample Tap	Access Hatch	Lightning Protection	Casing 18' above ground level	Isolation Valve	Pressure Gauge	Drawdown Gauge	Check Valve	Master Meter
Topo Well #1	Y	N	Y	N/A	-	Y	Y	Y	N	Y	N
Trisha Well #2	Y	N	Y	Y	-	Y	Y	Y	N	N	N
Tigger 1 Well #3	Y	N	Y	Y	-	Y	Y	Y	N	N	N
Tigger 2 Well #4	Y	N	Y	N/A	-	Y	Y	Y	N	N	N
Taylor Well #5	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

At the time of inspection, there was no screen on the breather cent for Trisha Well #2 (Significant Deficiency #2)(Photo #4). The well cap for Tigger Well #4 was not secured down resulting in an opening in the well head (Significant Deficiency #3)(Photo #11 & #12). The system is using noncompliant wells as its sources of water (Unsatisfactory Finding #5). Taylor Well #5 was not accessible at the time of inspection so an evaluation of the well was not possible (Unsatisfactory Finding #6). Trisha Well #2, Tigger Well #3, and Tigger Well #4 do not have check valves (Recommendation #6). Topo Well #1, Trisha Well #2, Tigger Well #3, and Tigger Well #4 all lack drawdown equipment (Recommendation #7) and master meters (Recommendation #8), and none of the respective discharge piping is designed to be able to pump water to waste (Recommendation #9). The well house for the Tigger Well #3 is not adequately protecting the well and the respective components (Recommendation #10)(Photo #7). The well house door for Tigger Well #4 had a damaged doorframe making access to the well house extremely difficult (Recommendation #11)(Photo #8 & #9). The system noted that the Taylor Well #5 was not in use and had not been for at least two years, but had not been plugged (Recommendation #12).

#### System Treatment

The system does not treat the water.

#### Pumping Facilities

The system does not have any pumping facilities.

#### Finished Water Storage

The system has one bladder tank at each well that it uses to provide finished water storage and pressurize that section of the distribution system. The system previously had 1 119-gallon

bladder tank at the Topo Well #1. The tank was physically disconnected from the system at the time of the inspection as that section of the distribution system now had water from Pulaski County PWS 2 (Photo #2). The system has a 62-gallon bladder tank at the Trisha Well #2 (Photo #3), a 119-gallon bladder tank at the Tigger Well #3 (Photo #6) and an 86-gallon bladder tank at the Tigger Well #4 (Photo #10). The system previously had a 119-gallon bladder tank at the Taylor Well #5, however, this was not verifiable at the time of inspection as the Taylor well house was locked and inaccessible (Photo #13).

At the time of inspection, none of the bladder tanks at Trisha Well #2 or Tigger Wells #3 and #4 had isolation valves (**Recommendation #13**).

*Distribution System*

The vault for the interconnection between the distribution piping of Tigger Well #3 and Taylor Well #5 was flooded (**Recommendation #14**)(Photo #14).

**Sampling and Monitoring**

As part of this Compliance and Operation Inspection, the following analyses were conducted to verify operational parameters for Misty Mountain PWS (Table #4). During the inspection, I collected a routine bacteriological sample, and measured the disinfectant residuals to verify that the system is meeting the operational and regulatory parameters required. Misty Mountain PWS does not use chlorine as the disinfectant in their treatment process. The sample was collected at sampling site #07, located at 14100 Trisha Drive. I took the sample to the Missouri State Public Health Lab for analysis.

Table #4 Bacteriological Sample Information				
Location	Free Residual mg/L	Total Residual mg/L	Total Coliform	E. Coli
07 - 14100 Trisha Drive	-	0.00	Absent	Absent

No analyses yielded results that were outside of statutory or acceptable range.

**Compliance Determination, Violations, and Required Actions**

Misty Mountain PWS was found to be **out of compliance** with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, based upon observations made at the time of the inspection.

The Missouri Safe Drinking Water Regulations require the Department to identify specific **Significant Deficiencies** with water systems that require corrective actions. These significant deficiencies are defects in design, operation, or maintenance that can cause public health concerns, or have the potential to introduce contamination. The public water system must consult with the CFO by August 17, 2023 to determine what actions will be taken to correct each



significant deficiency, **otherwise a violation will be issued.** The system must also contact the Department within 30 days of correcting a Significant Deficiency. The system has 120 days from the date of this letter to either complete the required corrective actions, or enter into an approved corrective action plan, which provides a schedule for completion of the remaining Significant Deficiencies. If the Significant Deficiency is not resolved within 120 days or another Department-approved date, **then a violation will be issued.** The system shall submit a written statement to the CFO by **November 15, 2023**, explaining what actions have been taken to correct the violations and prevent a reoccurrence in the future.

### Significant Deficiencies

1. **The water system had individuals making operational decisions and changes to the water system who were not under the direct supervision of a properly certified chief operator as required by Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4).**

At the time of inspection, Lori Jean notified the Department that the owner of the system was making operational decisions and changes to the water system without the knowledge or consent of the certified chief operator. These include, primary frequent unknown shocking of the water system with chlorine and unknown other work around the system.

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Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator.

**REQUIRED ACTION:** Non certified members of the water system must immediately cease operational activities associated with the water system and ensure the certified chief operator is making all operational decisions or supervising others prior to changes being made. Please notify the Department, in writing, of the system's plan to ensure this remains the case in the future.

2. **The breather vent for Trisha Well #2 is not properly screened. This is a Significant Deficiency under 10 CSR60-4.025(4), and requires an immediate response.**

At the time of the inspection, the well vent was not screened. To prevent contamination from entering the well, well vents must be installed terminating in a downturned position at least 18-inches above the floor and covered with an 18 mesh corrosion resistant screen. This is approximately the mesh size for standard window screen.

**REQUIRED ACTION:** The water system must make repairs to the vent so that the vent is downturned, at least 18-inches above the floor and above the well head, and it is screened with an 18-mesh corrosion resistant screen.

- 3. Tigger Well #4 has an unprotected opening to the well. The well cap is not properly sealed, providing an avenue for contamination to enter the well. This is a Significant Deficiency under Missouri Safe Drinking Water Regulation 10 CSR 60-4.025(4)(A), and requires an immediate response.**

**REQUIRED ACTION:** The water system must replace make the necessary repairs to the well to ensure the electrical wiring properly goes through the electrical conduit and ensure it is properly sealed and subsequently seal the well cap. Upon the repair, the water system must notify CFO.

### Unsatisfactory Findings

For all Unsatisfactory Findings listed below, a written response documenting actions taken to correct the violations is required by **August 17, 2023**.

- 1. The system must apply for a Permit to Dispense Water to the Public as required by Missouri Safe Drinking Water Regulation 10 CSR 60-3.010 and 640.115, RSMo.**

All water systems dispensing water to the public, which meet the definition of a Public Water System, are required to obtain a valid Permit to Dispense Water to the Public from the Department.

**REQUIRED ACTION:** At the current time, the system is ineligible to receive a Permit to Dispense due to Department determining the wells serving the system are noncompliant. Upon completion of the noncompliant well agreement, as outlined in Unsatisfactory Finding five, soon to be issued by the Department, you can submit a Permit to Dispense Application to the Department for review.

- 2. The water system failed to pay Laboratory Services and Program Administration Fees to the Department for 2023 as required by Missouri Safe Drinking Water Regulation 10 CSR 60-16.030.**

Section 640.100.3, RSMo and Public Drinking Water Regulation 10 CSR 60-16.030 require Public Water Supplies to pay an annual fee for laboratory services. These fees help pay for only a portion of the cost involved in providing laboratory analysis for all of the samples collected each year.

**REQUIRED ACTION:** The water system must submit payment of Laboratory Service and Program Administration Fees for 2023, see enclosed, to the following address:

Missouri Department of Natural Resources  
DAS Accounting Program  
P.O. Box 477  
Jefferson City, MO 65102

If you have any questions regarding Laboratory Service and Program Administration Fees, please contact the Water Protection Program's Fiscal Management unit at 573-751-6723.

3. **The water system must develop a bacteriological site sampling plan in accordance with 10 CSR 60-4.022(3)(A).**

Missouri Safe Drinking Water Regulation 10 CSR 60-4.022(3)(A) requires all public water systems must develop a site sampling plan for the collection of samples for the monthly bacteriological samples. The site plan must consist of a list of routine sample sites where a sample may be collected, along with a map showing the location of the sample sites. The repeat upstream and repeat downstream sites must also be listed for each routine sampling site. Repeat sampling sites should be located within five service connections from the routine sampling site. The routine sampling sites must be spread out across the distribution system so the samples can be representative of the water in all areas of the water system.

**REQUIRED ACTION:** The water system is to develop a written bacteriological site sampling plan and submit this to CFO for review and approval. Please refer to the enclosed instructions for details on how to develop a written bacteriological site sampling plan.

4. **The water system does not have a plan or provisions for a standby chief operator, with the proper certification, to take over operation of the water system in the even the current chief operator is not available, on leave, ill or resigns. This is a required by Missouri-Safe-Drinking Water Regulation 10 CSR 60-14.010(4)(A)(6).**

Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator. Regulations also specify that public water systems must have a contingency plan for standby replacement chief operator to be available at all times. This can be a second employee certified to the appropriate level, a mutual assistance agreement with a neighboring system, or an arrangement with a contract operator.

**REQUIRED ACTION:** The water system must develop this contingency plan and notify CFO of the standby chief operator (or operators). The contingency plan should be reviewed no less than annually and be part of the system's emergency operations plan.

5. **Wells #1, #2, #3, #4 and #5 are not constructed to standards for a Public Water Supply, and have not been approved as a drinking water source as required by Missouri Statute 640.115(1) and Missouri Code of Regulations Missouri Safe Drinking Water Regulation 10 CSR 60-3.010.**

All wells used by the water system were drilled prior to June 15, 2013, to either multi-family or domestic standards. Since the wells do not meet the construction standards required for a public water system, the sources (or wells) are considered "noncompliant" for use as a public water system.

Wells serving community water systems prior to October 1, 1979, are considered grandfathered. Wells drilled after the October 1, 1979, grandfather date but before June 15, 2007, that do not meet Design Guide standards, or pre-October 1, 1979, but not serving

community water systems until after that date but before June 15, 2007, are considered noncompliant. These wells can continue to be used to supply a community public water system if the water supplier enters into a Compliance Agreement with the Department.

**REQUIRED ACTION:** The Department is willing to work with you to develop a legal agreement that that will allow the continued use of the wells provided they meet certain provisions. The Public Drinking Water Branch's Compliance and Enforcement Section will be contacting you to assist you in developing this agreement. For continued use of the wells, you must sign and complete the required steps as laid out in the agreement.

**6. The well was not accessible for inspection as required by section 640.120, RSMo.**

The well should be available for routine inspection so the well head and associated appurtenances within the well house can be assessed for proper construction and sanitary defects.

**REQUIRED ACTION:** Certify that access will be provided to the well during the next routine inspection by the Department. Access the well, inspect the well head, and if necessary, perform the following repairs: a) Seal around the electrical wires and any cracks with silicone caulk, b) install a casing vent in a downturned position covered with 18-mesh corrosion resistant screen, c) repair any leaks, and d) clean, prime and paint any areas of rust.

Please submit the required material to Central Field Operations ATTN: Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov).

**Recommendations**

**1. The water system does not have a backflow and cross connection prevention program, ordinance, or user agreement in place to ensure compliance with 10 CSR 60-11.010(2).**

Community water systems are required to ensure that customers with backflow hazards have appropriate backflow prevention devices installed, have the devices tested annually and submit proof of the test to the public water system. The aim of a backflow and cross connection prevention program is to protect the customers and the water system from potential contamination that could result from reversals of flow between the public water distribution systems and non-potable sources or chemical contaminant sources. One tool can be an ordinance or user agreement adopted by the water system specifying the requirements for customers. Such an ordinance or agreement may not be less stringent than required by Missouri Safe Drinking Water Regulations. Water systems can make some requirements more stringent than the minimum set by the regulation. For example many water systems have designated all in-ground irrigation systems as Class 1 hazards. A copy of a model ordinance has been enclosed for assistance.

Additionally, the water system should develop procedures to identify new hazards as residential and commercial buildings are constructed and existing hazards not currently

tracked by the water system. The water system may use surveys and other available resources to identify existing hazards that are not currently being tracked. The water system may also create set anniversary dates for facilities in order to ensure compliance with the backflow requirements. Water systems are given this ability under 10 CSR 60-11.010(8)(C).

The water system should develop and enact a backflow prevention program.

- 2. The water system does not have a main disinfection and leak repair program to ensure proper disinfection of all newly constructed or repaired water distribution mains as recommended by the Department.**

At the time of inspection, the water system did not have a main disinfection and leak repair program. Missouri Safe Drinking Water Regulation 10 CSR 60-4.080(5) requires all new or repaired water mains to be disinfected by methods acceptable by the Department. At this time, the Department recognizes the standards of the latest edition of the American Water Works Association (AWWA).

The water system should develop a main disinfection program and leak repair program to be used by staff and contractors. The procedures should include adequate flushing, disinfection and-microbiological-testing-of-all-water-mains. In addition to main disinfection, the water system should maintain records of each repair including, location, date of repair, probable cause, materials used, method of repair, and estimated water loss. The program should also include guidelines and procedures for issuing a Boil Advisory, notification to the Department, and reporting low pressure events.

- 3. A written main flushing program should be established to help ensure water quality to all portions of the distribution system.**

At the time of inspection, the water system was not conducting flushing at all. Routine flushing of water distribution piping removes deposits and sediments in the water that may restrict flow and cause water quality issues. A whole system flush should be conducted at least once a year with flushing starting at the master meter and working out toward the extremities of the system. The water system should notify the wholesale provider and customers prior to beginning the flushing. Flushing should be conducted during periods of low water demand and when weather is suitable (spring or fall) to reduce inconvenience to customers. The water system should record all water used during flushing events and include this as accounted for water in monthly water loss calculations.

- 4. The water system needs to develop and maintain an updated map of all distribution piping, valves, and flush hydrants.**

At the time of the inspection, the water system was unable to provide an updated map of the distribution system. A detailed map of the distribution piping showing the location, size, and type of existing piping, valves, flush hydrants, and service connections is needed to maintain the water distribution system piping. It is important that distribution piping is located on a map in case of water leaks, and to locate piping in order to prevent accidental damage and contamination of the water system.

5. **The water system has a flat rate for water service. For a sustainable water system, each service connection should be individually metered so that each customer pays for what they actually use.**

Individual meters can be installed at locations even if the connection is an unbilled connection. Individual meters are important for figuring water loss for a water system. Water loss represents lost revenue for the water system, and may indicate main leaks which cause a loss of pressure and pose a potential risk for backflow.

The water system should consider installing individual meters. For assistance with setting an adequate rate for service, the water system can contact the Missouri Rural Water Association, who can run a rate analysis for your public water system. For more information, contact the CFO Public Drinking Water Unit at 573-522-3322.

6. **A check valve is not installed on the discharge piping of Well #2, Well #3, and Well #4.**

Check valves allow water to only flow in one direction, and protect the ground water supply from contamination caused by back siphoning or back flow. The lack of a check valve between the well and the distribution system places undue stress on the pump's internal valves and could shorten their service life. Should the foot-valve on the well pump fail, water would flow back down the well until the loss of pressure calls for the well to start and re-pressurize the system. The system would cycle continuously until the motor burns out.

A check valve should be installed on the discharge piping after the well and prior to any other components.

7. **Drawdown measuring equipment is not installed and/or conducted on any of the wells.**

Drawdown measuring equipment installed on each well allows the water system to periodically measure the static and pumping water levels of each well. Regular drawdown measurements can help identify declining water levels in wells, the need to lower a well pump to prevent costly damage, or the plugging of a well screen. Regular drawdown tests can save the water system money from costly well pump replacements and predict a well ability to produce enough water to meet water needs. Instructions by the National Rural Water Association on how to conduct drawdown measurements can be obtained by contacting the KCRO Public Drinking Water Unit, or on the internet at <http://www.cadroughtprep.net/images/Drought/Well%20Drawdown.pdf>.

8. **Flow meters are not installed on any of the wells.**

Totalizing flow meters should be installed on the discharge piping of each well and recorded weekly. Regular meter readings can reveal excessive pumping that may indicate a water leak or other problems with the water system. Regular recording water use from each well will also provide information for the water system to determine if storage capacity or disinfection contact time is sufficient.

**9. None of the wells have the ability to pump to waste.**

Currently, none of the wells are set up with piping to allow it to be pumped to waste. The system should modify the discharge piping to allow the wells to be pumped to waste in the event of contamination, well disinfection, or after maintenance has been performed. As a reminder, any alteration to the well discharge piping requires construction approvals from the Department prior to any modifications.

**10. The Tigger Well #3 well house no longer provided adequate protection for the well and related equipment. Specifically, there was an open hole in the roof and vegetation had begun to grow into the well house**

The structural condition of the well house has deteriorated to the point that it no longer provides adequate protection from the weather. Unless required repairs are made soon to the well house, your investment in expensive equipment will be in jeopardy of loss.

The water system should have a permanent well house constructed that will incorporate the following features:

- a) Weather protection.
- b) Security against entry by animals or unauthorized persons.
- c) Floor of waterproof material.
- d) Adequate drainage, normally a four-inch floor drain.
- e) Provisions for heating, ventilation and humidity control.
- f) Accessible for routine maintenance and inspection of all components of the well system.
- g) Provisions for repair and removal of the well, pumps and other components.  
Typically, a roof hatch is required directly over the well.

**11. The Tigger Well #4 well house is poorly maintained. Specifically, there is damage to the doorframe making entrance into the well house very difficult.**

The well house was damaged and showed signs of a possible break in. This prevented the successful entrance into the wellhouse. Such a situation increases the difficulty of proper maintenance and operation.

The water system should repair the well house and maintain it in a neat and orderly condition.

**12. At the time of the inspection, water system staff indicated that the Taylor Well #5 was not in use, but the well has not been properly sealed.**

Failure to properly plug all inactive well(s) can present a contamination threat to groundwater and for active wells. Plugging of abandoned wells or those which can no longer be used is required by Missouri Well Construction Regulation 10 CSR 23-3.110.

The water system should properly plug the inactive well(s), and submit proof of proper plugging to CFO. Please submit form MO 780-1603, available online at

<https://dnr.mo.gov/document-search/water-well-heat-pump-plugging-registration-report-mo-780-1603>. Please contact the Department's Well Installation Section office in Rolla at 573-368-2165 for more information regarding well plugging requirements. All wells no longer utilized must be properly plugged by a licensed well driller. The line from the well to the water system must be severed and capped. If the well is to be plugged, the system must notify CFO upon plugging.

**13. All bladder tanks lack necessary bypass piping and/or isolation valves to continue operation if the tanks were out of service for repair or maintenance.**

Bypass piping is necessary for the water system to take the tank out of service for repairs or painting, and to continue to properly operate. Each individual tank should be equipped with sufficient piping, shutoff valves and drains to allow each individual tank to be taken offline, drained, repaired, painted, or replaced without causing loss of pressure in the distribution system. No drain shall have a direct connection to a sewer or storm drain.

The water system should install bypass piping and the necessary valves and controls as soon as practical.

**14. There was standing water in the valve vault where the valve between the distribution systems of Wells #3 and #5 is located.**

It is recommended that valve vaults be drained to daylight to prevent flooding and standing water, which can accelerate the rusting of the pipes and other components. This also presents another work hazard for the repair crew.

The water system should consult with their engineer and operators to discuss a means to provide a drain to daylight for the vault, or if a sump pump can be installed.

**Additional Comments/Conclusion**

On March 1, 2019, amendments to the Missouri Safe Drinking Water Regulation were implemented which directly affect 10 CSR 60 Chapters 3, 4, 6-9, 11, 13, and 14. Personnel should review these regulation amendments and implement all applicable changes as they apply to the public water system. The amendments can be reviewed here:

<https://www.sos.mo.gov/adrules/csr/current/10csr/10csr>.

The EPA reported that the State of Missouri is among the top 25 percent of states affected by federal flooding declarations. This was noted during a March 31, 2015, webinar on EPA's new *Flood Resilience: A Basic Guide for Water and Wastewater Utilities*, which was hosted by the Association of State Drinking Water Administrators and the EPA. The Flood Resilience Guide is geared towards helping small to medium sized water and wastewater utilities prepare for, and recover from, a flood event. This interactive guide is available online at:

<https://www.epa.gov/waterutilityresponse/build-flood-resilience-your-water-utility>. For more information on emergency planning, visit

<http://water.epa.gov/infrastructure/watersecurity/emerplan/>.



All major water users are required by law to register water use annually. The Department of Natural Resources does not regulate the use of water – only the amount of water a major water user has the potential to use. Missouri shares water resources with many other states, some of which regulate water use and have already established their demand for water. It is important for Missouri to document our need for water and to protect our right to that water. Registering major water use establishes a user's need for water and helps the Department understand the water needs of Missouri citizens. Registration is required by all persons, firms, and corporations with the capacity to withdraw or divert 100,000 gallons or more per day or 70 gallons per minute from any combination of stream, river, lake, well, spring, or other water source. The purpose of sections 71.287 and 256.400 to 256.430 is to ensure the development of information required for the analysis of certain future water resource management needs such as the Missouri State Water Plan. Information about the plan may be found at: <https://dnr.mo.gov/water/what-were-doing/water-planning/missouri-water-resources-plan>. To register online or for mail-in forms go to: <https://dnr.mo.gov/document-search/major-water-use-registration-mo-780-2019>. For further information or questions, contact the Water Resources Center at 573-368-2100.

Missouri Public Drinking Water Regulation 10 CSR 60-3.010 requires all public water systems to submit a construction application with engineered plans and specifications to the Department for review and approval prior to any new construction, modification, alteration, or extension of your water system source, treatment, storage, or distribution piping. This requirement includes modifications made to your treatment process that would significantly change or alter plant capacity or treatment processes. Adding, removing, or changing chemical additives and/or their injection locations may significantly alter your treatment process. Water systems must notify the Department at least 60 days in advance of making any changes to the treatment process. Please make sure your water system has written approval prior to beginning any construction or modifications. Permits and construction specifications can be found at: <https://dnr.mo.gov/env/wpp/pdwb/permits.htm>. For further information or questions, contact the Permits and Engineering Section at 573-751-5331.

Missouri Public Drinking Water Regulation 10 CSR 23-3.060(4) and 23-3.110(1) requires that any well that has not been in use for two or more years be permanently plugged and properly certified with the Missouri Geological Survey Well Installation Section. Contact the Well Installation Section for well plugging specifications at 573-368-2100.


Missouri Public Drinking Water Regulation 10 CSR 60-7.010(2) requires that public water systems notify the Department within 48 hours of a failure to comply with any regulation or monitoring requirement. Since Regulation 10 CSR 60-4.080(9) requires all public water systems to maintain a minimum pressure of 20 psi, all public water systems must notify the Department when pressures in their system fall below 20 psi.

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If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCEO.PDW@dnr.mo.gov](mailto:DNRCEO.PDW@dnr.mo.gov). For assistance with compliance issues or general technical assistance, you may also contact Central Field Operations at the above contacts.

### Signatures

SUBMITTED BY:



Sebastien Clos-Versailles  
Environmental Inspector  
Central Field Operations

REVIEWED BY:



Arthur Goodin, CHMM  
Deputy Director  
Division of Environmental Quality

### Attachments:

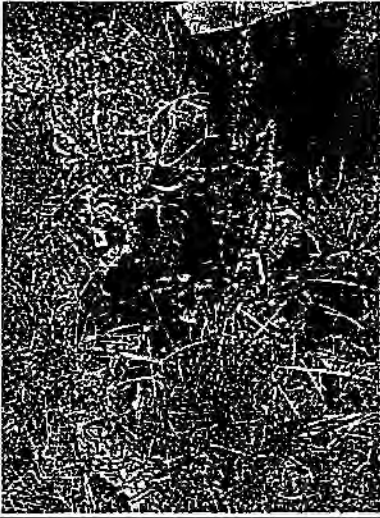


- Attachment #1 – Photographs #1 - #14
- Attachment #2 – System Map
- Attachment #3 – Permit to Dispense Application
- Attachment #4 – 2023 Lab Fees Invoice
- Attachment #5 – Community Site Sampling Plan Guidance
- Attachment #6 – Cross Connection Control Ordinance Template

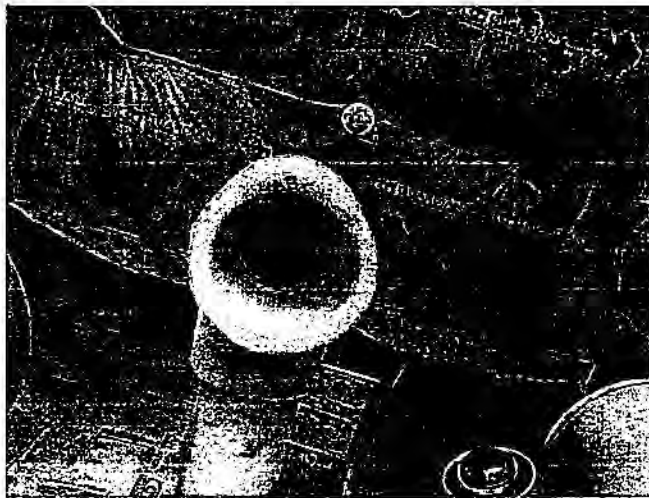
Attachment #1 - Photographs

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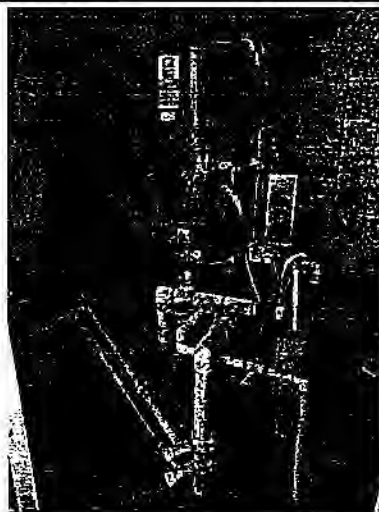
	<p><b>Photograph: # 1.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Topo Well #1 <b>Description:</b> View of the abandoned Topo Well #1</p>
	<p><b>Photograph: # 2.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Topo Well #1 Well house <b>Description:</b> View of the discharge piping and now physically separated 119-gallon bladder tank in the Topo Well #1 well house</p>
	<p><b>Photograph: # 3.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Trisha Well #2 <b>Description:</b> View of Trisha Well #2 and respective discharge piping and 62-gallon bladder tank</p>



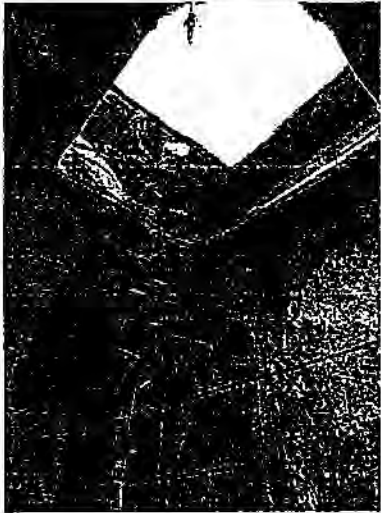

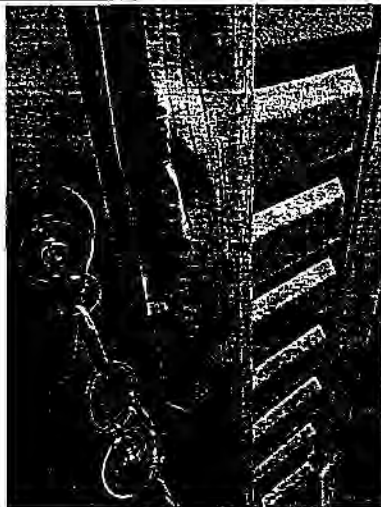
**Photograph: # 4.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
**Entity:** Misty Mountain PWS  
**Permit:** MO3036363  
**Location:** Trisha Well #2  
**Description:** View of the unscreened breather vent on the Trisha Well #2

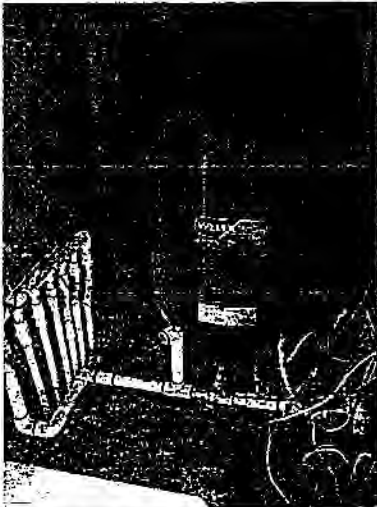
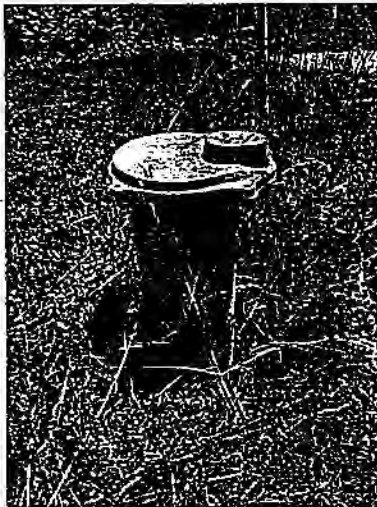



**Photograph: # 5.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
**Entity:** Misty Mountain PWS  
**Permit:** MO3036363  
**Location:** Intersection of Treetop and Topo  
**Description:** View of the the interconnection between the Misty Mountain PWS and the Pulaski County PWSD 2



**Photograph: # 6.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
**Entity:** Misty Mountain PWS  
**Permit:** MO3036363  
**Location:** Tigger Well #3  
**Description:** View of the Tigger Well #3 and the respective discharge piping and 119-gallon bladder tank

	<p><b>Photograph: # 7.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #3 well house <b>Description:</b> View of the opening in the well house of Tigger Well #3</p>
	<p><b>Photograph: # 8.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #4 well house and well <b>Description:</b> View of the Tigger Well #4 well house and well (under bucket on the right)</p>
	<p><b>Photograph: # 9.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #4 well house and well <b>Description:</b> View of the damaged doorframe of the Tigger Well #4 well house</p>

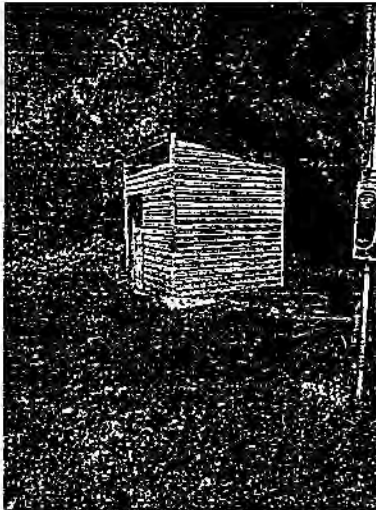
	<p><b>Photograph: # 10.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #4 well house <b>Description:</b> View of the respective discharge piping and 86-gallon bladder tank for Tigger Well #4</p>
	<p><b>Photograph: # 11.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #4 <b>Description:</b> View of the Tigger Well #4. Note the electrical wires not running through the electrical conduit opening on the right of the well and the missing bolts on the well cap.</p>
	<p><b>Photograph: # 12.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Misty Mountain PWS <b>Permit:</b> MO3036363 <b>Location:</b> Tigger Well #4 <b>Description:</b> View of the opening in the electrical conduit of the well cap. Note in Photo 11 that the electrical wires run directly under the unsealed well cap not via the electrical conduit.</p>

Attachment #1 - Photographs

Misty Mountain PWS

July 18, 2023

Page 5 of 5



**Photograph: # 13.**

**Taken By:** Sebastien Clos-Versailles

**Date Taken:** June 20, 2023

**Program:** Public Drinking Water

**Entity:** Misty Mountain PWS

**Permit:** MO3036363

**Location:** Taylor Well #5 well house

**Description:** View of the Taylor Well #5 well house



**Photograph: # 14.**

**Taken By:** Sebastien Clos-Versailles

**Date Taken:** June 20, 2023

**Program:** Public Drinking Water

**Entity:** Misty Mountain PWS

**Permit:** MO3036363

**Location:** Behind Taylor Well #5 well house

**Description:** View of the flooded valve vault where the Taylor Well #5 and its respective distribution system interconnects with the distribution system the Tigger Well #3.

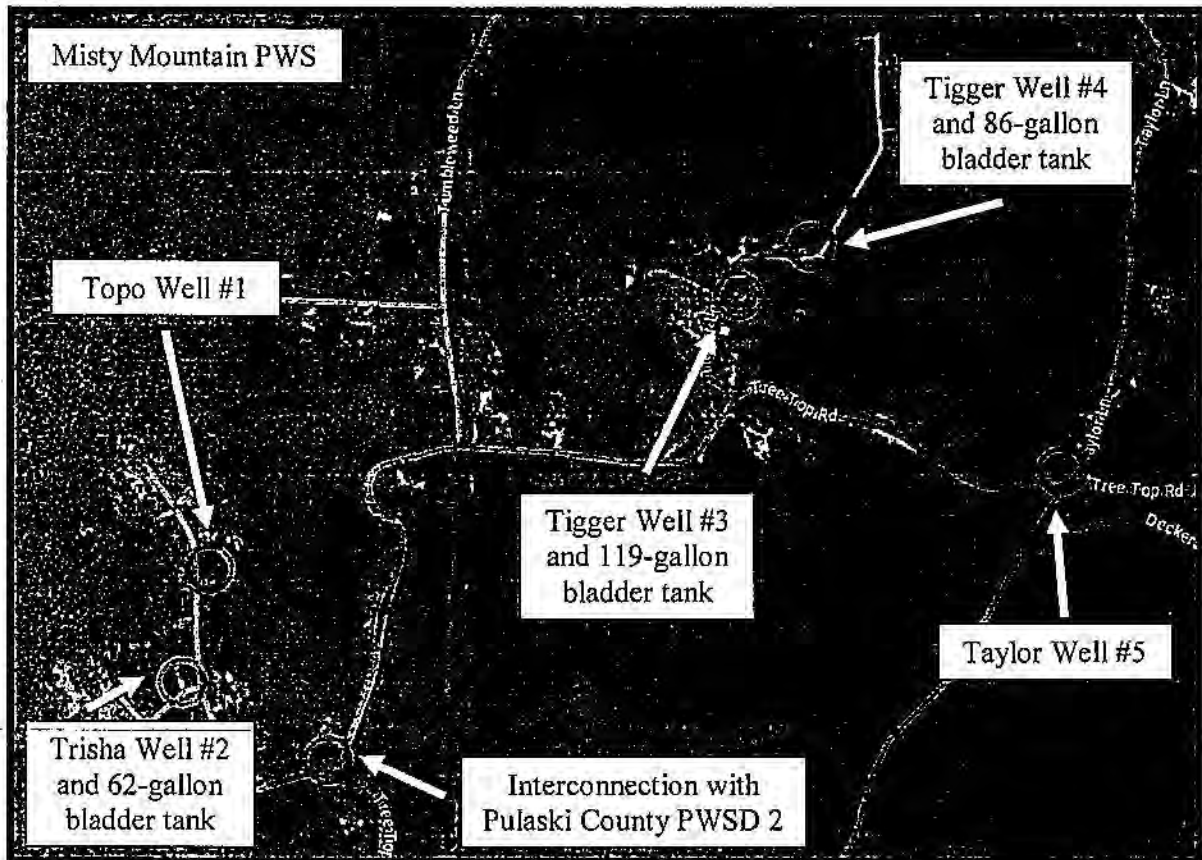


Figure 1: Overhead view of the Misty Mountain public water system. Image courtesy of Google Maps.





MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
 REVISED TOTAL COLIFORM RULE  
 LEVEL 1 ASSESSMENT FORM

FOR OFFICE USE ONLY	
DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

PUBLIC WATER SYSTEM (PWS) INFORMATION		
PWS NAME <b>CHARITY PWS</b>	PWS ID NUMBER <b>MO3036361</b>	
COUNTY <b>Pulaski</b>	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) <b>FEBRUARY 2023</b>	
REASON FOR LEVEL 1 ASSESSMENT		NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER <b>2/15/2023</b>
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVS (#): <b>1</b>	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>2</b>	VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): <b>NA</b>

**INSTRUCTIONS:**

**Section A, Sanitary Defect Checklist:** Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.

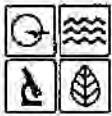
**Section B, Description of Occurrence:** Provide explanation and additional information for any issues identified in Section A.

**Section C, Corrective Action:** Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.

Return this form to appropriate department regional office within 30 days (from notification date above).  
 Retain a copy of this completed assessment form in your files for at least five years.

**Section A - Sanitary Defect Checklist** Have any of the following occurred?

<b>1. GENERAL</b> <input checked="" type="checkbox"/> No issues	
<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss
	<input type="checkbox"/> Z. Other: _____
<b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b> <input type="checkbox"/> No issues	
<input checked="" type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> I. Untrained or inexperienced sample collector	
<b>3. DISTRIBUTION SYSTEM</b> <input checked="" type="checkbox"/> No Issues	
<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs	
<b>4. STORAGE TANKS AND TOWERS</b> <input checked="" type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE**  
**LEVEL 1 ASSESSMENT FORM**

**FOR OFFICE USE ONLY**

DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

**PUBLIC WATER SYSTEM (PWS) INFORMATION**

PWS NAME <b>CHARITY PWS</b>	PWS ID NUMBER <b>MO3036361</b>
COUNTY <b>Pulaski</b>	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) <b>FEBRUARY 2023</b>
REASON FOR LEVEL 1 ASSESSMENT	NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER <b>2/15/2023</b>
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>1</b>	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>2</b>
VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): <b>NA</b>	

**INSTRUCTIONS:**

**Section A, Sanitary Defect Checklist:** Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.  
**Section B, Description of Occurrence:** Provide explanation and additional information for any issues identified in Section A.  
**Section C, Corrective Action:** Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.  
 Return this form to appropriate department regional office within 30 days (from notification date above).  
 Retain a copy of this completed assessment form in your files for at least five years.

**Section A – Sanitary Defect Checklist** Have any of the following occurred?

**1. GENERAL**  No issues

<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss
	<input type="checkbox"/> Z. Other: _____

**2. SAMPLING SITES AND SAMPLING PROTOCOL**  No issues

<input checked="" type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other
<input type="checkbox"/> I. Untrained or inexperienced sample collector	

**3. DISTRIBUTION SYSTEM**  No issues

<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs	

**4. STORAGE TANKS AND TOWERS**  No issues  Not Applicable

<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____



Missouri Department of Natural Resources  
Water Protection Program - Public Drinking Water Branch

**Revised Total Coliform Rule  
Level 1 Assessment Required**

CFO Received  
3/10/2023

**Date of Report:** February 15, 2023  
**PWS Name:** CHARITY PWS

**PWS ID:** MO3036361  
**County:** Pulaski

LORI JEAN  
PO BOX 615  
MARSHFIELD, MO 65706

*Please notify us of any name or address changes*

CHARITY PWS public water system (PWS) has triggered a Level 1 assessment for the February 2023 monitoring period.

**Treatment Technique Trigger: Level 1 Assessment Required for Multiple Total Coliform Positive Samples.**

The PWS has exceeded the level 1 assessment treatment technique trigger as specified in 10 CSR 60-4.022(9)(A)1.B. For systems collecting fewer than 40 samples per month, two or more total coliform positive samples exceeds the treatment technique trigger requiring a Level 1 assessment.

**Required Actions:**

1. Read the enclosed fact sheet on the Revised Total Coliform Rule.
2. Refer to and follow the instructions on the enclosed "Level 1 Assessment Form".
3. Make a copy of the completed assessment form and retain it for your records.
4. Submit the completed assessment form with corrective actions taken so far and any requests for additional time back to the Department's Central Field Operations at the address given below within 30 days from the date of this letter for review and approval. Any request for additional time will require Department approval and a signed "Schedule of Compliance."
5. If a schedule of compliance is issued for any corrective actions requiring longer than 30 days to complete, notify the Department's Central Field Operations after completing each scheduled corrective action.
6. After the assessment form and all documented corrective actions completed are reviewed and approved, the Department's Central Field Operations will send a closure letter for the assessment and completed schedule of compliance to be retained in your records.

For assistance with the assessment or corrective actions, contact the Central Field Operations at 573-522-3322, 1101 Riverside Dr, Jefferson City, MO 65102-0176.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 WATER PROTECTION PROGRAM - PUBLIC DRINKING WATER BRANCH  
**REVISED TOTAL COLIFORM RULE  
 LEVEL 1 ASSESSMENT FORM**

**FOR OFFICE USE ONLY**

DATE RECEIVED	APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
CONDUCTED VIA PHONE WITH WATER SYSTEM <input type="checkbox"/> Yes	
MODNR REVIEWER	DATE APPROVED

**PUBLIC WATER SYSTEM (PWS) INFORMATION**

PWS NAME <b>CHARITY PWS</b>	PWS ID NUMBER <b>MO3036361</b>
COUNTY <b>Pulaski</b>	MONTHLY COMPLIANCE PERIOD (MONTH/YEAR) <b>FEBRUARY 2023</b>
REASON FOR LEVEL 1 ASSESSMENT	NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER <b>2/15/2023</b>
ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>1</b>	REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#): <b>2</b>
VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#): <b>NA</b>	

**INSTRUCTIONS:**

Section A, Sanitary Defect Checklist: Review and evaluate the listed elements below. Check the box next to each issue or potential cause of contamination identified during the assessment. If no potential cause of contamination was identified in a subsection, check the box next to "No issues" in that subsection. Check "Not Applicable" if the section does not apply to the PWS.  
 Section B, Description of Occurrence: Provide explanation and additional information for any issues identified in Section A.  
 Section C, Corrective Action: Provide corrective actions and dates completed or provide proposed timeframe for completion of outstanding corrective actions for issues identified in sections A and B. Notify the appropriate Department of Natural Resources' regional office after completing each scheduled corrective action.  
 Return this form to appropriate department regional office within 30 days (from notification date above).  
 Retain a copy of this completed assessment form in your files for at least five years.

**Section A - Sanitary Defect Checklist Have any of the following occurred?**

**1. GENERAL**  No issues

<input type="checkbox"/> A. Loss of pressure (<20 psi) or pressure fluctuations	<input type="checkbox"/> D. Visible indicators of unsanitary conditions
<input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination	<input type="checkbox"/> E. Recent distribution system main repairs or well pump pulled
<input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage	<input type="checkbox"/> F. Power Loss
	<input type="checkbox"/> Z. Other: _____

**2. SAMPLING SITES AND SAMPLING PROTOCOL**  No issues

<input checked="" type="checkbox"/> A. Windy or raining during sampling	<input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker
<input type="checkbox"/> B. Change in conditions at sample site	<input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location
<input type="checkbox"/> C. Yard hydrant/frost-proof spigot used	<input type="checkbox"/> L. Unclean sample tap
<input type="checkbox"/> D. First month of operation following startup	<input type="checkbox"/> M. Leaking tap or erratic flow
<input type="checkbox"/> E. Vegetation resting up against sample tap	<input type="checkbox"/> N. Sampling error
<input type="checkbox"/> F. Sample close to ground/difficult to sample	<input type="checkbox"/> O. Tap on a dead-end main
<input type="checkbox"/> G. Tap not disinfected and flushed before sampling	<input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling
<input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> I. Untrained or inexperienced sample collector	

**3. DISTRIBUTION SYSTEM**  No issues

<input type="checkbox"/> A. Any unprotected cross connection	<input type="checkbox"/> H. Improper operation of pumps or valves
<input type="checkbox"/> B. Submerged air-relief/air-vacuum valve	<input type="checkbox"/> I. Recent main breaks or leaks
<input type="checkbox"/> C. Any recent construction activity	<input type="checkbox"/> J. Recent pump or valve failure
<input type="checkbox"/> D. New service connections recently added	<input type="checkbox"/> K. Illegal use of hydrants
<input type="checkbox"/> E. Low/inadequate disinfectant residuals	<input type="checkbox"/> L. Excessive water hammer
<input type="checkbox"/> F. Standing water/debris in valve vault	<input type="checkbox"/> Z. Other: _____
<input type="checkbox"/> G. Recent flushing of fire hydrants or blow-offs	

**4. STORAGE TANKS AND TOWERS**  No issues  Not Applicable

<input type="checkbox"/> A. Evidence of animals/insects in tank	<input type="checkbox"/> F. Low disinfectant residuals
<input type="checkbox"/> B. Tank vent not downturned/screened	<input type="checkbox"/> G. Debris in tank overflow pipe
<input type="checkbox"/> C. Tank access hatch has no water tight seal	<input type="checkbox"/> H. Recent tank repairs
<input type="checkbox"/> D. Tank maintenance practices not followed	<input type="checkbox"/> I. Incorrect operation of level control valves, altitude valves, and related appurtenances
<input type="checkbox"/> E. Tank deterioration or rust noted	<input type="checkbox"/> J. Tank leaking or holes in tank
Date - last inspection of vents and hatches: _____	<input type="checkbox"/> K. Debris in tank
Date - last sanitary tank inspection: _____	<input type="checkbox"/> L. Evidence of vandalism/tampering
Date - last tank cleaning: _____	<input type="checkbox"/> Z. Other: _____

<b>5. BLADDER AND PRESSURE TANKS</b>		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Air/water tanks: air added recently	<input type="checkbox"/> C. Bladder of bladder tank ruptured or waterlogged		
<input type="checkbox"/> B. If "A" is checked, is air filter dirty	<input type="checkbox"/> Z. Other:		

<b>6. TREATMENT PROCESS</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Inadequate disinfection	<input type="checkbox"/> G. Change in flow rates or water quality		
<input type="checkbox"/> B. Interruption in treatment/power loss	<input type="checkbox"/> H. Meters not recently/properly calibrated		
<input type="checkbox"/> C. Chlorine/Turbidity meters out of range	<input type="checkbox"/> I. Treatment bypassed		
<input type="checkbox"/> D. Change in chemical dosage	<input type="checkbox"/> J. Treatment added or changed		
<input type="checkbox"/> E. O and M procedures not followed	<input type="checkbox"/> K. Softener serviced/salt added		
<input type="checkbox"/> F. Recent repairs or maintenance performed	<input type="checkbox"/> Z. Other:		

<b>7. SOURCE(S)</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
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<b>WELLS:</b>		<input type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Defective/damaged well cap/well seal	<input type="checkbox"/> G. Potential source of contamination near well		
<input type="checkbox"/> B. Damaged/unscreened well vent	<input type="checkbox"/> H. Damaged well casing		
<input type="checkbox"/> C. Floodwater/run-off inundation near well	<input type="checkbox"/> I. Damaged pitless adaptor		
<input type="checkbox"/> D. Well recently repaired/wellhead opened	<input type="checkbox"/> J. Missing/damaged grout seal		
<input type="checkbox"/> E. Unplugged abandoned well in area	<input checked="" type="checkbox"/> Z. Other: <i>Sample Tap Not approved Cannot control flow</i>		
<input type="checkbox"/> F. Unprotected opening in wellhead/pump			

<b>SURFACE WATER/GWUDISW:</b>		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Recent flooding or heavy rainfall	<input type="checkbox"/> D. Damaged intake or spring box		
<input type="checkbox"/> B. Change in source water quality	<input type="checkbox"/> Z. Other:		
<input type="checkbox"/> C. Any potential source of contamination near source			

<b>PURCHASED WATER:</b>		<input type="checkbox"/> No issues	<input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> A. Water quality issues with supplier	<input type="checkbox"/> Z. Other:		
<input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)			

**Section B - Description of Occurrence:** Use this space to provide explanation and additional information for any issues identified in Section A that support your findings (i.e. water quality and pressure monitoring data). Include corresponding dates with your findings.

Check if PWS did not find any causes for the contamination.

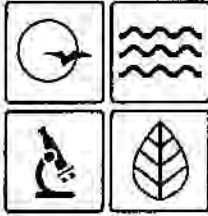
**Section C - Corrective Action:** Use this space to describe corrective actions taken with completion dates and proposed corrective actions with planned completion dates. Notify your local regional office after completing each scheduled corrective action.

*Having well sample tap replaced - blow valve not adequate  
Having well shock chlorinated for potential hazards*

**Please Note:** Exceeding a second Level 1 treatment technique trigger within a rolling 12-month period will require a Level 2 assessment.  
**Certification:** I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

PWS CONTACT NAME (TYPE OR PRINT) <i>Lori Jean, Certified Opn.</i>	PWS CONTACT OFFICIAL TITLE <i>Certified Operator</i>	PWS CONTACT TELEPHONE WITH AREA CODE <i>417-425-9343</i>
PWS CONTACT SIGNATURE <i>Lori Jean</i>	PWS CONTACT EMAIL ADDRESS <i>LJEAN52046@gmail.com</i>	DATE <i>2-19-2023</i>

Submit this completed form within 30 days of notification to the appropriate Missouri Department of Natural Resources regional office. See website for map: <https://dnr.mo.gov/document-search/regional-office-map-and-directory> or call the Public Drinking Water Branch at 573-751-1077 for assistance.



**MISSOURI  
DEPARTMENT OF  
NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

July 18, 2023

Charity PWS  
Travis Blevins  
15405 Texas Road  
St. Robert, MO 65584  
Via email at [leontravis@yahoo.com](mailto:leontravis@yahoo.com)

**SIGNIFICANT DEFICIENCIES and UNSATISFACTORY FINDINGS  
RESPONSE REQUIRED**

Dear Travis Blevins:

On June 20, 2023, team members from the Missouri Department of Natural Resources conducted an inspection of Charity PWS, located on Charity Drive in Pulaski County. The entity operates under the authority of Charity PWS, MO3036361.

Compliance with the Missouri Safe Drinking Water Law was evaluated. The enclosed report is being issued with Significant Deficiencies for the violations identified in the enclosed report.

Please direct your attention to the **Compliance Determination and Listing of Violations and Required Actions** in the enclosed report. The report documents the findings and the actions that you must take to address the violations. **A written response documenting actions taken to correct the violations is required by the date specified in the report.**

Failure to address the required actions will result in the issuance of a Notice of Violation. If you have any questions or would like to schedule a time to meet with a Department team member to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov).

Sincerely,

CENTRAL FIELD OPERATIONS

Sebastien Clos-Versailles  
Environmental Supervisor

Enclosure: Report of Inspection

c: Public Drinking Water Branch, Compliance and Enforcement Unit  
Public Drinking Water Branch, Monitoring Unit  
Justin Davis, Missouri Geological Survey, Well Installation Section  
Pulaski County Health Department  
Lori Jean, Operator

# Compliance Summary

**Facility Name:** Charity PWS  
**Permit Number:** MO3036361  
**Inspection Date:** June 20, 2023

**This summary is intended to direct your attention to violations noted during the inspection of your facility.**

## **Violations noted during the inspection:**

1. Non-certified individual making operational decisions for the water system
2. Opening in the electrical conduit for Highway PP Well #2
3. No Permit to Dispense Water to the Public
4. System failed to pay lab fees for 2023
5. System does not have a site sampling plan
6. System does not have a plan for a backup operator
7. All wells being used are considered noncompliant wells

## **Actions necessary to return to compliance:**

1. Beginning immediately, non-certified individuals must cease work on the water system without proper supervision from the certified chief operator and must notify the Department of their plan to do so
2. Properly seal the opening in the Highway PP Well #3's electrical conduit
3. Upon completion of the noncompliant well agreements, apply for a Permit to Dispense Water
4. Pay the laboratory fees for the 2023 calendar year
5. Establish a satisfactory site sampling plan, which includes sufficient sample locations, identified repeat locations, a sample schedule and a map of the sample locations
6. Determine a plan for a backup chief operator or identify an individual as the certified backup operator
7. Sign the noncompliant well agreements for each well associated with the system upon receipt from the Department and satisfy the requirements laid out within

Refer to the Significant Deficiencies and Unsatisfactory Findings sections on pages six through nine of the enclosed report for detailed information about these violations and how to correct them so your facility may be returned to compliance.

**We appreciate your prompt attention to these issues. If you have any questions, or if you would like to meet to discuss these violations further, please contact Sebastien Clos-Versailles at Central Field Operations at (573) 522-3322 or at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).**

**Missouri Department of Natural Resources  
Central Field Operations  
Report of Inspection  
Charity PWS  
Charity Drive, Dixon, Pulaski County  
PWS ID# MO3036361  
July 18, 2023**

**Introduction**

I, Sebastien Clos-Versailles, of the Missouri Department of Natural Resources' Central Field Operations (CFO), conducted a routine Compliance and Operations Inspection and Level 2 Assessment of the Charity PWS public water system. The inspection was conducted on June 20, 2023 with the following participants:

Charity PWS

Travis Blevins	Owner	573-855-2769
Lori Jean	Chief Operator	417-425-9343

Missouri Department of Natural Resources

Sebastien Clos-Versailles	Environmental Supervisor	573-526-0459 <a href="mailto:sebastien.clos-versailles@dnr.mo.gov">sebastien.clos-versailles@dnr.mo.gov</a>
Jackie Johnson	Environmental Specialist	573-751-4414 <a href="mailto:jackie.johnson@dnr.mo.gov">jackie.johnson@dnr.mo.gov</a>

This inspection was conducted to determine whether the system is operated and maintained in compliance with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, in accordance with 640.120.5, Revised Statutes of Missouri. This inspection reviewed all eight critical components of a public water system, as defined by the Environmental Protection Agency (EPA). Required actions to correct deficiencies found during this inspection, as well as any recommendations, are described in this report.

**Entity Description and History**

Charity PWS is a community public water system requiring an operator with a Distribution I certification. The system is located on Charity Drive, Dixon, MO 65459. The water system serves approximately 65 customers through 26 active service connections. This is a primary ground water system with four wells, 1 119-gallon bladder tank, 3 86-gallon bladder tanks and 1 34-gallon bladder tank. The system is divided into two separate distribution systems with Wells #2, #3 and #4 all hooked up to one distribution system and Well #1 feeding the second. The system operates year round and produces an unknown amount of water per day.

The Department activated the Charity PWS in July, 2022. Since that time, the system's Well #3 triggered a Level 1 Assessment during the February 2023 monitoring period following multiple total coliform positive samples and a subsequent Level 2 Assessment during the June 2023 monitoring period following multiple total coliform positive samples. The Level 2 Assessment was conducted in combination with this routine inspection. The system has not yet paid the lab fees for the 2023 year.



## **Discussion of Inspection and Observations**

As part of the inspection, I reviewed the files for Charity PWS, MO3036361, including previous inspection reports, correspondence, and the status of the Permit to Dispense to familiarize myself with the requirements specific to this system. Prior to the inspection, I called Travis Blevins and Lori Jean to set up the drinking water inspection for Charity PWS; after a brief discussion of the scope of the inspection we set the inspection date for June 20, 2023.

Jackie Johnson and I met Lori Jean at the Well #4 well house and proceeded to view Well #3 and the respective 119-gallon bladder tank, then Well #4 and the respective 86-gallon bladder tank, then Well #2 and the respective 2 86-gallon bladder tanks, and finally, Well #1 and the 34-gallon bladder tank. We then proceeded to the water system office on Texas Road and met up with Travis Blevins to review the system files. As part of the inspection and Level 2 Assessment, I collected a special bacteriological drinking water sample from sample point #02. I delivered the sample to the Missouri State Public Health Lab for analysis.

My observations from the inspection of the Charity PWS public water system are organized according to the eight critical components of public drinking water systems: System Management and Operation, Operator Certification, Monitoring and Reporting, System Source, System Treatment, Pumping Facilities, Finished Water Storage, and Distribution System.

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### *System Management and Operation*

At the time of inspection, it came to the attention of the Department that the system's chief operator was not always in charge of operating the water system and individuals not appropriately certified as Distribution System I operators were making changes to the water system (**Significant Deficiency #1**). The system does not have a Permit to Dispense Water to the Public (**Unsatisfactory Finding #1**). The system has not paid laboratory fees for 2023 (**Unsatisfactory Finding #2**). The system does not have a satisfactory site sampling plan (**Unsatisfactory Finding #3**). The system does not have a cross connection control program (**Recommendation #1**). The system does not have a leak repair procedure (**Recommendation #2**) and does not have a flushing program (**Recommendation #3**). The system does not have a map of the distribution system (**Recommendation #4**). The system does not have each connection individually metered, so they cannot calculate water loss (**Recommendation #5**).

### *Operator Certification*

The chief operator is Lori Jean, Certification ID #9729, Distribution System II, Treatment C. The system does not have a backup operator or a plan in place should their chief operator be unavailable (**Unsatisfactory Finding #4**).

### *Monitoring and Reporting*

The system has done a commendable job collecting all the required bacteriological and chemical samples.

Review Table #1, below, for the Charity PWS analyte monitoring schedule.

Table #1 Analyte Monitoring Schedule			
Analyte	Number of Sample(s)	Frequency	Next Scheduled Action
Bacteria	2	Monthly, Wells & Distribution System	Every month, every year
Nitrate/Nitrite	1	Every year per Well	2023
Synthetic Organic Chemicals (SOC)	1	Every six years per Well	2028
Volatile Organic Chemicals (VOC)	1	Every three years per Well	2025
Inorganic Chemicals (IOC)	1	Every three years per Well	2025
Lead & Copper Analysis	5	Every six months from the Distribution System	2023
Radionuclides	1	Every nine years per Well	2031
Glyphosate	1	Every nine years per Well	2031

*System Source*

The system has four wells which it uses as its primary source of water. Three of the four wells are currently active. Highway PP Well #2 is currently not in operation and the distribution system for that well is connected with Charity Wells #3 and #4 on Charity Drive. Highway PP Well #1 serves its own distribution system. The Department has determined all four wells to be noncompliant wells. Additional information on well specifications and appurtenances is available in Table #2 and #3.

Table #2 Well Specifications								
Well ID	Installation Date	Casing Depth (ft)	Casing Diameter (in)	Total Depth (ft)	Pump Capacity (gpm)	Pump Type	WIMS Record ID	Photo
Highway PP Well #1	1999	210	6	350	Unknown	Submersible	00228532	Photo #10
Highway PP Well #2	2011	125	6	435	Unknown	Submersible	00451551	Photo #7
Charity Well #3	2001	180	6	450	Unknown	Submersible	00263361	Photo #1
Charity Well #4	2003	100	6	460	Unknown	Submersible	00289613	Photo #3

Well ID	Breather Vent	Pump to Waste	Sample Tap	Access Hatch	Lightning Protection	Casing 18" above ground level	Isolation Valve	Pressure Gauge	Drawdown Gauge	Check Valve	Master Meter
Hwy PP Well #1	Y	N	Y	N/A	-	Y	Y	Y	N	N	N
Hwy PP Well #2	Y	N	Y	N/A	-	Y	Y	Y	N	N	N
Charity Well #3	Y	N	Y	N/A	-	Y	Y	Y	N	N	N
Charity Well #4	Y	N	Y	N/A	-	Y	Y	Y	N	N	N

At the time of inspection, there was an unprotected opening in the electrical conduit of Well #2 (Significant Deficiency #2)(Photo #7). The system is using noncompliant wells as its sources of water (Unsatisfactory Finding #5). There was a crack in the well cap of Charity Well #3 (Recommendation #6)(Photo #1). None of the wells are equipped with a check valve (Recommendation #7), a drawdown gauge (Recommendation #8), or a master meter (Recommendation #9). None of the wells discharge piping are set up to allow the well to pump to waste (Recommendation #10). Highway PP Well #2 is not an active well and has been inactive for several years (Recommendation #11). The well houses for Highway PP Wells #1 and #2 are not equipped with locking doors (Recommendation #12)(Photos #8 & #11), and the well house for Highway PP Well #2 is in a state of disrepair (Recommendation #13)(Photo #8).

*System Treatment*

The system does not treat the water.

*Pumping Facilities*

The system does not have any pumping facilities.

*Finished Water Storage*

The system has one or two bladder tanks at each well that it uses as finished water storage and to pressurize the system. Please review Table #4 for information on the tank number and size at each well.

Well	Tanks	Photo
Well #1	34-gallon Well-X-Trol bladder tank	Photo #12

Well #2	Two 86-gallon Well-X-Trol bladder tanks	Photo #9
Well #3	119-gallon bladder tank	Photo #2
Well #4	86-gallon Well-X-Trol bladder tank	Photo #4

At the time of inspection, none of the bladder tanks had individual valves to isolate them from the distribution system (**Recommendation #14**). The two 86-gallon bladder tanks at Well #2 exhibited corrosion from a previous leak (**Recommendation #15**).

*Distribution System*

At the time of inspection, several vaults containing isolation valves were flooded, including the interconnection between the distribution systems of Wells #3 and #4 (**Recommendation #16**)(Photo #5).

*Other*

As previously mentioned, Charity PWS triggered a Level 2 Assessment during the June 2023 monitoring period following multiple total coliform positive samples collected near Well #3. The Assessment was conducted in conjunction with this inspection.

In addition to the items cited above, the system should replace the raw water sample taps at Wells #3 and #4 as their flows are erratic and have a wide spray, making it difficult to collect a sample. Additionally, there is a nearby well owned by a separate entity just down the road from Well #4 which is not in use and has an opening in the wellhead as the electrical conduit is open (Photo #6). This issue is being referred to the Missouri Geological Survey's Well Installation Section.

**Sampling and Monitoring**

As part of this Compliance and Operation Inspection, the following analyses were conducted to verify operational parameters for Charity PWS (Table #5). During the inspection, I collected a special bacteriological sample, and measured the disinfectant residuals to verify that the system is meeting the operational and regulatory parameters required. Charity PWS does not treat the water. The sample was collected at sampling site #02, located at 18440 Charity. I took the sample to the Missouri State Public Health Lab for analysis.

Location	Free Residual mg/L	Total Residual mg/L	Total Coliform	E. Coli
02 - 18440 Charity	-	0.03	Absent	Absent

At the time of inspection, there was a detectable amount of total chlorine residual in the system. There were trace amounts of residual chlorine found in the water system, which was unexpected

as the system is not a chlorinated system. Based on conversations with customers in the system and Lori Jean at the time of inspection, the remaining residual chlorine discovered was a result of Travis Blevins shocking the wells prior to the inspection, following the initial total coliform positive routine sample. Lori Jean did collect repeat samples, associated with the June 2023 Level 2 Assessment, prior to this shocking.

### **Compliance Determination, Violations, and Required Actions**

Charity PWS was found to be **out of compliance** with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, based upon observations made at the time of the inspection.

The Missouri Safe Drinking Water Regulations require the Department to identify specific **Significant Deficiencies** with water systems that require corrective actions. These significant deficiencies are defects in design, operation, or maintenance that can cause public health concerns, or have the potential to introduce contamination. The public water system must consult with the CFO by **August 17, 2023** to determine what actions will be taken to correct each significant deficiency, **otherwise a violation will be issued**. The system must also contact the Department within 30 days of correcting a Significant Deficiency. The system has 120 days from the date of this letter to either complete the required corrective actions, or enter into an approved corrective action plan, which provides a schedule for completion of the remaining Significant Deficiencies. If the Significant Deficiency is not resolved within 120 days or another Department-approved date, **then a violation will be issued**. The system shall submit a written statement to the CFO by **November 15, 2023**, explaining what actions have been taken to correct the violations and prevent a reoccurrence in the future.

### **Significant Deficiencies**

- 1. The water system had individuals making operational decisions and changes to the water system who were not under the direct supervision of a properly certified chief operator as required by Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4).**

At the time of inspection, it Department was notified by Lori Jean and customers within the water system that the owner of the system was making operational decisions and changes to the water system without the knowledge or consent of the certified chief operator. These primarily included shocking of the water system with chlorine and other unknown work around the system. Customers noted their water "smelled like a swimming pool" for days prior to the inspection and noted increased activity from Travis Blevins around the system.

Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator.

**REQUIRED ACTION:** Non certified members of the water system must immediately cease operational activities associated with the water system and ensure the certified chief operator is making all operational decisions or supervising others prior to changes being made. Please notify the Department, in writing, of the system's plan to ensure this remains the case in the future.

- 2. The well head is inadequately sealed and can allow contaminants into the well. Specifically, there is an opening in the electrical conduit (Photo #7). This is a Significant Deficiency under 10 CSR60-4.025(4), and requires an immediate response.**

At the time of the inspection, there was an opening in the electrical conduit of Highway PP Well #2.

**REQUIRED ACTION:** Make necessary repairs to the electrical conduit so there is no longer an opening in the well. Upon completion of the repairs, send documentation to CFO showing the repair.

### **Unsatisfactory Findings**

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For all Unsatisfactory Findings listed below, a written response documenting actions taken to correct the violations is required by **August 17, 2023**.

- 1. The system must apply for a Permit to Dispense Water to the Public as required by Missouri Safe Drinking Water Regulation 10 CSR 60-3.010 and 640.115, RSMo.**

All water systems dispensing water to the public, which meet the definition of a Public Water System, are required to obtain a valid Permit to Dispense Water to the Public from the Department.

**REQUIRED ACTION:** At the current time, the system is ineligible to receive a Permit to Dispense due to the Department still being in the process of making the necessary well determinations. Upon completion of the well determinations, the system must complete the necessary steps, then to be outlined by the Department completion of the noncompliant well agreement outlined in Unsatisfactory Finding five, soon to be issued by the Department, you can submit a Permit to Dispense Application to the Department for review.

- 2. The water system failed to pay Laboratory Service and Program Administration Fees to the Department for 2023 as required by Missouri Safe Drinking Water Regulation 10 CSR 60-16.030.**

Section 640.100.3, RSMo and Public Drinking Water Regulation 10 CSR 60-16.030 require Public Water Supplies to pay an annual fee for laboratory services. These fees help pay for only a portion of the cost involved in providing laboratory analysis for all of the samples collected each year.

**REQUIRED ACTION:** The water system must submit payment of Laboratory Service and Program Administration Fees for 2023, see enclosed, to the following address:

Missouri Department of Natural Resources  
DAS Accounting Program  
P.O. Box 477  
Jefferson City, MO 65102

If you have any questions regarding Laboratory Service and Program Administration Fees, please contact the Water Protection Program's Fiscal Management unit at 573-751-6723.

- 3. The water system must develop a bacteriological site sampling plan in accordance with 10 CSR 60-4.022(3)(A).**

Missouri Safe Drinking Water Regulation 10 CSR 60-4.022(3)(A) requires all public water systems must develop a site sampling plan for the collection of samples for the monthly bacteriological samples. The site plan must consist of a list of routine sample sites where a sample may be collected, along with a map showing the location of the sample sites. The repeat upstream and repeat downstream sites must also be listed for each routine sampling site. Repeat sampling sites should be located within five service connections from the routine sampling site. The routine sampling sites must be spread out across the distribution system so the samples can be representative of the water in all areas of the water system.

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**REQUIRED ACTION:** The water system is to develop a written bacteriological site sampling plan and submit this to CFO for review and approval. Please refer to the enclosed instructions for details on how to develop a written bacteriological site sampling plan.

- 4. The water system does not have a plan or provisions for a standby chief operator, with the proper certification, to take over operation of the water system in the even the current chief operator is not available, on leave, ill or resigns. This is a required by Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4)(A)(6).**

Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator. Regulations also specify that public water systems must have a contingency plan for standby replacement chief operator to be available at all times. This can be a second employee certified to the appropriate level, a mutual assistance agreement with a neighboring system, or an arrangement with a contract operator.

**REQUIRED ACTION:** The water system must develop this contingency plan and notify CFO of the standby chief operator (or operators). The contingency plan should be reviewed no less than annually and be part of the system's emergency operations plan.

- 5. Wells #1, #2, #3, and #4 are not constructed to standards for a Public Water Supply, and have not been approved as a drinking water source as required by Missouri Statute 640.115(1) and Missouri Code of Regulations Missouri Safe Drinking Water Regulation 10 CSR 60-3.010.**

All wells used by the water system were drilled prior to June 15, 2013, to either multi-family or domestic standards. Since the wells do not meet the construction standards required for a public water system, the sources (or wells) are considered "noncompliant" for use as a public water system.

Wells serving community water systems prior to October 1, 1979, are considered grandfathered. Wells drilled after the October 1, 1979, grandfather date but before June 15, 2007, that do not meet Design Guide standards, or pre-October 1, 1979, but not serving community water systems until after that date but before June 15, 2007, are considered noncompliant. These wells can continue to be used to supply a community public water system if the water supplier enters into a Compliance Agreement with the Department.

**REQUIRED ACTION:** The Department is willing to work with you to develop a legal agreement that that will allow the continued use of the wells provided they meet certain provisions. The Public Drinking Water Branch's Compliance and Enforcement Section will be contacting you to assist you in developing this agreement. For continued use of the wells, you must sign and complete the required steps as laid out in the agreement.

Please submit the required material to Central Field Operations ATTN: Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).

### Recommendations

- 1. The water system does not have a backflow and cross connection prevention program, ordinance, or user agreement in place to ensure compliance with 10 CSR 60-11.010(2).**

Community water systems are required to ensure that customers with backflow hazards have appropriate backflow prevention devices installed, have the devices tested annually and submit proof of the test to the public water system. The aim of a backflow and cross connection prevention program is to protect the customers and the water system from potential contamination that could result from reversals of flow between the public water distribution systems and non-potable sources or chemical contaminant sources. One tool can be an ordinance or user agreement adopted by the water system specifying the requirements for customers. Such an ordinance or agreement may not be less stringent than required by Missouri Safe Drinking Water Regulations. Water systems can make some requirements more stringent than the minimum set by the regulation. For example many water systems have designated all in-ground irrigation systems as Class 1 hazards. A copy of a model ordinance has been enclosed for assistance.

Additionally, the water system should develop procedures to identify new hazards as residential and commercial buildings are constructed and existing hazards not currently tracked by the water system. The water system may use surveys and other available resources to identify existing hazards that are not currently being tracked. The water system may also create set anniversary dates for facilities in order to ensure compliance with the backflow requirements. Water systems are given this ability under 10 CSR 60-11.010(8)(C).



The water system should develop and enact a backflow prevention program.

- 2. The water system does not have a main disinfection and leak repair program to ensure proper disinfection of all newly constructed or repaired water distribution mains as recommended by the Department.**

At the time of inspection, the water system did not have a main disinfection and leak repair program. Missouri Safe Drinking Water Regulation 10 CSR 60-4.080(5) requires all new or repaired water mains to be disinfected by methods acceptable by the department. At this time, the Department recognizes the standards of the latest edition of the American Water Works Association (AWWA).

The water system should develop a main disinfection program and leak repair program to be used by staff and contractors. The procedures should include adequate flushing, disinfection and microbiological testing of all water mains. In addition to main disinfection, the water system should maintain records of each repair including, location, date of repair, probable cause, materials used, method of repair, and estimated water loss. The program should also include guidelines and procedures for issuing a Boil Advisory, notification to the Department, and reporting low pressure events.

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- 3. A written main flushing program should be established to help ensure water quality to all portions of the distribution system.**

At the time of inspection, the water system was not conducting flushing at all. Routine flushing of water distribution piping removes deposits and sediments in the water that may restrict flow and cause water quality issues. A whole system flush should be conducted at least once a year with flushing starting at the master meter and working out toward the extremities of the system. The water system should notify the wholesale provider and customers prior to beginning the flushing. Flushing should be conducted during periods of low water demand and when weather is suitable (spring or fall) to reduce inconvenience to customers. The water system should record all water used during flushing events and include this as accounted for water in monthly water loss calculations.

- 4. The water system needs to develop and maintain an updated map of all distribution piping, valves, and flush hydrants.**

At the time of the inspection, the water system was unable to provide an updated map of the distribution system. A detailed map of the distribution piping showing the location, size, and type of existing piping, valves, flush hydrants, and service connections is needed to maintain the water distribution system piping. It is important that distribution piping is located on a map in case of water leaks, and to locate piping in order to prevent accidental damage and contamination of the water system.

5. **The water system has a flat rate for water service. For a sustainable water system, each service connection should be individually metered so that each customer pays for what they actually use.**

Individual meters can be installed at locations even if the connection is an unbilled connection. Individual meters are important for figuring water loss for a water system. Water loss represents lost revenue for the water system, and may indicate main leaks which cause a loss of pressure and pose a potential risk for backflow.

The water system should consider installing individual meters. For assistance with setting an adequate rate for service, the water system can contact the Missouri Rural Water Association, who can run a rate analysis for your public water system. For more information, contact the CFO Public Drinking Water Unit at 573-522-3322.

6. **Charity Well #3 has a crack in the well cap (Photo #1).**  
While the seal is tight and the well cap did not move, the crack in the well cap could be a way for contaminants to be introduced into the well.

The Department recommends the system replace the well cap.

- 
7. **A check valve is not installed on the discharge piping of any of the wells.**

Check valves allow water to only flow in one direction, and protect the ground water supply from contamination caused by back siphoning or back flow. The lack of a check valve between the well and the distribution system places undue stress on the pump's internal valves and could shorten their service life. Should the foot-valve on the well pump fail, water would flow back down the well until the loss of pressure calls for the well to start and re-pressurize the system. The system would cycle continuously until the motor burns out.

A check valve should be installed on the discharge piping after the well and prior to any other components.

8. **Drawdown measuring equipment is not installed and/or conducted on any of the wells.**

Drawdown measuring equipment installed on each well allows the water system to periodically measure the static and pumping water levels of each well. Regular drawdown measurements can help identify declining water levels in wells, the need to lower a well pump to prevent costly damage, or the plugging of a well screen. Regular drawdown tests can save the water system money from costly well pump replacements and predict a well ability to produce enough water to meet water needs. Instructions by the National Rural Water Association on how to conduct drawdown measurements can be obtained by contacting the KCRO Public Drinking Water Unit, or on the internet at <http://www.cadroughtprep.net/images/Drought/Well%20Drawdown.pdf>.

**9. Flow meters are not installed and/or recorded regularly on any of the wells.**

Totalizing flow meters should be installed on the discharge piping of each well and recorded weekly. Regular meter readings can reveal excessive pumping that may indicate a water leak or other problems with the water system. Regular recording water use from each well will also provide information for the water system to determine if storage capacity or disinfection contact time is sufficient.

**10. None of the wells have the ability to pump to waste.**

Currently, none of the wells are set up with piping to allow it to be pumped to waste. The system should modify the discharge piping to allow the wells to be pumped to waste in the event of contamination, well disinfection, or after maintenance has been performed. As a reminder, any alteration to the well discharge piping requires construction approvals from the Department prior to any modifications.

**11. At the time of the inspection, water system staff indicated that Highway PP Well #2 was no longer in use, but the well has not been properly sealed.**

---

Failure to properly plug all inactive well(s) can present a contamination threat to groundwater and for active wells. Plugging of abandoned wells or those which can no longer be used is required by Missouri Well Construction Regulation 10 CSR 23-3.110.

The water system should properly plug the inactive well(s), and submit proof of proper plugging to CFO. Please submit form MO 780-1603, available online at <https://dnr.mo.gov/document-search/water-well-heat-pump-plugging-registration-report-mo-780-1603>. Please contact the Department's Well Installation Section office in Rolla at 573-368-2165 for more information regarding well plugging requirements. All wells no longer utilized must be properly plugged by a licensed well driller. The line from the well to the water system must be severed and capped. If the well is to be plugged, the system must notify CFO upon plugging.

**12. The well houses containing the discharge piping and bladder tanks for Highway PP Wells #1 and #2 is not equipped with a locking door.**

All critical areas should be locked in order to prevent tampering, vandalism, and possible contamination. Keys to the water system facilities should only be made available to key water system personnel, and should be guarded to prevent unauthorized access.

**13. The well house for Highway PP Well #2 is poorly maintained.**

The well house was in a state of disarray. The concrete well house was overgrown and not kept locked. Such a situation increases the difficulty of proper maintenance and operation and can lead to potential deterioration and damage to your equipment.

The water system should clean well house and maintain it in a neat and orderly condition.

**14. All bladder tanks lack necessary bypass piping and/or isolation valves to continue operation if the tanks were out of service for repair or maintenance.**

Bypass piping is necessary for the water system to take the tank out of service for repairs or painting, and to continue to properly operate. Each individual tank should be equipped with sufficient piping, shutoff valves and drains to allow each individual tank to be taken offline, drained, repaired, painted, or replaced without causing loss of pressure in the distribution system. No drain shall have a direct connection to a sewer or storm drain.

The water system should install bypass piping and the necessary valves and controls as soon as practical.

**15. The surface of the two 86-gallon bladder tanks at Well #2 are corroding.**

Failing to control corrosion of the hydro pneumatic tank may result in failure of the tank and cause unnecessary water outage and premature replacement of the tank. This would also result in an unnecessary expense that minor maintenance could have prevented.

The water system should clean and repaint the tank (with a rust preventing paint) as soon as possible. Caution must be used in the cleaning of the pressure tank when it is in use. It may be advisable to turn the system off and release the pressure before the cleaning and painting process. This is a pressure vesicle, and fifty pounds per square inch translates to 3.5-tons per square foot.

**16. There was standing water in the valve vault where the valve between the distribution systems of Wells #3 and #4 is located.**

It is recommended that valve vaults be drained to daylight to prevent flooding and standing water, which can accelerate the rusting of the pipes and other components. This also presents another work hazard for the repair crew.

The water system should consult with their engineer and operators to discuss a means to provide a drain to daylight for the vault, or if a sump pump can be installed.

**Additional Comments/Conclusion**

On March 1, 2019, amendments to the Missouri Safe Drinking Water Regulation were implemented which directly affect 10 CSR 60 Chapters 3, 4, 6-9, 11, 13, and 14. Personnel should review these regulation amendments and implement all applicable changes as they apply to the public water system. The amendments can be reviewed here:  
<https://www.sos.mo.gov/adrules/csr/current/10csr/10csr>.

The EPA reported that the State of Missouri is among the top 25 percent of states affected by federal flooding declarations. This was noted during a March 31, 2015, webinar on EPA's new *Flood Resilience: A Basic Guide for Water and Wastewater Utilities*, which was hosted by the Association of State Drinking Water Administrators and the EPA. The Flood Resilience Guide is geared towards helping small to medium sized water and wastewater utilities prepare for, and

recover from, a flood event. This interactive guide is available online at: <https://www.epa.gov/waterutilityresponse/build-flood-resilience-your-water-utility>. For more information on emergency planning, visit <http://water.epa.gov/infrastructure/watersecurity/emergplan/>.

All major water users are required by law to register water use annually. The Department of Natural Resources does not regulate the use of water – only the amount of water a major water user has the potential to use. Missouri shares water resources with many other states, some of which regulate water use and have already established their demand for water. It is important for Missouri to document our need for water and to protect our right to that water. Registering major water use establishes a user's need for water and helps the Department understand the water needs of Missouri citizens. Registration is required by all persons, firms, and corporations with the capacity to withdraw or divert 100,000 gallons or more per day or 70 gallons per minute from any combination of stream, river, lake, well, spring, or other water source. The purpose of sections 71.287 and 256.400 to 256.430 is to ensure the development of information required for the analysis of certain future water resource management needs such as the Missouri State Water Plan. Information about the plan may be found at: <https://dnr.mo.gov/water/what-were-doing/water-planning/missouri-water-resources-plan>. To register online or for mail-in forms go to: <https://dnr.mo.gov/document-search/major-water-use-registration-mo-780-2019>. For further information or questions, contact the Water Resources Center at 573-368-2100.

Missouri Public Drinking Water Regulation 10 CSR 60-3.010 requires all public water systems to submit a construction application with engineered plans and specifications to the Department for review and approval prior to any new construction, modification, alteration, or extension of your water system source, treatment, storage, or distribution piping. This requirement includes modifications made to your treatment process that would significantly change or alter plant capacity or treatment processes. Adding, removing, or changing chemical additives and/or their injection locations may significantly alter your treatment process. Water systems must notify the Department at least 60 days in advance of making any changes to the treatment process. Please make sure your water system has written approval prior to beginning any construction or modifications. Permits and construction specifications can be found at: <https://dnr.mo.gov/env/wpp/pdwb/permits.htm>. For further information or questions, contact the Permits and Engineering Section at 573-751-5331.

Missouri Public Drinking Water Regulation 10 CSR 23-3.060(4) and 23-3.110(1) requires that any well that has not been in use for two or more years be permanently plugged and properly certified with the Missouri Geological Survey Well Installation Section. Contact the Well Installation Section for well plugging specifications at 573-368-2100.

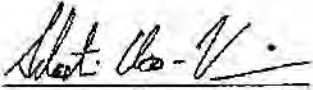
Missouri Public Drinking Water Regulation 10 CSR 60-7.010(2) requires that public water systems notify the Department within 48 hours of a failure to comply with any regulation or monitoring requirement. Since Regulation 10 CSR 60-4.080(9) requires all public water systems to maintain a minimum pressure of 20 psi, all public water systems must notify the Department when pressures in their system fall below 20 psi.

Report of Inspection  
Charity PWS  
July 18, 2023  
Page 15 of 15

If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov). For assistance with compliance issues or general technical assistance, you may also contact Central Field Operations at the above contacts.

### Signatures

SUBMITTED BY:



Sebastien Clos-Versailles  
Environmental Inspector  
Central Field Operations


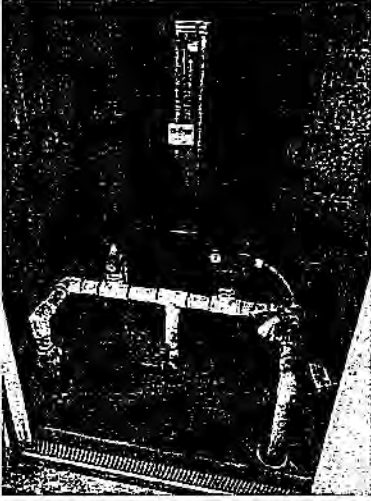
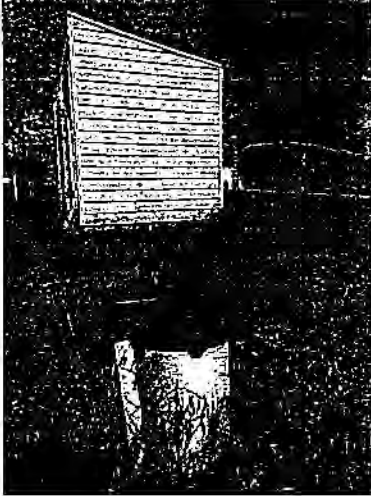
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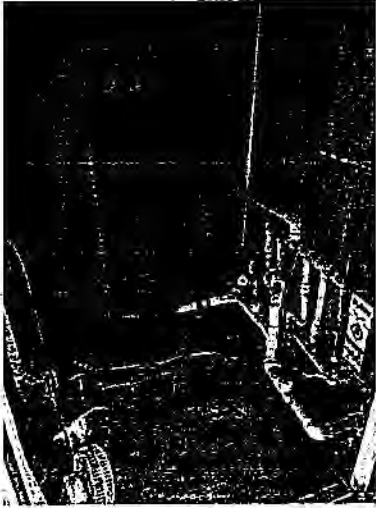
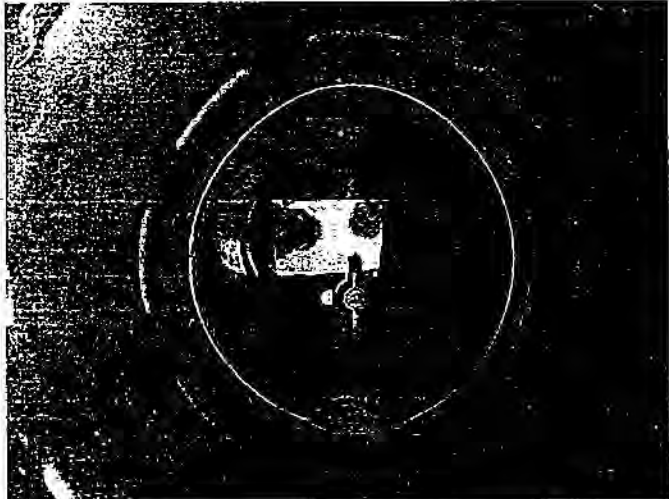



Arthur Goodin, CHMM  
Deputy Director  
Division of Environmental Quality

### Attachments:

- 
- Attachment #1 - Photographs #1 - #12
  - Attachment #2 - System Map
  - Attachment #3 - Permit to Dispense Application
  - Attachment #4 - 2023 Lab Fees Invoice
  - Attachment #5 - Community Site Sampling Plan Guidance
  - Attachment #6 - Cross Connection Control Ordinance Template

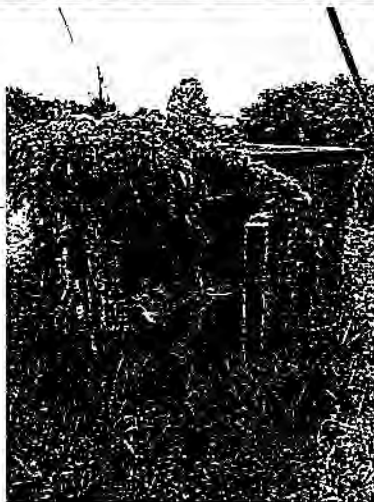
	<p><b>Photograph: # 1.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Charity Well #3 <b>Description:</b> View of Well #3 and respective well house behind</p>
	<p><b>Photograph: # 2.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Charity Well #3 Well house <b>Description:</b> View of Charity Well #3 discharge piping and respective 119-gallon bladder tank</p>
	<p><b>Photograph: # 3.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Charity Well #4 <b>Description:</b> View of Charity Well #4 and respective well house behind</p>

	<p><b>Photograph: # 4.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Charity Well #4 well house <b>Description:</b> View of Charity Well #4 discharge piping and respective 86-gallon bladder tank</p>
	<p><b>Photograph: # 5.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Interconnection between Well #3 and #4 <b>Description:</b> View of the flooded vault and valve between the distribution systems of Well #3 and #4.</p>
	<p><b>Photograph: # 6.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Charity PWS <b>Permit:</b> MO3036361 <b>Location:</b> Neighboring WELL <b>Description:</b> View of the unsealed unused well on the lot near Charity Well #4, Note this well is not a part of the water system.</p>

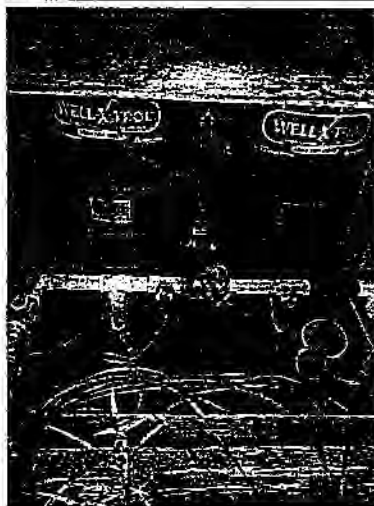




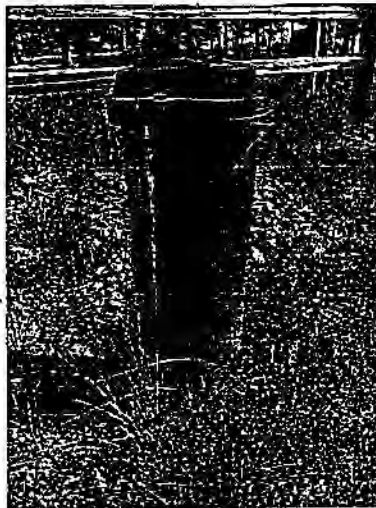
**Photograph: # 7.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #2  
**Description:** View of Highway PP Well #2.  
Note the opening in the electrical conduit.



**Photograph: # 8.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #2 well house  
**Description:** View of the well house for  
Highway PP Well #2



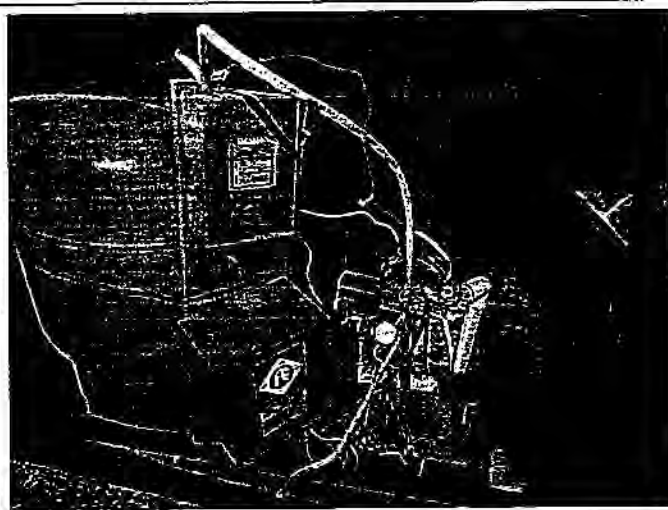
**Photograph: # 9.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #2 well house  
**Description:** View of the discharge piping and  
respective two 86-gallon bladder tanks for  
Highway PP Well #2



**Photograph: # 10.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #1  
**Description:** View of the Highway PP Well #1



**Photograph: # 11.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #1 well house  
**Description:** View of the Highway PP Well #1 well house



**Photograph: # 12.**  
**Taken By:** Sebastien Clos-Versailles  
**Date Taken:** June 20, 2023  
**Program:** Public Drinking Water  
  
**Entity:** Charity PWS  
**Permit:** MO3036361  
**Location:** Highway PP Well #1 well house  
**Description:** View of the discharge piping and respective 34-gallon bladder tank for the Highway PP Well #1

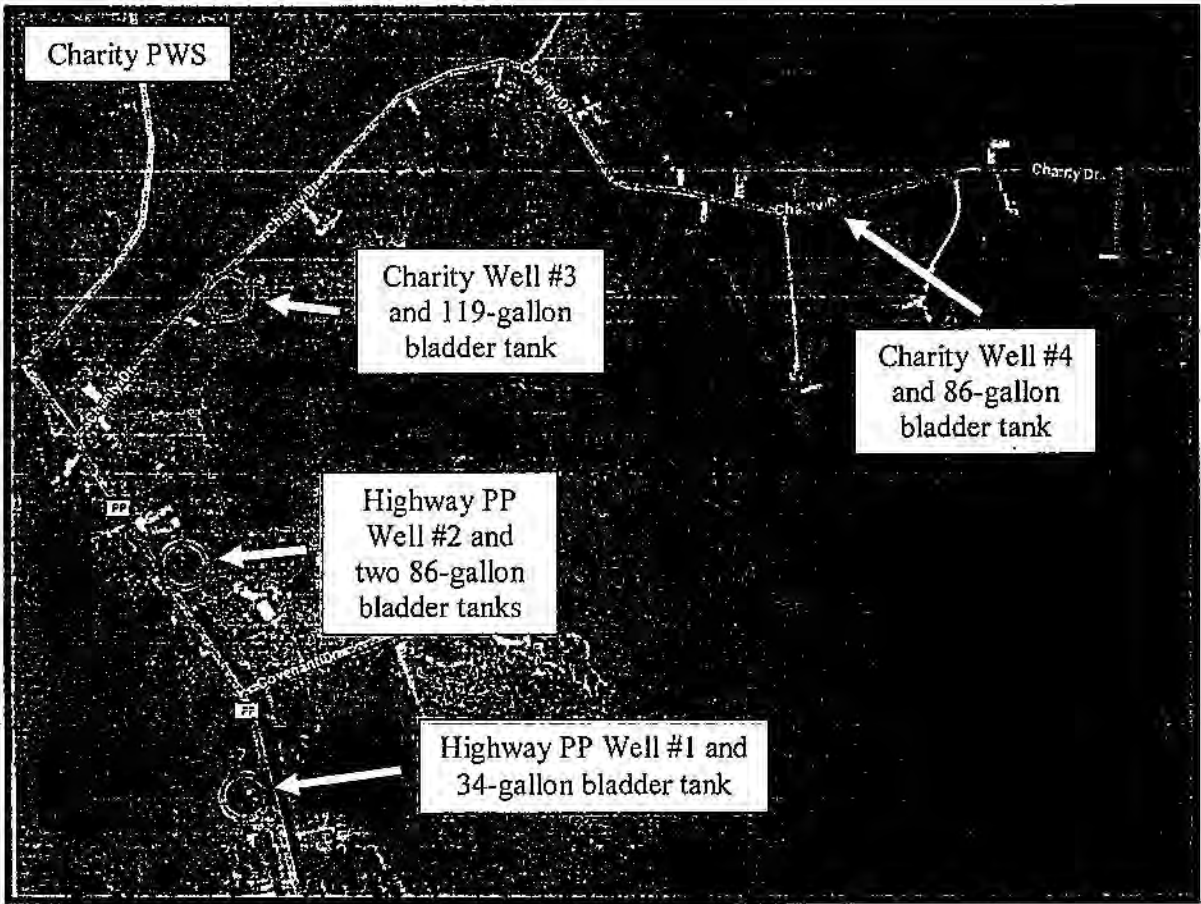
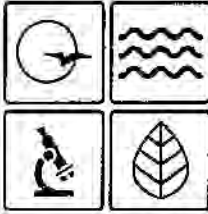


Figure 1: Overhead view of the Charity public water system. Image courtesy of Google Maps.



**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

July 18, 2023

Rolling Hills PWS  
Travis Blevins  
15405 Texas Road  
St. Robert, MO 65584  
Via email at [leontravis@yahoo.com](mailto:leontravis@yahoo.com)

**SIGNIFICANT DEFICIENCIES and UNSATISFACTORY FINDINGS  
RESPONSE REQUIRED**

Dear Travis Blevins:

On June 20, 2023, team members from the Missouri Department of Natural Resources conducted an inspection of Rolling Hills PWS, located on Rolling Hills Road in Pulaski County. The entity operates under the authority of Rolling Hills PWS, MO3036362.


Compliance with the Missouri Safe Drinking Water Law was evaluated. The enclosed report is being issued with Significant Deficiencies for the violations identified in the enclosed report.

Please direct your attention to the **Compliance Determination and Listing of Violations and Required Actions** in the enclosed report. The report documents the findings and the actions that you must take to address the violations. **A written response documenting actions taken to correct the violations is required by the date specified in the report.**

Failure to address the required actions will result in the issuance of a Notice of Violation. If you have any questions or would like to schedule a time to meet with a Department team member to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).

Sincerely,

CENTRAL FIELD OPERATIONS

  
Sebastien Clos-Versailles  
Environmental Supervisor

Enclosure: Report of Inspection

c: Public Drinking Water Branch, Compliance and Enforcement Unit  
Public Drinking Water Branch, Monitoring Unit  
Pulaski County Health Department  
Lori Jean, Operator

# Compliance Summary

**Facility Name:** Rolling Hills PWS

**Permit Number:** MO3036362

**Inspection Date:** June 20, 2023

**This summary is intended to direct your attention to violations noted during the inspection of your facility.**

**Violations noted during the inspection:**

1. Non-certified individual making operational decisions for the water system
2. Opening in the electrical conduit for Well #1
3. No Permit to Dispense Water to the Public
4. System failed to pay lab fees for 2023
5. System does not have a site sampling plan
6. System does not have a plan for a backup operator
7. All wells being used are considered noncompliant wells

**Actions necessary to return to compliance:**

1. ~~Beginning immediately, non-certified individuals must cease work on the water system~~ without proper supervision from the certified chief operator and must notify the Department of their plan to do so
2. Properly seal the opening in Well #1's electrical conduit
3. Upon completion of the noncompliant well agreement, apply for a Permit to Dispense Water
4. Pay the laboratory fees for the 2023 calendar year
5. Establish a satisfactory site sampling plan, which includes sufficient sample locations, identified repeat locations, a sample schedule and a map of the sample locations
6. Determine a plan for a backup chief operator or identify an individual as the certified backup operator
7. Sign the noncompliant well agreements for each well associated with the system upon receipt from the Department and satisfy the requirements laid out within

Refer to the Significant Deficiencies and Unsatisfactory Findings sections on pages five through eight of the enclosed report for detailed information about these violations and how to correct them so your facility may be returned to compliance.

**We appreciate your prompt attention to these issues. If you have any questions, or if you would like to meet to discuss these violations further, please contact Sebastien Cloves-Versailles at Central Field Operations at (573) 522-3322 or at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).**

**Missouri Department of Natural Resources  
Central Field Operations  
Report of Inspection  
Rolling Hills PWS  
Rustler Lane, Richland, Pulaski County  
PWS ID# MO3036362  
July 18, 2023**

**Introduction**

I, Sebastien Clos-Versailles, of the Missouri Department of Natural Resources' Central Field Operations (CFO), conducted a routine Compliance and Operations Inspection of the Rolling Hills public water system. The inspection was conducted on June 20, 2023, with the following participants:

Rolling Hills PWS

Travis Blevins	Owner	573-855-2769
Lori Jean	Chief Operator	417-425-9343

Missouri Department of Natural Resources

Sebastien Clos-Versailles	Environmental Supervisor	573-526-0459 <a href="mailto:sebastien.clos-versailles@dnr.mo.gov">sebastien.clos-versailles@dnr.mo.gov</a>
Jackie Johnson	Environmental Specialist	573-751-4414 <a href="mailto:jackie.johnson@dnr.mo.gov">jackie.johnson@dnr.mo.gov</a>

This inspection was conducted to determine whether the system is operated and maintained in compliance with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, in accordance with 640.120.5, Revised Statutes of Missouri. This inspection reviewed all eight critical components of a public water system, as defined by the Environmental Protection Agency (EPA). Required actions to correct deficiencies found during this inspection, as well as any recommendations, are described in this report.

**Entity Description and History**

Rolling Hills PWS is a community public water system requiring an operator with a Distribution I certification. The system is located on Rustler Lane, Richland, MO 65556. The water system serves approximately 48 customers through 19 active service connections. This is a primary ground water system with 1 well and 2 86-gallon bladder tanks. The system operates year round and produces an unknown amount of water per day.

The Department activated the system in July, 2022. At the time of activation, the system had two wells. On August 2022, Travis Blevins notified the Department that they sold the second well, which fed a separate distribution system, associated with the Rolling Hills PWS to the homeowner, and the Department subsequently removed the well from the system. Since activation, the system has failed to pay the lab fees for 2023.

## **Discussion of Inspection and Observations**

As part of the inspection, I reviewed the files for Rolling Hills PWS, MO3036362, including previous inspection reports, correspondence, and the status of the Permit to Dispense to familiarize myself with the requirements specific to this system. Prior to the inspection, I called Lori Jean to set up the drinking water inspection for Rolling Hills PWS; after a brief discussion of the scope of the inspection, we set the inspection date for June 20, 2023.

Jackie Johnson and I met Lori Jean and Travis Blevins at the main office and reviewed the system files before Lori Jean, Jackie Johnson, and I proceeded to view Well #1 and the respective two 86-gallon bladder tanks. As part of the inspection, I collected a routine bacteriological drinking water sample from sample point #02. I delivered the sample to the Missouri State Public Health Lab for analysis.

My observations from the inspection of the Rolling Hills public water system are organized according to the eight critical components of public drinking water systems: System Management and Operation, Operator Certification, Monitoring and Reporting, System Source, System Treatment, Pumping Facilities, Finished Water Storage, and Distribution System.

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### *System Management and Operation*

At the time of inspection, it came to the attention of the Department that the system's chief operator was not always in charge of operating the water system and individuals not appropriately certified as Distribution System I operators were making changes to the water system (**Significant Deficiency #1**). The system does not have a Permit to Dispense Water to the Public (**Unsatisfactory Finding #1**). The system has not paid laboratory fees for 2023 (**Unsatisfactory Finding #2**). The system does not have a satisfactory site sampling plan (**Unsatisfactory Finding #3**). The system does not have a cross connection control program (**Recommendation #1**). The system does not have a leak repair procedure (**Recommendation #2**) and does not have a flushing program (**Recommendation #3**). The system does not have a map of the distribution system (**Recommendation #4**). The system does not have each connection individually metered, so they cannot calculate water loss (**Recommendation #5**).

### *Operator Certification*

The chief operator is Lori Jean; Certification ID #9729, Distribution System II, Treatment C. The system does not have a backup operator or a plan in place should their chief operator be unavailable (**Unsatisfactory Finding #4**).

### *Monitoring and Reporting*

The system has done a commendable job collecting all the required bacteriological and chemical samples.

Review Table #1, below, for the Rolling Hills PWS analyte monitoring schedule.

Analyte	Number of Sample(s)	Frequency	Next Scheduled Action
Bacteria	1	Monthly, Wells & Distribution System	Every month, every year
Nitrate/Nitrite	1	Every year per Well	2023
Synthetic Organic Chemicals (SOC)	1	Every six years per Well	2028
Volatile Organic Chemicals (VOC)	1	Every three years per Well	2025
Inorganic Chemicals (IOC)	1	Every three years per Well	2025
Lead & Copper Analysis	5	Every six months from the Distribution System	2023
Radionuclides	1	Every nine years per Well	2031
Glyphosate	1	Every nine years per Well	2031

*System Source*

The system has one noncompliant well that it uses as its primary source of water (Photo #1). The Department determined the well is noncompliant but has not yet issued the noncompliant well agreement to the system. Additional information on well specifications and appurtenances is available in Table #2 and #3.

Well ID	Installation Date	Casing Depth (ft)	Casing Diameter (in)	Total Depth (ft)	Pump Capacity (gpm)	Pump Type	WIMS Record ID	State Approved ID
Well #1	02/11/2007	160	6	445	10	Submersible	00402070	N/A

Well ID	Breather Vent	Pump to Waste	Sample Tap	Access Hatch	Lightning Protection	Casing 18" above ground level	Isolation Valve	Pressure Gauge	Drawdown Gauge	Check Valve	Master Meter
Well #1	Y	N	Y	N/A	-	Y	Y	Y	N	N	N

At the time of inspection, there was an opening in the electrical conduit for Well #1 (**Significant Deficiency #2**)(Photo #2). The system is using a noncompliant well as its primary source of water (**Unsatisfactory Finding #5**). The well does not have a check valve (**Recommendation**



#6), a drawdown gauge (**Recommendation #7**), or a master meter (**Recommendation #8**). The well's discharge piping is not set up to allow the well to pump to waste (**Recommendation #9**). The well house for the discharge piping of Well #1 and the respective bladder tanks is not locked (**Recommendation #10**).

*System Treatment*

The system does not treat the water.

*Pumping Facilities*

The system does not have any pumping facilities.

*Finished Water Storage*

The system has two 86-gallon bladder tanks that it uses as finished water storage and to provide pressure to the system (Photo #3).

At the time of inspection, neither of the bladder tanks had individual isolation valves (**Recommendation #11**).

*Distribution System*

There were no noted issues with the distribution system.

**Sampling and Monitoring**

As part of this Compliance and Operation Inspection, the following analyses were conducted to verify operational parameters for Rolling Hills PWS (Table #4). During the inspection, I collected a routine bacteriological sample, and measured the disinfectant residuals to verify that the system is meeting the operational and regulatory parameters required. Rolling Hills PWS does not use chlorine as the disinfectant in their treatment process. The sample was collected at sampling site #02, located at 24665 Rolling Hills. I took the sample to the Missouri State Public Health Lab for analysis.

Location	Free Residual mg/L	Total Residual mg/L	Total Coliform	E. Coli
02 – 24665 Rolling Hills	-	0.08	Absent	Absent

At the time of inspection, there was a detectable amount of total chlorine residual in the system. There were trace amounts of residual chlorine found in the water system, which was unexpected as the system is not a chlorinated system.

### **Compliance Determination, Violations, and Required Actions**

Rolling Hills PWS was found to be **out of compliance** with the Missouri Safe Drinking Water Law and the Missouri Safe Drinking Water Commission Regulations, based upon observations made at the time of the inspection.

The Missouri Safe Drinking Water Regulations require the Department to identify specific **Significant Deficiencies** with water systems that require corrective actions. These significant deficiencies are defects in design, operation, or maintenance that can cause public health concerns, or have the potential to introduce contamination. The public water system must consult with the CFO by **August 17, 2023** to determine what actions will be taken to correct each significant deficiency, **otherwise a violation will be issued**. The system must also contact the Department within 30 days of correcting a Significant Deficiency. The system has 120 days from the date of this letter to either complete the required corrective actions, or enter into an approved corrective action plan, which provides a schedule for completion of the remaining Significant Deficiencies. If the Significant Deficiency is not resolved within 120 days or another Department-approved date, **then a violation will be issued**. The system shall submit a written statement to the CFO by **November 15, 2023**, explaining what actions have been taken to correct the violations and prevent a reoccurrence in the future.

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#### **Significant Deficiencies**

- 1. The water system had individuals making operational decisions and changes to the water system who were not under the direct supervision of a properly certified chief operator as required by Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4).**

At the time of inspection, Lori Jean notified the Department that the owner of the system was making operational decisions and changes to the water system without the knowledge or consent of the certified chief operator. These include, primary frequent unknown shocking of the water system with chlorine and unknown other work around the system.

Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator.

**REQUIRED ACTION:** Non certified members of the water system must immediately cease operational activities associated with the water system and ensure the certified chief operator is making all operational decisions or supervising others prior to changes being made. Please notify the Department, in writing, of the system's plan to ensure this remains the case in the future.

- 2. The well head is inadequately sealed and can allow contaminants into the well. Specifically, there is an opening in the electrical conduit (Photo #X). This is a Significant Deficiency under 10 CSR60-4.025(4), and requires an immediate response.**

At the time of the inspection, there was an opening in the electrical conduit of Well #1.

**REQUIRED ACTION:** Make necessary repairs to the electrical conduit so there is no longer an opening in the well. Upon completion of the repairs, send documentation to CFO showing the repair.

### Unsatisfactory Findings

For all Unsatisfactory Findings listed below, a written response documenting actions taken to correct the violations is required by **August 17, 2023**.

- 1. The system must apply for a Permit to Dispense Water to the Public as required by Missouri Safe Drinking Water Regulation 10 CSR 60-3.010 and 640.115, RSMo.**

All water systems dispensing water to the public, which meet the definition of a Public Water System, are required to obtain a valid Permit to Dispense Water to the Public from the Department.

**REQUIRED ACTION:** At the current time, the system is ineligible to receive a Permit to Dispense due to the Department determining the well serving the system to be noncompliant. Upon completion of the noncompliant well agreement as outlined in Unsatisfactory Finding five, soon to be issued by the Department, you can submit a Permit to Dispense Application to the Department for review.

- 2. The water system failed to pay Laboratory Service and Program Administration Fees to the Department for 2023 as required by Missouri Safe Drinking Water Regulation 10 CSR 60-16.030.**

Section 640.100.3, RSMo and Public Drinking Water Regulation 10 CSR 60-16.030 require Public Water Supplies to pay an annual fee for laboratory services. These fees help pay for only a portion of the cost involved in providing laboratory analysis for all of the samples collected each year.

**REQUIRED ACTION:** The water system must submit payment of Laboratory Service and Program Administration Fees for 2023, see enclosed, to the following address:

Missouri Department of Natural Resources  
DAS Accounting Program  
P.O. Box 477  
Jefferson City, MO 65102

If you have any questions regarding Laboratory Service and Program Administration Fees, please contact the Water Protection Program's Fiscal Management unit at 573-751-6723.

- 3. The water system must develop a bacteriological site sampling plan in accordance with 10 CSR 60-4.022(3)(A).**

Missouri Safe Drinking Water Regulation 10 CSR 60-4.022(3)(A) requires all public water systems must develop a site sampling plan for the collection of samples for the monthly bacteriological samples. The site plan must consist of a list of routine sample sites where a sample may be collected, along with a map showing the location of the sample sites. The repeat upstream and repeat downstream sites must also be listed for each routine sampling site. Repeat sampling sites should be located within five service connections from the routine sampling site. The routine sampling sites must be spread out across the distribution system so the samples can be representative of the water in all areas of the water system.

**REQUIRED ACTION:** The water system is to develop a written bacteriological site sampling plan and submit this to CFO for review and approval. Please refer to the enclosed instructions for details on how to develop a written bacteriological site sampling plan.

- 4. The water system does not have a plan or provisions for a standby chief operator, with the proper certification, to take over operation of the water system in the even the current chief operator is not available, on leave, ill or resigns. This is a required by Missouri Safe Drinking Water Regulation 10 CSR 60-14.010(4)(A)(6).**

Missouri Safe Drinking Water Regulations requires all community and nontransient noncommunity public water systems to have an operator with the appropriate level of certification, to be in charge of each treatment facility and each distribution system. Any personnel making changes to the treatment processes or the distribution must be under the direct supervision of the chief operator. Regulations also specify that public water systems must have a contingency plan for standby replacement chief operator to be available at all times. This can be a second employee certified to the appropriate level, a mutual assistance agreement with a neighboring system, or an arrangement with a contract operator.

**REQUIRED ACTION:** The water system must develop this contingency plan and notify CFO of the standby chief operator (or operators). The contingency plan should be reviewed no less than annually and be part of the system's emergency operations plan.

- 5. Well #1 is not constructed to standards for a Public Water Supply, and has not been approved as a drinking water source as required by Missouri Statute 640.115(1) and Missouri Code of Regulations Missouri Safe Drinking Water Regulation 10 CSR 60-3.010.**

Well #1 used by the water system was drilled on February 11, 2007, to domestic standards. Since the wells do not meet the construction standards required for a public water system, the source (or wells) is considered "noncompliant" for use as a public water system.

Wells serving community water systems prior to October 1, 1979, are considered grandfathered. Wells drilled after the October 1, 1979, grandfather date but before June 15, 2007, that do not meet Design Guide standards, or pre-October 1, 1979, but not serving community water systems until after that date but before June 15, 2007, are considered noncompliant. These wells can continue to be used to supply a community public water system if the water supplier enters into a Compliance Agreement with the Department.

**REQUIRED ACTION:** The Department is willing to work with you to develop a legal agreement that that will allow the continued use of the well provided it meets certain provisions. The Public Drinking Water Branch's Compliance and Enforcement Section will be contacting you to assist you in developing this agreement. For continued use of the well, you must sign and complete the required steps as laid out in the agreement.

Please submit the required material to Central Field Operations ATTN: Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRCFO.PDW@dnr.mo.gov](mailto:DNRCFO.PDW@dnr.mo.gov).

### Recommendations

- 1. The water system does not have a backflow and cross connection prevention program, ordinance, or user agreement in place to ensure compliance with 10 CSR 60-11.010(2).**

Community water systems are required to ensure that customers with backflow hazards have appropriate backflow prevention devices installed, have the devices tested annually and submit proof of the test to the public water system. The aim of a backflow and cross connection prevention program is to protect the customers and the water system from potential contamination that could result from reversals of flow between the public water distribution systems and non-potable sources or chemical contaminant sources. One tool can be an ordinance or user agreement adopted by the water system specifying the requirements for customers. Such an ordinance or agreement may not be less stringent than required by Missouri Safe Drinking Water Regulations. Water systems can make some requirements more stringent than the minimum set by the regulation. For example many water systems have designated all in-ground irrigation systems as Class 1 hazards. A copy of a model ordinance has been enclosed for assistance.

Additionally, the water system should develop procedures to identify new hazards as residential and commercial buildings are constructed and existing hazards not currently tracked by the water system. The water system may use surveys and other available resources to identify existing hazards that are not currently being tracked. The water system may also create set anniversary dates for facilities in order to ensure compliance with the backflow requirements. Water systems are given this ability under 10 CSR 60-11.010(8)(C).

The water system should develop and enact a backflow prevention program.

- 2. The water system does not have a main disinfection and leak repair program to ensure proper disinfection of all newly constructed or repaired water distribution mains as recommended by the Department.**

At the time of inspection, the water system did not have a main disinfection and leak repair program. Missouri Safe Drinking Water Regulation 10 CSR 60-4.080(5) requires all new or repaired water mains to be disinfected by methods acceptable by the department. At this time, the Department recognizes the standards of the latest edition of the American Water Works Association (AWWA).

The water system should develop a main disinfection program and leak repair program to be used by staff and contractors. The procedures should include adequate flushing, disinfection and microbiological testing of all water mains. In addition to main disinfection, the water system should maintain records of each repair including, location, date of repair, probable cause, materials used, method of repair, and estimated water loss. The program should also include guidelines and procedures for issuing a Boil Advisory, notification to the Department, and reporting low pressure events.

- 3. A written main flushing program should be established to help ensure water quality to all portions of the distribution system.**

At the time of inspection, the water system was not conducting flushing at all. Routine flushing of water distribution piping removes deposits and sediments in the water that may restrict flow and cause water quality issues. A whole system flush should be conducted at least once a year with flushing starting at the master meter and working out toward the extremities of the system. The water system should notify the wholesale provider and customers prior to beginning the flushing. Flushing should be conducted during periods of low water demand and when weather is suitable (spring or fall) to reduce inconvenience to customers. The water system should record all water used during flushing events and include this as accounted for water in monthly water loss calculations.

- 4. The water system needs to develop and maintain an updated map of all distribution piping, valves, and flush hydrants.**

At the time of the inspection, the water system was unable to provide an updated map of the distribution system. A detailed map of the distribution piping showing the location, size, and type of existing piping, valves, flush hydrants, and service connections is needed to maintain the water distribution system piping. It is important that distribution piping is located on a map in case of water leaks, and to locate piping in order to prevent accidental damage and contamination of the water system.

- 5. The water system has a flat rate for water service. For a sustainable water system, each service connection should be individually metered so that each customer pays for what they actually use.**

Individual meters can be installed at locations even if the connection is an unbilled connection. Individual meters are important for figuring water loss for a water system. Water loss represents lost revenue for the water system, and may indicate main leaks which cause a loss of pressure and pose a potential risk for backflow.

The water system should consider installing individual meters. For assistance with setting an adequate rate for service, the water system can contact the Missouri Rural Water Association, who can run a rate analysis for your public water system. For more information, contact the CFO Public Drinking Water Unit at 573-522-3322.

**6. A check valve is not installed on the discharge piping of Well #1.**

Check valves allow water to only flow in one direction, and protect the ground water supply from contamination caused by back siphoning or back flow. The lack of a check valve between the well and the distribution system places undue stress on the pump's internal valves and could shorten their service life. Should the foot-valve on the well pump fail, water would flow back down the well until the loss of pressure calls for the well to start and re-pressurize the system. The system would cycle continuously until the motor burns out.

A check valve should be installed on the discharge piping after the well and prior to any other components.

**7. Drawdown measuring equipment is not installed and/or conducted on Well #1.**

Drawdown measuring equipment installed on each well allows the water system to periodically measure the static and pumping water levels of each well. Regular drawdown measurements can help identify declining water levels in wells, the need to lower a well pump to prevent costly damage, or the plugging of a well screen. Regular drawdown tests can save the water system money from costly well pump replacements and predict a well ability to produce enough water to meet water needs. Instructions by the National Rural Water Association on how to conduct drawdown measurements can be obtained by contacting the KCRO Public Drinking Water Unit, or on the internet at <http://www.cadroughtprep.net/images/Drought/Well%20Drawdown.pdf>.

**8. Flow meters are not installed and/or recorded regularly on Well #1.**

Totalizing flow meters should be installed on the discharge piping of each well and recorded weekly. Regular meter readings can reveal excessive pumping that may indicate a water leak or other problems with the water system. Regular recording water use from each well will also provide information for the water system to determine if storage capacity or disinfection contact time is sufficient.

**9. Well #1 does not have the ability to pump to waste.**

Currently, Well #1 is not set up with piping to allow it to be pumped to waste. The system should modify the discharge piping to allow the well to be pumped to waste in the event of contamination, well disinfection, or after maintenance has been performed. As a reminder, any alteration to the well discharge piping requires construction approvals from the Department prior to any modifications.

**10. The well house containing the discharge piping and bladder tanks for Well #1 is not equipped with a locking door.**

All critical areas should be locked in order to prevent tampering, vandalism, and possible contamination. Keys to the water system facilities should only be made available to key water system personnel, and should be guarded to prevent unauthorized access.

**11. All bladder tanks lack necessary bypass piping and/or isolation valves to continue operation if the tanks were out of service for repair or maintenance.**

Bypass piping is necessary for the water system to take the tank out of service for repairs or painting, and to continue to properly operate. Each individual tank should be equipped with sufficient piping, shutoff valves and drains to allow each individual tank to be taken offline, drained, repaired, painted, or replaced without causing loss of pressure in the distribution system. No drain shall have a direct connection to a sewer or storm drain.

The water system should install bypass piping and the necessary valves and controls as soon as practical.

**Additional Comments/Conclusion**

On March 1, 2019, amendments to the Missouri Safe Drinking Water Regulation were implemented which directly affect 10 CSR 60 Chapters 3, 4, 6-9, 11, 13, and 14. Personnel should review these regulation amendments and implement all applicable changes as they apply to the public water system. The amendments can be reviewed here:  
<https://www.sos.mo.gov/adrules/csr/current/10csr/10csr>.

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The EPA reported that the State of Missouri is among the top 25 percent of states affected by federal flooding declarations. This was noted during a March 31, 2015, webinar on EPA's new *Flood Resilience: A Basic Guide for Water and Wastewater Utilities*, which was hosted by the Association of State Drinking Water Administrators and the EPA. The Flood Resilience Guide is geared towards helping small to medium sized water and wastewater utilities prepare for, and recover from, a flood event. This interactive guide is available online at:  
<https://www.epa.gov/waterutilityresponse/build-flood-resilience-your-water-utility>. For more information on emergency planning, visit  
<http://water.epa.gov/infrastructure/watersecurity/emerplan/>.

All major water users are required by law to register water use annually. The Department of Natural Resources does not regulate the use of water – only the amount of water a major water user has the potential to use. Missouri shares water resources with many other states, some of which regulate water use and have already established their demand for water. It is important for Missouri to document our need for water and to protect our right to that water. Registering major water use establishes a user's need for water and helps the Department understand the water needs of Missouri citizens. Registration is required by all persons, firms, and corporations with the capacity to withdraw or divert 100,000 gallons or more per day or 70 gallons per minute from any combination of stream, river, lake, well, spring, or other water source. The purpose of sections 71.287 and 256.400 to 256.430 is to ensure the development of information required for the analysis of certain future water resource management needs such as the Missouri State Water Plan. Information about the plan may be found at: <https://dnr.mo.gov/water/what-were-doing/water-planning/missouri-water-resources-plan>. To register online or for mail-in forms go to: <https://dnr.mo.gov/document-search/major-water-use-registration-mo-780-2019>. For further information or questions, contact the Water Resources Center at 573-368-2100.



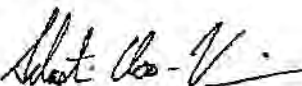
Missouri Public Drinking Water Regulation 10 CSR 60-3.010 requires all public water systems to submit a construction application with engineered plans and specifications to the Department for review and approval prior to any new construction, modification, alteration, or extension of your water system source, treatment, storage, or distribution piping. This requirement includes modifications made to your treatment process that would significantly change or alter plant capacity or treatment processes. Adding, removing, or changing chemical additives and/or their injection locations may significantly alter your treatment process. Water systems must notify the Department at least 60 days in advance of making any changes to the treatment process. Please make sure your water system has written approval prior to beginning any construction or modifications. Permits and construction specifications can be found at: <https://dnr.mo.gov/env/wpp/pdwb/permits.htm>. For further information or questions, contact the Permits and Engineering Section at 573-751-5331.

Missouri Public Drinking Water Regulation 10 CSR 60-7.010(2) requires that public water systems notify the Department within 48 hours of a failure to comply with any regulation or monitoring requirement. Since Regulation 10 CSR 60-4.080(9) requires all public water systems to maintain a minimum pressure of 20 psi, all public water systems must notify the Department when pressures in their system fall below 20 psi.


If you have any questions or would like to schedule a time to meet with Department staff to discuss compliance requirements, please contact Sebastien Clos-Versailles by mail at the Missouri Department of Natural Resources, Central Field Operations, P.O. Box 176, Jefferson City, MO 65102; by phone at 573-522-3322; or by email at [DNRRCFO.PDW@dnr.mo.gov](mailto:DNRRCFO.PDW@dnr.mo.gov). For assistance with compliance issues or general technical assistance, you may also contact Central Field Operations at the above contacts.

## Signatures

SUBMITTED BY:

  
Sebastien Clos-Versailles  
Environmental Inspector  
Central Field Operations

REVIEWED BY:

  
Arthur Goodin, CHMM  
Deputy Director  
Division of Environmental Quality

## Attachments:




- Attachment #1 – Photographs #1 - #3
- Attachment #2 – System Map
- Attachment #3 – Permit to Dispense Application
- Attachment #4 – 2023 Lab Fees Invoice
- Attachment #5 – Community Site Sampling Plan Guidance
- Attachment #6 – Cross Connection Control Ordinance Template

Attachment #1 - Photographs

Rolling Hills PWS

July 18, 2023

Page 1 of 1

	<p><b>Photograph: # 1.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Rolling Hills PWS <b>Permit:</b> MO3036362 <b>Location:</b> Well #1 <b>Description:</b> View of Well #1</p>
	<p><b>Photograph: # 2.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Rolling Hills PWS <b>Permit:</b> MO3036362 <b>Location:</b> Well #1 <b>Description:</b> View of the opening in the electrical conduit of Well #1</p>
	<p><b>Photograph: # 3.</b> <b>Taken By:</b> Sebastien Clos-Versailles <b>Date Taken:</b> June 20, 2023 <b>Program:</b> Public Drinking Water</p> <p><b>Entity:</b> Rolling Hills PWS <b>Permit:</b> MO3036362 <b>Location:</b> Well #1 wellhouse <b>Description:</b> View of the discharge piping and two 86-gallon bladder tanks associated with Well #1</p>

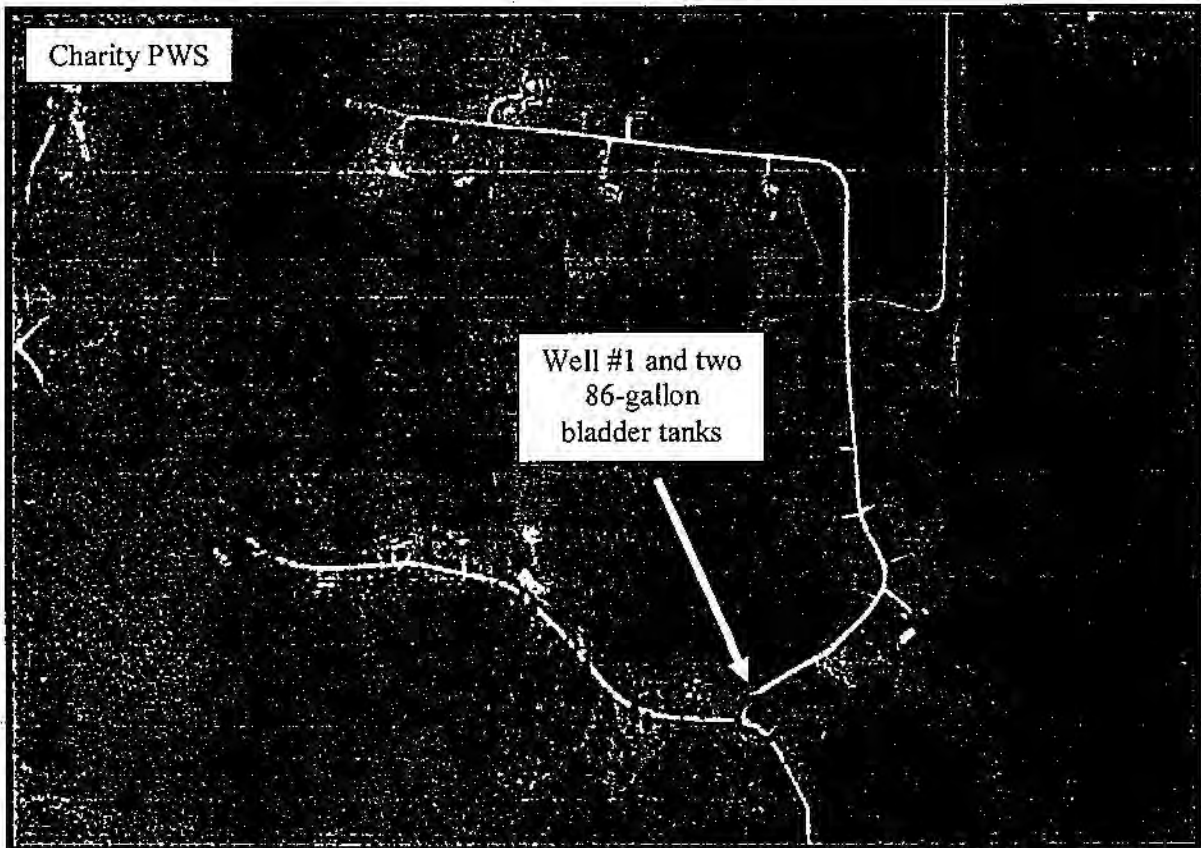
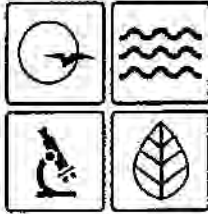


Figure 1: Overhead view of the Rolling Hills public water system. Image courtesy of Google Maps.



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

February 24, 2023

CERTIFIED MAIL # 7019 0700 0001 2750 8328  
RETURN RECEIPT REQUESTED

Travis Blevins, Operating Authority  
Misty Mountain PWS  
15405 Texas Road  
PO Box 882  
St. Robert, MO 65584

RE: Intention to Pursue Enforcement Action

Travis Blevins:

This letter serves as notification that the Missouri Department of Natural Resources intends to pursue formal enforcement action for violations of the Missouri Safe Drinking Water Law observed at Misty Mountain public water system located at 15405 Texas Road, St. Robert, Pulaski County, MO. The Department brought these violations to your attention in previous correspondence dated August 19, October 19, and November 17, 2022. The Central Field Operations Office referred this matter to the Department's Water Protection Program for review. We would like to meet with you to discuss your options for resolving these violations and to help you return to compliance.

As part of the formal enforcement process, the Department may draft and issue an administrative order to provide guidance to resolve the violations. This order may include the payment of penalties as part of resolution for the noncompliance issue. If we are unable to reach an agreement for resolving these violations, the Department has the authority to issue a unilateral order or to initiate referral of this matter to the Missouri Attorney General's Office for litigation.

I have assigned Jackie Johnson to be your case manager. She will be your point of contact and can assist you with developing a plan for returning to compliance. She can assist you with identifying options for required improvements or upgrades to your system. If you no longer want the responsibility of owning or managing Misty Mountain, consider whether you can connect to an existing State approved public water system or be purchased by a Utility company. Either option may relieve you of most or all of your responsibility. Jackie can provide you with contact information for State approved water systems and/or Utility companies in your area. If the required improvements are costly, Jackie can also assist you with identifying potential funding opportunities that may be available to help finance system improvements.

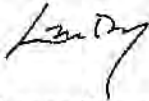
Travis Blevins  
Page 2

Jackie will contact you with the Department's offer to resolve your violations and to set up a meeting. However, you may contact her to discuss this matter at any time. You can reach her by telephone at 573-751-4414; by email at [jackie.johnson@dnr.mo.gov](mailto:jackie.johnson@dnr.mo.gov); or by mail at Department of Natural Resources, Water Protection Program, P.O. Box 176, Jefferson City, MO 65102-0176.

Thank you for your prompt attention to this matter. The Department looks forward to working with you to resolve these violations as expeditiously as possible.

Sincerely,

WATER PROTECTION PROGRAM

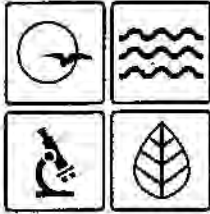


Lance Dorsey  
Compliance and Enforcement Section Chief

LD/jhk

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c: Sebastian Clos-Versailles, Unit Chief, Central Field Operations  
Lauren Graessle, Financial Assistance Center



**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

MEMORANDUM

DATE: September 12, 2023

TO: Lance Dorsey, Environmental Program Manager  
Compliance and Enforcement Section, PDWB

FROM: Diane Vitello, Environmental Program Manager <sup>DV</sup>  
Permitting and Capacity Development Section, PDWB

SUBJECT: Well Determination for Misty Mountain PWS, MO3036363, Pulaski County,  
Review Number 3000049-22R

The Permitting and Capacity Development Section reviewed the well determination form and supporting documents for Misty Mountain PWS (MO3036363). Based on the information provided at the time of the review and the Department's 2012 memo titled "*Regulation of Subdivisions Served by Multifamily or Domestic Drinking Water Wells*", we are referring this system to the Compliance & Enforcement Section for formal enforcement of two domestic wells and three multi-family wells.

The Central Field Operations determined the above system located in St. Robert, Missouri (with wells located on different streets namely Topo Drive, Trisha Drive, Tigger Lane Street and Taylor Lane) meets the definition of a community public water system. Travis Blevins claims to own this public water system, however no deeds were provided during the review to prove ownership. According to the deeds obtained from the county assessor's office, Jeffery Boyd is the owner of land where Topo Drive Well is located. Despite this, Mr. Blevins is providing water service to residents in the area under the name "Misty Water Works". The system was activated on July 19, 2022, and consists of five wells with no treatment. The Permitting and Capacity Development Section received well determination forms from the Central Field Operations for this system on August 7, 2023. The well determination included the following wells:

- Well No. 1 Topo Drive (State ID WL 20295) – The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on November 1, 2007, State Certification Number A155329, as a domestic well with a completion date of March 29, 2007.
- Well No. 2 Trisha Drive (State ID WL 20296) -- The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on July 10, 2007, State Certification Number A152087, as a multi-family well with a completion date of August 1, 2006.

- Well No. 3 Tigger Lane 1 (State ID WL 20297) – The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on July 10, 2007, State Certification Number A152086, as a multi-family well with a completion date of September 15, 2006.
- Well No. 4 Tigger Lane 2 (State ID WL 20298) – The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on November 3, 2011, State Certification Number A180865, as a domestic well with a completion date of August 15, 2011.
- Well No. 5 Taylor Lane (State ID WL 20299) – The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on June 26, 2006, State Certification Number A1431436, as a multi-family well with a completion date of April 30, 2006.

All five wells serve residential properties and may be eligible for a subdivision noncompliant well agreement. This system is required to demonstrate and maintain technical, managerial, and financial capacity in accordance with 10 CSR 60-3.030. If you have questions or need additional information, please contact Tasneem Khan by phone at 573-526-1137. Thank you.

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Attachment 1 – Well No. 1 Determination Form and Well Certification Report  
Attachment 2 – Well No. 2 Determination Form and Well Certification Report  
Attachment 3 – Well No. 3 Determination Form and Well Certification Report  
Attachment 4 – Well No. 4 Determination Form and Well Certification Report  
Attachment 5 – Well No. 5 Determination Form and Well Certification Report

c: Central Field Operations  
Tracey Mason, Water Resources Center

# WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

## INSTRUCTIONS

This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.

1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

## 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Misty Mountain PWS	PUBLIC WATER SYSTEM ID NO. MO3036363	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (If different from Public Water System Owner)	

MAILING ADDRESS  
15405 Texas Road, PO BOX 882

CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
LOCAL WELL NAME Well #1 Topo Drive	LATITUDE 37.801778	LONGITUDE -92.100086	DGLS LOG/WIMS ID 00403720
SDWIS WELL SITE ID WL 20295	DATE DRILLED (if unknown, best estimate) 03/29/2007	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023		

ADDITIONAL COMMENTS

## 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 480	CASING DEPTH (ft) 120	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 38	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 460	PUMP CAPACITY (gpm) 20	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	

Geology Log \_\_\_\_\_  WIMS Record 00403720  Drillers Log  Well/Pump Receipt  
 Building Date (Co. Assessor)  Construction Plans  Approval Letter  Other \_\_\_\_\_

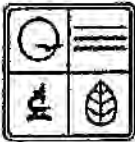
WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023
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ADDITIONAL COMMENTS



**3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)**

<p><b>PUBLIC WELL</b></p> <p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input checked="" type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><b>GRANDFATHERED (PRE-LAW) WELL</b></p> <p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>COBO WELL</b></p> <p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
<p><b>NONCOMPLIANT WELL POLICY ELIGIBLE</b></p> <p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p><b>SUBDIVISION POLICY ELIGIBLE</b></p> <p>Drilled after applicable Pre-Law date but before 1/1/13:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p><b>UNAUTHORIZED WELL</b></p> <p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
<p><b>ADDITIONAL COMMENTS</b></p>          		
<p>PUBLIC DRINKING WATER BRANCH REVIEWER <b>Tasneem Khan</b></p>	<p>SIGNATURE</p>	<p>DATE</p>
<p>PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME <b>Brandon Bach</b></p>	<p>UNIT CHIEF SIGNATURE</p>	<p>DATE <b>08/14/23</b></p>



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00403720	REVENUE NUMBER 101607	
CERTIFICATION NUMBER A155329	CHECK NO. 155480	
DATE RECEIVED 06/07/2007	APPROVED BY DNR USERID	APPROVAL DATE 11/01/2007

TYPE Domestic	STATUS Active	COMPLETED 03/29/2007	DRILL AREA Area 1	TOTAL DEPTH 480.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME	ADDRESS (STREET, CITY, STATE, ZIP) MISTY MOUNTAIN ST ROBERT, MO	
DECIMAL DEGREE COORDINATES 37.80083, -92.095	DEGREES MINUTES SECONDS 37°48'3.0" 92°5'42.0"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME GENERAL TECHNOLOGY CORP	ADDRESS (STREET, CITY, STATE, ZIP) PO BOX 274 DEVILS ELBOW, MO 65457
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	120.0	6.000	9.000			Y			

**CASING GROUT INFORMATION**

GROUT METHOD Gravity	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PUMP INFORMATION**

PUMP INSTALL DATE 03/30/2007	OWNER INSTALLED N	DEPTH SET 460.0	RATE(gpm) 20
CASE SEAL	WELL YIELD 38	STATIC WATER LEVEL 305.0	GROUNDWATER DEPTH 345.0

**FORMATION INFORMATION**

TOP	BOTTOM	FORMATION DESCRIPTION
0.0	21.0	CLAY & ROCK
21.0	265.0	LS
265.0	272.0	SOFT BRKN
272.0	340.0	LS
340.0	346.0	SOFT BRKN
346.0	430.0	LS
430.0	438.0	SOFT BRKN
438.0	455.0	LS & SS
455.0	462.0	SOFT BRKN
462.0	480.0	LS & SS

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME

## WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

### INSTRUCTIONS

This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.

1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

### 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Misty Mountain PWS	PUBLIC WATER SYSTEM ID NO. MO3036363	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (if different from Public Water System Owner)	

#### MAILING ADDRESS

15405 Texas Road, PO BOX 882

CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
LOCAL WELL NAME Well #1 Topo Drive	LATITUDE 37.801778	LONGITUDE -92.100086	DGLS LOGWIMS ID 00403720

SDWIS WELL SITE ID WL 20295	DATE DRILLED (if unknown, best estimate) 03/29/2007	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023
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#### ADDITIONAL COMMENTS

### 2: WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

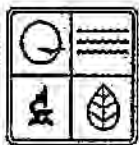
TOTAL DEPTH (ft) 480	CASING DEPTH (ft) 120	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 38	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 460	PUMP CAPACITY (gpm) 20	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00403720	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other

WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023
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#### ADDITIONAL COMMENTS

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
ADDITIONAL COMMENTS:		
PUBLIC DRINKING WATER BRANCH REVIEWER	SIGNATURE	DATE
Tasneem Khan		
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME	UNIT CHIEF SIGNATURE	DATE
Brandon Bach		08/14/23



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00402796	REVENUE NUMBER	
CERTIFICATION NUMBER A152087	CHECK NO.	
DATE RECEIVED 03/12/2007	APPROVED BY DNR USERID	APPROVAL DATE 07/10/2007

TYPE Multi-Family	STATUS Active	COMPLETED 08/01/2006	DRILL AREA Area 1	TOTAL DEPTH 420.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME		ADDRESS (STREET, CITY, STATE, ZIP) MISTY MOUNTAIN ST ROBERT, MO	
DECIMAL DEGREE COORDINATES 37.80277, -92.08916	DEGREES MINUTES SECONDS 37°48'10.0" 92°5'21.0"	<input type="checkbox"/> RETURN	<input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME JIM PARSONS, GENERAL TECHNOLOGY	ADDRESS (STREET, CITY, STATE, ZIP) PO BOX 274 DEVILS ELBOW, MO 65457
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Steel	0.0	80.0	6,630	11.000			N			

**CASING GROUT INFORMATION**

GROUT METHOD Positive Displacement	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED 72
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PACKER INFORMATION**

**PUMP INFORMATION**

PUMP INSTALL DATE 08/20/2006	OWNER INSTALLED N	DEPTH SET 400.0	RATE(gpm) 30
CASE SEAL	WELL YIELD 40	STATIC WATER LEVEL 310.0	GROUNDWATER DEPTH 305.0

**FORMATION INFORMATION**

TOP	BOTTOM	FORMATION DESCRIPTION
0.0	25.0	CLAY
25.0	290.0	LS
290.0	295.0	SAND
295.0	370.0	LS
370.0	390.0	SAND & BRKN
390.0	420.0	LS

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003187	NAME MELANIE WILSON
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME

# WELL DETERMINATION FORM

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## INSTRUCTIONS

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  2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
  3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
  4. Water Resources Center must submit the form and supporting documents to [pdwb\\_engineeringwaterpermits@dnr.mo.gov](mailto:pdwb_engineeringwaterpermits@dnr.mo.gov)
  5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

## 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Misty Mountain PWS	PUBLIC WATER SYSTEM ID NO. MO3036363	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (if different from Public Water System Owner)	
MAILING ADDRESS 15405 Texas Road, PO BOX 882		
CITY St. Robert	STATE Missouri	ZIP CODE 65584
LOCAL WELL NAME Well #1 Topo Drive	LATITUDE 37.801778	LONGITUDE -92.100086
SDWIS WELL SITE ID WL 20295	DATE DRILLED (if unknown, best estimate) 03/29/2007	DGLS LOG#WIMS ID 00403720
REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023	

ADDITIONAL COMMENTS

## 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 480	CASING DEPTH (ft) 120	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 38	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 460	PUMP CAPACITY (gpm) 20	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00403720	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt		
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other		
WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023				

ADDITIONAL COMMENTS

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
<b>PUBLIC WELL</b>	<b>GRANDFATHERED (PRE-LAW) WELL</b>	<b>COBO WELL</b>
Construction permit obtained: <input type="checkbox"/> Yes, Review No. _____ <input type="checkbox"/> No  Or  Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603): <input type="checkbox"/> Yes <input type="checkbox"/> No	Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, serves <100 people 60 days/year: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, constructed to Multi-family well standards 10 CSR 23-1.010: <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.
<b>NONCOMPLIANT WELL POLICY ELIGIBLE</b>	<b>SUBDIVISION POLICY ELIGIBLE</b>	<b>UNAUTHORIZED WELL</b>
Drilled after applicable Pre-Law date but before 6/15/07: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603): <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.	Drilled after applicable Pre-Law date but before 1/1/13: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well(s) under common ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.	Well does not meet any other eligibility category in this section: <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.
<b>ADDITIONAL COMMENTS</b>		
<b>PUBLIC DRINKING WATER BRANCH REVIEWER</b>	<b>SIGNATURE</b>	<b>DATE</b>
Tasneem Khan		
<b>PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME</b>	<b>UNIT CHIEF SIGNATURE</b>	<b>DATE</b>
Brandon Bach		08/14/23



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00402795	REVENUE NUMBER	
CERTIFICATION NUMBER A152086	CHECK NO.	
DATE RECEIVED 03/12/2007	APPROVED BY DNR USERID	APPROVAL DATE 07/10/2007

TYPE Multi-Family	STATUS Active	COMPLETED 09/15/2006	DRILL AREA Area 1	TOTAL DEPTH 440.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME		ADDRESS (STREET, CITY, STATE, ZIP) MISTY MOUNTAIN ST ROBERT, MO
DECIMAL DEGREE COORDINATES 37.80277, -92.08694	DEGREES MINUTES SECONDS 37°48'10.0" 92°5'13.0"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME JIM PARSONS, GENERAL TECHNOLOGY	ADDRESS (STREET, CITY, STATE, ZIP) PO BOX 274 DEVILS ELBOW, MO 65457
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	84.0	6.630	11.000			N			

**CASING GROUT INFORMATION**

GROUT METHOD Tremie	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED 72
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PUMP INFORMATION**

PUMP INSTALL DATE 09/17/2006	OWNER INSTALLED N	DEPTH SET 420.0	RATE(gpm) 30	TOP 0.0	BOTTOM 16.0	FORMATION DESCRIPTION CLAY
CASE SEAL	WELL YIELD 45	STATIC WATER LEVEL 310.0	GROUNDWATER DEPTH 305.0	16.0	340.0	LS
				340.0	342.0	BRKN
				342.0	380.0	LS
				380.0	383.0	SS
				383.0	440.0	LS

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME



# WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

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  4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
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## 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Misty Mountain PWS	PUBLIC WATER SYSTEM ID NO. MO3036363	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (if different from Public Water System Owner)	
MAILING ADDRESS 15405 Texas Road, PO BOX 882		
CITY St. Robert	STATE Missouri	ZIP CODE 65584
LOCAL WELL NAME Well #1 Topo Drive	LATITUDE 37.801778	LONGITUDE -92.100086
SDWS WELL SITE ID WL 20295	DATE DRILLED (if unknown, best estimate) 03/29/2007	DGLS LOG/MMS ID 00403720
REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL COMMENTS		

## 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 480	CASING DEPTH (ft) 120	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 38	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 460	PUMP CAPACITY (gpm) 20	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00403720	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt		
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other		
WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023	ADDITIONAL COMMENTS			

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
ADDITIONAL COMMENTS		
PUBLIC DRINKING WATER BRANCH REVIEWER	SIGNATURE	DATE
Tasneem Khan		
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME	UNIT CHIEF SIGNATURE	DATE
Brandon Bach		08/14/23



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00450605	REVENUE NUMBER 091211	
CERTIFICATION NUMBER A180865	CHECK NO. 24530	
DATE RECEIVED 09/09/2011	APPROVED BY DNR USERID	APPROVAL DATE 11/03/2011

TYPE Domestic	STATUS Active	COMPLETED 08/15/2011	DRILL AREA Area 1	TOTAL DEPTH 540.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME	ADDRESS (STREET, CITY, STATE, ZIP) 24423 TIGGEE LANE ST. ROBERT, MO	
DECIMAL DEGREE COORDINATES 37.80549, -92.09069	DEGREES MINUTES SECONDS 37°48'19.8" 92°5'26.5"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME DON BAKER	ADDRESS (STREET, CITY, STATE, ZIP) 15405 TEXAS RD ST. ROBERT, MO 65584
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	200.0	6.900	9.250			Y			

**CASING GROUT INFORMATION**

GROUT METHOD Positive Displacement	TYPE Bentonite Slurry	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
						240.0
						250.0

**PUMP INFORMATION**

PUMP INSTALL DATE	OWNER INSTALLED	DEPTH SET	RATE(gpm)	TOP	BOTTOM	FORMATION DESCRIPTION
09/11/2011	N	440.0	20	0.0	30.0	DRT RX.CLY
CASE SEAL	WELL YIELD 70	STATIC WATER LEVEL 200.0	GROUNDWATER DEPTH 214.0	30.0	45.0	SS
				45.0	78.0	SH SNDY MD SS
				78.0	156.0	LM

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS	PERMIT #	NAME	TOP	BOTTOM	FORMATION DESCRIPTION
SHELTON SALES & SERVICE	002592	RANDY SHELTON	156.0	170.0	BRKN LM MD SS
			170.0	235.0	LM
			235.0	286.0	BRKN
			286.0	314.0	BAD BRKN
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME	314.0	370.0	LM
			370.0	420.0	FLT LM
			420.0	540.0	FLT LM WTR

**DRILLER INFORMATION**

DRILLER BUSINESS	PERMIT #	NAME
BOESSEN UNDERGROUND CONST	002574	THOMAS GILLIAM
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
BOESSEN UNDERGROUND CONST	001548	KENNETH BOESSEN

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input checked="" type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
<p>ADDITIONAL COMMENTS</p> <p>Subdivision policy eligible.</p>		
<p>PUBLIC DRINKING WATER BRANCH REVIEWER</p> <p>Tasneem Khan</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>8/7/2023</p>
<p>PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME</p> <p>Brandon Bach</p>	<p>UNIT CHIEF SIGNATURE</p>	<p>DATE</p> <p>08/14/23</p>

PROJECT NUMBER 3000051-22R
DATE RECEIVED 8/7/2023

## WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

### INSTRUCTIONS

- This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.
1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
  2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
  3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
  4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
  5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

### 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System: <input type="checkbox"/> Community <input type="checkbox"/> Nontransient Noncommunity <input type="checkbox"/> Transient Noncommunity			
PUBLIC WATER SYSTEM NAME Charity PWS		PUBLIC WATER SYSTEM ID NO. MO3036361	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins		WELL OWNER (If different from Public Water System Owner)	
MAILING ADDRESS 15405 Texas Road PO Box 882			
CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
LOCAL WELL NAME Well #1 Highway PP	LATITUDE 37.888120	LONGITUDE 92.056101	DGLS LOG#WIMS ID 00228532
SDWIS WELL SITE ID WL 20289	DATE DRILLED (If unknown, best estimate) 07/03/1999	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REGIONAL OFFICE CONTACT Dalton Young		DATE 08/04/2023	
ADDITIONAL COMMENTS			

### 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Multi-family <input type="checkbox"/> Pre-law <input type="checkbox"/> Unknown					
TOTAL DEPTH (ft) 350	CASING DEPTH (ft) 210	CASING SIZE (in) 8	CASING MATERIAL Steel	WELL YIELD (gpm) 40	AQUIFER
PUMP SIZE	PUMP DEPTH (ft)	PUMP CAPACITY (gpm) 13	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00228532	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt		
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other		
WATER RESOURCES CONTACT Tracey Mason			DATE 08/04/2023		
ADDITIONAL COMMENTS					

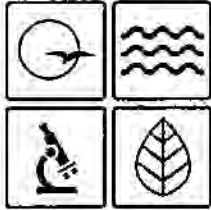
- Well No. 4 Charity Drive (State ID WL 20292) - The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on May 15, 2003, State Certification Number A109548, as a multi-family well with a completion date of March 30, 2003.

All four wells serve residential properties and may be eligible for a subdivision noncompliant well agreement. This system is required to demonstrate and maintain technical, managerial, and financial capacity in accordance with 10 CSR 60-3.030. If you have questions or need additional information, please contact Tasneem Khan by phone at 573-526-1137. Thank you.

Attachment 1 – Well No. 1 Determination Form and Well Certification Report  
Attachment 2 – Well No. 2 Determination Form and Well Certification Report  
Attachment 3 – Well No. 3 Determination Form and Well Certification Report  
Attachment 4 – Well No. 4 Determination Form and Well Certification Report

c: Sebastien Clos-Versailles, Central Field Operations  
Tracey Mason, Water Resources Center

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**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

MEMORANDUM

DATE: September 5, 2023

TO: Lance Dorsey, Environmental Program Manager  
Compliance and Enforcement Section, PDWB

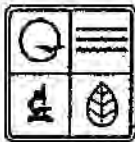
FROM: Diane Vitello, Environmental Program Manager <sup>DV</sup>  
Permitting and Capacity Development Section, PDWB

SUBJECT: Well Determination for Charity PWS, MO3036361, Pulaski County,  
Review Number 3000051-22R

The Permitting and Capacity Development Section reviewed the well determination form and supporting documents for Charity PWS (MO3036361). Based on the information provided at the time of the review and the Department's 2012 memo titled "*Regulation of Subdivisions Served by Multifamily or Domestic Drinking Water Wells*", we are referring this system to the Compliance and Enforcement Section for formal enforcement of three domestic well and one multi-family well.

The Central Field Operations determined the above system located in Dixon, Missouri, (with wells located on different streets namely Highway PP and Charity Drive) meets the definition of a community public water system. Travis Blevins claims to own this public water system and is selling water to residents through individual water agreements, however, no deed documents were provided during the review to prove ownership. The system was activated on July 19, 2022, and consists of four wells with no treatment. The Permitting and Capacity Development Section received well determination forms from the Central Field Operations for this system on August 7, 2023. The well determination included the following wells:

- Well No. 1 Highway PP (State ID WL 20289) - The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on February 2, 2001, State Certification Number A094975, as a domestic well with a completion date of July 3, 1999.
- Well No. 2 Highway PP (State ID WL 20290) - The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on December 7, 2011, State Certification Number A180958, as a domestic well and a completion date of November 1, 2011.
- Well No. 3 Charity Drive (State ID WL 20291) - The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well with State Certification Number A099216, as a domestic well and a completion date of July 10, 2000.



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00402070	REVENUE NUMBER 030507	
CERTIFICATION NUMBER A149793	CHECK NO. 20965	
DATE RECEIVED 03/05/2007	APPROVED BY DNR USERID	APPROVAL DATE 03/23/2007

TYPE Domestic	STATUS Active	COMPLETED 02/11/2007	DRILL AREA Area 1	TOTAL DEPTH 445.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME		ADDRESS (STREET, CITY, STATE, ZIP) ROLLING HILLS RD RICHLAND, MO
DECIMAL DEGREE COORDINATES 37.81047, -92.331	DEGREES MINUTES SECONDS 37°48'37.7" 92°19'51.6"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME DON BAKER CONST	ADDRESS (STREET, CITY, STATE, ZIP) 15405 TEXAS RD ST ROBERTS, MO 65584
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	160.0	6.900	9.250			Y			

**CASING GROUT INFORMATION**

GROUT METHOD Positive Displacement	TYPE Bentonite Slurry	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PACKER INFORMATION**

**PUMP INFORMATION**

PUMP INSTALL DATE 03/06/2007	OWNER INSTALLED N	DEPTH SET 380.0	RATE(gpm) 10
CASE SEAL	WELL YIELD 45	STATIC WATER LEVEL 250.0	GROUNDWATER DEPTH 310.0

**FORMATION INFORMATION**

TOP	BOTTOM	FORMATION DESCRIPTION
0.0	10.0	DRT RX CLY
10.0	120.0	BRN SNDY CLY FLT MD
120.0	175.0	LM
175.0	325.0	BRKN LM/RD MD MIXED
325.0	370.0	GRY LM
370.0	390.0	BRKN FLT/LM RD WTR
390.0	420.0	BRKN F & L
420.0	460.0	FLT LM WTR

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS TRIANGLE WELL & PUMP SERVICE	PERMIT # 004057	NAME JAMES STEWART
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS BOESSEN UNDERGROUND CONST	PERMIT # 002574	NAME THOMAS GILLIAM
PRIMARY CONTRACTOR BUSINESS BOESSEN UNDERGROUND CONST	PERMIT # 001548	NAME KENNETH BOESSEN
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME



3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input checked="" type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
ADDITIONAL COMMENTS		
PUBLIC DRINKING WATER BRANCH REVIEWER	SIGNATURE	DATE
Tasneem Khan		8/7/2023
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME	UNIT CHIEF SIGNATURE	DATE
Brandon Bach		08/14/23

## WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

### INSTRUCTIONS

This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.

1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
2. Regional office must submit the form and supporting documents to [tracev.mason@dnr.mo.gov](mailto:tracev.mason@dnr.mo.gov).
3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

### 1. GENERAL INFORMATION (To be completed by the Regional Office)

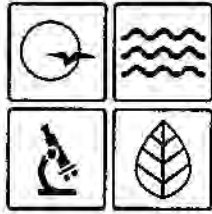
Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Rolling Hills PWS		PUBLIC WATER SYSTEM ID NO. MO3036362		ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins		WELL OWNER (if different from Public Water System Owner)		
MAILING ADDRESS 15405 Texas Road, PO BOX 882				
CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski	
LOCAL WELL NAME Well #1	LATITUDE 37.804841	LONGITUDE 92.330931	DGLS LOGAMMS ID 00402070	
SDWS WELL SITE ID WL 20293	DATE DRILLED (if unknown, best estimate) 02/11/2007		LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REGIONAL OFFICE CONTACT Dalton Young		DATE 08/04/2023		
ADDITIONAL COMMENTS				

### 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 445	CASING DEPTH (ft) 160	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 45	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 380	PUMP CAPACITY (gpm) 10	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log		<input checked="" type="checkbox"/> WIMS Record 00402070		<input type="checkbox"/> Drillers Log	
<input type="checkbox"/> Building Date (Co. Assessor)		<input type="checkbox"/> Construction Plans		<input type="checkbox"/> Approval Letter	
<input type="checkbox"/> Well/Pump Receipt		<input type="checkbox"/> Other			
WATER RESOURCES CONTACT Tracey Mason		DATE 08/04/2023			
ADDITIONAL COMMENTS					



**MISSOURI**  
**DEPARTMENT OF**  
**NATURAL RESOURCES**

Michael L. Parson  
Governor

Dru Buntin  
Director

MEMORANDUM

DATE: September 5, 2023

TO: Lance Dorsey, Environmental Program Manager  
Compliance and Enforcement Section, PDWB

FROM: Diane Vitello, Environmental Program Manager *DV*  
Permitting and Capacity Development Section, PDWB

SUBJECT: Well Determination for Rolling Hills PWS, MO3036362, Pulaski County,  
Review Number 3000050-22R

The Permitting and Capacity Development Section reviewed the well determination form and supporting documents for Rolling Hills PWS (MO3036362). Based on the information provided at the time of the review and the Department's 2012 memo titled "*Regulation of Subdivisions Served by Multifamily or Domestic Drinking Water Wells*", we are referring this system to the Compliance and Enforcement Section for formal enforcement of one domestic well.

The Central Field Operations determined the above system located at 24654 Rustler Lane, Richland, Missouri, 65556, meets the definition of a community public water system. Travis Blevins claims to own this public water system and is selling water to residents through individual water agreements, however no deed documents were provided during the review to prove ownership. The system was activated on July 19, 2022, and consists of one well with no treatment. The Permitting and Capacity Development Section received a well determination form from the Central Field Operations for this system on August 7, 2023. The well determination included the following well:

- Well No. 1 (State ID WL 20293) - The well was constructed without prior construction authorization. The Missouri Geological Survey certified the well on March 23, 2007, State Certification Number A149793, as a domestic well with a completion date of February 11, 2007.

This well serves residential property and may be eligible for a subdivision noncompliant well agreement. This system is required to demonstrate and maintain technical, managerial, and financial capacity in accordance with 10 CSR 60-3.030. If you have questions or need additional information, please contact Tasneem Khan by phone at 573-526-1137. Thank you.

Attachment 1 – Well Determination Form

Attachment 2 – Well Certification Report

c: Sebastien Clos-Versailles, Central Field Operations  
Tracey Mason, Water Resources Center



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00367318	REVENUE NUMBER 062606	
CERTIFICATION NUMBER A1431436	CHECK NO.	
DATE RECEIVED 06/26/2006	APPROVED BY DNR USERID	APPROVAL DATE 06/26/2006

TYPE Multi-Family	STATUS Active	COMPLETED 04/30/2006	DRILL AREA Area 1	TOTAL DEPTH 420.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME	ADDRESS (STREET, CITY, STATE, ZIP) TREETOP & TAYLOR RD ST ROBERT, MO	
DECIMAL DEGREE COORDINATES 37.803, -92.08719	DEGREES MINUTES SECONDS 37°48'10.8" 92°5'13.9"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME JIM PARSONS, GENERAL TECHNOLOGY CORP	ADDRESS (STREET, CITY, STATE, ZIP) PO BOX 274 DEVILS ELBOW, MO 65457
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Steel	0.0	125.0	6.620	10.620			Y			

**CASING GROUT INFORMATION**

GROUT METHOD Pressure Through Tremie	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PUMP INFORMATION**

PUMP INSTALL DATE 06/17/2006	OWNER INSTALLED N	DEPTH SET 380.0	RATE(gpm) 45
CASE SEAL	WELL YIELD 60	STATIC WATER LEVEL 240.0	GROUNDWATER DEPTH 180.0

**FORMATION INFORMATION**

TOP	BOTTOM	FORMATION DESCRIPTION
0.0	6.0	CLY
6.0	160.0	LS
160.0	164.0	SOFT SHALE
164.0	300.0	LS
300.0	305.0	SOFT
305.0	400.0	LS
400.0	404.0	SOFT FORM
404.0	420.0	LS/SS

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003187	NAME MELANIE WILSON
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
ADDITIONAL COMMENTS		
PUBLIC DRINKING WATER BRANCH REVIEWER	SIGNATURE	DATE
Tasneem Khan		
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME	UNIT CHIEF SIGNATURE	DATE
Brandon Bach		08/14/23

### WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

#### INSTRUCTIONS

- This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.
1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
  2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
  3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
  4. Water Resources Center must submit the form and supporting documents to [pdwb\\_engineeringwaterpermits@dnr.mo.gov](mailto:pdwb_engineeringwaterpermits@dnr.mo.gov)
  5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

#### 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Misty Mountain PWS		PUBLIC WATER SYSTEM ID NO. MO3036363	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins		WELL OWNER (If different from Public Water System Owner)	
MAILING ADDRESS 15405 Texas Road, PO BOX 882			
CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
LOCAL WELL NAME Well #1 Topo Drive	LATITUDE 37.801778	LONGITUDE -92.100086	DGLS LOGWIMS ID 00403720
SDWS WELL SITE ID WL 20295	DATE DRILLED (if unknown, best estimate) 03/29/2007	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023		

ADDITIONAL COMMENTS

#### 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

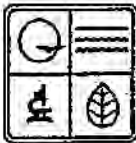
TOTAL DEPTH (ft) 480	CASING DEPTH (ft) 120	CASING SIZE (in) 6	CASING MATERIAL Plastic	WELL YIELD (gpm) 38	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 460	PUMP CAPACITY (gpm) 20	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00403720	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt		
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other		
WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023				

ADDITIONAL COMMENTS

DRILLER APPRENTICE  
BUSINESS  
BOESSEN UNDERGROUND  
CONST

PERMIT  
#  
004693

NAME  
BRIAN STEGEMAN



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00228532	REVENUE NUMBER 090299	
CERTIFICATION NUMBER A094975	CHECK NO. 9140	
DATE RECEIVED 09/02/1999	APPROVED BY DNR USERID	APPROVAL DATE 02/02/2001

TYPE Domestic	STATUS Active	COMPLETED 07/03/1999	DRILL AREA Area 1	TOTAL DEPTH 350.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME CONVERSION	ADDRESS (STREET, CITY, STATE, ZIP) , MO	
DECIMAL DEGREE COORDINATES 37.88758, -92.05555	DEGREES MINUTES SECONDS 37°53'15.3" 92°3'20.0"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME DON BAKER	ADDRESS (STREET, CITY, STATE, ZIP) 11579 CASTLE LN DIXON, MO 65459
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Steel	0.0	210.0	6.630	8.630			N			

**CASING GROUT INFORMATION**

GROUT METHOD Positive Displacement	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED 24
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PUMP INFORMATION**

PUMP INSTALL DATE 07/20/1999	OWNER INSTALLED N	DEPTH SET 320.0	RATE(gpm) 13	TOP 0.0	BOTTOM 15.0	FORMATION DESCRIPTION DRT, RX, CLY
CASE SEAL	WELL YIELD 40	STATIC WATER LEVEL	GROUNDWATER DEPTH	15.0	150.0	BRKN, RD CLY, FLT
				150.0	250.0	LM
				250.0	300.0	FLT & LM
				300.0	350.0	SDY FLT & LM

PUMP INSTALLER BUSINESS SPEISER	PERMIT # 002971	NAME BOB SPEISER
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS HOOG HEATING & COOLING	PERMIT # 002754	NAME ERIC HOOG
PRIMARY CONTRACTOR BUSINESS BOESSEN UNDERGROUND CONST	PERMIT # 001548	NAME KENNETH BOESSEN
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME



## WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

### INSTRUCTIONS

This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.

1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

### 1. GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Charity PWS	PUBLIC WATER SYSTEM ID NO. MO3036361	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (if different from Public Water System Owner)	

MAILING ADDRESS  
15405 Texas Road PO Box 882

CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
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LOCAL WELL NAME Well #1 Highway PP	LATITUDE 37.888120	LONGITUDE 92.056101	DGLS LOG/WIMS ID 00228532
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SDWS WELL SITE ID WL 20289	DATE DRILLED (if unknown, best estimate) 07/03/1999	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input type="checkbox"/> No.
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REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023
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ADDITIONAL COMMENTS

### 2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 350	CASING DEPTH (ft) 210	CASING SIZE (in) 8	CASING MATERIAL Steel	WELL YIELD (gpm) 40	AQUIFER
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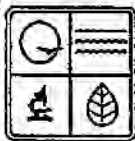
PUMP SIZE	PUMP DEPTH (ft) 13	PUMP CAPACITY (gpm)	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<input type="checkbox"/> Geology Log _____	<input checked="" type="checkbox"/> WIMS Record <u>00228532</u>	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other _____

WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023
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ADDITIONAL COMMENTS

3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input checked="" type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
<p>ADDITIONAL COMMENTS</p> <p>Subdivision policy eligible.</p>		
<p>PUBLIC DRINKING WATER BRANCH REVIEWER</p> <p>Tasneem Khan</p>	<p>SIGNATURE</p>	<p>DATE</p> <p>8/7/2023</p>
<p>PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME</p> <p>Brandon Bach</p>	<p>UNIT CHIEF SIGNATURE</p>	<p>DATE</p> <p>08/14/23</p>



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00451551	REVENUE NUMBER 111711	
CERTIFICATION NUMBER A180958	CHECK NO. 8647	
DATE RECEIVED 11/17/2011	APPROVED BY DNR USERID	APPROVAL DATE 12/07/2011

TYPE Domestic	STATUS Active	COMPLETED 11/01/2011	DRILL AREA Area 1	TOTAL DEPTH 435.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME CONVERSION	ADDRESS (STREET, CITY, STATE, ZIP) MO
DECIMAL DEGREE COORDINATES 37.88861, -92.05577	DEGREES MINUTES SECONDS 37°53'19.0" 92°3'20.8"
<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY	

**OWNER INFORMATION**

OWNER NAME TOM DOYLE	ADDRESS (STREET, CITY, STATE, ZIP) 11825 HWY PP DIXON, MO 65459
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	125.0	6.630	10.000			Y			

**CASING GROUT INFORMATION**

GROUT METHOD Tremie	TYPE Bentonite Slurry	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH 140.0
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**PUMP INFORMATION**

PUMP INSTALL DATE 11/04/2011	OWNER INSTALLED N	DEPTH SET 340.0	RATE(gpm) 10	TOP 0.0	BOTTOM 80.0	FORMATION DESCRIPTION CLY RX
CASE SEAL	WELL YIELD 25	STATIC WATER LEVEL 280.0	GROUNDWATER DEPTH 375.0	80.0	295.0	LS
				295.0	365.0	LM FLT RX
				365.0	435.0	FLT OPEN

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS SWEETWATER WELL DRILLING	PERMIT # 004113	NAME MARY CATHERINE SMITH
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**DRILLER INFORMATION**

DRILLER BUSINESS WILLEYS DRILLING INC	PERMIT # 003224	NAME JAMES WILLEY
PRIMARY CONTRACTOR BUSINESS WILLEYS DRILLING INC	PERMIT # 003224	NAME JAMES WILLEY
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME



### WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

**INSTRUCTIONS**

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3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

**1. GENERAL INFORMATION (To be completed by the Regional Office)**

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Charity PWS	PUBLIC WATER SYSTEM ID NO. MO3036361	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (if different from Public Water System Owner)	
MAILING ADDRESS 15405 Texas Road PO Box 882		
CITY St. Robert	STATE Missouri	ZIP CODE 65584
COUNTY Pulaski		
LOCAL WELL NAME Well #1 Highway PP	LATITUDE 37.888120	LONGITUDE 92.056101
DGLS LOG/WIMS ID 00228532		
SDWIS WELL SITE ID WL 20289	DATE DRILLED (if unknown, best estimate) 07/03/1999	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input type="checkbox"/> No
REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023	
ADDITIONAL COMMENTS		

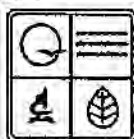
**2. WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)**

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 350	CASING DEPTH (ft) 210	CASING SIZE (in) 8	CASING MATERIAL Steel	WELL YIELD (gpm) 40	AQUIFER
PUMP SIZE	PUMP DEPTH (ft) 13	PUMP CAPACITY (gpm)	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Geology Log	<input checked="" type="checkbox"/> WIMS Record 00228532	<input type="checkbox"/> Drillers Log	<input type="checkbox"/> Well/Pump Receipt		
<input type="checkbox"/> Building Date (Co. Assessor)	<input type="checkbox"/> Construction Plans	<input type="checkbox"/> Approval Letter	<input type="checkbox"/> Other		
WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023				
ADDITIONAL COMMENTS					

**3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)**

PUBLIC WELL	GRANDFATHERED (PRE-LAW) WELL	COBO WELL
<p>Construction permit obtained:  <input type="checkbox"/> Yes, Review No. _____  <input type="checkbox"/> No</p> <p>Or</p> <p>Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p>Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, serves &lt;100 people 60 days/year:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Multi-family well standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
NONCOMPLIANT WELL POLICY ELIGIBLE	SUBDIVISION POLICY ELIGIBLE	UNAUTHORIZED WELL
<p>Drilled after applicable Pre-Law date but before 6/15/07:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603):  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>	<p>Drilled after applicable Pre-Law date but before 1/1/13:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, well(s) under common ownership:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010:  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.</p>	<p>Well does not meet any other eligibility category in this section:  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide additional site-specific information in the comments section.</p>
ADDITIONAL COMMENTS		
<p>Subdivision policy eligible.</p>		
PUBLIC DRINKING WATER BRANCH REVIEWER Tasneem Khan	SIGNATURE	DATE 8/7/2023
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME Brandon Bach	UNIT CHIEF SIGNATURE	DATE 08/14/23



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

**FOR OFFICE USE ONLY**

REFERENCE NUMBER 00263361	REVENUE NUMBER 080701	
CERTIFICATION NUMBER A099216	CHECK NO. 11805	
DATE RECEIVED 07/05/2001	APPROVED BY DNR USERID	APPROVAL DATE

TYPE Domestic	STATUS Active	COMPLETED 07/10/2000	DRILL AREA Area 1	TOTAL DEPTH 450.0	COST SHARE?	VARIANCE #
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**SITE INFORMATION**

SITE NAME		ADDRESS (STREET, CITY, STATE, ZIP) HWY PP, MO	
DECIMAL DEGREE COORDINATES 37.89122, -92.05777	DEGREES MINUTES SECONDS 37°53'28.4" 92°3'28.0"	<input type="checkbox"/> RETURN	<input type="checkbox"/> SUPPLY

**OWNER INFORMATION**

OWNER NAME DON BAKER	ADDRESS (STREET, CITY, STATE, ZIP) 11599 CASTLE LANE DIXON, MO 65459
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**SURFACE CASING INFORMATION**

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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**CASING AND LINER INFORMATION**

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	180.0	6.000	8.630			N			

**CASING GROUT INFORMATION**

GROUT METHOD Positive Displacement	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED
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**SCREEN INFORMATION**

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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**PUMP INFORMATION**

PUMP INSTALL DATE 08/02/2000	OWNER INSTALLED N	DEPTH SET 400.0	RATE(gpm) 10
CASE SEAL Pitless Unit	WELL YIELD 45	STATIC WATER LEVEL	GROUNDWATER DEPTH

**PUMP INSTALLER INFORMATION**

PUMP INSTALLER BUSINESS SPEISER	PERMIT # 002971	NAME BOB SPEISER
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME

**FORMATION INFORMATION**

TOP	BOTTOM	FORMATION DESCRIPTION
0.0	50.0	DRT,CLY
50.0	130.0	SND,LS
130.0	135.0	MUD
135.0	180.0	LS,FLT
180.0	200.0	LS
200.0	290.0	LS,FLT
290.0	380.0	LS,FLT,SS
380.0	450.0	SS,FLT

**DRILLER INFORMATION**

DRILLER BUSINESS BOESSEN UNDERGROUND CONST	PERMIT # 001548	NAME KENNETH BOESSEN
PRIMARY CONTRACTOR BUSINESS BOESSEN UNDERGROUND CONST	PERMIT # 001548	NAME KENNETH BOESSEN
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME

## WELL DETERMINATION FORM

The purpose of this form is to collect information about wells constructed without authorization from the Public Drinking Water Branch that serve, or will serve, a public water system (PWS) and to identify the necessary agreements that must be in place to allow the PWS to obtain a permit to dispense from the Department.

### INSTRUCTIONS

This form is for discovered water systems and existing PWS using a well without prior construction authorization. It is NOT necessary to complete this form for a PWS that obtained a construction permit in accordance with 10 CSR 60-3.

1. The regional office shall complete Section 1. The regional office should also request any relevant documents related to the construction of the well from the PWS.
2. Regional office must submit the form and supporting documents to [tracey.mason@dnr.mo.gov](mailto:tracey.mason@dnr.mo.gov).
3. Water Resources Center shall complete Section 2 and include any additional supporting documents.
4. Water Resources Center must submit the form and supporting documents to [pdwb.engineeringwaterpermits@dnr.mo.gov](mailto:pdwb.engineeringwaterpermits@dnr.mo.gov)
5. Public Drinking Water Branch shall complete Section 3 and make a final well determination based on the information provided and Section 12.2.5 of the Department's Procedures for Assistance, Compliance, and Enforcement (PACE) Manual.

### 1: GENERAL INFORMATION (To be completed by the Regional Office)

Type of Public Water System:  Community  Nontransient Noncommunity  Transient Noncommunity

PUBLIC WATER SYSTEM NAME Charity PWS	PUBLIC WATER SYSTEM ID NO. MO3036361	ACTIVATION DATE 07/19/2022
PUBLIC WATER SYSTEM OWNER Travis Blevins	WELL OWNER (If different from Public Water System Owner)	

#### MAILING ADDRESS

15405 Texas Road PO Box 882

CITY St. Robert	STATE Missouri	ZIP CODE 65584	COUNTY Pulaski
LOCAL WELL NAME Well #1 Highway PP	LATITUDE 37.888120	LONGITUDE 92.056101	DGLS LOG/WIMS ID 00228532
SDWIS WELL SITE ID WL 20289	DATE DRILLED (If unknown, best estimate) 07/03/1999	LOCATED < 50 FEET FROM SURFACE WATER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

REGIONAL OFFICE CONTACT Dalton Young	DATE 08/04/2023
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#### ADDITIONAL COMMENTS

### 2: WELL CONSTRUCTION INFORMATION (To be completed by the Water Resources Center)

Type of Well Drilled:  Public  Domestic  Multi-family  Pre-law  Unknown

TOTAL DEPTH (ft) 350	CASING DEPTH (ft) 210	CASING SIZE (in) 8	CASING MATERIAL Steel	WELL YIELD (gpm) 40	AQUIFER
PUMP SIZE	PUMP DEPTH (ft)	PUMP CAPACITY (gpm) 13	If Alluvial, Screen Length:	UNCONFINED AQUIFER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

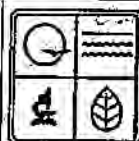
- Geology Log \_\_\_\_\_  WIMS Record 00228532  Drillers Log  Well/Pump Receipt  
 Building Date (Co. Assessor)  Construction Plans  Approval Letter  Other \_\_\_\_\_

WATER RESOURCES CONTACT Tracey Mason	DATE 08/04/2023
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#### ADDITIONAL COMMENTS



3. WELL DETERMINATION (To be completed by the Public Drinking Water Branch)		
<b>PUBLIC WELL</b> Construction permit obtained: <input type="checkbox"/> Yes, Review No. _____ <input type="checkbox"/> No  <b>Or</b> Transient well drilled before July 1, 2018, met minimum standards but not issued a construction permit: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>GRANDFATHERED (PRE-LAW) WELL</b> Drilled before 10/01/1979 for community or 07/27/1987 for noncommunity: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603): <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>COBO WELL</b> Well serves a Charitable or Benevolent Organization (COBO), without a school or daycare: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, serves <100 people 60 days/year: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, constructed to Multi-family well standards 10 CSR 23-1.010: <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.
<b>NONCOMPLIANT WELL POLICY ELIGIBLE</b> Drilled after applicable Pre-Law date but before 8/15/07: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well in continuous use (i.e. does NOT meet the definition of abandoned per RsMo 256.603): <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.	<b>SUBDIVISION POLICY ELIGIBLE</b> Drilled after applicable Pre-Law date but before 1/1/13: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, well(s) under common ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, constructed to Domestic or Multi-family standards 10 CSR 23-1.010: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Please list number of domestic wells, number of multi-family wells, and the number of connections for each well in the comments section below.	<b>UNAUTHORIZED WELL</b> Well does not meet any other eligibility category in this section: <input type="checkbox"/> Yes <input type="checkbox"/> No  Please provide additional site-specific information in the comments section.
<b>ADDITIONAL COMMENTS</b> Subdivision policy eligible.		
PUBLIC DRINKING WATER BRANCH REVIEWER <b>Tasneem Khan</b>	SIGNATURE	DATE <b>8/7/2023</b>
PUBLIC DRINKING WATER BRANCH UNIT CHIEF NAME <b>Brandon Bach</b>	UNIT CHIEF SIGNATURE	DATE <b>08/14/23</b>



MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
MISSOURI GEOLOGICAL SURVEY PROGRAM  
Domestic, Multi-Family, High Yield, Public, and  
Open Loop Heat Pump Well Certification Report

FOR OFFICE USE ONLY

REFERENCE NUMBER 00296457	REVENUE NUMBER 043003	
CERTIFICATION NUMBER A109548	CHECK NO. 2615	
DATE RECEIVED 04/30/2003	APPROVED BY DNR USERID	APPROVAL DATE 05/15/2003

TYPE Multi-Family	STATUS Active	COMPLETED 03/30/2003	DRILL AREA Area 1	TOTAL DEPTH 460.0	COST SHARE?	VARIANCE #
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SITE INFORMATION

SITE NAME	ADDRESS (STREET, CITY, STATE, ZIP) HWY PP/ DIXON, MO	
DECIMAL DEGREE COORDINATES 37.88844, -92.04986	DEGREES MINUTES SECONDS 37°53'18.4" 92°2'59.5"	<input type="checkbox"/> RETURN <input type="checkbox"/> SUPPLY

OWNER INFORMATION

OWNER NAME DON BAKER CONSTRUCTION	ADDRESS (STREET, CITY, STATE, ZIP) 15405 TEXAS RD ST ROBERT, MO 65584
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SURFACE CASING INFORMATION

SURFACE CASING LENGTH	OUTSIDE DIAMETER	SACKS OF GROUT
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CASING AND LINER INFORMATION

CASING MATERIAL	TOP	BOTTOM	CASING OD	HOLE DIA	CASING WEIGHT	DRIVE SHOE?	LINER?	LINER USE	PERF FROM	PERF TO
Plastic	0.0	100.0	6.000	10.000			N			

CASING GROUT INFORMATION

GROUT METHOD Tremie	TYPE Cement Type I	AMOUNT	HOURS SUSPENDED 72
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SCREEN INFORMATION

PACKER INFORMATION

SCREEN TYPE	SCREEN MATERIAL	TOP	BOTTOM	SLOT SIZE	PACKER TYPE	PACKER DEPTH
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PUMP INFORMATION

FORMATION INFORMATION

PUMP INSTALL DATE	OWNER INSTALLED N	DEPTH SET 440.0	RATE(gpm) 20	TOP 0.0	BOTTOM 6.0	FORMATION DESCRIPTION CLY,ROCK
CASE SEAL Pitless Unit	WELL YIELD 55	STATIC WATER LEVEL 220.0	GROUNDWATER DEPTH	6.0	195.0	LS
PUMP INSTALLER INFORMATION				290.0	292.0	BRKN FORM
				292.0	405.0	LS
				405.0	407.0	SS
				407.0	460.0	LS
PUMP INSTALLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003187	NAME MELANIE WILSON				
PUMP INSTALLER APPRENTICE BUSINESS	PERMIT #	NAME				

DRILLER INFORMATION

DRILLER BUSINESS IBERIA WELL DRILLING & PUMP SERVICE	PERMIT # 003273	NAME SCOTTIE WILSON
PRIMARY CONTRACTOR BUSINESS	PERMIT #	NAME
DRILLER APPRENTICE BUSINESS	PERMIT #	NAME

STATE OF MISSOURI     )  
COUNTY OF COLE       )     ss.

**BUSINESS RECORDS AFFIDAVIT**

Before me, the undersigned authority, personally appeared \_\_\_\_\_ who is being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am the Records Administrator for the Missouri Department of Natural Resources. My duties include maintaining custody of the records of the Missouri Department of Natural Resources ("MDNR").

I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I hereby certify that the attached pages of records are official records of the MDNR. These records are kept pursuant to Missouri law and in the regular course of business of the MDNR. It was the regular course of business of the MDNR for an employee or representative of the MDNR with knowledge of the act or event recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act or event. The records attached hereto are the original or exact duplicates of the original.

\_\_\_\_\_  
Records Administrator  
Missouri Department of Natural Resources

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

My commission expires: \_\_\_\_\_