**MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES**  
**BUREAU OF ENVIRONMENTAL HEALTH SERVICES**  
**LODGING ESTABLISHMENT INSPECTION REPORT**

**ESTABLISHMENT NAME:**  
**OLD WATER RANCH**

**MAILING ADDRESS:**  
**PO BOX 214**

**PHYSICAL ADDRESS:**  
**LODGE RD. BOX 214**

**COUNTY:**  
**SHANNON**

**NO. OF STORES:**  
**1**

**NO. OF ROOMS:**  
**1**

**ROOMS INSPECTED #:**  
**6, 5, 4, 3, 2, 1**

**WATER SUPPLY**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>WATER SUPPLY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>Is the water supply private</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Is the water supply public</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Water sample taken</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SEWAGE/WASTEWATER**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>SEWAGE/WASTEWATER</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>Is the Sewage/Wastewater private</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Is the Sewage/Wastewater public</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SWIMMING POOLS/SPAS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>SWIMMING POOLS/SPAS</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>Indoor pool</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Outdoor pool</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>Spa</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSNo 915.005-085, 19 CSR 20-3.090)

**SECTION A: WATER SUPPLY**

1. Approved source, construction & operation
2. Complies with chemical, bacT & rad standards
3. Chlorinator maintained & operating properly

**SECTION B: SEWAGE & WASTEWATER**

1. Operating satisfactorily
2. Operational
3. Ventilation
4. Drip irrigation
5. Septic system
6. Sewer system
7. Storm drain system
8. Flood control system
9. Grease trap
10. Effluent treatment plant
11. Underground storage tanks
12. Underground storage tank records

**SECTION C: SANITATION/HOUSEKEEPING**

1. Walls, floors & ceilings in good repair
2. Proper housekeeping practices
3. Towels & bed linens clean
4. Mattresses & box springs clean
5. No evidence of rodents & insects
6. Ice machines, scoops, liners, clean & protected
7. Garbage & refuse properly maintained
8. Trash compactors
9. Food sources, sound condition, approved
10. Food protected from contamination
11. Proper facilities to wash, rinse & sanitize
12. Proper hygiene practices

**SECTION D: LIFE SAFETY**

1. Combustible/toxic items properly used & stored
2. Building maintained to assure safe conditions
3. CO detectors installed, good repair
4. GFCI & proper wiring installed, good repair
5. Exit signs installed, good repair
6. Emergency lighting installed, good repair
7. Electric panel protected, labeled, good repair

**SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)**

1. Smoke detectors hardwired & maintained
2. Fire alarm system installed & maintained
3. Sprinkler system installed & maintained

**SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)**

1. Complies with local building codes, fire codes & ordinances

**INSPCTION BY:**  
**KOM CASTON**

**LICENSE NUMBER:**  
**1-1-15-13**

**DATE INSPECTED:**  
**01/14/15**

**SCHEDULED FOLLOW UP DATE:**  
**01/14/15**

**RECEIVED BY:**  
**01/14/15**
<table>
<thead>
<tr>
<th>SECTION REFERENCE</th>
<th>OBSERVATIONS AND ADDITIONAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>WATER SAMPLES TAKEN 4/30/15 SAT.</td>
</tr>
<tr>
<td>*</td>
<td>CABINS Temp. # 6, 5, 4, 3, 2, 1</td>
</tr>
<tr>
<td>*</td>
<td>Fire Ext. 7/14</td>
</tr>
<tr>
<td>DA</td>
<td>#5 Air Cond / Water Running down Wall</td>
</tr>
<tr>
<td></td>
<td>Inf. Elec Outlets - Corrected</td>
</tr>
<tr>
<td>Hi</td>
<td>Using Space Heaters Elec. In Units / Provide Proof this type is approved for Lodging / All Removed!</td>
</tr>
<tr>
<td>E7</td>
<td>#3 Smoke Alarm Missing - Put up New</td>
</tr>
</tbody>
</table>