



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL SERVICES

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

County: Dade Lot Size: 40 acres

Owner's Name: Waylon Martin

Site Address: 67 N Dade 237

Walnut Grove MO 65770  
City Zip Code

GPS COORDINATES (If Applicable)

Latitude: Longitude:

FACILITY INFORMATION

Type: ☐ Residence ☒ Single Family ☐ Multi-Family-Shared  
Check All That Apply: ☒ Garbage Disposal ☐ Jetted/Oversized Tub ☐ Shower Tunnel ☐ Water Softner  
☐ Business Type:                       
No. of Bedrooms: 4 No. of Units:                       
No. of Occupants: 2

SYSTEM HISTORY

Approximate Age of OWTS: 14+ years.  
System was permitted: ☒ NA ☐ Yes ☐ No  
Date repairs made to OWTS: NA  
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

Requesting Party's Name: Waylon Martin

Contact Telephone#: tel:417-410-5964

LICENSED INSPECTOR/EVALUATOR INFORMATION

My Home Inspector Pro  
417-693-1084



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

Print Name: Dave Gress ID Number: 51080

Signature: Dave Gress Job No.: 42362

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

DHSS File #



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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: 09/24/24 Site: 67 N Dade 237 Walnut Grove 65770  
Inspector ID No.: 51080 Inspector Initials: DG Job#: 42362

2. Tank Access (Check all applicable):

- a. All internal components of the tank are accessible from:  
☒ Inspection Port ☐ Manhole
- b. 1) Tank top with manhole located above grade or within 18" of final grade: ☒ Inspected For  
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

3. Evaluation of layers in septic tank:

- a. Scum and sludge thickness are within acceptable limits: ☒ Yes ☐ No
- b. Tank was pumped:                      (Enter Date) ☒ NA ☐ Yes ☐ No
- c. Number of compartments (inspect all): 1

Compartment No.	Scum (in.)	Sludge (in.)
	Thickness	Thickness
1	0	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):  
                     X                      X                       
Width in ft. Length in ft. Liquid Depth in ft. Total ft<sup>3</sup>
- d. Capacity (1ft<sup>3</sup> = 7.5 gallons):                      Gal.
- e. Tank in sound condition and watertight: ☒ Yes ☐ No
- f. Current liquid depth is appropriate: ☒ Yes ☐ No

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

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

2. ☒ Acceptable  
☐ Unacceptable

3. ☒ Acceptable  
☐ Unacceptable

4. ☐ Acceptable  
☒ Unacceptable

5. ☒ Acceptable  
☐ Unacceptable

6. ☒ Acceptable  
☐ Unacceptable



## 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:

75

**(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**

8. ☐ Acceptable

☐ Unacceptable

Type of dye used: \_\_\_\_\_

☒ NA

## COMMENTS

Actual tanks may not be perfect geometric shapes or might have other features not accounted for in the calculation and should only be considered an estimate. Tank is undersized for a 4 bedroom house, it should be 1250 Gallons for a 4 bedroom home. This tank is approxamatly 600 gallons

**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.**

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Date of Assessment: 09/24/24

Job#: 42362

Inspector ID No.: 51080

Inspector Initials: DG



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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: 09/24/24 Site: 67 N Dade 237 Walnut Grove 65770  
Address City Zip  
Inspector ID No.: 51080 Inspector Initials: DG Job#: 42362

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 Property

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: ☒ Yes ☐ No  
(e.g. black areas on soil or vegetation, lack of vegetation, etc)
- 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

4. ☒ Acceptable
- ☐ Unacceptable
- ☐ Undeterminable

COMMENTS



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

Date of Assessment: 09/24/24 Type of Assessment: ☒ Evaluation ☐ Inspection ☐ Re-Inspection  
Site Address: 67 N Dade 237 Walnut Grove MO 65770  
STREET CITY ZIP  
Inspector ID No.: 51080 Inspector Initials: DG Job#: 42362

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WATER SUPPLY SUMMARY SECTION

☒ Private Water Supply ☒ Yes ☐ No Water sample date: 09/24/24  
☐ 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/Trash trap 1  
☐ Lagoon ☐ Holding tank  
☐ Pump/processing tank \_\_\_\_\_  
  
☐ Media-filter (select media):  
☐ Sand filter ☐ Peat Filter  
☐ Textile Filter ☐ Foam Filter  
☒ Other: None  
☐ 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

Cloudy

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

1. REPORT INFORMATION

Date of Assessment: 09/24/24 Site: 67 N Dade 237 Walnut Grove 65770  
Address City Zip  
Inspector ID No.: 51080 Inspector Initials: DG Job#: 42362

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: 09/24/24  
2) Sample Bottle No.: NA  
3) Lab Name: MMET

- 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.



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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: 09/24/24 Site: 67 N Dade 237 Walnut Grove 65770  
Address City Zip

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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:\*\*

- ☐ Tank (50 ft.) \_\_\_\_\_  
☐ Field (100 ft) \_\_\_\_\_  
☐ Lagoon (100ft) \_\_\_\_\_

☐ NA ☒ Yes ☐ No

2. ☒ Acceptable  
☐ Unacceptable

3. Public Well:

- ☐ Tank (300ft) \_\_\_\_\_  
☐ Field (300ft) \_\_\_\_\_  
☐ Lagoon (300ft) \_\_\_\_\_

☒ NA ☐ Yes ☐ No

3. ☐ Acceptable  
☐ Unacceptable

4. Classified Lake or Stream:

- ☐ Tank (50ft) \_\_\_\_\_  
☐ Field (50ft) \_\_\_\_\_  
☐ Lagoon (50ft) \_\_\_\_\_

☒ NA ☐ Yes ☐ No

4. ☐ Acceptable  
☐ Unacceptable

5. Property Lines:

- ☐ Tank (10ft) \_\_\_\_\_  
☐ Field (10ft) \_\_\_\_\_  
☐ Lagoon (75ft) \_\_\_\_\_  
☐ Overflow Pipe (100ft) \_\_\_\_\_

☐ NA ☒ Yes ☐ No

5. ☒ Acceptable  
☐ Unacceptable

6. Stream or Ditches:

- ☐ Tank (25ft) \_\_\_\_\_  
☐ Field (15ft) \_\_\_\_\_  
☐ Lagoon (25ft) \_\_\_\_\_

☐ NA ☐ Yes ☐ No

6. ☐ Acceptable  
☐ Unacceptable

7. Residence Foundation:

- ☐ Tank (5ft) \_\_\_\_\_  
☐ Field (15ft) \_\_\_\_\_  
☐ Lagoon (100ft) \_\_\_\_\_

☒ NA ☐ Yes ☐ No

7. ☐ Acceptable  
☐ Unacceptable

8. Residence Basement Foundation:

- ☐ Tank (15ft) \_\_\_\_\_  
☐ Field (25ft) \_\_\_\_\_  
☐ Lagoon (100ft) \_\_\_\_\_

☐ NA ☒ Yes ☐ No

8. ☒ Acceptable  
☐ Unacceptable

9. Sink Holes:

- ☐ Tank (50ft) \_\_\_\_\_  
☐ Field (100ft) \_\_\_\_\_  
☐ Lagoon (500ft) \_\_\_\_\_

☒ NA ☐ Yes ☐ No

9. ☐ Acceptable  
☐ Unacceptable

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.



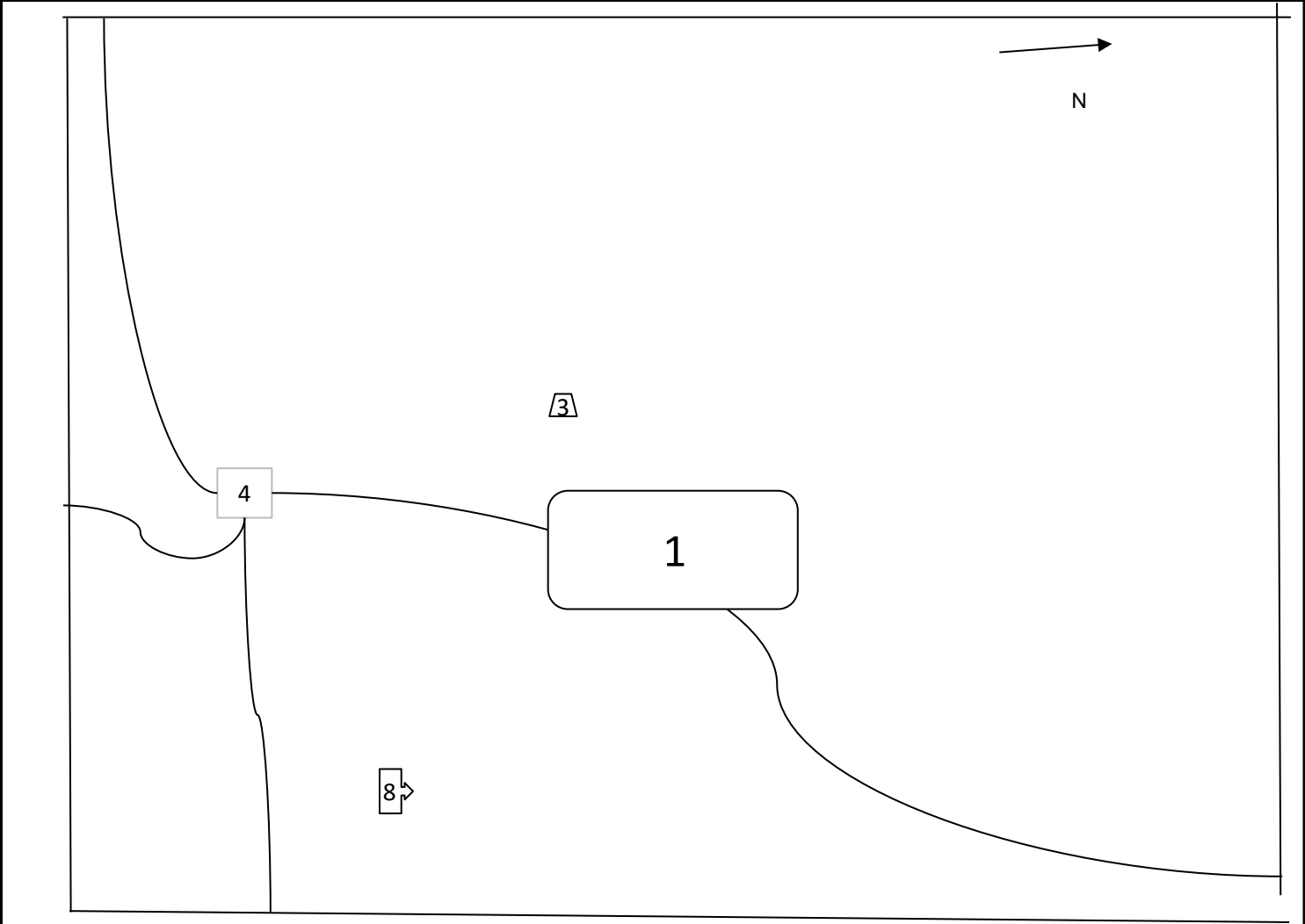


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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) ASSESSMENT FOR REAL ESTATE TRANSACTIONS

SITE DIAGRAM

Diagram need not be to scale.



1	
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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