



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

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

County: Franklin Lot Size: 26 acres

Owner's Name: Andrew Tierney

Site Address: 9084 Hwy HH

Robertsville MO 63072
City Zip Code

GPS COORDINATES (If Applicable)

Latitude: _____ Longitude: _____

FACILITY INFORMATION

Type: ☒ Residence ☐ Garbage Disposal ☐ Business
☒ Single Family ☐ Jetted/Oversized Tub Type: _____
☐ Multi-Family-Shared ☐ Shower Tunnel No. of Units: _____
No. of Bedrooms: 3
No. of Occupants: 0 ☐ Water Softner

SYSTEM HISTORY

Approximate Age of OWTS: 36 years. System has been in use for at least 6 months:
☒ Yes ☐ No
System was permitted: ☒ NA ☐ Yes ☐ No If vacant, number of days vacant:
Date repairs made to OWTS: _____ ☐ 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

Requesting Party's Name: Andrew Tierney

Contact Telephone#: 314-406-8516

LICENSED INSPECTOR/EVALUATOR INFORMATION

National Property Inspections
Robert Gould
PO Box 937
St. Charles, MO 63302
636-940-1005 rgould@npimo.com



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

Print Name: Robert Gould ID Number: 50581

Signature: Robert Gould Job No.: _____

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.

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

DHSS File #



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: 01/29/24 Type of Assessment: ☐ Evaluation ☒ Inspection ☐ Re-Inspection
Site Address: 9084 Hwy HH Robertsville MO 63072
STREET CITY ZIP
Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

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WATER SUPPLY SUMMARY SECTION

☒ Private Water Supply ☒ Yes ☐ No Water sample date: 01/29/24
☒ 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/Trasn 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

☒ 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

sunny, dry soil, 32 degrees

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

1. REPORT INFORMATION

Date of Assessment: 01/29/24 Site: 9084 Hwy HH Robertsville 63072
Address City Zip
Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

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

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

6. Bacteriological Samples

- a. Initial Sample:
1) Sample Date: 01/29/24
2) Sample Bottle No.: 28943
3) Lab Name: DHSS
- b. Sample 1:
1) Sample Date: _____
2) Sample Bottle No.: _____
3) Lab Name: _____
- c. Sample 2:
1) Sample Date: _____
2) Sample Bottle No.: _____
3) Lab Name: _____

4. ☒ Acceptable
☐ Unacceptable

5. ☒ Acceptable
☐ Unacceptable

6a. ☒ Acceptable
☐ Unacceptable

6b. ☐ Acceptable
☐ Unacceptable

6c. ☐ Acceptable
☐ Unacceptable

COMMENTS

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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS
AEROBIC TREATMENT UNIT (ATU)

1. REPORT INFORMATION

Date of Assessment: 01/29/24 Site: 9084 Hwy HH Robertsville 63072
Inspector ID No.: 50581 Inspector Initials: Job#:

ATU GENERAL

☐ Separate trash tank associated with ATU. See Tank Form for detailed information.

Name/Model of ATU:

Unit is Standard 40 certified (NSF Seal Present): ☐ Yes ☒ No

2. Tank Access:

a. All internal components of the tank are accessible from:

☐ Inspection Port ☒ Manhole

b. Access to compartment(s) extends to surface

☐ Yes ☒ No

*c. Lids in sound condition and securely fastened :

☒ Yes ☐ No

d. Riser on access manhole:

☐ NA ☒ Yes ☐ No

*e. Risers securely fastened to tank and watertight:

☐ NA ☐ Yes ☒ No

f. Cleanout between house and tank: (Recommended)

☐ Yes ☒ No

3. Description

a. Material: ☒ Concrete

☐ Fiberglass

☐ Plastic

b. Rated treatment capacity:

500 gpd.

*c. Tank in sound condition and water tight:

☒ Yes ☐ No

d. Maintenance records available: (Recommended)

☒ NA ☐ Yes ☐ No

4. Tank Condition:

*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. Compartments/Trash Tank:

a. Sludge/scum level in first compartment is appropriate:

☐ NA ☐ Yes ☒ No

b. Sludge depth:

1 inches

6. Type/Condition of Aeration Components :

☐ Aspirator (A)

a. Motor electrical connection waterproof and in sound condition:

☒ NA ☐ Yes ☐ No

b. Motor housing is free from corrosion:

☒ NA ☐ Yes ☐ No

c. Motor runs free of excessive vibration:

☒ NA ☐ Yes ☐ No

d. Air intake draws air when motor runs:

☒ NA ☐ Yes ☐ No

e. Air intake free of debris:

☒ NA ☐ Yes ☐ No

f. Air shaft is stainless steel:

☒ NA ☐ Yes ☐ No

g. Air shaft is in sound condition and free of debris:

☒ NA ☐ Yes ☐ No

h. Air shaft diffuser assembly in place and in sound condition:

☒ NA ☐ Yes ☐ No

i. Foam restricter in place and in sound condition:

☒ NA ☐ Yes ☐ No

2. ☐ Acceptable

☒ Unacceptable

3. ☒ Acceptable

☐ Unacceptable

4. ☒ Acceptable

☐ Unacceptable

5. ☒ Acceptable

☐ Unacceptable

6A. ☐ Acceptable

☐ Unacceptable

Note: Asterisk (*) indicate items critical to the proper operation of the system. Critical 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.

☒ **Compressor (B)**

- | | | | |
|---|--------------------------|---------------------------|-------------------------------------|
| a. Filter is in place and in sound condition: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Free of signs of overheating in housing and/or airline fittings: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| c. Free of signs of leakage at fittings or air supply lines: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| d. Free of excessive vibration: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| e. Free of signs of moisture: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. Air intake free of debris: | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| g. Free from insects (i.e. Ants): | <input type="radio"/> NA | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

7. Aeration Chamber:

- | | | |
|--|--------------------------------------|-------------------------------------|
| *a. Tank is free from septic odors: | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| *b. Color of aeration chamber contents is normal : | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| c. Free of excessive sudsing or foaming: | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| d. Free of excessive accumulation of grease balls or non-biodegradable material: | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| e. Air supply assembly in place and in sound condition in aeration chamber: | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| f. Attached growth media present: | <input checked="" type="radio"/> NA | <input type="radio"/> No |
| g. Aeration chamber sludge less than 50% percent as indicated by a 30 minute settleability test: _____ % | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Electrical connections free of corrosion: | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

8. Clarifier/Settling Chamber:

- | | | |
|---|---------------------------|-------------------------------------|
| a. Is color and clarity of effluent clear: | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| b. Filter in clarification chamber: | <input type="radio"/> NA | <input checked="" type="radio"/> No |
| c. Filter properly connected to the discharge outlet: | <input type="radio"/> NA | <input checked="" type="radio"/> No |
| d. Filter hanging from weir plate: | <input type="radio"/> NA | <input checked="" type="radio"/> No |
| e. Filters allow free flow of water to clarification chamber: | <input type="radio"/> NA | <input checked="" type="radio"/> No |

9. Scum/Sludge Layer and Color:

Trash Compartment:
Scum: 0 inches Sludge: 1 inches

Aeration Chamber:
Color: light
Normal color is light to dark brown.

Clarifier/Settling Chamber:
Color: not visible
Normal color is clear.

Colors and Turbidity can be an indication of proper operation.

COMMENTS

Item 2 does not meet standards- Cleanout is not present between the house and tank, additional riser required on the inlet side to eliminate ground water and soil from entering the system, permanet access to the surface is not present over the outlet side.

Item 7- Compressor is inoperable, repair or replace. Items 8

and 9- Due to no access over the outlet side the clarification chamber could not be viewed, therefore, conditions could not be determined. Recommend access to the surface be installed.

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Inspector ID No.: 50581 Inspector Initials: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS
SOIL TREATMENT SYSTEM

1. REPORT INFORMATION

Date of Assessment: 01/29/24 Site: 9084 Hwy HH Robertsville 63072
Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

SOIL TREATMENT AREA

Choose One: ☒ Conventional ☐ LPP ☐ Drip ☐ Mound ☐ At-Grade ☐ Discharge Pipe

2. General Conditions at Soil Treatment Area:

- a. General area of soil treatment area can be located: ☐ Yes ☒ No
b. Area is free of noticeable odors within 10' of perimeter of system: ☐ Yes ☐ No
c. Area is free of leaks around/above system: ☐ Yes ☐ No
d. Vegetation maintained to allow visual assessment: ☐ Yes ☐ No
(Grass mowed, Brush or Leaves Removed)
*e. Area is free of signs of sewage surfacing or discharging: (e.g. black areas on soil, excessive vegetation, odors, lack of vegetation, etc) ☐ Yes ☐ No
*f. Area free of discharge pipe or relief lines to the surface: ☐ Yes ☐ No
g. Area free of signs of heavy equipment or animal traffic: ☐ Yes ☐ No

3. Conventional Distribution is: (Check appropriate)

☒ NA ☐ Distribution Box ☐ Pressure Manifold

- a. Distribution box is watertight: ☐ NA ☐ Yes ☐ No
b. Distributes effluent evenly to dispersal field: ☐ Yes ☐ No
c. Laterals appear to be on contour: ☐ Yes ☐ No
d. Each lateral line has accessible valve for flushing and pressure adjustment: ☐ NA ☐ Yes ☐ No
e. Each lateral line has accessible adapter for service: ☐ NA ☐ Yes ☐ No
f. Manifold and lateral lines drain freely: ☐ NA ☐ Yes ☐ No

4. Drainage Diversion Devices: (Recommended)

- a. Roof gutters diverted away from field area: ☐ Yes ☐ No
b. Foundation drains diverted away from field: ☐ Yes ☐ No
c. Soil treatment area has adequate drainage or surface water diversion: ☐ Yes ☐ No
d. Soil treatment area is protected by curtain drain (Slope >4%): ☐ NA ☐ Yes ☐ No

The location of the soil treatment area is perceived to be on property system serves.

5. Free of obvious signs of effluent from any neighbor's property onto field:

☐ Yes ☐ No

HYDRAULIC TEST

6. Results:

- *a. Soil treatment area was free of surfacing effluent or dye from the hydraulic test: ☒ NA ☐ Yes ☐ No

7. Alternate Dye Test Result:

- a. Lake/Stream free of dye during test: ☒ NA ☐ Yes ☐ No

Total amount of water added to system: 100 Gal.

(Home vacant 0 - 30 days)

1 - 2 Bedroom Home.....200 gal.

3 Bedroom Home.....250 gal.

5 Bedroom Home.....350 gal.

Home vacant 31 - 60 days..... 2 X Load

Type of dye used: ☐ NA

For conventional dispersal through ATU limit water volume to approx. 50 gallons. Run remaining water volume bypassing unit.

Alternative dosed systems should be limited to one dose cycle.

2. ☐ Acceptable

☒ Unacceptable

not located

3. ☐ Acceptable

☐ Unacceptable

4. Recommended

6. ☐ Acceptable

☐ Unacceptable

7. ☐ Acceptable

☐ Unacceptable

water was run to check tank condition

LOW PRESSURE PIPE (LPP)

<input checked="" type="checkbox"/> NA		
8. LPP/Pressure Network:		8. <input type="radio"/> Acceptable
a. Laterals appear to be on contour:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Unacceptable
b. Each lateral line has accessible valve for flushing and pressure adjustment:	<input type="radio"/> Yes <input type="radio"/> No	
c. Each lateral line has accessible adapter at distal end for service:	<input type="radio"/> Yes <input type="radio"/> No	
d. Laterals are at least 5 feet apart:	<input type="radio"/> Yes <input type="radio"/> No	
e. Manifold and lateral lines drain freely:	<input type="radio"/> Yes <input type="radio"/> No	
f. Alternating devices function properly:	<input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No	

DRIP IRRIGATION

<input checked="" type="checkbox"/> NA		
9. Drip Irrigation System:		9. <input type="radio"/> Acceptable
a. Type of filter: <input type="radio"/> Screen <input type="radio"/> Disk <input type="radio"/> Sand <input type="radio"/> Other: _____		<input type="radio"/> Unacceptable
*b. Filter in place:	<input type="radio"/> Yes <input type="radio"/> No	
*c. Vacuum relief sealed during operation:	<input type="radio"/> Yes <input type="radio"/> No	
d. Pressure regulator on system:	<input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No	
e. Manifold line drain properly back to pump tank:	<input type="radio"/> Yes <input type="radio"/> No	
f. Drip emitters appears to be on contour:	<input type="radio"/> Yes <input type="radio"/> No	
g. Alternating devices function properly:	<input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No	

MOUND or AT GRADE

<input checked="" type="checkbox"/> NA		
10. Mound or At-Grade System:		10. <input type="radio"/> Acceptable
a. System is on: <input type="radio"/> Flat Area <input type="radio"/> Crest of Slope <input type="radio"/> Slope not exceeding 12%		<input type="radio"/> Unacceptable
b. System is built on contour:	<input type="radio"/> Yes <input type="radio"/> No	
c. System is covered with continuous grass:	<input type="radio"/> Yes <input type="radio"/> No	
d. Down slope toe of mound has a 50' setback to property line: <i>(Recommended)</i>	<input type="radio"/> Yes <input type="radio"/> No	
e. System sides are gently sloped to shed water:	<input type="radio"/> Yes <input type="radio"/> No	
f. Manifold line drains properly back to pump tank:	<input type="radio"/> Yes <input type="radio"/> No	

DISCHARGE PIPE

<input checked="" type="checkbox"/> NA		
11. Discharge Pipe		11. <input type="radio"/> Unacceptable
*a. System is absent any discharge pipe to the surface:	<input type="radio"/> Yes <input type="radio"/> No	

COMMENTS

Notes: Due to no access ports to the surface the drainfield could not be located. Property was walked and discharge was not located.

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Date of Assessment: 01/29/24

Job#: _____

Inspector ID No.: 50581

Inspector Initials: rjg



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ON-SITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

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: 01/29/24 Site: 9084 Hwy HH Robertsville 63072
Address City Zip
Inspector ID No.: 50581 Inspector Initials: rjg Job#:

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.



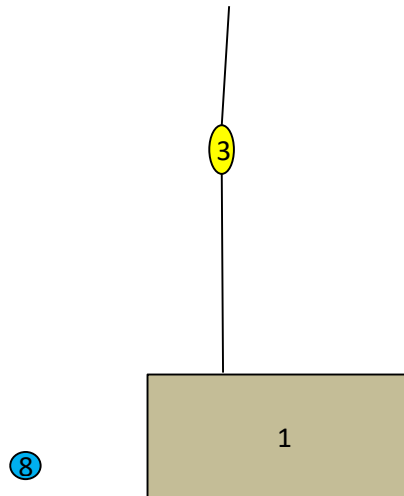
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

SITE DIAGRAM

Diagram need not be to scale.

Drainfield or discharge not located



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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