



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

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

County: Randolph Lot Size: 100 acres

Owner's Name: Robert Berendzen

Site Address: 15500

Higbee MO 65257
City Zip Code

GPS COORDINATES (If Applicable)

Latitude: Longitude:

FACILITY INFORMATION

Type: ☒ Residence ☐ Single Family ☐ Multi-Family-Shared
Check All That Apply: ☐ Garbage Disposal ☐ Business
☐ Jetted/Oversized Tub Type:
☐ Shower Tunnel No. of Units:
No. of Bedrooms: 3
No. of Occupants: 2 ☐ Water Softner

SYSTEM HISTORY

Approximate Age of OWTS: 10 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

Requesting Party's Name: Robert Berendzen

Contact Telephone#:

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

Date of Assessment: 04/17/25 Type of Assessment: ☐ Evaluation ☒ Inspection ☐ Re-Inspection
Site Address: 15500 Higgbee MO 65257
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: _____
☐ 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 1
☒ 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, windy, damp soil, 60 degrees

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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: 04/17/25 Site: 15500 Higbee 65257
Inspector ID No.: 50581 Inspector Initials: rjg Job#:

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 ☐ Yes ☐ No
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): 2

Compartment No.	Scum (in.)	Sludge (in.)
	Thickness	Thickness
1	4	4
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) :
4.9 X 7.9 X 3.6 139.4
Width in ft. Length in ft. Liquid Depth in ft. Total ft³
- d. Capacity (1ft³ = 7.5 gallons) : 1045 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

not visible

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:

250

(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

Item 2 - Permanent access to the surface is not present over the inlet and outlet; therefore, view of the components and conditions was extremely limited. Recommend tank be pumped and permanent access to the surface be installed for servicing.
Item 3 - Recommend tank be pumped.

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: 04/17/25

Job#: _____

Inspector ID No.: 50581

Inspector Initials: rjg



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

1. REPORT INFORMATION

Date of Assessment: 04/17/25 Site: 15500 Higbee 65257
Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

☐ Sewage tank associated with lagoon.

2. Conditions at Lagoon:

- a. Surface water diversion provided: ☒ Yes ☐ No
- b. Lagoon water at proper operating level: ☒ Yes ☐ No
- c. Water is green-colored: (If frozen over - NA) ☐ NA ☒ Yes ☐ No
- d. Water has no discernable odor: ☒ Yes ☐ No
- e. Free of floating plants: ☐ Yes ☒ No
(I.e. Cattails, Duck weed, Water lilies)
- f. Free of untreated waste products: ☒ Yes ☐ No
(I.e. Paper, human waste, plastic, or grease balls)
- g. Clean out located at least 6" above high-water level: ☐ Yes ☒ No
- h. Influent line enters lagoon below water level: ☒ Yes ☐ No
- i. All piping in sound condition: ☐ Yes ☒ No
- *j. Free of signs of current or past discharges off the property: ☒ Yes ☐ No
- *k. Overflow pipe draws effluent approx. 6" below operating water level: (Recommended) ☐ NA ☐ Yes ☒ No
- l. Sewage influent pipe free from obstructions from house to lagoon: ☒ Yes ☐ No
- m. Heavy timber is at least 50' from water's edge: ☐ Yes ☒ No

3. Lagoon Sizing:

- a. Adequately sized : ☐ Yes ☐ No
- b. Surface area in square feet:
Dimensions: 20 ft. (W) X 20 ft. (L) = 400

4. Berm(s) Description:

- *a. Top of berm is flat and a min. of 4' wide: ☐ Yes ☒ No
- b. Free of excessive erosion: ☐ Yes ☒ No
- *c. Free from animal burrows: ☒ Yes ☐ No
- *d. Free from woody vegetation: ☐ Yes ☒ No

5. Fence Appropriate:

- a. Minimum of 4' tall and equipped with gate: ☐ Yes ☒ No
- b. No closer than the center of the berm: ☐ Yes ☒ No
- c. No farther than 30 ft. from water's edge: ☐ Yes ☒ No

2. ☐ Acceptable

☒ Unacceptable

3. ☐ Acceptable

☒ Unacceptable

4. ☐ Acceptable

☒ Unacceptable

5. ☐ Acceptable

☒ Unacceptable

COMMENTS

Item 2 - Floating plants are present in the lagoon, cleanout is damaged, overflow pipe could not be located, and heavy timber is located within 50 ft.

Item 3 - Lagoon is undersized.

Berm is undersized, not constructed to minimum standards, and does not perform as intended.

Item 5 - Fence is not present.

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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: 04/17/25 Site: 15500 Address: Higbee City: 65257 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.

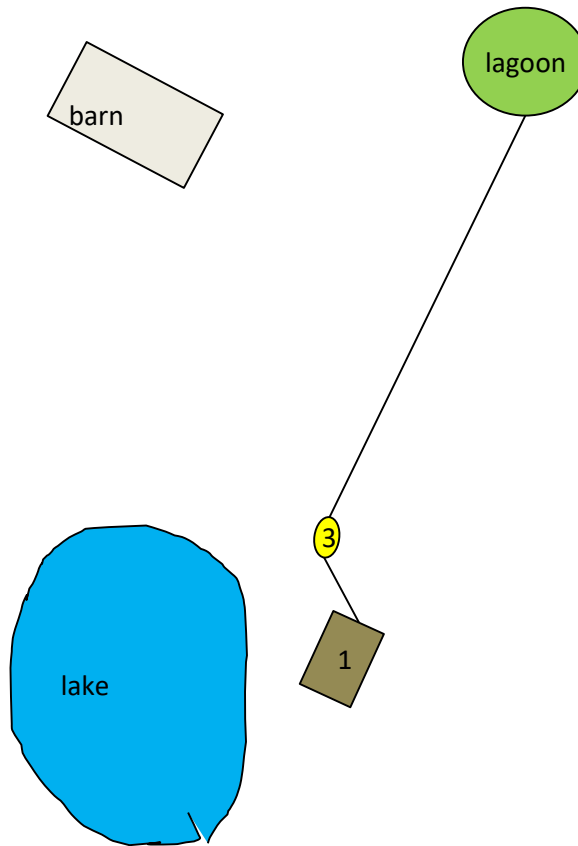


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SITE DIAGRAM

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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Inspector ID No.: 50581

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