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## ADDENDUM to PROPERTY DISCLOSURE DOCUMENT FOR RESIDENTIAL REAL ESTATE

## **DISCLOSURE OF INFORMATION ON RESIDENTIAL SEWERAGE TREATMENT SYSTEMS**

**Property Description (Address)** 

City, State, Zip				
<b>SELLER OF RESIDENTIAL REAL ESTATE:</b> treatment does <b>not</b> serve the property		osure document if cit	cy, town, or	municipality waste
Improperly treated or partially treated environment. Untreated or poorly treatisease. D.H.H Title 51, Subsection 70 serviceable condition sufficient to insure to a nuisance or public health hazard."	ated water contains 07 states: "Individua	parasites, bacteria, al sewerage systems	and viruses shall be kep	that cause serious of in service and in
HEALTH HAZARDS AND DISEASES  Gastroenteritis – severe inflammatio	n of the intestines t	hat may cause severe	e vomiting ar	nd diarrhea leading
to dehydration. <b>Severe infection</b> – result of contact w <b>Hepatitis</b> – serious infection of the live			or abrasions	on the skin.
A residential sewerage treatment syst pooling of improperly treated water a that may cause West Nile Virus, I may be subject to fines and penalt	t the surface. <b>Heal</b> Encephalitis, and	th risks also exist other diseases. Im	from mosq	uito infestations
1. Sewerage treatment is supplied by:	□ Private Utility	☐ Onsite System	□ None	□ Not Known
2. If there is an onsite system, it is:	•	Advanced Treatment Not Known	System 🗆 (	Oxidation Pond
a. Is there more than one system on th		_		?
b. If <b>yes</b> , answer all questions for each		No □ Not late sheet of paper and		is addendum.
3. What is the approximate age of the	□ Not Known			
a. The original permit was issued by (A non-permitted system of any type is				□ 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 e. If <b>yes</b> , on what date was the inspect	-	□ Yes te)	□ No	□ Not Known
4. The system was last pumped out wh	en? (da	te)		
LREC 01/01/05 <b>Seller's Initials:</b> _	P	urchaser's Initials:		1 of 2
EREC 01/01/03 Schei 3 Inicials.	·	dichaser 3 Initials.		10.2

Property Description (Address)	_							
City, State, Zip	_							
5. Is the system an Advanced Treatment System?				□ Yes	□ No	□ Not Known		
a. If yes, name the manufacturer.					mnrossor o	□ Not Known		
(The name of the manufacturer may be located on the data plate on the tank, compressor, or 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, Appendix A, Section A:6, 12 requires that perpetual maintenance be provided on Individual Mechanical Sewerage Treatment Plants.)								
maintenance be provided on Individual Mec	Hailic	ai Sewerage	ileatillei	it Piaiits.)				
6. What type of discharge is used? □ Surface Drainage □ Drain-Field □ Spray I					□ Spray Ir	rigation		
☐ Artificial Drain-Field ☐ Drip Disposal ☐ Over Land Surface Flow ☐ Below Ground Pipe 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 f	□ Not Known							
8. What type of tank is used?	etal	□ Concrete	□ Fib	erglass	□ Other	□ Not Known		
<ul><li>9. Does the system have a compressor/aerator?</li><li>a. If yes, where is it located?</li></ul>				□ Yes	□ No	□ Not Known		
b. If yes, is it in working order?				□ Yes	□ No	□ Not Known		