ADDENDUM to PROPERTY DISCLOSURE DOCUMENT FOR RESIDENTIAL REAL ESTATE

DISCLOSURE OF INFORMATION ON RESIDENTIAL SEWERAGE TREATMENT SYSTEMS

Property Description (Address)						
City, State, Zip						
SELLER OF RESIDENTIAL REAL ESTATE: Complete this disclosure document if city, town, or municipality waste treatment does not serve the property described herein.						
Improperly treated or partially treated re environment. Untreated or poorly treated disease. D.H.H Title 51, Subsection 707 serviceable condition sufficient to insure of to a nuisance or public health hazard."	ed water contains states: "Individua	parasites, bacteria, a Il sewerage systems s	and viruses shall be kep	that cause serious t in service and in		
HEALTH HAZARDS AND DISEASES Gastroenteritis – severe inflammation of the dehydration. Severe infection – result of contact with the patitis – serious infection of the liverest.	h untreated water	where there are cuts	_	_		
A residential sewerage treatment system pooling of improperly treated water at that may cause West Nile Virus, En may be subject to fines and penalties	n that is not prop the surface. Heal t cephalitis, and (erly operated or mail th risks also exist to ther diseases. Imp	from mosq	uito infestations		
1. Sewerage treatment is supplied by:	☐ Private Utility	□ Onsite System	□ None	□ Not Known		
• •	•	Advanced Treatment Not Known	System 🗆 (Oxidation Pond		
a. Is there more than one system on the $% \left(1\right) =\left(1\right) \left(1\right)$		_		?		
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $						
3. What is the approximate age of the sys	stem?			□ Not Known		
a. The original permit was issued by (A non-permitted system of any type is i	on	(date).		□ Not Known		
b. The system was last inspected by	on	(date).		□ Not Known		
c. An inspection report is attached.		□ Yes	□ No			
d. Has the health department inspected to e. If yes , on what date was the inspectio	•	□ Yes e)	□ No	□ Not Known		
4. The system was last pumped out when	n? (dat	e)				
LREC 01/01/05 Seller's Initials:	P	urchaser's Initials:		1 of 2		

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5. Is the system an Advanced Treatment System?	□ Yes	□ No	□ Not Known			
a. If yes, name the manufacturer (The name of the manufacturer may be located on the data plat		mpressor, o	☐ Not Known r control box.)			
b. If yes, do you have an ongoing maintenance agreement with a licensed maintenance provider?						
☐ Yes ☐ No ☐ Not Known (D.H.H. Title 51, Appen			es that perpetual			
maintenance be provided on Individual Mechanical Sewerage T	reatment Plants.)	1				
6. What type of discharge is used? □ Surface Drainage	□ Drain-Field	□ Spray Ir	rigation			
$\ \square$ Artificial Drain-Field $\ \square$ Drip Disposal $\ \square$ Over Land Surface	e Flow □ Below	Ground Pip	e to Ditch or			
Stream Not Known (D.H.H. Title 51, Subsection 717 prohibits the discharge of the effluent from septic						
tanks into street gutters, surface ditches or streams.)						
7. If the discharge is from over land flow or from a pipe, where o	does it drain?		□ Not Known			
8. What type of tank is used? $\hfill\Box$ Metal $\hfill\Box$ Concrete	□ Fiberglass	□ Other	□ Not Known			
9. Does the system have a compressor/aerator? a. If yes, where is it located?	□ Yes	□ No	□ Not Known			
b. If yes, is it in working order?	□ Yes	□ No	□ Not Known			