



SELLER'S PROPERTY INFORMATION REPORT

TO BE COMPLETED BY SELLER

Date Prepared: _____

Seller's Name(s): Charles Wolf

Physical Property Address: 356 Points North Stowe
Street City/Town

Type of Property: ☒ Single Family Residence ☐ Multi-Family Residence (duplex, triplex, etc.)
☐ Condominium/Townhouse ☐ Land Only ☐ Commercial

Use of Property: ☒ Primary Residence ☐ Vacation Property ☐ Rental Property ☐ Other: _____

INTRODUCTION: This Report provides information from the Seller based on Seller's personal knowledge concerning the above Property. Unless otherwise disclosed, Seller does not have any expertise in construction, architecture, engineering, surveying or any other skills that would provide Seller with special knowledge concerning the condition of the Property. Other than having owned the Property, Seller has no greater knowledge about the Property than that which could be obtained by a careful inspection performed by or on behalf of a potential buyer. The real estate agents involved with the sale of this Property do not conduct or perform any inspection of the Property. Unless otherwise disclosed, Seller has not inspected or examined those portions of the Property that are generally inaccessible. **THIS REPORT DOES NOT CONSTITUTE A WARRANTY OF ANY KIND BY THE SELLER OR BY ANY REAL ESTATE AGENT CONCERNING THE CONDITION OF THE PROPERTY. THIS REPORT IS NOT A SUBSTITUTE FOR A PROPERTY INSPECTION. BUYER HAS THE OPPORTUNITY TO REQUEST THAT SELLER AGREE TO A PROPERTY INSPECTION AS PART OF ANY CONTRACT FOR THE SALE OF THE PROPERTY.**

INSTRUCTIONS TO SELLER: (1) Complete this form yourself. (2) Answer ALL questions. (3) Disclose conditions that you know about that affect the Property. (4) Attach additional pages to this Report if additional information is provided. (5) IF YOU DO NOT KNOW THE FACTS, WRITE "DON'T KNOW." DO NOT GUESS THE ANSWER TO ANY QUESTION.

THE STATEMENTS IN THIS REPORT ARE MADE BY THE SELLER.
THEY ARE NOT STATEMENTS OR REPRESENTATIONS MADE BY ANY REAL ESTATE AGENT(S).

1. LAND (SOILS, DRAINAGE, BOUNDARIES AND EASEMENTS)

(a)	Has any fill or off-site material been placed on the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(b)	Do you know of any sliding, settling, subsidence, earth movement, upheaval or earthstability problems that have affected the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is the Property located in a federal flood hazard zone or wetlands, public waters or conservation zones designated by federal, state or local statute, regulation or ordinance?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Do you know of any past or present drainage, high water table, or flood problems affecting the Property? <i>see addendum</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Is the Property served by a road maintained by the municipality?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the answer to (e) above is "No," how is the road serving the property maintained? <input checked="" type="checkbox"/> Road Maintenance Agreement <input type="checkbox"/> Homeowners/Road Association <input type="checkbox"/> Shared Driveway Other (explain): Annual Cost(s): <i>\$ 697.20 2022-2023</i>			
(g)	Are there public or private landfills or dumps (compacted or otherwise) on the Property or on any abutting property?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

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(h)	Are there currently any underground fuel storage tanks on the Property? If "Yes," Fuel Type: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Have there been any underground fuel storage tanks on the Property in the past? If "Yes," have they been removed? _____ When? _____ By whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Do you know the location of the boundary lines of the Property?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Are the boundary lines of the Property marked in any way? If "Yes," how are they marked? <u>Pins and markers</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Has the Property been surveyed? If "Yes," when? _____ By whom? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(m)	Are copies of any of the following available? <input checked="" type="checkbox"/> Site Plan <input type="checkbox"/> Survey <input type="checkbox"/> Tax Map <input type="checkbox"/> Subdivision Plan/Sketch	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(n)	Are there any easements or rights of way affecting the Property? <u>Addendum</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Are there any boundary line disputes, claims of adverse possession, encroachments, or zoning set back violations affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

Further explanation of any of the above:

2. MECHANICAL, ELECTRICAL, APPLIANCES & OTHER SYSTEMS

HEATING/AIR CONDITIONING/HOT WATER SYSTEMS

(a)	Heating System (check all that apply): <input checked="" type="checkbox"/> Base Board <input type="checkbox"/> Hot Air <input type="checkbox"/> Radiant <input type="checkbox"/> Heat Pump <input type="checkbox"/> Direct <input type="checkbox"/> Vent <input type="checkbox"/> Stream Other (explain): _____ Age of Furnace/Boiler: <u>2002</u> <input type="checkbox"/> Don't Know Primary Fuel Type: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____ Primary Annual Fuel Usage: <u>1032</u> Gallons (or other measure) Date Range: <u>2/23-2/24</u> Provider: <u>Fred's Energy</u> Secondary Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Geothermal <input type="checkbox"/> Other (explain): _____ Secondary Annual Fuel Usage: _____ Gallons (or other measure) Date Range: _____ Provider: _____ If propane, who owns propane tank? <input type="checkbox"/> Owner <input type="checkbox"/> Propane Supplier <input type="checkbox"/> Association Property used: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Seasonally <i>Fuel consumption may vary by user, number of occupants and weather conditions.</i>				
(b)	Air Conditioning: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," describe type and number of units (central, heat pump, window, etc.) _____				
(c)	Hot Water System (check all that apply): <input checked="" type="checkbox"/> Hot Water Tank <input checked="" type="checkbox"/> Domestic/Off Boiler <input type="checkbox"/> On Demand <input type="checkbox"/> Heat Pump Water Heater Age of Hot Water System: <u>4 years</u> <input type="checkbox"/> Don't Know Fuel Type: <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Solar <input type="checkbox"/> Wood Pellet <input type="checkbox"/> Other _____ Hot Water Tank is: <input type="checkbox"/> Owned <input type="checkbox"/> Rented If rented, from whom: _____ Monthly rental fee: \$ _____ Alternative Energy System(s) (check all that apply): <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Hydroelectric <input type="checkbox"/> Geothermal <input type="checkbox"/> Unknown Energy returned to grid: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Owned or Leased: _____				
(e)	Electrical System: Electrical service panel has: <input type="checkbox"/> Fuses <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Other (explain) <u>3,450 kW</u> Annual electricity usage: \$ <u>856.75</u> Date Range: <u>4/23-4/24</u> Electric utility provider: <u>Stowe Electric</u> Property used: <input checked="" type="checkbox"/> Full <input type="checkbox"/> Time Seasonally <i>Electricity consumption may vary by user, number of occupants, number of appliances and weather conditions.</i> Main Breaker Amperes: <u>200</u> Amps <input type="checkbox"/> Don't Know				
(f)	Has a Vermont Home Energy Profile been created? If yes, when? _____ By whom? _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	
(g)	Are you aware of any problems or conditions that affect any of the above systems? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "Yes," explain in detail: _____				

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TELEPHONE/INTERNET/TELEVISION

Consolidated Communications

(h)	Is landline telephone service present at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Consolidated Communications</u>
(i)	Is cellular telephone service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," list available providers: <u>AT&T, Verizon, T-Mobile</u>
(j)	Is internet service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>Consolidated Comm.</u> If "Yes," service is: <input type="checkbox"/> Dial Up <input type="checkbox"/> Broadband <input checked="" type="checkbox"/> Cable Satellite <input checked="" type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic
(k)	Is television service available at the Property? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," current provider: <u>DISH</u> If "Yes," source is: <input type="checkbox"/> Antenna <input checked="" type="checkbox"/> Cable <input checked="" type="checkbox"/> Satellite <input type="checkbox"/> DSL <input type="checkbox"/> Fiber Optic

OTHER EQUIPMENT AND APPLIANCES

(l)	<p>Check the items that will be included in the sale of the Property:</p> <p> <input checked="" type="checkbox"/> Electric Garage Door Opener - Number of Transmitters <u>2</u> <input checked="" type="checkbox"/> Security Alarm System <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Humidifier <input type="checkbox"/> Dehumidifier <input type="checkbox"/> Lawn Sprinklers <input type="checkbox"/> Automatic Timer <input checked="" type="checkbox"/> Smoke Detectors - How Many? <u>7</u> <input checked="" type="checkbox"/> Whirlpool Bath <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Pool Heater <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Pool/Spa Equipment (list): _____ <input checked="" type="checkbox"/> Refrigerator <input checked="" type="checkbox"/> Stove <input checked="" type="checkbox"/> Hood/Fan <input checked="" type="checkbox"/> Microwave Oven <input type="checkbox"/> Dishwasher <input checked="" type="checkbox"/> Garbage Disposal <input type="checkbox"/> Trash Compactor <input checked="" type="checkbox"/> Washer <input checked="" type="checkbox"/> Dryer <input type="checkbox"/> Central Vacuum <input type="checkbox"/> Freezer <input type="checkbox"/> Intercom <input checked="" type="checkbox"/> Ceiling Fans <input type="checkbox"/> Woodstove <input type="checkbox"/> Sump Pump <input checked="" type="checkbox"/> Well Pump <input checked="" type="checkbox"/> Satellite Dish <input type="checkbox"/> Indoor/Outdoor Grill <input type="checkbox"/> Attic Fan(s) <input type="checkbox"/> Window A/C <input type="checkbox"/> Mini Split <input type="checkbox"/> Compost Bin <input type="checkbox"/> Wood/Gas/Pellet/Other Stove (describe): _____ <input checked="" type="checkbox"/> OTHER: <u>House Generator 14 KW</u> </p> <p>List additional equipment and appliances, including any AC units, that will be excluded from the sale of the Property:</p> <p>Are any of the items that will be included in the sale of the Property in need of repair or replacement? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes," explain in detail: _____</p>
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3. STRUCTURAL COMPONENTS

<p>Type of construction (check all that apply)</p> <p> <input type="checkbox"/> Manufactured <input checked="" type="checkbox"/> Modular <input type="checkbox"/> Wood Frame <input type="checkbox"/> Other (describe): _____ </p>		
Age of Building(s): Main Bldg. <u>22</u>	Additions to Main Bldg. <u>0</u>	Additional Building(s): (a) _____ (b) _____
<p>Has Seller built or caused to be built any of the buildings on the Property, or made any additions, modifications, alterations or renovations to any building on the Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please explain:</p> <p><u>See addendum</u></p>		
<p>If "Yes," did you obtain all necessary permits and approvals for such work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <u>not required</u></p> <p>Check any of the following items that have significant defects or malfunctions or that need significant repair:</p> <p> <input type="checkbox"/> Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Chimney <input type="checkbox"/> Fireplace <input type="checkbox"/> Interior Walls <input type="checkbox"/> Ceilings <input type="checkbox"/> Floors <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Storms/Screens <input type="checkbox"/> Exterior Walls <input type="checkbox"/> Driveway <input type="checkbox"/> Sidewalks <input type="checkbox"/> Pool <input type="checkbox"/> Roof <input type="checkbox"/> Outside Retaining Walls <input type="checkbox"/> Other Structures/Components: _____ </p> <p>If any of the above items are checked, describe the defect, malfunction or item(s) that need significant repair: _____</p>		
<p>Has there ever been damage to the Property or any of the structures from fire, wind, floods, earth movements or landslides?</p> <p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW If "Yes," explain in detail, including any repairs: _____ </p>		

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BASEMENT/CELLAR/CRAWL SPACE:

Has there ever been any water leakage, accumulation of water, dampness or visible mold within the basement, cellar or any crawl space? ☐ YES ☒ NO
If "Yes," explain in detail: _____

Have there been any repairs or other attempts to control any water or dampness within the basement, cellar or crawl space?
☐ YES ☒ NO ☐ DON'T KNOW If "Yes," explain in detail, including any repairs: _____

Are any of the above recurring problems? ☐ YES ☐ NO If "Yes," what are the problems and how often have they recurred?

ROOF: ☒ Shingle ☐ Slate ☐ Metal ☐ Tile ☐ Other (describe) _____ ☐ Don't Know

Approximate age of roof? 1 year ☐ YES ☒ NO ☐ DON'T KNOW

Has the roof ever leaked since you have owned the Property? ☐ YES ☒ NO ☐ DON'T KNOW

If "Yes," explain: _____

Has the roof been replaced or repaired since you have owned the Property? ☒ YES ☐ NO ☐ DON'T KNOW

If "Yes," when? 2023

Are there any current problems with the roof? ☐ YES ☒ NO ☐ DON'T KNOW

If "Yes," explain: _____

4. WATER SUPPLY

Special Notice: Water supplies, especially those that are not public or municipal supplies, are affected by many conditions about which Seller may have no knowledge or have any ability to control. These water supply systems can change, deteriorate or fail, often with no warning signs. *Seller makes no warranty or representation whatsoever that the water supply, including quality or quantity, will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is strongly recommended. As required by law, any Seller with a potable water supply that is not served by a public water system shall provide the Purchaser with an informational brochure developed by the Vermont Department of Health regarding Testing Water from Private Water Supplies within 72 hours of the execution of a contract for the purchase of the Property.*

TYPE OF WATER SYSTEM The Property is connected to and serviced by (check all applicable boxes):

☐ Public or Municipal ☐ Community ☐ Private ☐ Shared ☐ Driven Point Well ☐ On-site ☐ Off-site

☒ Drilled Well ☐ Dug Well ☐ Spring ☐ Lake/Pond ☐ None ☐ Don't Know ☐ Other _____

Water System Features: ☐ Cistern/Reservoir/Holding Tank ☒ Water Softener/Conditioner ☐ Reverse Osmosis

☐ Infrared Light ☐ Ultraviolet ☐ Other: _____ ☐ None ☐ Don't Know

Water Pipes are: ☒ Copper ☐ Galvanized ☐ Metal Lead ☐ PVC (Plastic) ☐ Combination ☐ Don't Know

Age of Water System: 10-14-2002

If Drilled Well: Drilled by: H A MASH Tag #: 22170 Depth: 223

Gallons Per Minute (at time of driller's report): 6 Date of driller's report: 10-14-2002

What is the annual cost for municipal water \$: 0 Date Range: N/A Metered ☐ YES ☐ NO

CONDITION OF WATER AND WATER SYSTEM

Has the water been tested for coliform bacteria? ☒ YES ☐ NO ☐ DON'T KNOW

If "Yes," when? 5/8/24 By whom? Endyne Inc. Results: see attached

Has any other water quality or water chemistry testing been done? ☒ YES ☐ NO ☐ DON'T KNOW

If "Yes," when? 5/8/24 By whom? Endyne Inc. Results: see attached

Water softener ☒ YES ☐ NO If "Yes," ☒ Own ☐ Rent If rented, from whom: _____

Are you aware of low pressure in your water system? ☐ YES ☒ NO

Has your water supply ever run out or run low? ☐ YES ☒ NO If "Yes," describe: _____

Does the water have any odor, bad taste, cloudiness or discoloration? ☐ YES ☒ NO If "Yes," describe in detail: _____

Describe in detail any other problems you have had with your water system, including water quality or quantity: _____

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5. SEWER/SEPTIC/WASTEWATER SYSTEM

Special Notice: Sewer septic and wastewater systems that are not public or municipal systems are not designed to perform indefinitely and are affected by many conditions about which Seller may have no knowledge or have any ability to control. In addition, the useful life of these systems is affected by the amount and type of use, soil conditions, maintenance, the inherent design of these systems and many other factors. *Seller makes no warranty or representation whatsoever that these systems will operate or continue to function for any period of time. Inspection of these systems by a qualified inspector is recommended. State and local permits may be required for sewer, septic and wastewater systems.*

TYPE OF SYSTEM The Property is connected to and serviced by (check appropriate boxes):

- ☐ Public or Municipal Sewer System
 ☒ Shared
 ☒ On-site septic/wastewater system
 ☐ Off-site septic/wastewater system
☒ Septic Tank
 ☒ New or Alternate Technology (explain technology) see addendum attached
☐ Holding Tanks
 ☐ Cesspool
 ☐ Sewage Pump
 ☐ Dry Well
 ☐ Conventional disposal area
 ☐ Mound System disposal area
☒ At Grade
 ☐ Other
 ☐ Don't Know
 If other, please explain: _____

What is the annual cost of municipal sewer? \$ 0 Date Range: _____

CONDITION OF SYSTEM If other than public or municipal sewer/wastewater system, answer the following:

Date system installed: multiple dates Is the system entirely on your Property? ☒ YES ☐ NO ☐ DON'T KNOW
 If "No," where is it? _____

Has the system been repaired since you have owned the Property? ☐ YES ☒ NO If "Yes," when? _____
 What was done? _____ By whom? _____

Type of septic tank: ☐ Concrete ☐ Metal ☐ Fiberglass ☐ Other (describe) _____ ☐ Don't Know

Septic tank capacity (in gallons) 1500 ☐ Don't Know

Date Septic Tank Last Inspected? _____ ☐ Don't Know Reports of last inspection/pumping attached ☐ YES ☐ NO

Date Septic Tank Last Pumped? 5/14/24 ☐ Don't Know By whom? Wind River Environmental

If required by a State of Vermont wastewater permit, have required periodic maintenance/inspections been completed? ☐ Yes ☐ No

If so, date of most recent service _____ Cost: \$ _____ By whom: _____

To your knowledge, is any portion of the system in need of repair or replacement? ☐ YES ☒ NO If "Yes," describe in detail: _____

Has the property been occupied as a primary residence for at least 181 days during any one calendar year between December 31, 1986 and December 31, 2006? ☒ YES ☐ NO ☐ DON'T KNOW

6. ADDITIONAL INFORMATION CONCERNING THE PROPERTY

(a)	Is Seller currently occupying the Property? If "No," how long has it been since Seller occupied?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(b)	Are any property or development rights (e.g. conservation easements to Land Trusts, etc.) owned by others? If "Yes," by whom: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(c)	Is property enrolled in Vermont's Current Use program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(d)	Has Seller received written notice of any violations of local, state or federal laws, building codes and/or zoning ordinances affecting the Property?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(e)	Are there any property tax abatements, land use value appraisal, land use tax stabilization agreements or other special property tax arrangements applicable to the Property? If yes, explain: _____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(f)	If the house was built after December 31, 1997, is a Residential Building Energy Standard (RBES) certification available?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> DON'T KNOW
(g)	Has Seller received notice that the Property will be reassessed by any taxing authority during the next 12 months?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
(h)	Does the property have Urea-Formaldehyde Foam Insulation?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Does the Property have Asbestos and/or Asbestos Materials in the siding, walls, plaster, flooring, insulation, heating system?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW

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Vermont Dept. of Health Laboratory

(j)	Has the Property been tested for Radon Gas? If "Yes," when? <u>5/13/24</u> By whom? <u>↗</u>	Results: <u>See attached</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(k)	Has paint containing lead been used on the Property?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(l)	Does the Property have evidence of mold? If "Yes," what has been done about the mold?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(m)	Are you aware of any off-site conditions in your neighborhood/community that could affect the value or desirability of the Property, such as noise, proposed major new development, relocation or major construction of roads or highways, proposed zoning changes, etc.? If "Yes," explain in detail: _____		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(n)	Is there any infestation by pests that affect the property? If "Yes," explain: _____		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(o)	Do you have any knowledge of any damage to the Property caused by pests?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(p)	Is the Property currently under warranty or other coverage by a pest control company?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(q)	Do you know of any termite/pest control reports or treatments for the Property in the last five years?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(r)	Does the Property have any audio and/or video surveillance or recording equipment? If Yes, will said equipment be active during showings? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(s)	Further explanation of answers to any of the above: <u>Annual pest control service "The Eliminator" 800-499-5130</u>				

7. CONDOMINIUMS/SUBDIVISIONS/HOMEOWNERS' ASSOCIATIONS

(a)	Is the Property part of a condominium or other common interest ownership association or is it subject to covenants, conditions and restrictions (CC&R's)? If "Yes," Condo docs or CC&R's attached?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
(b)	Is there any defect, damage, or problem with any common elements or common areas? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(c)	Is there any condition or claim which may result in an increase in assessment or fees? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(d)	Are pets allowed? If yes, what is allowed? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(e)	Are there any rental restrictions? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(f)	Are there any homeowners' association dues associated with the Property? If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(g)	Are there any special assessments on the Property? If "Yes," amount: \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly Purpose of special assessments: _____ Years or term remaining on any outstanding special assessments: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
(h)	Are there any current actions, disputes or lawsuits pending between the homeowners/condominium owners' association and any other parties? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(i)	Do you know of any violations of local, state, or federal laws or regulations, condominium rules or CC&R's relating to the Property? If "Yes," describe below.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
(j)	Contact person/manager for condominium/homeowner association: Name: _____ Phone number/e-mail: _____			

Further explanation of any of the above: _____

Seller's Initials	<div><i>CVW</i></div>	<div></div>	<div></div>	<div></div>	<div></div>
Purchaser's Initials	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

IS THERE ANYTHING ELSE THAT SHOULD BE DISCLOSED ABOUT THE CONDITION OF THE PROPERTY? (In answering this question, you should be guided by what you would want to know about the condition of the Property if you were buying it.)

☒ YES ☐ NO ☐ DON'T KNOW OF ANYTHING ELSE. If "Yes," explain:

See addendum

SELLER'S STATEMENT: Seller is providing the information in this report to reduce the likelihood of DISPUTES or LEGAL ACTION concerning the sale of the Property. The information provided herein does not constitute any warranty, express or implied, by Seller about the Property or any feature of the Property. Seller hereby authorizes any real estate agent to provide a copy of this report to any prospective buyer. IN DELIVERING THIS REPORT TO A BUYER OR PROSPECTIVE BUYER, NO REPRESENTATION IS MADE BY ANY REAL ESTATE AGENT THAT THEY HAVE ANY INDEPENDENT OR PERSONAL KNOWLEDGE ABOUT THE CONDITION OF THE PROPERTY, THAT THEY HAVE MADE ANY INQUIRY OR INVESTIGATION ABOUT THE CONDITION OF THE PROPERTY OR ANY OF THE INFORMATION PROVIDED IN THIS REPORT BY SELLER OR THAT THEY HAVE VERIFIED THE INFORMATION PROVIDED IN THIS REPORT BY THE SELLER. Seller acknowledges that the information provided in this report is correct to the best of Seller's knowledge as of the date signed by Seller.

BUYER/PROSPECTIVE BUYER ACKNOWLEDGES RECEIPT OF A COPY OF THIS REPORT ON THE DATE SET FORTH BELOW. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THIS REPORT PROVIDES INFORMATION ABOUT THE PROPERTY MADE BY THE SELLER AS OF THE ABOVE DATE. IT IS NOT A WARRANTY OF ANY KIND BY SELLER OR ANY REAL ESTATE AGENT. THIS REPORT IS NOT A SUBSTITUTE FOR ANY PROPERTY INSPECTION. BUYER/PROSPECTIVE BUYER MAY OBTAIN A PROPERTY INSPECTION. HOWEVER, ANY SUCH INSPECTION MUST BE BY WRITTEN AGREEMENT WITH SELLER. BUYER/PROSPECTIVE BUYER UNDERSTANDS THAT THERE MAY BE MATTERS RELATING TO THE PROPERTY WHICH ARE NOT ADDRESSED IN THIS REPORT.

Seller: (Signature) 5/25/24 (Date)

Purchaser: (Signature) (Date)

Seller: (Signature) (Date)

Purchaser: (Signature) (Date)

Seller: (Signature) (Date)

Purchaser: (Signature) (Date)

Seller: (Signature) (Date)

Purchaser: (Signature) (Date)

Charles V. Wolf 356 Points North Road Stowe, VT 05672 SPIR

ADDENDUM

1)D)

Seasonal wet area until June in corner of front yard. I had installed stone aggregate over a PVC pipe to direct water into the woods.

1)N)

Adjacent property has an easement along my property sidewalk to the shared leach field.

3) “Has seller built...”

House and garage was built in 2002. In 2023 the original roof shingles, tar paper barrier, black vent pipes, flashing and drip edge was completely removed to bare wood. A “Grace Ice & Water Shield” barrier was installed covering the complete house, garage, garage connector and porch roof. New 30-year asphalt shingles, black vent pipes, flashing and green drip edge was installed.

5) “New or Alternate Technology”

Distribution box/pump station sending effluent to leach field.

2002

When the well was drilled, I had a spigot installed to provide ease of use. It also bypasses the sanitizers since there is no need to sanitize water for outside use.

Wi-Fi wasn't very common in 2002 so when I built the house, I had each room wired with multiple RJ45 and Coaxial connections.

2007

Installed stainless chimney replacing the power vent. A chimney prevents unpleasant odors from finding its way in the home's windows. Power vents contain electric fans which can fail. Its failure could interfere with proper venting especially if fuel continues to burn. Power vents create substantial noise.

2020

Installed a “HTP” hot water heater.

2023

New effluent pump installed 2/8/23



Chuck Wolf
PO Box 597
Stowe, VT 05672

100725

PROJECT: 356 Points North Road
WORK ORDER: 2405-12695
DATE RECEIVED: May 08, 2024
DATE REPORTED: May 21, 2024
SAMPLER: Chuck

Laboratory Report

VTP

Enclosed please find the results of the analyses performed for the samples referenced on the attached chain of custody. All required method quality control elements including instrument calibration were performed in accordance with referenced method requirements and determined to be acceptable unless otherwise noted.

The column labeled Lab in the accompanying report denotes the laboratory facility where the testing was performed. A "W" designates the Williston, VT lab under NELAC certification ELAP 11263; "R" designates the Lebanon, NH facility under certification NH 2037 and "N" the Plattsburgh, NY lab under certification ELAP 11892. "Sub" indicates the testing was performed by a subcontracted laboratory. The accreditation status of the subcontracted lab is referenced in the corresponding NELAC and Qual fields. The Williston, VT facility is also ISO/IEC 17025:2017 accredited for Total Coliform and E coli by SM9223B.

The NELAC column also denotes the accreditation status of each laboratory for each reported parameter. "A" indicates the referenced laboratory is NELAC accredited for the parameter reported. "N" indicates the laboratory is not accredited. "U" indicates that NELAC does not offer accreditation for that parameter in that specific matrix. Test results denoted with an "A" meet all National Environmental Laboratory Accreditation Program requirements except where denoted by pertinent data qualifiers. Test results are representative of the samples as they were received at the laboratory

Enddyne, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose.

Reviewed by:

Harry B. Locker, Ph.D.
Laboratory Director



160 James Brown Dr., Williston, VT 05495
Ph 802-879-4333 Fax 802-879-7103

www.endynelabs.com

56 Etna Road, Lebanon, NH 03766
Ph 603-678-4891 Fax 603-678-4893



Laboratory Report

DATE REPORTED: 05/21/2024

CLIENT: Chuck Wolf

WORK ORDER: 2405-12695

PROJECT: 356 Points North Road

DATE RECEIVED: 05/08/2024

- 001

Site: Kitchen

Date Sampled: 5/8/24 Time: 12:30

Property Address (911): 356 Points North Road

Stowe

VT

Parameter	Result	Units	Method	Analysis Date/Time	Lab Tech	Nelac	Qual
Total Coliform	< 1.0	MPN/100mls	SM23 9223B(04)	5/8/24 15:40 W	KMB	A	
E. coli	< 1.0	MPN/100mls	SM23 9223B(04)	5/8/24 15:40 W	KMB	A	
Radon in Water	1.090	pCi/L	SM 7500-Rn B	5/9/24	SUB SUB	N	SLA
Uranium, Total	< 1.0	ug/L	EPA 200.8	5/16/24 21:06 W	RSB	A	
Gross Alpha	0.0 +/- 0.5	pCi/L	EPA 900.0	5/20/24	SUB SUB	A	SB1
Chloride	190	mg/L	EPA 300.0	5/9/24 10:35 W	CM	A	
Fluoride	< 0.10	mg/L	EPA 300.0	5/8/24 19:38 W	CM	A	
Hardness, Total as CaCO3	1	mg/L	EPA 200.7	5/15/24 12:39 W	MLR	U	
Nitrate as N	< 0.020	mg/L	EPA 300.0	5/8/24 19:38 W	CM	A	
Nitrite as N	< 0.020	mg/L	EPA 300.0	5/8/24 19:38 W	CM	A	
Arsenic, Total	< 0.0010	mg/L	EPA 200.8	5/16/24 21:06 W	RSB	A	
Calcium, Total	0.19	mg/L	EPA 200.7	5/15/24 12:39 W	MLR	A	
Copper, Total	< 0.020	mg/L	EPA 200.8	5/16/24 21:06 W	RSB	A	
Iron, Total	< 0.020	mg/L	EPA 200.7	5/15/24 12:39 W	MLR	A	
Lead, Total	< 0.0010	mg/L	EPA 200.8	5/16/24 21:06 W	RSB	A	
Magnesium, Total	0.19	mg/L	EPA 200.7	5/15/24 12:39 W	MLR	A	
Manganese, Total	< 0.010	mg/L	EPA 200.8	5/16/24 21:06 W	RSB	A	
Sodium, Total	160	mg/L	EPA 200.7	5/15/24 16:13 W	MLR	A	

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Listed below are EPA Maximum Contaminant Levels (MCL) for commonly tested parameters. Exceedence of Primary Contaminant MCLs is deemed a significant health risk. Secondary Contaminant MCLs are standards that may have cosmetic or aesthetic concerns.

Primary Contaminant	MCL
Total Coliform	"Absent" 100mL or "< 1.0" MPN/100mL
e.coli	"Absent" 100mL or "< 1.0" MPN/100mL
Fluoride	less than 4.0 mg/L
Nitrate	less than 10 mg/L
Nitrite	less than 1.0 mg/L
Arsenic	less than 0.010 mg/L
Copper	less than 1.30 mg/L
Lead	less than 0.015 mg/L
Gross Alpha	less than 15 pCi/L *
Radium 226 & 228	less than 5.0 pCi/L
Uranium	less than 30 ug/L (20 ug/L VT DEC Water Supply Standard)
Radon in Water	less than 4000 pCi/L (proposed EPA MCL)
Secondary Contaminant MCL	
pH	between 6.5-8.5
Hardness	between 75.0 - 150.0 mg/L**
Iron	less than 0.30 mg/L
Manganese	less than 0.05 mg/L
Sodium	less than 250 mg/L
Chloride	less than 250 mg/L
Sulfate	less than 250 mg/L

Alkalinity is the ability of a water to resist change in acidity. This is typically due to Carbonates (calcium or bicarbonate) dissolved in water. Typical drinking water contains 50-250 mg/L of alkalinity. There are no health issues associated with alkalinity.

Conductivity is a measurement of electrical conductance in water. Very pure water has a low conductance but as dissolve materials increase so does the conductivity. It may be used as an indicator of the dissolved solids in the water. There are no health related affects associated with conductance but is simply an indicator of the dissolved ions in solution. Low conductivity in water may imply an aggressive water that might cause corrosion of plumbing fixtures.

Samples received in this project required pH. The EPA hold time for this analysis is 15 minutes and should be performed at the time of collection. Analysis was performed as soon as possible upon arrival at the laboratory.

* Gross Alpha at a concentration greater than 5 pCi/L could indicate the presence of Radium at a level above the Radium 226 and Radium 228 MCL.

** For Hardness, to convert mg/L to grains/gallon, divide by 17.1

SLA: Analysis performed by subcontracted laboratory, A & L Laboratory. Results are presented here for your convenience. The complete subcontracted report has been appended to this report.

SBI: Analysis was performed by subcontracted laboratory, KNL Laboratory Services, Inc., Tampa, FL. The complete subcontracted report has been appended to this report.



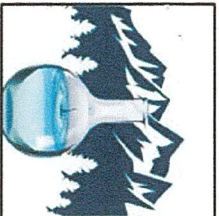
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ELAP 11263

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NH 2037



A & L LABORATORY

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.

155 Center Street, Building C, Auburn, Maine 04210

Phone (207) 784-5354

website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 05/10/2024

CLIENT NAME: Endyne, Inc.

CLIENT ADDRESS: 160 James Brown Dr.
Williston, VT 05495

SAMPLE ID #: 2405-01882-001

SAMPLED BY:

SAMPLE ADDRESS: 2405-12695-001

Legend	
Passes	✓
Fails EPA Primary	✗
Fails EPA Secondary	⚠
Fails State Guideline	✗
Attention	⚠

DATE AND TIME COLLECTED:

05/08/2024 12:30PM

DATE AND TIME RECEIVED:

05/09/2024 10:00AM

ANALYSIS PACKAGE:


Radon Water-VT

RECEIPT TEMPERATURE:

10° CELSIUS

CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
Radon	1,090	pCi/L	✓		100	4000 pCi/L	SM 7500Rn-B	JR-ME	05/09/2024 06:09PM


Rebecca L. Labranche
Laboratory Director



FL DOH Certification #E84025
VT Certificate #VT-84025


Report Date: May 21, 2024

Endyne, Inc.
160 James Brown Dr.
Williston, VT 05495

Field Custody: Client
Client/Field ID: 2405-12695-001
Sample Collection: 05-08-24/1230
Lab ID No: 24.8414
Lab Custody Date: 05-13-24/1007
Sample Description: DW

CERTIFICATE OF ANALYSIS

Parameter	Units	Results	Analysis Date	Method	Detection Limit
Gross Alpha	pCi/L	0.0 ± 0.5	5-20-24/1630	EPA 900.0	2.0
Alpha Standard: Th-230					


Thomas J. Weeks
Laboratory Manager

Test results meet all requirements of the 2016 TNI standards. Statement of estimated uncertainty available upon request. Test results refer only to sample(s) listed.
Contact person: Thomas Weeks (813) 229-2879.



DEPARTMENT OF HEALTH LABORATORY

359 SOUTH PARK DRIVE
COLCHESTER, VT 05446
(802) 338-4724 or (800) 660-9997 (VT only)
www.healthvermont.gov

Results Report

State Health Dept # 24-RN-00090
Report Status Final
Date Report Released 05/13/2024

Report To Charles V Wolf
Address PO Box 597
Stowe, VT 05672
Account Name Charles V Wolf
Date Received 05/10/2024
Time Received 11:47

Sample Desc. KIT RF (Short Term-SST) EPERM Date/Time Start 05/04/2024 21:00
Sampled By Charles V Wolf EPERM Date/Time End 05/09/2024 19:00
Sampling Location Basement Den
Street Address 356 Points North Road
Town Stowe

Test	Radon in Air	Date of Analysis	05/10/2024	Test Method	EPA 402-R-92-004
Sample #	Analyte	Result	Uncertainty	Units	EPA Action Limit
24-RN-00090-001	Radon	2.8	0.4	pCi/L	4.0
24-RN-00090-002	Radon	2.6	0.4	pCi/L	4.0

Units of Measurement and Definitions: pCi/L = picoCuries per liter; < = less than; ≥ = greater than or equal to; N/A = Not Available
A picoCurie is a unit of radioactivity and is a measurement of how much of the radioactive substance disintegrates or decays. The result value is the measured level of radiation in 1 liter of sample, and the uncertainty value is the possible variation above or below the measured level. The uncertainty on this report is estimated at the 95% confidence level.
For additional information, please visit: <http://www.healthvermont.gov/public-health-laboratory/environmental-testing/radon-and-radiochemistry>

Test results relate only to the samples tested and are representative of the samples as they were received at the laboratory.
This is a public record. Information contained in this report may be used for statistical purposes and may be released upon request, pursuant to Vermont Access to Public Documents law (1 V.S.A. 315-320).
This report shall not be reproduced, except in full, without the written approval of the laboratory.

Test Report Authorized By: Jill S. Warrington
Laboratory Director

If you have received this document in error or if you have questions about this report, please call 802-338-4724

Please tell us about your experience with the VDH Laboratory by completing the customer survey at <https://www.healthvermont.gov/lab>

AGENCY OF NATURAL RESOURCES
Department of Environmental Conservation

Well Completion Report Searchable Database

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	WCR_Part94_240800.pdf

If you need help, please call 802-261-5749

Date Well Was Completed: 10-14-2002

Date Report Received: 11-01-2002

Well Driller License Number:

OPR License: 165.0000034
WellDrillerID: 256
Nick Mamosh, N A Mamosh Corp

Drilled By:

Well Report Number: 22170

Well Number/Tag Number: 22170

Comments: 165' 190' quartz with water

Town: Sloane

Map Cell:

Tax Map:

E-911 Address: Points North

Sub Division:

Lot Number:

Owner's First Name: Charles

Owner's Last Name: Wolf

Purchaser's First Name:

Purchaser's Last Name:

Well Use Code: 01 = Domestic

Reason for Well Code: 1 = New Supply

Drilling Equipment Code:

Total Depth of Well (in feet): 223.00

Yield (in GPM): 6.00

Yield Test Tested For (in hours): 1.00

Static Water Level (in feet): 0.00

Well Is Overflowing: N

Date Measured:

Depth To Bedrock (in feet): 8.00

Total Casing Length (in feet): 49.80

Casing Diameter (in inches): 6.00

Casing Length Below Land Surface (in feet): 47.80

Casing Length Exposed (in feet): 2.00

Casing Material: 1 = Steel

Casing Weight (in lbs/foot): 19.00

Casing Finish Code:

Length of Liner used (in feet): 0.00

Liner Diameter (in inches): 0.00

Liner Material: