

Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

**ESTABLISHMENT NUMBER** 

Private   Priv	Establishment Name	1						Nam	Name / / □ Owner / □ General Manager								
Mailing Address	Buter Hill Kesort								Matt + Styphian Hosason								
Mailing Address	Physical Address R. R. H. P. J.					City			to Miller				Zip 55 48				
Initial fil. Annual   Pellow-up   Water Supply   Wastewater   Pellow-up   Private   Public	Mailing Address						City	1-7	010					Zip			
Initial K Annual   Pellow-up   Water Supply   Wat																	
Water Supply   Wastewater   Company   Wastewater   Waster		<b>-</b> 11		phone													
Exprise		Follow-up	0		Wate	r Sunn							N/A- ne	ew			
Water sample taken     Yes     No     Regulated by: DHSS	Rooms inspected.		-160										lic				
Please check if the following   Indoor pool   Outdoor pool   Out	3,109 108, 5, 79,71	3,8,1	5, 18	7/9				es □ N						DI	NR		
Please check if the following local ordinances apply   Electrical Wiring   Fire Safety   Electrical Wiring   Fire Safety   Electrical Wiring   Primary   Fire Safety		/ /			Swim												
Fire Safety   Electrical Wiring   Smoke detectors hardwired   Tyes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Spas   No   N/A   N/A   Swimming Pool Spas   No   N			Indoo	r pool	Outdoo	or pool	□ Spa	a 🗆	Pool la	arger tha	an 200	o squ	are fe	et 🗆			
Fire Safety   Electrical Wiring   Plumbling   Plumbl																	
Plumbing   Swimming Pools/Spas   Fire alarm system installed   Yes   No   N/A   Building Certified to National Standards or Occupancy   Permit   Yes   No   N/A   Historical Building   Yes   No   N/A   Historical		Smoke de	etector	s hardy	vired		/es □ No □	N/A	Swimmin	na Pool	Certified	ПУе	s г	No	ΠΝ	I/A	
Swimming Appliances   Sprinkler system installed   Yes   No   N/A   Historical Building   Yes   No   N/A																	
Braed on an inspecient his day, the items marked Out below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. 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 heading before the Department Director your filling a written request within ten days after receipt of this notice. (RSMo 315.005-085, 19 CSR 20-3.050)  In-In-Compliance Out-Not in Compliance, explain on additional page(s)  NO=Not Observed N/A=Not Applicable  Section & Si: Water Supply & Wastewater In Out NO INA Section E: Fire Safety  1. Approved source, construction and operation of the Virtual of the Virtual operation operation of the Virtual operation ope		1 1011121119							Permit				□ Yes □ No				
renewal of your lodging license. 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 receptor of this notice. (RSMo 315.005-085, 19 CSR 2-3.050)  In-In-Compliance Out=Not In Compliance O	☐ Fuel Burning Appliances Sprinkler system inst									ng 🗆 Yes 🗆				No □ N/A			
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. (RSMe) 415.09-565, 19 CSR 22-0-365)   In-In Compliance	Based on an inspection this day, the iter	ms marked	d "Out"	below i	dentify	noncom	pliance in ope	erations	or facilities	s which	must be	correcte	d prior	to issu	ance	or	
(RSMo 315.005-065, 19 CSR 20-3.050) In-In-Compliance Out=Volt In Compliance, explain on additional page(s) Soction A & B: Water Supply & Wastewater In Out NO NA Section E: Fire Safety In Out No NA Section E: Fi																	
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