



## 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"):

430 West 12th St

Street Address

Hermann

City

MO 65041

Zip Code

Gasconade

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 4 yrs (2) Shape Rect (3) Size (length x width) 12x17

(4) Depth 52 in (5) Volume (gallons) 4500

(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 Watson

(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 \_\_\_\_\_ Last serviced \_\_\_\_\_ (date)

(11) Last opened by \_\_\_\_\_

Last closed by \_\_\_\_\_

(12) Age of heater \_\_\_\_\_ Heating source \_\_\_\_\_

(13) Age of pump 4 yrs

(14) Age of filter 4 yrs 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) new liner

**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 \_\_\_\_\_ (2) Volume (gallons) \_\_\_\_\_ (3) Manufacturer \_\_\_\_\_

(4) Construction (e.g., fiberglass, plastic, cement) \_\_\_\_\_

(5) Type of chemical sanitizer ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater

☐ Other

(6) Spa service provider \_\_\_\_\_ Last serviced \_\_\_\_\_ (date)

(7) Age of heater \_\_\_\_\_ Heat source \_\_\_\_\_

(8) Age of pump \_\_\_\_\_ (9) Age of filter \_\_\_\_\_ (10) Number of jets \_\_\_\_\_

(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)

**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] 9/16/24 (date)

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