



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

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

County: St Charles Lot Size: 1 acres

Owner's Name: Mike Meagher

Site Address: 35 Neal

Defiance MO 63341
City Zip Code

GPS COORDINATES (If Applicable)

Latitude: Longitude:

FACILITY INFORMATION

Type: ☒ Residence ☐ Business
☒ Single Family ☐ Jetted/Oversized Tub Type:
☐ Multi-Family-Shared ☐ Shower Tunnel No. of Units:
No. of Bedrooms: 3
No. of Occupants: 1 ☐ Water Softner

SYSTEM HISTORY

Approximate Age of OWTS: unknown 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: Mike Meagher

Contact Telephone#: 832-797-9589

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: 09/27/24 Type of Assessment: ☐ Evaluation ☐ Inspection ☒ Re-Inspection
Site Address: 35 Neal Defiance MO 63341
STREET CITY ZIP
Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

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: _____
☐ 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, dry soil, 80 degrees

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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

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: 09/27/24 Site: 35 Neal Defiance 63341
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	1	1
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

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

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.

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 the system.

Date of Assessment: 09/27/24

Job#: _____

Inspector ID No.: 50581

Inspector Initials: rjg



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

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

1. REPORT INFORMATION

Date of Assessment: 09/27/24 Site: 35 Neal Defiance 63341
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: 250 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.

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

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.

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 the system.

Date of Assessment: 09/27/24

Job#: _____

Inspector ID No.: 50581Inspector Initials: rjg



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

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: 09/27/24 Site: 35 Neal Defiance 63341
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.

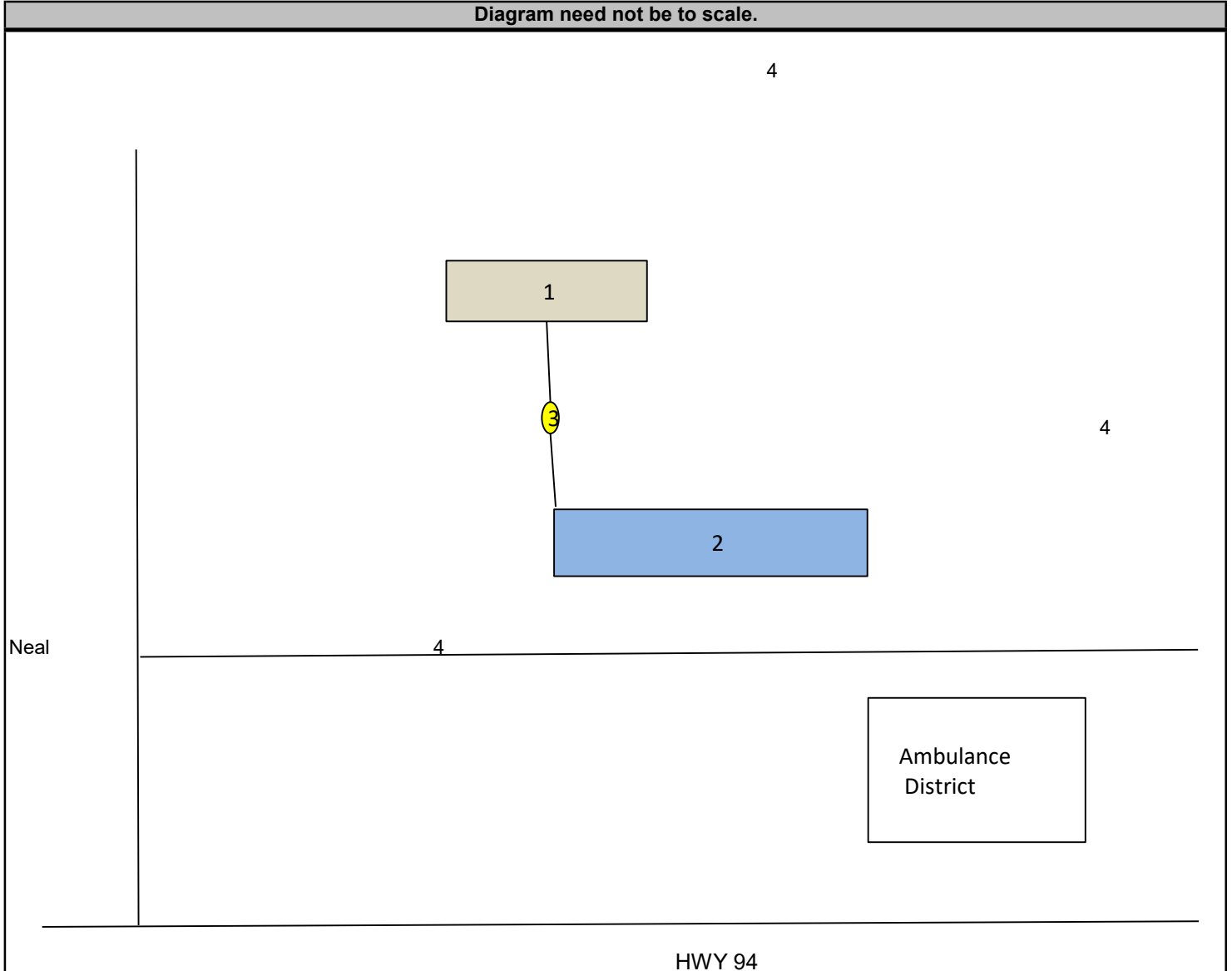


MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

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 | |

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

Date of Assessment: 09/27/24

Job#: _____

Inspector ID No.: 50581

Inspector Initials: rjg