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 #: 61826-3	

WEATHER CONDITIONS ON DAY OF ASSESSMENT

Sunny 70's

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: ☑ Met ☐ Not Met

Water Sample Results: ☐ Acceptable ☐ Unacceptable

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 perfomed? ☐ 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.

Referred to the following pages for any deficiencies.

INSPECTOR ID NO.	INSPECTOR INITIALS	JOB #
51053	JR	61826-3

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES

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SITE INFO

DATE OF ASSESSMENT	TYPE OF ASSESSMENT
06/18/2026	☐ INSPECTION ☐ RE-INSPECTION ☑ 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	CITY	STATE	ZIP CODE
2393 Highway Z	Hermann	MO	65041

FACILITY INFORMATION

☑ RESIDENCE
- ☑ SINGLE FAMILY
- ☐ MULTI FAMILY

NO. OF BEDROOMS (AS ADVERTISED OR LISTED ON MLS.): 0

NO. OF OCCUPANTS (NUMBER OF OCCUPANTS PRIOR TO SELL OF PROPERTY.):

CHECK ALL THAT APPLY
- ☐ GARBAGE DISPOSAL
- ☐ JETTED/OVERSIZED TUB
- ☐ MULTI-HEAD SHOWER
- ☑ WATER SOFTENER

☐ BUSINESS
TYPE: _____

SYSTEM HISTORY

APPROXIMATE AGE OF OWTS: 5-10 YEARS

OWTS PERMITTED? ☐ UNKNOWN ☐ YES ☐ NO

OWTS HAS BEEN IN USE FOR A MINIMUM OF 6 MONTHS CONSECUTIVELY PRIOR TO AN VACANCY? ☐ YES ☐ NO

IF VACANT, NUMBER OF DAYS VACANT
- ☐ 30 DAYS OR LESS
- ☐ 31 - 60 DAYS
- ☑ MORE THAN 60 DAYS

IF VACANT MORE THAN 60 DAYS, OR IF TIME VACANT IS UNKNOWN, OWTS SHALL NOT BE SUBJECT TO HYDRAULIC TEST.

REQUESTING PARTY INFORMATION

REQUESTING PARTY'S NAME	
PHONE NUMBER	EMAIL

MISSOURI LICENSED INSPECTOR INFORMATION

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	ID NUMBER
Jason Ratliff	51053
INSPECTOR SIGNATURE: Jason Ratliff	JOB #: 61826-3

FOR DHSS USE ONLY

DHSS FILE#

DISCLAIMER

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: 37804
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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EVALUATION

SITE ADDRESS			
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SITE ASSESSMENT

AN EVALUATION IS NOT AS COMPREHENSIVE AS AN INSPECTION. A HYDRAULIC TEST IS NOT TO BE PERFORMED.
Detailed assessment form(s) are to be completed for each applicable treatment unit.
The location of the soil treatment area is perceived to be on the property that system serves unless shared with another property.
ATTENTION: Asterisks (*) indicate items that may be/create a nuisance or public health risk.

THIS TYPE OF ASSESSMENT IS ONLY TO BE PERFORMED WHEN (CHOOSE ALL THAT APPLY TO SITE):

- ☐ OWTS Not In Use For 6 Months Consecutively Prior To Any Vacancy
- ☑ Property Vacant More Than 60 Days
- ☐ Soil Treatment System On Neighbor's Property / Access Denied
- ☐ New OWTS On Exempt Property

1. SOIL TREATMENT AREA CONDITIONS:

A. Area can be located	☑ YES ☐ NO
*B. Area is free of odors	☑ YES ☐ NO
*C. No indications of current surfacing effluent and/or pooled water:	☑ YES ☐ NO
*D. No indications of past surfacing effluent: (e.g. black areas on soil surface, excessive vegetation, lack of vegetation)	☑ YES ☐ NO
*E. No indications of discharge/relief pipes coming to the surface:	☑ YES ☐ NO

2. USDA SOIL SURVEY DATA: THE USDA SOIL SURVEY MUST BE USED TO LOOK AT THE SOIL SUITABILITY WITHIN A GENERAL AREA.

A. Area has suitable permeability for soil treatment system:	☑ YES ☐ NO
B. Area does not exhibit a water table in the upper 5 ft of soil profile:	☑ YES ☐ NO

Proper design using a site-specific soil morphology report, installation, and maintenance may overcome general permeability and high-water table issues noted in the USDA Soil Survey Data. Check with your local authority for historical permitting information.

DHSS STANDARDS

☑ MET

☐ NOT MET

COMMENTS

Seller disclosed field down and left of D box. A hydraulic test was not preformed due to building is a stable and no living quarters. Ran about 40 gallons of water to confirm water was getting through the septic tank.

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SEPTIC TANK FORM

SITE ADDRESS:			
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TANK ASSESSMENT

ATTENTION: Asterisks (*) indicate items that may be/create a nuisance or public health risk.
NOTE: Tank must be accessible from the ground surface. It may be necessary to excavate a portion of the tank prior to the assessment.

Up to 3 septic tanks are allowed to be installed in series to achieve required volume. A form must be filled out for each tank. Label the form according to which septic tank you are assessing. (i.e. 1 of 1 or 1 of 2)

TANK 1 **OF** 1

1. ACCESS

a. All internal components are accessible from manhole cover or inspection ports: ☑ YES ☐ NO

*b. Riser(s) securely fastened to tank and watertight: ☐ NA ☑ YES ☐ NO

*c. Lids in sound condition, watertight, and securely fastened: ☑ YES ☐ NO

d. Inspection ports (6" or larger) over the inlet and outlet baffles extend to the ground surface: ☑ YES ☐ NO

2. DESCRIPTION

Material: ☑ Concrete ☐ Plastic ☐ Fiberglass ☐ Metal

A. properly sized (based on current standards): ☑ YES ☐ NO

Capacity ($1ft^3$ = 7.5 gallons) 1,000 Gallons
Volume of rectangular prism **Length x Width x Depth**
Volume of a cylinder $\pi r^2 \times D$

*B. Tank in sound condition and watertight: ☑ YES ☐ NO

C. Current liquid depth is at normal operating level: ☑ YES ☐ NO
Water level should be at the same elevation as the bottom of the outlet pipe.

3. RETENTION TIME

A. Scum & sludge thickness are within acceptable limits per retention time formula: ☑ YES ☐ NO
Liquid Volume (in gallons) x 24 (hours per day) ÷ Daily Flow

B. Number of compartments (inspect all): 1

COMPARTMENT NO.	SCUM (INCHES)	SLUDGE (INCHES)
1	0	1-2
2		

4. OPERATING CONDITION

*A. All wastewater lines plumbed to tank: ☑ YES ☐ NO

*B. Free of signs of liquid level higher than operational level: ☑ YES ☐ NO

*C. Free of signs of continuous inflow: ☑ YES ☐ NO

*D. Discharges to a subsurface soil treatment system, lagoon or pump tank: ☑ YES ☐ NO

5. INTERNAL COMPONENTS

*A. Inlet baffle/tee in place and structurally sound: ☑ YES ☐ NO

*B. Outlet baffle/tee in place and structurally sound: ☑ YES ☐ NO

C. Effluent screen/filter present (Required for LPP systems): ☐ YES ☐ NO
[Must be present in septic tank or pump tank.] NA

D. Screen/filter is free of excessive clogging: ☐ YES ☐ NO

DHSS STANDARDS
☑ MET
☐ NOT MET

PUMPING MECHANISM

6. PUMP UNIT ☑ NA

A. Effluent screen/filter present (required for LPP):		☐ YES	☐ NO
*B. Electrical junction boxes and connections are sealed, watertight and in sound condition:		☐ YES	☐ NO
*C. Pump activates when float is raised or when override is activated:		☐ YES	☐ NO
D. All Audible/Visual alarm mechanisms functional as designed:		☐ YES	☐ NO
E. Other floats operational, peak enable, or redundant off floats:	☐ NA	☐ YES	☐ NO
F. Pump and alarm are on separate circuits:		☐ YES	☐ NO
G. Pump chamber properly sized:		☐ YES	☐ NO

DHSS STANDARDS

☐ MET
☐ NOT MET
☑ N/A

HYDRAULIC TEST

7. RESULTS

*A. Soil treatment area free of surfacing effluent or dye from hydraulic test:		☐ YES	☐ NO
*B. Lake/stream free of effluent or dye from hydraulic test	☑ NA	☐ YES	☐ NO

Total amount of water added for hydraulic test: 40 gallons

If required volume is not introduced into the OWTS, provide reasoning in the comment section below.

DHSS STANDARDS

☐ MET
☐ NOT MET

(OWTS NOT IN USE 0-30 DAYS)

Residential:	Commercial:
1-2 bedrooms……120 gal.	1/2 design daily flow up to a maximum of 500 gal.
3 bedrooms……180 gal.	
4 bedrooms……240 gal.	
5 bedrooms……300 gal.	

(OWTS NOT IN USE 31-60 DAYS)

1.5 Times the volume amount listed above (maximum of 750 gallons for commercial).

COMMENTS

Hydraulic test not preformed due to building is a stable and does not have living quarters in it just a kitchen and bathroom.

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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

Variances 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

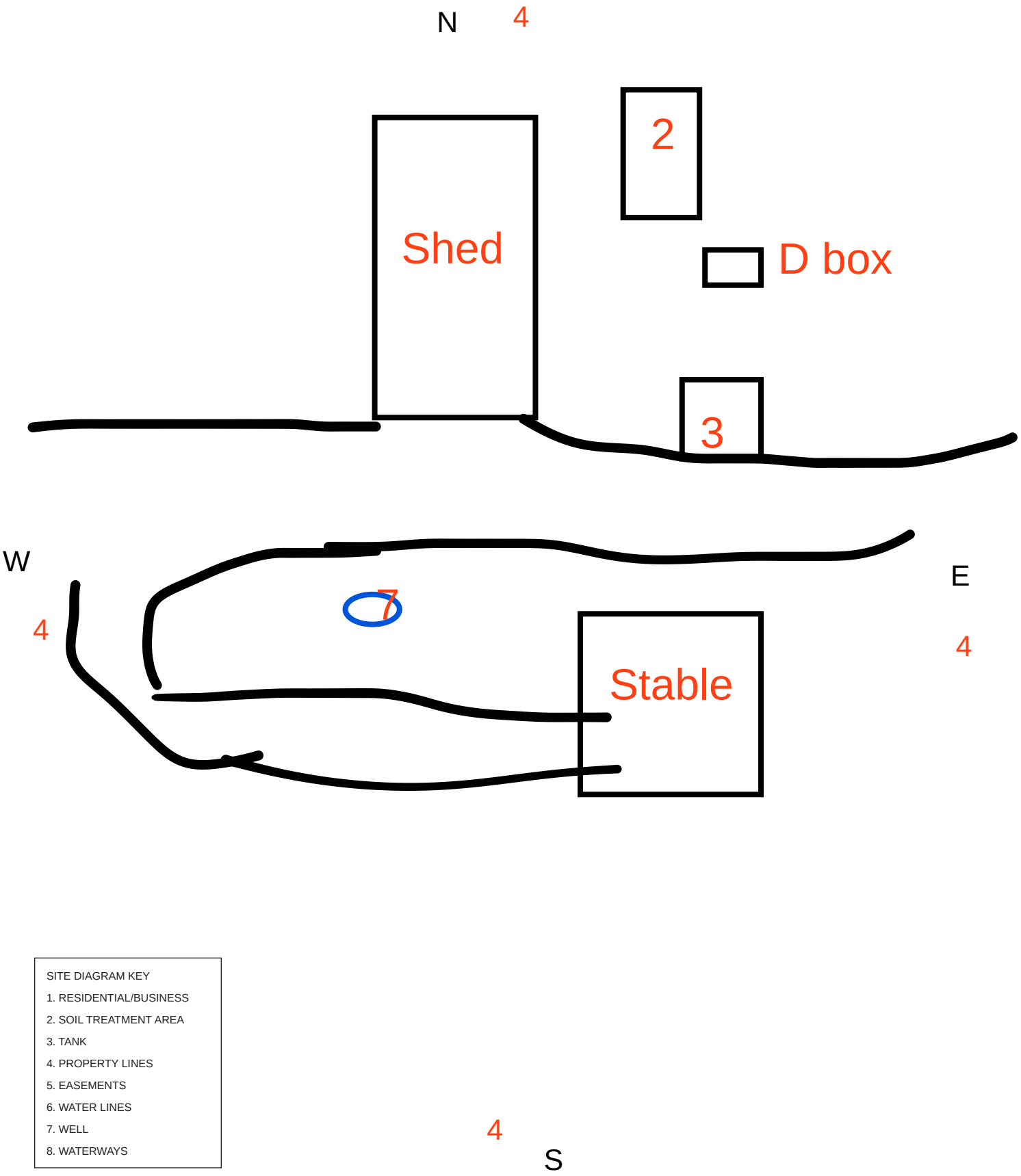
☑ MET
☐ NOT MET

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



SITE DIAGRAM KEY

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

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Tank with D box marked by large cone at back of picture.