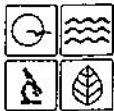


# Exhibit No. 11



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

NOV 13 2023

| FOR OFFICE USE ONLY   |  |
|---|--|
| DATE RECEIVED<br>11/13/2023   | APPROVED?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| CONDUCTED VIA PHONE WITH WATER SYSTEM<br><input type="checkbox"/> Yes |  |
| MODNR REVIEWER<br>Deltm Young   | DATE APPROVED<br>11/13/2023  |

| PUBLIC WATER SYSTEM (PWS) INFORMATION             |   |   |
|---|---|---|
| PWS NAME<br>CHARITY PWS (WELL 02 & 04)            | CENTRAL FIELD OPERATIONS<br>DIV. OF ENVIRONMENTAL QUALITY | PWS ID NUMBER<br>MO3036361                                    |
| COUNTY<br>Pulaski                                 | MONTHLY COMPLIANCE PERIOD (MONTH/YEAR)<br>OCTOBER 2023    |   |
| REASON FOR LEVEL 1 ASSESSMENT                     |   | NOTIFICATION DATE OF LEVEL 1 ASSESSMENT TRIGGER<br>10/26/2023 |
| ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#):<br>2 | REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#):<br>2          | VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#):<br>0 |

**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 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: _____  |

750-3638 (04-16)

|   |   |   |  |
|---|---|---|--|
| <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>   |   |   |  |
| <b>WELLS:</b>   |   | <input checked="" 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 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"/> 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)  |   |   |  |
| <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.  |   |   |  |
| <p style="font-size: 1.2em; font-family: cursive;">Windy during sampling</p>  |   |   |  |
| <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.                 |   |   |  |
| <p style="font-size: 1.2em; font-family: cursive;">System checked the well</p>  |   |   |  |
| <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: <https://dnr.mo.gov/document-search/regional-office-map-and-directory> or call the Public Drinking Water Branch at 573-751-1077 for assistance.

780-2638 (01-19)

- Conducted By: Dalton Young

Environmental Supervisor

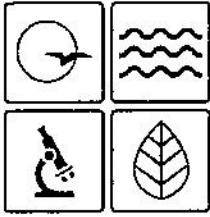
573-522-3015

*Dalton Young*

Dalton.Young@dnr.mo.gov

11/13/2023

AC



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

Michael L. Parson  
Governor

Dru Buntin  
Director

December 19, 2023

Travis Blevins  
Charity PWS  
15405 Texas Road  
PO Box 882  
St. Robert, MO 65584

**LEVEL 2 ASSESSMENT  
SANITARY DEFECTS**

Dear Travis Blevins:

On November 13, 2023, a team member from the Missouri Department of Natural Resources conducted an Assessment Level 2 evaluation of the Charity public water system (system) located in Pulaski County. Enclosed is the Level 2 Assessment Form for you to review and keep for your records. During the visit, the following Sanitary Defects were noted:

1. Windy or raining during sampling

**No corrective actions are needed at this time.**

This is the second assessment level event triggered by the public water system within the last 12 months. If the public water system accrues three or more assessment level events during a consecutive twelve month period, then a bilateral compliance agreement (BCA) may be necessary to address corrective action. The BCA is a tool the Missouri Department of Natural Resources uses to help systems return to or remain in compliance. The corrective action for unsafe samples is usually the installation of a chlorination system with possible detention, and the chlorine level must be monitored daily.

It is the policy of the department to employ conferences, conciliation, and persuasion whenever possible to resolve public drinking water violations that are not imminent human health threats. In keeping with this policy, we invite you to contact Dalten Young of this office at 573-522-3322, by email at [DNRFCFO.PDW@dnr.mo.gov](mailto:DNRFCFO.PDW@dnr.mo.gov), or via mail at the 1101 Riverside Drive, P.O. Box 176, Jefferson City, MO 65102 to arrange a meeting either in our office or at your facility to discuss your violations and possible solutions.

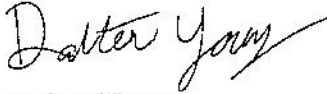


Charity PWS  
Page 2

If you have questions concerning this letter or the form, please feel free to contact Dalten Young of this office by calling 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.

Sincerely,

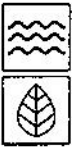
CENTRAL FIELD OPERATIONS



Dalten Young  
Environmental Supervisor

Enclosure

c: Public Drinking Water Branch, Monitoring Section  
Jackie Johnson, Compliance and Enforcement



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<br>Charity PWS  |  | PWS ID NUMBER<br>MO3036361   |
| COUNTY<br>Pulaski  |  | MONTHLY COMPLIANCE PERIOD (MONTH/YEAR)<br>October/2023   |
| PWS CONTACT PERSON<br>Lori Jean  | PWS CONTACT POSITION/TITLE<br>Operator           | PWS CONTACT PHONE NUMBER<br>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<br>Travis Blevins   |  | NOTIFICATION DATE OF LEVEL 2 ASSESSMENT TRIGGER<br>October 26, 2023  |
|  |  | ASSESSMENT DATE<br>November 13, 2023   |
| ASSESSOR NAME & TITLE<br>Dalton Young Environmental Supervisor   |  | ASSESSOR TELEPHONE NUMBER WITH AREA CODE<br>573-522-3018   |
|  |  | ASSESSOR EMAIL ADDRESS<br>Dalton.young@dnr.mo.gov  |
| OTHER PERSONS ASSISTING OR PRESENT DURING ASSESSMENT<br>Sam Drennan  |  |  |
| REASON FOR LEVEL 2 ASSESSMENT  |  |  |
| ROUTINE SAMPLES TOTAL COLIFORM-POSITIVE (#):<br>3  | REPEAT SAMPLES TOTAL COLIFORM-POSITIVE (#):<br>3 | VALID REPEAT SAMPLES WATER SYSTEM FAILED TO COLLECT (#):<br>0  |
| ROUTINE SAMPLES E. COLI-POSITIVE (#):<br>0   | REPEAT SAMPLES E. COLI-POSITIVE (#):<br>0        | SOURCE WATER SAMPLES E. COLI-POSITIVE (#):<br>0  |
| <input 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> |  |  |
| 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<br><input type="checkbox"/> B. Operation/maintenance activities that could introduce contamination<br><input type="checkbox"/> C. Signs of vandalism/forced entry into well/pump house or storage<br><input type="checkbox"/> D. Heavy rainfall<br><input type="checkbox"/> E. Extremes in heat or cold  |  | <input type="checkbox"/> F. Visible indicators of unsanitary conditions<br><input type="checkbox"/> G. Recent distribution system main repairs or well pump pulled<br><input type="checkbox"/> H. Power Loss<br><input type="checkbox"/> I. Heavy snow melt or flooding<br><input type="checkbox"/> J. Changes to available source water (drop in water table)<br><input type="checkbox"/> K. Other: _____   |
| <b>2. SAMPLING SITES AND SAMPLING PROTOCOL</b>   |  | <input type="checkbox"/> No issues   |
| <input checked="" type="checkbox"/> A. Windy or raining during sampling<br><input type="checkbox"/> B. Change in conditions at sample site<br><input type="checkbox"/> C. Yard hydrant/frost-proof spigot used<br><input type="checkbox"/> D. First month of operation following startup<br><input type="checkbox"/> E. Vegetation rest up against sample site<br><input type="checkbox"/> F. Sample close to ground/difficult to sample<br><input type="checkbox"/> G. Tap not disinfected and flushed before sampling<br><input type="checkbox"/> H. Hot/cold (swivel/auto sensing) mixing faucet<br><input type="checkbox"/> I. Untrained or inexperienced sample collector   |  | <input type="checkbox"/> J. Sample tap has atmospheric vacuum breaker<br><input type="checkbox"/> K. Point of use treatment (water softener or cartridge filtration) at sampling location<br><input type="checkbox"/> L. Unclean sample tap<br><input type="checkbox"/> M. Leaking tap or erratic flow<br><input type="checkbox"/> N. Sampling bottle mishandled<br><input type="checkbox"/> O. Tap on a dead-end main<br><input type="checkbox"/> P. Aerator/screen/O-ring/hose was not removed before sampling<br><input type="checkbox"/> Q. Other: _____ |

|  |  |
|--|--|
| <b>Description</b>   |  |
| 1. Operator stated that it was very windy during the routine and repeat sampling.  |  |
| <b>3. SOURCE(S)</b>  |  |
| <b>WELLS:</b>  | <input checked="" type="checkbox"/> No issues <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> A. Defective/damaged well cap/well seal<br><input type="checkbox"/> B. Damaged/unscreened well vent<br><input type="checkbox"/> C. Floodwater/run-off inundation near well<br><input type="checkbox"/> D. Well recently repaired/wellhead opened<br><input type="checkbox"/> E. Unplugged abandoned well in area<br><input type="checkbox"/> F. Unprotected opening in wellhead/pump  | <input type="checkbox"/> G. Potential source of contamination near well<br><input type="checkbox"/> H. Damaged well casing<br><input type="checkbox"/> I. Damaged pitless adaptor<br><input type="checkbox"/> J. Missing/damaged grout seal<br><input type="checkbox"/> K. Other: _____  |
| <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<br><input type="checkbox"/> B. Change in source water quality<br><input type="checkbox"/> C. Any potential source of contamination near source   | <input type="checkbox"/> D. Damaged intake or spring box<br><input type="checkbox"/> E. Other: _____   |
| <b>PURCHASED WATER:</b>  | <input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> A. Water quality issues with supplier<br><input type="checkbox"/> B. Low disinfectant residual from supplier (< 0.2 mg/L)   | <input type="checkbox"/> C. Other: _____   |
| <b>4. TREATMENT PROCESS</b>  | <input type="checkbox"/> No issues <input checked="" type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> A. Inadequate disinfection<br><input type="checkbox"/> B. Interruption in treatment/power loss<br><input type="checkbox"/> C. Chlorine/Turbidity meters out of range<br><input type="checkbox"/> D. Change in chemical used/dosage<br><input type="checkbox"/> E. Solution injector/tank condition<br><input type="checkbox"/> F. O and M procedures not followed<br><input type="checkbox"/> G. Recent repairs or maintenance performed<br><input type="checkbox"/> H. Change in flow rates or water quality   | <input type="checkbox"/> I. Meters not recently/properly calibrated<br><input type="checkbox"/> J. Solution pump not primed<br><input type="checkbox"/> K. Treatment bypassed<br><input type="checkbox"/> L. Treatment added or changed<br><input type="checkbox"/> M. Softener serviced/salt added<br><input type="checkbox"/> N. Any Turbidity changes<br><input type="checkbox"/> O. Other: _____   |
| <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<br><input type="checkbox"/> B. Tank vent not downturned/screened<br><input type="checkbox"/> C. Tank access hatch has no water tight seal<br><input type="checkbox"/> D. Tank sample tap condition<br><input type="checkbox"/> E. Tank deterioration or rust noted<br><input type="checkbox"/> F. Tank maintenance practices not followed<br><input type="checkbox"/> G. Low disinfectant residuals<br><input type="checkbox"/> H. Debris in tank overflow pipe<br><br>Date - last inspection of vents and hatches: _____<br>Date - last sanitary tank inspection: _____<br>Date - last tank cleaning: _____ | <input type="checkbox"/> I. Recent tank repairs<br><input type="checkbox"/> J. Tank is isolated<br><input type="checkbox"/> K. Incomplete inspection recommendations<br><input type="checkbox"/> L. Incorrect operation of level control valves, altitude valves, and related appurtenances<br><input type="checkbox"/> M. Tank leaking or holes in tank<br><input type="checkbox"/> N. Debris in tank<br><input type="checkbox"/> O. Tank hatch not locked<br><input type="checkbox"/> P. Evidence of vandalism/tampering<br><input type="checkbox"/> Q. Combined tank inlet/outlet<br><input type="checkbox"/> R. Other: _____ |
| <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<br><input type="checkbox"/> B. Pressure tank not on main line<br><input type="checkbox"/> C. If "A" is checked, is air filter dirty  | <input type="checkbox"/> D. Bladder of bladder tank ruptured or waterlogged<br><input type="checkbox"/> E. Bladder of bladder tank ruptured or waterlogged<br><input type="checkbox"/> F. Other: _____   |
| <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<br><input type="checkbox"/> B. Pump maintenance<br><input type="checkbox"/> C. Leaks around pump seals   | <input type="checkbox"/> D. Electrical systems for pumps<br><input type="checkbox"/> E. Low pressures due to pumping facilities<br><input type="checkbox"/> F. Other: _____  |

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

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

| Sample Type     | Date Collected<br>mm/dd/yyyy | Lab #<br>(Accession#) | Site ID | Location Address | Coliform Results<br>Absent / Present |        | Chlorine Residual<br>Chloramine (mg/L) |       |
|-----------------|------------------------------|-----------------------|---------|------------------|--------------------------------------|--------|--|-------|
|                 |                              |                       |         |                  | TC                                   | E Coli | Free                                   | Total |
| Routine/Special | 11/13/2023                   | OE939603              | 03      | 11955 Highway PP | A                                    | A      | NA                                     | NA    |

**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 operator stated that they would be more cautious when collecting samples while in windy conditions.

**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)<br><b>Dalten Young</b>  | ASSESSOR TELEPHONE WITH AREA CODE<br><b>573-522-3018</b>  | DATE<br><b>11/15/2023</b> |
| ASSESSOR SIGNATURE<br> | ASSESSOR E-MAIL ADDRESS<br><b>Dalten.young@dnr.mo.gov</b> |                           |

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)