



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES - ONSITE WASTEWATER PROGRAM
**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT
 FOR REAL ESTATE TRANSACTIONS**

ASSESSMENT RESULTS

SITE ADDRESS			
STREET 2393 Highway Z	CITY Hermann	STATE MO	ZIP CODE 65041
INSPECTOR ID NO. 51053	INSPECTOR NAME Jason Ratliff	JOB # 61826	

WEATHER CONDITIONS ON DAY OF ASSESSMENT

THIS ASSESSMENT IS NOT INTENDED FOR REGULATORY USE.

The information obtained from this assessment is for the buyer, seller, and the lending institution to determine if the OWTS meets the current state standards and understand the functionality of the system. Missouri state law does not require deficiencies to be corrected for the property to sell. However, corrections may be requested by the interested parties. Check with the permitting authority prior to making any corrections to the OWTS.

WATER SUPPLY RESULT

Construction Standards <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	Water Sample Results <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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OWTS COMPONENTS

Tanks and Treatment (Select All That Apply):

Septic Tank _____ NUMBER OF TANKS IN SERIES Aerobic Treatment Unit _____ NUMBER OF TANKS IN SERIES

Pump Tank _____ NUMBER OF TANKS IN SERIES Holding Tank _____ NUMBER OF TANKS IN SERIES

Media Filter: Sand Foam Textile Peat Wetland Other

Dispersal (Soil Treatment System):

Conventional Low Pressure Pipe Mound Discharge Pipe

Lagoon Subsurface Drip At-Grade

Hydraulic Test: If property is vacant for more than 60 days, or if vacancy is unknown, the OWTS shall not be subject to hydraulic test.

Hydraulic test performed? YES NO

Dye introduced? YES NO

Type of dye used: _____

The use of fluorescent dyes must be reported to the Missouri Department of Natural Resources.

OWTS ASSESSMENT RESULTS

Minimum Setback Distances Met: YES NO

INSPECTION – As reported on the attached forms, the inspection criteria is: Met Not Met
 (HYDRAULIC TEST MUST BE PERFORMED WITH AN INSPECTION)

EVALUATION – As reported on the attached forms, the evaluation criteria is: Met Not Met
 (HYDRAULIC TEST MUST **NOT** BE PERFORMED WITH AN EVALUATION)

Type of Deficiency: Component(s) Surfacing Effluent Both

DEFICIENCY LIST

The following items would need to be corrected to meet the State Minimum Construction Standards. Deficiency list may be used at the discretion of the inspector. If this page is blank, refer to each page of the assessment for additional comments that may be provided.

Refer to the following pages for any deficiencies.

INSPECTOR ID NO.
51053

INSPECTOR INITIALS
JR

JOB #
61826



STATE OF MISSOURI
 DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES – ONSITE WASTEWATER PROGRAM
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SITE INFO

DATE OF ASSESSMENT 06/18/2026	TYPE OF ASSESSMENT <input checked="" type="checkbox"/> INSPECTION <input type="checkbox"/> RE-INSPECTION <input type="checkbox"/> EVALUATION		
COUNTY Gasconade	LOT SIZE 266 ACRES		
OWNER'S NAME (PERSON(S) IN WHOSE NAME IS LEGALLY TITLED TO THE REAL ESTATE AND RECORDED.)			

SITE ADDRESS - STREET 2393 Highway Z	CITY Hermann	STATE MO	ZIP CODE 65041
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FACILITY INFORMATION			
<input checked="" type="checkbox"/> RESIDENCE	CHECK ALL THAT APPLY		<input type="checkbox"/> BUSINESS
<input checked="" type="checkbox"/> SINGLE FAMILY	<input checked="" type="checkbox"/> GARBAGE DISPOSAL	TYPE _____	
<input type="checkbox"/> MULTI FAMILY	<input type="checkbox"/> JETTED/OVERIZED TUB		
NO. OF BEDROOMS 4 (AS ADVERTISED OR LISTED ON MLS.)	<input type="checkbox"/> MULTI-HEAD SHOWER		
NO. OF OCCUPANTS 2 (NUMBER OF OCCUPANTS PRIOR TO SELL OF PROPERTY.)	<input checked="" type="checkbox"/> WATER SOFTENER		

SYSTEM HISTORY	
APPROXIMATE AGE OF OWTS: 30 YEARS	OWTS HAS BEEN IN USE FOR A MINIMUM OF 6 MONTHS CONSECUTIVELY PRIOR TO AN VACANCY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
OWTS PERMITTED? <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VACANT, NUMBER OF DAYS VACANT <input type="checkbox"/> 30 DAYS OR LESS <input type="checkbox"/> 31 - 60 DAYS <input type="checkbox"/> MORE THAN 60 DAYS <i>IF VACANT MORE THAN 60 DAYS, OR IF TIME VACANT IS UNKNOWN, OWTS SHALL NOT BE SUBJECT TO HYDRAULIC TEST.</i>

REQUESTING PARTY INFORMATION	
REQUESTING PARTY'S NAME	
PHONE NUMBER	EMAIL

MISSOURI LICENSED INSPECTOR INFORMATION				
<table border="1"> <tr> <td>COMPANY NAME BPG Inspections</td> </tr> <tr> <td>PHONE NUMBER 636 456-0001</td> </tr> <tr> <td>EMAIL Jason.ratliff@bpginspections.com</td> </tr> </table>		COMPANY NAME BPG Inspections	PHONE NUMBER 636 456-0001	EMAIL Jason.ratliff@bpginspections.com
COMPANY NAME BPG Inspections				
PHONE NUMBER 636 456-0001				
EMAIL Jason.ratliff@bpginspections.com				
PRIVATE INSPECTORS MUST BE LICENSED BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES.				

INSPECTOR NAME Jason Ratliff	ID NUMBER 51053
INSPECTOR SIGNATURE <i>Jason Ratliff</i>	JOB # 61826

FOR DHSS USE ONLY	
DHSS FILE#	

THIS REPORT IS FOR NON-REGULATORY USE.

THE INFORMATION CONTAINED HEREIN IS A COMPLETE AND ACCURATE ASSESSMENT OF THE SYSTEM ON THE DATE OF THIS ASSESSMENT AND DOES NOT GUARANTEE THE CONTINUED FUNCTIONING OF THE SYSTEM.

THE INSPECTION/EVALUATION DETERMINES IF THE SYSTEM MEETS THE CURRENT STATE MINIMUM CONSTRUCTION STANDARDS AND IF IT IS OPERATING PROPERLY. THIS IS REGARDLESS OF THE AGE OF THE SYSTEM. THERE IS NO GRANDFATHERING OF A SYSTEM IF INSTALLED PRIOR TO THE REGULATIONS.

POTENTIAL BUYERS SHOULD BE AWARE THAT THE CURRENT OWNER MAY NOT USE THE SYSTEM AT ITS FULL CAPACITY AND THEREFORE AN ABRUPT INCREASE IN UTILIZATION COULD RESULT IN PREMATURE FAILURE. WATER VOLUMES INTRODUCED DURING THE HYDRAULIC TEST DURING AN INSPECTION ARE TYPICALLY SIZED AT 50% OF THE DAILY FLOW AND NEVER EXCEEDS 75% OF DAILY FLOW.

MISSOURI STATE LAW DOES NOT REQUIRE AN INSPECTION/EVALUATION OF A SYSTEM PRIOR TO A REAL ESTATE TRANSACTION. HOWEVER, IF A LENDER, BUYER, OR SELLER REQUESTS AN INSPECTION/EVALUATION, IT MUST BE CONDUCTED BY A MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES LICENSED INSPECTOR.

REGULATIONS DO NOT REQUIRE ANY TANKS TO BE PUMPED DURING THE INSPECTION/EVALUATION PROCESS. HOWEVER, PUMPING TANKS IS RECOMMENDED AND MAY BE NEEDED TO ALLOW FOR A MORE THOROUGH VISUALIZATION OF THE INTERIOR COMPONENTS OF TANKS.

IT IS NOT NECESSARY TO CONTRACT WITH THE INSPECTOR TO MAKE RECOMMENDED REPAIRS. HOWEVER, THE WORK MUST BE COMPLETED BY A MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES REGISTERED INSTALLER.

IT IS RECOMMENDED TO FOLLOW GENERAL MAINTENANCE OF THE SYSTEM.

FOR MORE INFORMATION VISIT:

WWW.HEALTH.MO.GOV/ONSITE AND CLICK ON "RESOURCES" TO VIEW "*AN ONSITE WASTEWATER TREATMENT SYSTEM OWNER'S MANUAL*".



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WATER SUPPLY

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WATER SUPPLY

THIS IS NOT A COMPREHENSIVE WELL TEST; WATER SAMPLES ARE FOR PRIVATE WELLS ONLY.
 THE STRUCTURAL CONDITION OF WELLHEAD IS ONLY FOR PRIVATE DRILLED WELLS.
 ATTENTION: ASTERISKS (*) INDICATE ITEMS THAT MAY BE/CREATE A PUBLIC HEALTH RISK.

Number of connections less than 8: Yes No Number of Connections: 1
 Based on information obtained from owner/representative.
 (Water supply with more than 7 connections cannot be assessed nor can a water sample be collected. These are regulated by DNR).

Type of Water Source: Drilled Well Pit Wells Pump House Wells
 Sand Point Wells Bored Wells Other:

1. Above Ground Drilled Well Structural Condition:

- *A. Well head area free from surface flooding: Yes No
- *B. Well head area is free from sources of animal, chemical, and other contamination: Yes No
- C. Casing extends 12" above final grade: Yes No
- *D. Casing free of surface water migration: Yes No
- *E. Seal and/or caps in sound condition: Yes No
- *F. Vent/screens in sound condition: Yes No
- *G. Electrical connection sealed: Yes No

**DHSS
STANDARDS**

Met
 Not Met

WATER SAMPLE

2. Water Sample (Bacteriological):

A. Initial Sample:
 Sample Date: 06/18/2026
 Bottle Number: 79252
 Lab Name: MO State

B. Resample 1 (if applicable):
 Sample Date: _____
 Bottle Number: _____
 Lab Name: _____

C. Resample 2 (if applicable):
 Sample Date: _____
 Bottle Number: _____
 Lab Name: _____

**DHSS
STANDARDS**

Met
 Not Met

COMMENTS

Water results are pending.

The water softener discharges into the plumbing, not proper the brine mixture kills the good bacteria in the tank and over time can cause damage to the tank. Recommend a professional evaluate and route to the exterior of the home. Consider having it discharge into a gravel bed or French drain to prevent killing the grass.



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LAGOON

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LAGOON ASSESSMENT

ATTENTION: Asterisks (*) indicate items that may be/create a nuisance or public health risk.

SEPTIC TANK PROCEEDING LAGOON (IF CHECKED, MUST COMPLETE SEPTIC TANK FORM)

1. Operating Conditions

- *A. Surface water diversion provided: YES NO
- *B. Lagoon water at proper operating level and 3' operating depth: YES NO
- C. Water is green-colored: (If frozen over – NA) NA YES NO
- *D. Free of odors: YES NO
- E. Free of floating plants (i.e. cattails, duck weed, water lilies): YES NO
- F. Free of untreated waste products, toilet paper, greaseballs, feminine products, etc: YES NO
- G. Inlet pipe enters lagoon below water level: YES NO
- *H. Sewage inlet pipe free from obstructions from house to lagoon: (Verify water is not backing up into the cleanout.) YES NO
- I. Timber is at least 50' from water's edge: YES NO
- *J. Free of signs of current or past discharges off the property: YES NO

2. Lagoon size:

- A. Surface area: 2,700 square feet
 Area of square or rectangle: Length x Width
 Area of circle: $A = \pi r^2$
- B. Adequately sized: YES NO
 440ft² per bedroom. 900ft² for 1-2 bedroom residence.

3. Berm

- A. Top of berm is flat and a minimum of 4' wide: YES NO
- *B. Free of erosion: YES NO
- *C. Free of animal burrows: YES NO
- *D. Free of woody vegetation (i.e. saplings, trees, shrubs): YES NO

4. Fencing

- A. Minimum of 4' tall: YES NO
- B. Equipped with gate and latching device: YES NO
- C. Located no closer than the center of the berm: YES NO
- D. Located no farther than 30' from water's edge: YES NO

**DHSS
STANDARDS**

MET
 NOT MET

COMMENTS

Seller disclosed that there is not a septic tank. There is not a fence around the lagoon. There is timber within 50 ft. of the lagoon. The left side of the lagoon ground water may get into the lagoon. Have a state licensed septic installer evaluate and install a fence around the lagoon. Clear trees within 50 feet of the lagoon as necessary. Regrade along lagoon if necessary to prevent ground water from running into the lagoon.
 Unable to walk backside of lagoon berm due to very thick vegetation.
 36x76



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SETBACK DISTANCES AND SITE DIAGRAM

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TANK ASSESSMENT

MINIMUM SETBACK DISTANCES

MINIMUM DISTANCE FROM	ALL TANKS (SEPTIC, ATU, PUMP, HOLDING)	SOIL TREATMENT AREA (DISPERSAL AREA, LATERAL FIELD)	LAGOON
PRIVATE WATER SUPPLY	50	100	100
PUBLIC WATER SUPPLY	300	300	300
CLASSIFIED STREAM, LAKE OR IMPOUNDMENT	50	50	50
STREAM OR OPEN DITCH	25	25	25
PROPERTY LINES	10	10	75
BUILDING FOUNDATION	5	15	15
BUILDING BASEMENT FOUNDATION	15	25	25
SINK HOLE EDGE	50	100	500

VARIANCE(S) APPROVED:

NA YES NO

Variations approved by the Administrative Authority allow for the reduction of minimum setback distances. Approval documentation from the Administrative Authority MUST be attached to this report to achieve a "DHSS Standards Met" result.

ALL MINIMUM SETBACK DISTANCES MET:

-OR-

YES NO

APPROVED VARIANCES ALLOWING SETBACK REDUCTION:

DHSS STANDARDS
<input checked="" type="checkbox"/> MET <input type="checkbox"/> NOT MET

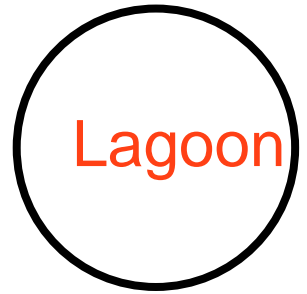
EXPLAIN IN DETAIL WHICH COMPONENT(S) (SEWAGE TANK, SOIL TREATMENT AREA, LAGOON), IF ANY, DO NOT MEET THE MINIMUM SETBACK DISTANCES

(e.g., Sewage tank is 40 feet from private water supply; soil treatment area is 5 feet from property line; lagoon is 50 feet from property line; etc.)

COMMENTS

SITE DIAGRAM

N 4



W

4

E

4



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4

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SITE DIAGRAM KEY	
1.	RESIDENTIAL/BUSINESS
2.	SOIL TREATMENT AREA
3.	TANK
4.	PROPERTY LINES
5.	EASEMENTS
6.	WATER LINES
7.	WELL
8.	WATERWAYS

INSPECTOR ID NO.
51053

INSPECTOR INITIALS
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No fence around lagoon



Back side thick vegetation/
timber within 50 feet