



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of DSC-8000 ("Seller's Disclosure Statement for Residential Property").

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

365 Beckers Crossing Labadie MO 63055 Franklin
Street Address City Zip Code County
Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

- (1) Age 7 years (2) Shape rectangle (3) Size (length x width) 18 x 30
(4) Depth 4.5 (5) Volume (gallons) 10,000
(6) Type ☐ Above ground (please check type) ☐ Vinyl liner ☐ Other
☒ In ground (please check type) ☐ Concrete ☐ Stainless ☐ Gunite ☐ Fiberglass ☒ Vinyl liner
☐ Other
(7) Pool Builder Just Pools
(8) Type of chemical sanitizer ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☒ Saltwater
☐ Other
(9) Cover ☒ Yes ☐ No If "Yes", is it ☐ Automatic ☒ Manual
(10) Pool service provider Just Pools Last serviced _____ (date)
(11) Last opened by Just Pools Last closed by Just Pools
(12) Age of heater 1 year Heating source Propane
(13) Age of pump 7 years
(14) Age of filter 7 years Type of filter ☐ Sand ☒ DE ☐ Other
(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed)

Sand Filter - Replace Sand 2023. Pool and equipment have always been serviced by Just Pools. Heater just added last year. Saltwater Chlorinator - new unit installed 2022.

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: no

HOT TUB: (Indicate if any information is approximate)

- (1) Age 6 years (2) Volume (gallons) 450 (3) Manufacturer Thermospa
(4) Construction (e.g., fiberglass, plastic, cement) fiberglass
(5) Type of chemical sanitizer? ☒ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☒ Ozonator ☐ Saltwater
☐ Other
(6) Spa service provider _____ Last serviced _____ (date)
(7) Age of heater 6 years Heat source Electric
(8) Age of pump 6 years (9) Age of filter 1 year (10) Number of jets 60 plus
(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Replaced one blower seat nozzle approximately 3 years ago.
Replace cover in 2023

Are you aware of any leak, defect or other problem or repair needed for any item above? ☐ Yes ☒ No

Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS _____ (date) _____

SELLER'S INITIALS [Signature] 4/4/2024 (date)

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Last Revised 12/31/18

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