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:** 81 acres

Owner's Name: unknown

Site Address: 2126 Krenning

Beaufort MO 63013
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: 0

SYSTEM HISTORY

Approximate Age of OWTS: 70 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: Welling, LLC

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.:

DHSS File #

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 SERVICES

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

ASSESSMENT SUMMARY

Date of Assessment: 05/11/26 Type of Assessment: ○ Evaluation ◉ Inspection ○ Re-Inspection

Site Address: 2126 Krenning (STREET) Beaufort (CITY) MO (ZIP) 63013

Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

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WATER SUPPLY SUMMARY SECTION

☑ Private Water Supply ◉ Yes ○ No **Water sample date:** 05/11/26

◉ 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: _____

☑ 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

clear, dry soil, mild

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

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

1. REPORT INFORMATION

Date of Assessment: 05/11/26 Site: 2126 Krenning (Address) Beaufort (City) 63013 (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

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: 05/11/26
2) Sample Bottle No.: 12336
3) Lab Name: DHSS

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

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

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: 05/11/26 Site: 2126 Krenning Beaufort 63013

Inspector ID No.: 50581 Inspector Initials: rjg Job#: _____

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
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 acceptible 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	2	2
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)* :

Width in ft.		Length in ft.		Liquid Depth in ft.		Total ft^3
4	X	6	X	4		96.0

d. Capacity *(1ft^3 = 7.5 gallons)* : 720 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): *[Must be present in Septic Tank or Pump Tank.]*	◉ NA	○ Yes	○ No
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: 100

(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

Items 2 thru 8 - Tank is well beyond design and does not meet minimum size requirements. Recommend replacing.

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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Date of Assessment: 05/11/26 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: 05/11/26 Site: 2126 Krenning Beaufort 63013

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: *(Grass mowed, Brush or Leaves Removed)*	○ Yes	○ No
*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

2. ○ Acceptable ◉ Unacceptable

3. ○ Acceptable ○ Unacceptable

4. *Recommended*

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: _____ 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.

6. ○ Acceptable ○ Unacceptable

7. ○ Acceptable ○ Unacceptable

LOW PRESSURE PIPE (LPP)

☑ NA

8. LPP/Pressure Network:

a. Laterals appear to be on contour:		○ Yes	○ No
b. Each lateral line has accessible valve for flushing and pressure adjustment:		○ Yes	○ No
c. Each lateral line has accessible adapter at distal end for service:		○ Yes	○ No
d. Laterals are at least 5 feet apart:		○ Yes	○ No
e. Manifold and lateral lines drain freely.		○ Yes	○ No
f. Alternating devices function properly:	○ NA	○ Yes	○ No

8. ○ Acceptable ○ Unacceptable

DRIP IRRIGATION

☑ NA

9. Drip Irrigation System:

a. Type of filter: ○ Screen ○ Disk ○ Sand ○ Other: _____

*b. Filter in place:		○ Yes	○ No
*c. Vacuum relief sealed during operation:		○ Yes	○ No
d. Pressure regulator on system:	○ NA	○ Yes	○ No
e. Manifold line drain properly back to pump tank:		○ Yes	○ No
f. Drip emitters appears to be on contour:		○ Yes	○ No
g. Alternating devices function properly:	○ NA	○ Yes	○ No

9. ○ Acceptable ○ Unacceptable

MOUND or AT GRADE

☑ NA

10. Mound or At-Grade System:

a. System is on: ○ Flat Area ○ Crest of Slope ○ Slope not exceeding 12%

b. System is built on contour:	○ Yes	○ No
c. System is covered with continuous grass:	○ Yes	○ No
d. Down slope toe of mound has a 50' setback to property line: *(Recommended)*	○ Yes	○ No
e. System sides are gently sloped to shed water:	○ Yes	○ No
f. Manifold line drains properly back to pump tank:	○ Yes	○ No

10. ○ Acceptable ○ Unacceptable

DISCHARGE PIPE

☐ NA

11. Discharge Pipe

*a. System is absent any discharge pipe to the surface:	○ Yes	◉ No

11. ◉ Unacceptable

COMMENTS

Items 2 and 11 - Soil treatment could not be located, suspect a discharge is present.

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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Date of Assessment: 05/11/26 Job#: _____

Inspector ID No.: 50581 Inspector Initials: rjg

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL SERVICES

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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: 05/11/26 Site: 2126 Krenning (Address) Beaufort (City) 63013 (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.)

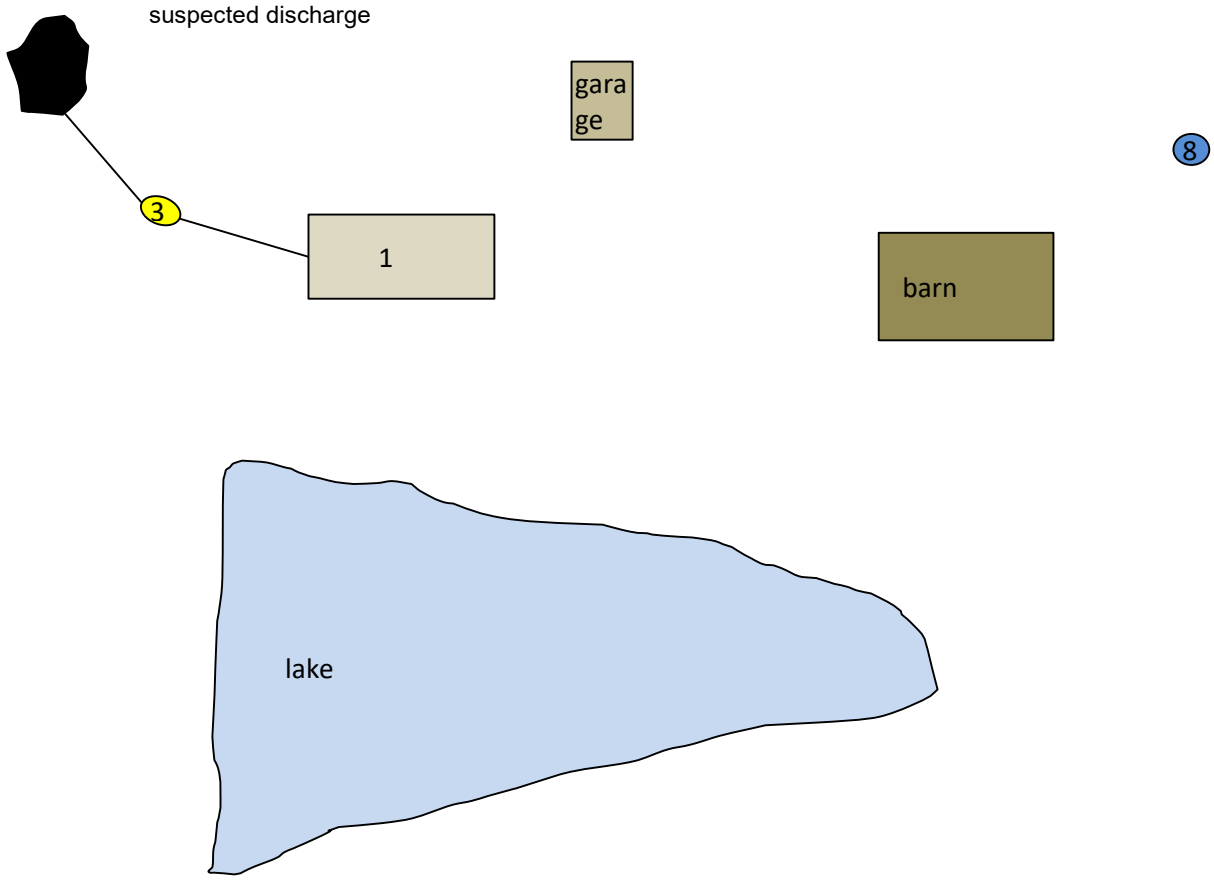
When the OWTS is installed prior to a well - setback distance approval should meet DNR standards. Any variances to the requirements may be approved by DNR.

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.



Krenning

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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