MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891

SANITATION OBSERVATION

Time In	Time Out
8:15 am	8:59 pm

Page 1 OF 1

ESTABLISHMENT NAME			
Twin Oaks Banquet Hall			
TELEPHONE NUMBER 573-760-4343	FAX NUMBER		
MAILING ADDRESS	CITY	STATE	ZIP CODE
PHYSICAL ADDRESS 6470 State Highway F	CITY Farmington	STATE MO	ZIP CODE 63640

DURING AN INSPECTION AND/OR EVALUATION OF YOUR Field Visit to Collect Bacteriological Water Sample

THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:

On November 14, 2017 Ms. Rose Mier and I met with Mr. Keith Hutson, owner. The purpose of this visit was to collect a bacteriological water sample from the drilled well constructed at the banquet hall. This water sample is the fourth sample collected since the well was constructed. On each prior occasion the water samples were submitted to the Missouri State Public Health Laboratory in Jefferson City MO. All samples indicated a presence of coliform bacteria and were bacterially unsafe.

Please be advised a food establishment must have a safe water supply. Approval to operate this facility has not been granted due to the unsafe water quality. Should this water sample be unsatisfactory due to bacterial quality, the following must be completed:

1. Install a positive feed chlorination system to introduce a free chlorine residual into the water system. The chlorinator pump must be electrically wired into the well pump pressure switch and connected into the water supply piping prior to the well pressure tank. It is recommended that a chlorine concentration of 1.0 ppm be used but a range of 0.5-4.0 ppm is permitted. A retention capacity of thirty (30) minutes, which is based on the well pumping capacity, must be provided to allow the unscented chlorine time to react with any microorganisms prior to water use. If multiple retention tanks will be used, the water connections entering and exiting each tank must allow for the full retention of water within the tanks.

2. A chlorine test kit must also be provided for monitoring the chlorine levels. The test kit must be able to monitor for free chlorine concentrations. between 0.5 and 4.0 ppm. A log of the free chlorine concentrations must be maintained.

3. Following installation of the positive feed chlorinator, two safe bacteriological water samples must be collected by a representative of the St. Francois County Health Center in order to approve the water supply.

4. Until the water supply is determined safe, no food preparation, including the manufacture of ice, or sale of beverages from the bar may occur through this facility. All foods and beverages served through this facility must be catered to this site.

INSPECTED BY		EPHS NUMBER	
	Rose Mier	880, 1390	
AGENCY NAME **St. Francois County Health Center**	TELEPHONE NUMBER **(573) 431 - 1947**	FAX NUMBER **(573) 454 - 2424**	
AGENCY ADDRESS **1025 W. Main Street/P.O. Box 367**	CITY **Park Hills**	STATE **MO**	ZIP CODE **63601**
RECEIVED BY		DATE November 14, 2017	

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