MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

ASSESSMENT SUMMARY

Date of Assessment: 09/23/25 Type of Assessment: ☒ Evaluation ☐ Inspection ☐ Re-Inspection

Site Address: 3157 Horstman Road (STREET) Berger (CITY) MO 63014 (ZIP)

Inspector ID No.: 51053 Inspector Initials: JR Job#: 92325

The information contained herein is a complete and accurate assessment of the OWTS on the date of this assessment and does not guarantee the continued functioning of this system.

WATER SUPPLY SUMMARY SECTION

☐ Private Water Supply ☒ Yes ☐ No **Water sample date:** 09/23/25

☐ Met ☒ Not Met ☐ Acceptable ☐ Unacceptable

Water Source Resample: If initial bacteriological sample unacceptable. 2 consecutive acceptable bacteriological samples taken 1 week apart after disinfection is considered acceptable.

1st resample date: _____ **2nd resample date:** _____

☐ Acceptable ☐ Unacceptable ☐ Acceptable ☐ Unacceptable

Owners: It is not necessary to contract with the inspector to make recommended repairs.

OWTS ASSESSMENT SECTION

TREATMENT/DISPERSAL SECTION

OWTS components:

☐ ATU ☐ Wetlands
☒ Septic tank/trash trap
☐ Lagoon ☐ Holding tank
☐ Pump/processing tank

☐ Media-filter (select media):
☐ Sand filter ☐ Peat Filter
☐ Textile Filter ☐ Foam Filter
○ Other:

☐ Soil Treatment System (select type):
☐ Conventional
☐ LPP ☐ Drip
☐ Mound ☐ At Grade

☐ Discharge Pipe (Unacceptable)

☒ Setback Form ☒ OWTS Evaluation

HYDRAULIC TEST SECTION

If vacant more than 60 days, or if time vacant is unknown, system shall not be subject to hydraulic test.

Hydraulic test performed ☐ Yes ☒ No
Dye introduced ☐ Yes ☒ No

OWTS ASSESSMENT SUMMARY SECTION

Set back distances are: ☒ Met ☐ Not Met

INSPECTIONS -As reported in the attached forms, inspection criteria are:
☐ NA ☐ Met ☐ Not Met

EVALUATIONS-As reported in the attached forms, evaluation criteria are:
☐ NA ☐ Acceptable ☒ Unacceptable ☐ Undeterminable

X **Hydraulic Test Not Performed. Soil treatment area not tested.**

TYPE OF DEFICIENCY:

☐ Both ☒ Component ☐ Surfacing Effluent

Detail assessment forms are to be attached for ☑ boxes

WEATHER CONDITION ON DAY OF ASSESSMENT

The day the of the evaluation it was cloudy and low 70's.

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SITE INFORMATION

County: Gasconade **Lot Size:** 14.54 acres

Owner's Name:

Site Address: 3157 Horstman Road

Berger MO 63014
City Zip Code

GPS COORDINATES (If Applicable)

Latitude: Longitude:

FACILITY INFORMATION

Type:
- ○ Residence
  - ☒ Single Family
  - ☐ Multi-Family-Shared
- ○ Business
  - Type:

Check All That Apply:
- ☐ Garbage Disposal
- ☐ Jetted/Oversized Tub
- ☐ Shower Tunnel
- ☐ Water Softner

No. of Units:

No. of Bedrooms: 3
No. of Occupants:

SYSTEM HISTORY

Approximate Age of OWTS: 29 years.

System was permitted: ☐ NA ☐ Yes ☐ No

Date repairs made to OWTS:

System has been in use for at least 6 months:
☒ Yes ☐ No

If vacant, number of days vacant:
- ☐ 30 days or less
- ☐ 31 to 60 days
- ☒ More than 60

If vacant more than 60 days, or if time vacant is unknown, system shall not be subject to hydraulic test

REQUESTING PARTY INFORMATION

Requsting Party's Name: Todd Phillips

Contact Telephone#: Tphillipsllc@yahoo.com

LICENSED INSPECTOR/EVALUATOR INFORMATION

7 Oaks Home Inspection LLC
16995 State Hwy M
Warrenton, MO 63383
(636)-456-0001

7 Oaks HOME INSPECTION LLC

Private Inspectors/Evaluators are Licensed by the Department of Health & Senior Services.

Print Name: Jason Ratliff ID Number: 51053

Signature: Jason Ratliff Job No.: 92325

DHSS File #

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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

WATER SUPPLY

1. REPORT INFORMATION

Date of Assessment: 09/23/25

Site: 3157 Horstman Road (Address) Berger (City) 63014 (Zip)

Inspector ID No.: 51053

Inspector Initials: JR

Job#: 92325

2. WATER SUPPLY (Choose One)

Number of connection less than 8: ☒ Yes ☐ No **Number of Connections:** 1

Based on information obtained from Owner/Representative.

(Water supply with more than 7 connections can not be assessed. No sample taken. These systems are regulated by DNR.)

3. Type of Water Source

☒ Drilled Well ☐ Bored Well ☐ Sand Point ☐ Cistern ☐ Stream, Lake or Other Surface

These standards only apply to above ground construction for drilled wells.

4. Drilled Well

a. Well head area free from surface flooding: ☒ Yes ☐ No

b. Well head area is free from sources of chemical contamination: ☒ Yes ☐ No

4. ☒ Acceptable ☐ Unacceptable

5. Structural Condition

a. Casing extends 12" above finish grade: ☒ Yes ☐ No

*b. Seal and/or caps are in sound condition: ☒ Yes ☐ No

*c. Vent and screens are in sound condition: ☐ Yes ☒ No

d. Well casing is free of surface water migration: ☒ Yes ☐ No

e. Electrical connection sealed: ☐ Yes ☒ No

5. ☐ Acceptable ☒ Unacceptable

6. Bacteriological Samples

a. Initial Sample:
1) Sample Date: 09/23/25
2) Sample Bottle No.: 55849
3) Lab Name: MO State

6a. ☐ Acceptable ☐ Unacceptable

b. Sample 1:
1) Sample Date:
2) Sample Bottle No.:
3) Lab Name:

6b. ☐ Acceptable ☐ Unacceptable

c. Sample 2:
1) Sample Date:
2) Sample Bottle No.:
3) Lab Name:

6c. ☐ Acceptable ☐ Unacceptable

COMMENTS

The well cap is not vented and the conduit has pulled apart from the cap. Recommend a well professional replace the cap with a vented cap and reconnect the conduit to the cap.
Water results are pending.

Asterisk (*) marked items are critical and may be a potential source of contamination of the water supply. See attached information regarding the Disinfection of Contaminated Wells and Cisterns. If initial bacteriological sample unacceptable, 2 consecutive acceptable bacteriological samples taken 1 week apart after disinfection is considered acceptable.

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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) FOR REAL ESTATE TRANSACTIONS

EVALUATION

Note: An evaluation is not as comprehensive as an inspection. This evaluation does not guarantee the continued functioning of this system.

1. REPORT INFORMATION

Date of Evaluation: 09/23/25

Site: 3157 Horstman Road (Address) Berger (City) 63014 (Zip)

Inspector ID No.: 51053

Inspector Initials: JR

Job#: 92325

2. This type of assessment is to be performed only when: ***Choose one***

- ☐ Not In Use For 6 Months
- ☒ Vacant More Than 60 Days
- ☐ Field On Neighbor's Property / Access Denied
- ☐ New System on Exempt Propery

3. Soil Treatment Area:

a. General soil treatment area can be located:	☐ Yes	☒ No
b. Free of noticeable odors coming from field:	☒ Yes	☐ No
c. Free of surfacing of sewage or water pooled in the field area:	☒ Yes	☐ No
d. Free of excessive vegetation growth in or near field:	☒ Yes	☐ No
e. Free of obvious signs of past sewage surfacing or discharges: (*e.g. black areas on soil or vegetation, lack of vegetation, etc*)	☒ Yes	☐ No
f. Free of discharge or relief pipes coming to the soil surface in or near the field:	☐ Yes	☐ No

The location of the dispersal field area is perceived to be on property.

4. Other:

a. Free of obvious signs of effluent flowing onto neighbor's property:	☒ Yes	☐ No
b. According to the modern published detailed soil survey, this area has suitable permeability for a soil treatment system:	☒ Yes	☐ No
c. According to the detailed soil survey, this area does not exhibit a water table in the upper 5 ft. of soil profile:	☒ Yes	☐ No

The Soil Survey report (4b and 4c) is a tool used to look at the soil suitability within a general area. Soil morphology reports provide more site specific details of the soil suitability.

5. Free of obvious signs of effluent from any neighbor's property: ☒ Yes ☐ No

2. Detailed assessment form(s) are to be attached for each applicable treatment unit.

3. ☐ Acceptable
☐ Unacceptable
☒ Undeterminable

See notes below

4. ☒ Acceptable
☐ Unacceptable
☐ Undeterminable

COMMENTS

A hydraulic test was not preformed due to the home being vacant longer than 60 days.
It was disclosed the location of the septic field. On the hill behind the detached garage. According to diagram there are three lines that run towards the dam, with a over flow on the other side of the dam. There should not be a overflow pipe. It appears to be a non typical septic field, check with the county to see if permits were pulled/ if it was approved by the county. Have a state licensed septic installer further evaluate and make repairs if necessary.
A hydraulic test should be preformed 90 days after moving in to check the field for leaks.

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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

SEPTIC TANK

Attention: If the tank(s) does not have access ports to grade, it will be necessary to excavate a portion of the tank(s) prior to the assessment.

1. REPORT INFORMATION

Date of Assessment: 09/23/25 Site: 3157 Horstman Road Berger 63014

Inspector ID No.: 51053 Inspector Initials: JR Job#: 92325

2. Tank Access (Check all applicable):

a. All internal components of the tank are accessable from:
☐ Inspection Port ☒ Manhole

b. 1) Tank top with manhole located above grade or within 18" of final grade: ☒ Inspected For — ☒ Yes ☐ No

OR

2) Tank top with manhole is located below 18" of final grade with a riser within 8" of final grade: ☐ Inspected For

*c. Risers securely fastened to tank and watertight: ☐ NA ☒ Yes ☐ No

*d. Lids in sound condition and securely fastened : ☒ Yes ☐ No

e. Inspection ports/Manhole access covers over inlet and outlet extends to surface: ☐ Yes ☒ No

f. Cleanout between house and tank: *(Recommended)* ☐ Yes ☒ No

2. ☐ Acceptable ☒ Unacceptable

3. Evaluation of layers in septic tank:

a. Scum and sludge thickness are within acceptible limits: ☒ Yes ☐ No

b. Tank was pumped: _____ (Enter Date) ☒ NA ☐ Yes ☐ No

c. Number of compartments (inspect all): 1

3. ☒ Acceptable ☐ Unacceptable

Compartment No.	Scum (in.)	Sludge (in.)
	Thickness	Thickness
1	1-2	6-8
2		

4. Tank Description:

a. Material: ☒ Concrete ☐ Fiberglass ☐ Plastic ☐ Metal

b. Properly sized: *(Based on current standards)* ☒ Yes ☐ No

c. Dimension *(For Rectangular Tanks Only)* :

5 *Width in ft.* X 8.5 *Length in ft.* X 4 *Liquid Depth in ft.* = _____ *Total ft³*

d. Capacity *(1ft³ = 7.5 gallons)* : 1250 Gal.

e. Tank in sound condition and watertight: ☒ Yes ☐ No

f. Current liquid depth is appropriate: ☒ Yes ☐ No

4. ☒ Acceptable ☐ Unacceptable

5. Operating Condition of Tank:

a. All wastewater drain 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

5. ☒ Acceptable ☐ Unacceptable

6. Internal Tank Components:

*a. Inlet baffle/tee in place: ☐ Yes ☐ No

*b. Outlet baffle/tee in place: ☐ Yes ☐ No

*c. Baffles or tees structurally sound: ☐ Yes ☐ No

d. Effluent screen present (Required for LPP): ☒ NA ☐ Yes ☐ No
[Must be present in Septic Tank or Pump Tank.]

e. Screen/filter is free of excessive clogging: ☒ NA ☐ Yes ☐ No

6. ☐ Acceptable ☒ Unacceptable

See notes below

PUMPING MECHANISM

7. Condition of Pump Unit Operation: ☒ NA

a. Type of screen:
☐ Vault w/Basket ☐ In-line Screen

*b. Electrical junction boxes and connections sealed, watertight and in sound condition: ☐ NA ☐ Yes ☐ No

c. Audio and/or Visual alarms operational: ☐ Yes ☐ No

*d. Pump activates when float is raised or override is activated: ☐ NA ☐ Yes ☐ No

e. Other floats operational: ☐ Yes ☐ No

f. Pump and alarm on separate circuit: ☐ Yes ☐ No

7. ☐ Acceptable
☐ Unacceptable

HYDRAULIC TEST

8. Results:

a. Before test, water was at operating level: ☐ Yes ☐ No

b. During test, tank accepted hydraulic load without exceeding normal operating level: ☐ Yes ☐ No

*c. Accepted water without backing up into house: ☐ Yes ☐ No

Total amount of water added to system: 60-70

(Home vacant 0 - 30 days)

1 - 2 Bedroom Home……....200 gal.
3 Bedroom Home……..250 gal.
4 Bedroom Home……..300 gal.
5 Bedroom Home……..350 gal.
Home vacant 31 - 60 days…… 2 X Load

Type of dye used: _____ ☒ NA

8. ☐ Acceptable
☐ Unacceptable

COMMENTS

The septic tank is missing the inlet and outlet inspection ports. Unable to see if the tank has Inlet/outlet tees or battles.Have a state licensed septic installer install the inspection ports. If the baffles/Tees are missing install them at that time.
3 bed home with a apartment in garage so should be sized for a 4 bedroom.

Do not flush guy/ girl products or flushable wipes they can cause blockages in the line or the tank. Only flush toilet paper usually one or two ply works best it breaks down faster in the tank. Do not pour cooking grease down the sink. Avoid products such as Ridex they kill the good bacteria in the tank. Avoid doing excessive amounts of laundry in one day can cause damage to the septic field.
Typically a septic tank will need to be pumped every 3-5 years depending on number of occupants and use of the system.

Note: Asterisk (*) indicate items critical to the proper operation of the system. Critcal items should not be ignored and are essential to the long term operation of the system, and may be a nuisance or public health risk.

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Inspector ID No.: 51053 Inspector Initials: JR

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SETBACK DISTANCES

Use the area on page 2 to provide a diagram of the site. The diagram need not be to scale.

1. REPORT INFORMATION

Date of Assessment: 09/23/25 Site: 3157 Horstman Road (Address) Berger (City) 63014 (Zip)

Inspector ID No.: 51053 Inspector Initials: JR Job#: 92325

Note: Enter measurement if less than the minimum required distance. Setback distances may be less than required if a permit was issued and a variance approved. Place a check next to the OWTS component if an approved variance was given.

2. Private Well:**	☐ NA	☒ Yes	☐ No	2. ☒ Acceptable	☐ Unacceptable
☐ Tank (50 ft.) _____					
☐ Field (100 ft) _____					
☐ Lagoon (100ft) _____					
3. Public Well:	☒ NA	☐ Yes	☐ No	3. ☐ Acceptable	☐ Unacceptable
☐ Tank (300ft) _____					
☐ Field (300ft) _____					
☐ Lagoon (300ft) _____					
4. Classified Lake or Stream:	☐ NA	☒ Yes	☐ No	4. ☒ Acceptable	☐ Unacceptable
☐ Tank (50ft) _____					
☐ Field (50ft) _____					
☐ Lagoon (50ft) _____					
5. Property Lines:	☐ NA	☒ Yes	☐ No	5. ☒ Acceptable	☐ Unacceptable
☐ Tank (10ft) _____					
☐ Field (10ft) _____					
☐ Lagoon (75ft) _____					
☐ Overflow Pipe (100ft) _____					
6. Stream or Ditches:	☐ NA	☒ Yes	☐ No	6. ☒ Acceptable	☐ Unacceptable
☐ Tank (25ft) _____					
☐ Field (15ft) _____					
☐ Lagoon (25ft) _____					
7. Residence Foundation:	☐ NA	☒ Yes	☐ No	7. ☒ Acceptable	☐ Unacceptable
☐ Tank (5ft) _____					
☐ Field (15ft) _____					
☐ Lagoon (100ft) _____					
8. Residence Basement Foundation:	☐ NA	☒ Yes	☐ No	8. ☒ Acceptable	☐ Unacceptable
☐ Tank (15ft) _____					
☐ Field (25ft) _____					
☐ Lagoon (100ft) _____					
9. Sink Holes:	☒ NA	☐ Yes	☐ No	9. ☐ Acceptable	☐ Unacceptable
☐ Tank (50ft) _____					
☐ Field (100ft) _____					
☐ Lagoon (500ft) _____					

COMMENT/SITE DIAGRAM (Use the area on page 2 to provide a diagram of the site.)

*****When the OWTS is installed prior to a well - setback distance approval should meet DNR standards. Any variances to the requirements may be approved by DNR.***

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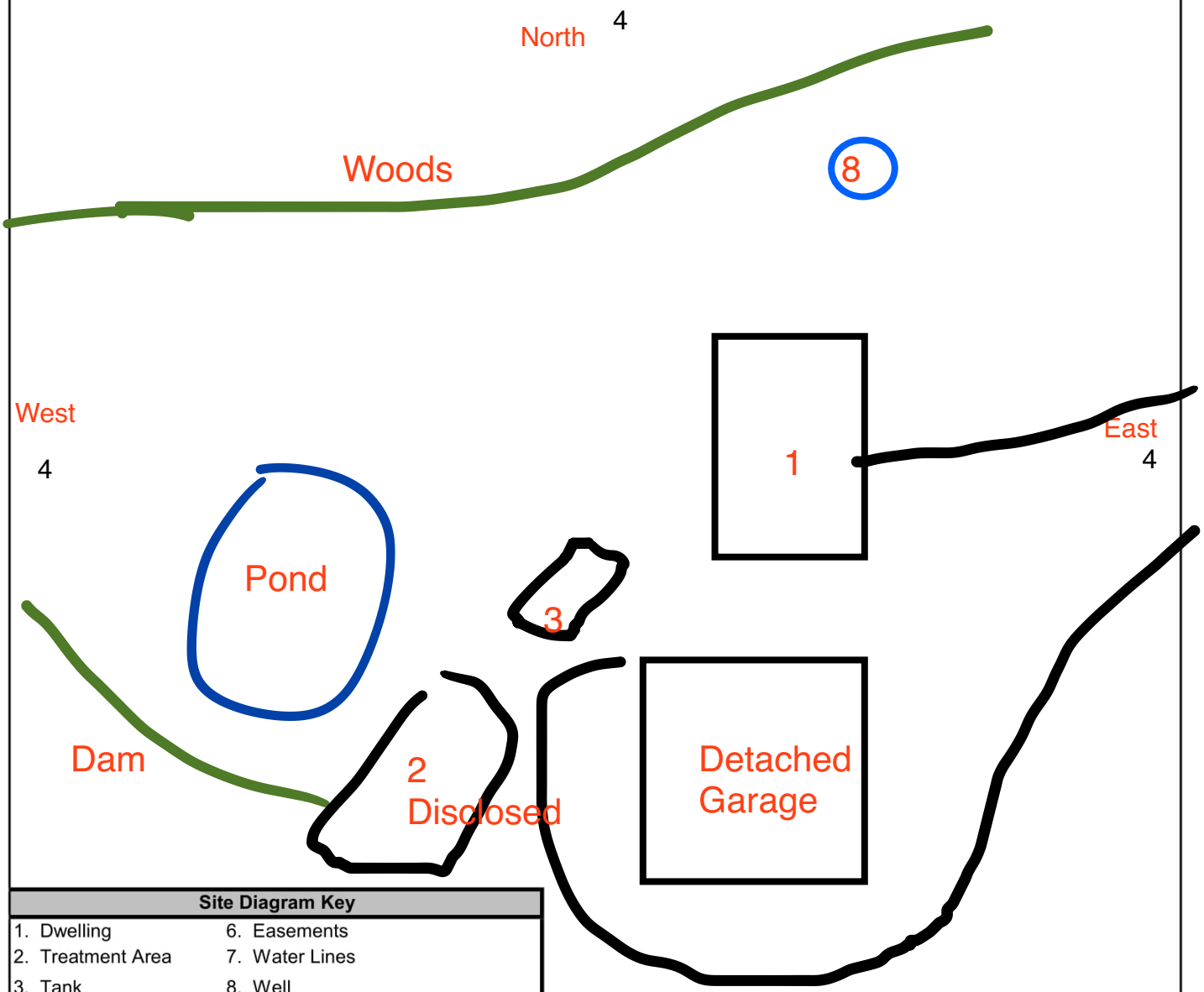
ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

SITE DIAGRAM

Diagram need not be to scale.



Site Diagram Key	
1. Dwelling	6. Easements
2. Treatment Area	7. Water Lines
3. Tank	8. Well
4. Property Lines	9. Other Cultural Features
5. Waterways	

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Tank missing inspection ports.

Disclosed septic field is on hill behind detached garage.

Well conduit pulled apart.