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 treatment does not serve the property described		document if cit	y, town, or	municipality waste
Improperly treated or partially treated resident environment. Untreated or poorly treated water disease. D.H.H Title 51, Subsection 707 states: serviceable condition sufficient to insure compliate to a nuisance or public health hazard."	er contains paras "Individual sew	ites, bacteria, a erage systems	and viruses shall be kep	that cause serious t in service and in
HEALTH HAZARDS AND DISEASES Gastroenteritis — severe inflammation of the it to dehydration. Severe infection — result of contact with untre Hepatitis — serious infection of the liver that care	ated water where	there are cuts	_	_
A residential sewerage treatment system that is pooling of improperly treated water at the surthat may cause West Nile Virus, Encephalmay be subject to fines and penalties under	face. Health ris litis, and other	ks also exist diseases. Im	from mosq	uito infestations
1. Sewerage treatment is supplied by: ☐ Priva	te Utility 🗆 O	nsite System	□ None	□ Not Known
2. If there is an onsite system, it is: ☐ Septi	c Tank 🗆 Advar	nced Treatment	System □ 0	Oxidation Pond
$\hfill\Box$ Other a. Is there more than one system on the propert	y, e.g. guest hou	se, outbuildings		•
☐ Yes b. If yes , answer all questions for each system of	☐ No on a separate she	\square Not \bowtie et of paper and	_	s addendum.
3. What is the approximate age of the system? _		_		□ Not Known
a. The original permit was issued by				□ Not Known
(A non-permitted system of any type is illegal, ib. The system was last inspected by	_			□ Not Known
c. An inspection report is attached.	011	_ (date).	□ No	□ Not Known
d. Has the health department inspected the systematic description of the systematic description	em?	□ Yes	□ No	□ Not Known
e. If yes , on what date was the inspection?		••		
4. The system was last pumped out when?	(date)			
5. Is the system an Advanced Treatment System	?	□ Yes	□ No	□ Not Known
a. If yes, name the manufacturer.				□ Not Known
(The name of the manufacturer may be located	_	_	-	_
b. If yes, do you have an ongoing maintenance a ☐ Yes ☐ No ☐ Not Known (D.H.H. maintenance be provided on Individual Mechan	Title 51, Append	dix A, Section A	\:6, 12 requi	
6. What type of discharge is used? ☐ Surface ☐ Artificial Drain-Field ☐ Drip Disposal ☐ C Stream ☐ Not Known (D.H.H. Title 51, Substanks into street gutters, surface ditches or street	Over Land Surface ection 717 prohi	e Flow 🗆 Belo	w Ground Pip	e to Ditch or
7. If the discharge is from over land flow or from	a pipe, where d	oes it drain?		□ Not Known
8. What type of tank is used?	□ 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
IRFC 01/01/05 Seller's Initials:	Purcha	ser's Initials:		1 of 1