



Water Well/Sewage System Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and 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"):

15188 Audrain Road 821

Street Address

Mexico

City

MO 65265

Zip Code

Audrain

County

Note: Seller may not frequently use the Water Well/Sewage System. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

Does the Property include or is it served by a Water Well?: ☐ Yes ☒ No (If "Yes", complete all of the following)

(1) Specify type and depth _____

(2) Age of well _____ Installed/Drilled by _____

(3) Has the well been tested? ☐ Yes ☐ No

(4) Is any part of the well located on a neighbor's property or community lot? ☐ Yes ☐ No

(5) Is the well shared with any other property(ies)? ☐ Yes ☐ No

If "Yes", is there a recorded agreement? ☐ Yes ☐ No

(6) Have you been notified or cited by any authority for any problem related to the water well system? ☐ Yes ☐ No

(7) Is there a current maintenance service agreement covering the water well system? ☐ Yes ☐ No

If "Yes", what is the annual cost and who is the current provider? _____

(8) Are you aware of any plan to bring public water (e.g., City/Water District) to the Property? ☐ Yes ☐ No

(9) **Are you aware of any problem or repair needed for any part of the water well system?** ☐ Yes ☐ No

Please explain any "Yes" answer above. Include all available test reports and repair history (attach additional pages if needed): _____

Does the Property include or is it served by a "Sewage System"? (meaning a private, shared or community sewer, septic, lateral, lagoon, cistern or other similar system): ☒ Yes ☐ No (If "Yes", complete all of the following)

(1) Check all that apply: ☒ septic ☐ lateral ☒ lagoon ☐ cistern ☐ lift station ☐ Other _____

(2) Do you have a diagram of the Sewage System? ☐ Yes ☒ No

(3) If a lagoon, is there a fence? ☐ Yes ☒ No

(4) If a septic tank, is it readily accessible from the surface? ☐ Yes ☒ No Are clean-outs present? ☐ Yes ☒ No

Of what is the tank constructed? ☐ Steel ☐ Concrete ☐ Other: Unknown

Does it discharge into a lateral or lagoon? ☒ Yes ☐ No

(5) Does any other property owner(s) share the Sewage System? ☐ Yes ☒ No If "Yes", how many? _____

(6) Is any part of the Sewage System located on a neighbor's property or community lot? ☐ Yes ☒ No

(7) Is there a well within 50 feet of the Sewage System? ☐ Yes ☒ No ☒ Unknown

(8) Does the Sewage System have an aerator? ☐ Yes ☒ No

(9) Does any plumbing (e.g., sink, tub or shower) disperse outside of the Sewage System? ☐ Yes ☒ No

(10) Is there any untreated seepage or discharge (effluence) from the Sewage System? ☐ Yes ☒ No

(11) Does any effluence from a neighbor's system disperse onto your Property? ☐ Yes ☒ No

(12) Have you noticed any unusual odors from the Sewage System? ☐ Yes ☒ No

(13) Have you experienced slow drainage or drain backups? ☐ Yes ☒ No

(14) Is there a current maintenance service agreement covering the Sewage System? ☐ Yes ☒ No

If "Yes", what is the annual cost and who is the current provider? _____

(15) Does any government authority require a maintenance service agreement for the Sewage System? ☐ Yes ☒ No

(16) Have you been notified or cited by any authority for any problem related to the Sewage System? ☐ Yes ☒ No

(17) Have you expanded, updated or modified the Sewage System? ☐ Yes ☒ No

(18) Have you cleaned, pumped or serviced the Sewage System during your ownership of the Property? ☐ Yes ☒ No

Are you aware of any problem or repair needed for any part of the Sewage System? ☐ Yes ☒ No

Please explain any "Yes" answer above. Include all available permits, test reports and repair history (attach additional pages if needed): _____

Replaced 35' sewer line going into lagoon 9-25-2015

Buyer's Initials _____ (date) _____

Seller's Initials [Signature] (date) _____

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