

## SELLER DISCLOSURE OF PROPERTY CONDITION

This information in this form is only for the time period the undersigned has owned the property, \_\_\_\_\_

10-22-99  
(Date of Purchase)

to 8-2-12

(Date of this Form)

PROPERTY ADDRESS: CACAPAN River ROAD

SELLER'S NAME: Joseph B. Lupton

**PURPOSE OF STATEMENT:** Disclosure is based solely on the seller's observation and knowledge of the property's condition and the improvements thereon. This statement is not a warranty of any kind by the seller or seller's agent and shall not be intended as a substitute for any inspection or warranty the purchaser may wish to obtain.

**SELLER'S DISCLOSURE:** I/We disclose the following information regarding the property and this information is true and accurate to the best of my/our knowledge as of the date signed. Seller authorizes the agent to provide a copy of this statement to any person or entity in connection with actual or anticipated sale of the property. The following are representations made by seller and are not the representation of the agent. The agent has no independent knowledge of the condition of the property except that which is set out on this form.

### PROPERTY INFORMATION, CONDITIONS AND IMPROVEMENTS

#### A. OWNERSHIP:

1. Do you currently live in subject property? yes  
If not have you ever lived in this property? \_\_\_\_\_
2. Is property vacant? no If so, for how long? \_\_\_\_\_
3. Are you a builder or developer? no
4. Are you a licensed real estate agent? no

ADDITIONAL COMMENTS: \_\_\_\_\_

#### B. ENVIRONMENTAL:

1. Is the lawn chemically treated? no By whom? \_\_\_\_\_
2. Any excessive noises (airplanes, trains, trucks, etc.)? See below What? \_\_\_\_\_
3. Any underground storage tanks? \_\_\_\_\_ Phase one studies completed? \_\_\_\_\_  
Is report available? \_\_\_\_\_

ADDITIONAL COMMENTS: Shooting Range approx 1/2 mile AWAY, sometimes can hear shooting

#### C. LAND:

1. Is the house built on landfill (compacted or otherwise)? no  
Is there landfill on any portion of the property? no
2. Any past or present flooding or drainage problems on the property? no
3. Any standing water after rain? Sometimes in lower field  
Any sump pumps in basement or crawlspace? no Any active springs? no  
(Attach explanation) Is the property located wholly or partly in a Flood Plain Zone, as determined by the National Flood Insurance Maps? yes Current flood insurance premium \$ House not in Flood zone  
Any abandoned wells or septic tanks or cisterns? no Where? \_\_\_\_\_
4. Has land been mined? no Explain: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

#### D. STRUCTURAL:

1. Approximate age of the house: 10 Name of Builder: owner
2. Do you know of any condition of design or workmanship of the structures that would be considered substandard? no  
Is any portion of the dwelling of any type of construction other than on-site stick built? No X Yes \_\_\_\_\_ Type of construction Frame  
Do you know of any structural additions or alterations, or the installation, alteration, repair, or replacement of significant components of the structure completed during the term of your ownership or that of a prior owner? no Do you know of any violations of government regulations, ordinances, or zoning law regarding this property? no

Explain: \_\_\_\_\_

3. Do you know of any excessive settling, slippage, sliding or other soil problems, past or present? no  
If so, has any structural damage resulted? \_\_\_\_\_ If yes, attach explanation.
4. Exterior cover (check) Brick \_\_\_\_\_ Stone \_\_\_\_\_ Aluminum \_\_\_\_\_ Vinyl X Cedar \_\_\_\_\_ Lap Siding \_\_\_\_\_  
Redwood \_\_\_\_\_ Fir \_\_\_\_\_ Others \_\_\_\_\_  
Date of last maintenance (paint, etc) \_\_\_\_\_
5. Any problems with retaining walls cracking or bulging? no Repaired? \_\_\_\_\_  
When? \_\_\_\_\_
6. Do you know of any past or present problem with driveways, walkways, sidewalks, and patios such as large cracks, potholes, and raised sections? no If so, what was done and by whom? \_\_\_\_\_  
Explain: \_\_\_\_\_
7. Any significant cracks in foundations? no Exterior walls? no Slab floors? \_\_\_\_\_ Ceilings? \_\_\_\_\_  
Chimneys? \_\_\_\_\_ Fireplaces? \_\_\_\_\_ Decks? \_\_\_\_\_ Garage Floor? \_\_\_\_\_ Porch Floor? \_\_\_\_\_  
Other? \_\_\_\_\_
8. Any slanted or uneven floors? no Distorted door frames (uneven spaces between doors and frames)? no  
Any sticking windows? no Any sagging ceiling beams or roof rafters? no
9. Is the crawl space damp? \_\_\_\_\_ Has a moisture barrier been installed? \_\_\_\_\_  
Explain: \_\_\_\_\_
10. Any moisture in basement? no Corrected? \_\_\_\_\_ Attach explanation.
11. Any windows or patio door glass broken? no Seals broken in insulated panes? no  
Fogged? no
12. Did you do any improvements yourself? yes What? \_\_\_\_\_
13. Do you have hardwood floors under the floor coverings? no
14. Is the laundry room in the basement? no First Floor? yes Second Floor? \_\_\_\_\_  
Other: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### E. ELECTRICAL SYSTEM:

1. Electric service: 60 amp? \_\_\_\_\_ 100 amp? \_\_\_\_\_ 200 amp? X Fuses? \_\_\_\_\_ Circuit Breaker? \_\_\_\_\_  
Rewired? no Date: \_\_\_\_\_
2. Is the wiring copper? yes or aluminum? \_\_\_\_\_
3. Any damage or malfunctioning receptacles? no Switches? no Fixtures? no  
Attach explanation.
4. Are any extension cords stapled to baseboards or underneath carpets or rugs? no
5. Is there GFCI wiring in Kitchen? yes Bathroom? yes Garage? yes For outside TV and TV cable? \_\_\_\_\_
6. Are you aware of any defects, malfunctions, or illegal installations or electrical equipment in or outside of house? no

Explain: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### F. INSULATION, HEATING, AIR CONDITIONING, VENTILATION, AND OTHER EQUIPMENT:

1. Type of heating system? Heat Pump Forced Air Age? 10 Supplemental heating? wood & coal
2. Electronic air cleaner? no Operable? \_\_\_\_\_ Humidifier? \_\_\_\_\_ Operable? \_\_\_\_\_
3. Fireplace? no Masonry? \_\_\_\_\_ Insert? \_\_\_\_\_ Fireplace damper? \_\_\_\_\_  
Last inspection and cleaning? \_\_\_\_\_ By whom? \_\_\_\_\_
4. Are fuel-consuming heating devices adequately vented to the outside? yes
5. Type of cooling system? central AC Age? 9 Number of ceiling fans? 2  
Attic Fan? \_\_\_\_\_
6. Is clothes dryer vented to outside? yes Connection for Gas Dryer? no  
Electric Dryer? yes
7. Foundation vents? no Roof Vents? yes Attic Vents? yes Bath Vent fans? yes  
Kitchen Vent fan? yes Other? \_\_\_\_\_
8. Number of Electric garage door openers? 0 Operable? \_\_\_\_\_ Number of controls? \_\_\_\_\_  
Operable? \_\_\_\_\_ Age? \_\_\_\_\_



9. Smoke Detectors? yes How many? 4 Wired to electric system? yes  
 Battery? yes Operable? yes
10. Water softener? yes Operable? yes  
 Burglar alarm? no Make? \_\_\_\_\_ Operable? \_\_\_\_\_ R-Rate? \_\_\_\_\_  
 Leased? \_\_\_\_\_
11. Is there insulation in: Ceiling? no R-Rate? 38 Walls? yes R-Rate? 19 Floors? no R-Rate? \_\_\_\_\_
- ADDITIONAL COMMENTS:** \_\_\_\_\_

#### G. PLUMBING SYSTEM:

1. Source of water supply: Public? \_\_\_\_\_ Private Well? X Cistern? \_\_\_\_\_  
 If private well, when was water sample last checked for safety? yes Result of \_\_\_\_\_  
 test? SAFE Depth? 320 ft. 6 GPM
2. Well water pump: yes Date installed 2001 Condition GOOD  
 Sufficient water during late Summer? yes
3. Type of water supply pipes? Copper? \_\_\_\_\_ Galvanized? \_\_\_\_\_ Plastic? yes Normal water pressure? yes
4. Are you aware of excessive stains in tubs, lavatories, or sinks? no
5. Type sewer: City sewer? \_\_\_\_\_ PSD sewer? \_\_\_\_\_ Septic tank? X  
 Installation date: 2001 Type material: Fiberglass? \_\_\_\_\_ Concrete? X Steel? \_\_\_\_\_  
 Private treatment plant? \_\_\_\_\_ Aeration system? \_\_\_\_\_  
 Date of last cleaning? \_\_\_\_\_ By whom? \_\_\_\_\_
6. Type of water heater: Electric? X Gas? \_\_\_\_\_ LP Gas? \_\_\_\_\_ Capacity? \_\_\_\_\_ (gals)  
 Age? 10
7. Are you aware of any slow drains? no
8. Are there any plumbing leaks around or under: Sinks? no Toilets? no Showers? no
9. Pool Type: In ground? \_\_\_\_\_ Above ground? \_\_\_\_\_ Age? \_\_\_\_\_  
 Pool heater: Electric? \_\_\_\_\_ Gas? \_\_\_\_\_ Solar? \_\_\_\_\_  
 Date of last cleaning or inspections? \_\_\_\_\_
- ADDITIONAL COMMENTS:** \_\_\_\_\_

#### H. APPLIANCES:

Check the following appliances that remain with the property:

1. Range? X Operable? \_\_\_\_\_ Age? \_\_\_\_\_
2. Countertop range/wall oven? \_\_\_\_\_ Operable? \_\_\_\_\_ Age? \_\_\_\_\_
3. Hood? yes Operable? yes Age? \_\_\_\_\_
4. Dishwasher? yes Operable? \_\_\_\_\_ Age? \_\_\_\_\_
5. Disposal? yes Operable? \_\_\_\_\_ Age? \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

#### I. TITLE AND ACCESS:

1. Does anyone have the right to refusal to buy, option, or lease the property? NO Copy of lease provided to listing agent? \_\_\_\_\_
2. Is the property currently leased? no Expiration date? \_\_\_\_\_ Does the lease have option to renew? \_\_\_\_\_
3. Do you know of any existing, pending, or potential legal actions concerning the property or the Property Owners Association? no Explain: \_\_\_\_\_
4. Has a lien been recorded against the property? no Explain: \_\_\_\_\_
5. Do you own the mineral rights? yes Leased to \_\_\_\_\_ For how long? \_\_\_\_\_
6. Any bonds, assessments, or judgments which are liens upon the property or which limits its use? no
7. Any boundary disputes, or third party claims affecting the property rights of the other people to interfere with the use of the property in any way? no Attach explanation.
8. Any deed restrictions? no Any right-of-way or easements? no Protective covenants? \_\_\_\_\_
9. Copy of deed has been provided to listing agent? \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. ROOF, GUTTER, DOWNSPOUTS:**

1. Type of Roof: Shingle? X Wood Shingle? \_\_\_\_\_ Slate? \_\_\_\_\_ Rolled rubber? \_\_\_\_\_ Other? \_\_\_\_\_  
Age of Roof? 10
2. Has the roof been resurfaced? no Replaced? \_\_\_\_\_ If so, what year? \_\_\_\_\_  
Installed by whom? Lawrence Williams
3. Has the roof ever leaked during your ownership? no  
If so, how was it corrected? \_\_\_\_\_
4. Are gutters and downspouts in good condition and free of holes and excessive rust? yes
5. Do downspouts lead from structure? no Into storm drain? \_\_\_\_\_ Splash blocks? \_\_\_\_\_  
Sewer? \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. REPORTS:**

Have you received or do you have knowledge of any of the following inspection reports or repair estimates (written or otherwise) made during or prior to your ownership: Roof? \_\_\_\_\_ Air conditioning? \_\_\_\_\_ Furnace? \_\_\_\_\_  
Soils/Drainage? \_\_\_\_\_ Structural? \_\_\_\_\_ Well? \_\_\_\_\_ Radon? \_\_\_\_\_ Pest Control? \_\_\_\_\_  
Geological/Core Drilling? \_\_\_\_\_ Lead based paint? \_\_\_\_\_ Asbestos? \_\_\_\_\_ Septic Tank/Sewer  
System? \_\_\_\_\_ Formaldehyde? \_\_\_\_\_ Pool/Spa? \_\_\_\_\_ Home Inspection? \_\_\_\_\_ Energy Audit? \_\_\_\_\_  
City/County Inspection? \_\_\_\_\_ Notice of Violation? \_\_\_\_\_ Other? \_\_\_\_\_ Attach explanation and  
copies of reports. \_\_\_\_\_

**L. UTILITIES:**

Gas Company \_\_\_\_\_ Gas Budget \_\_\_\_\_  
Electric Company Potomac Edison Elec. Budget \$110  
Water Company \_\_\_\_\_ Average Water Bill \_\_\_\_\_  
Sewage Company \_\_\_\_\_  
Trash Company United Disposal Trash Cost \$61.00 per quarter  
TV Cable Company Dish Network  
Satellite Company ✓

**M. OTHER DISCLOSURES**

In addition to the disclosure statements made herein, the following facts are known or suspected by me (us) which may materially affect the values or desirability of the subject property, now or in the future (burial sites, murder, suicide, sex offender, etc.): no

The foregoing answer and explanations are true and complete to the best of my/our knowledge, I/We have authorized Kevin Shunkelt, the broker in this transaction to disclose the information set forth above to other real estate brokers, real estate agents, and prospective buyers of the property. **SELLER AGREES** to hold harmless all brokers and agents in the transaction and to defend and indemnify them from any claim, demand, action or proceedings resulting from any omission or alleged omission by Seller in this Disclosure Statement.

This **PROPERTY CONDITION DISCLOSURE STATEMENT** consists of \_\_\_\_\_ pages, with attachments.

SELLER: Joseph B. Lupton SELLER: \_\_\_\_\_ DATE: 8/2/12

I have received a copy of the **PROPERTY CONDITION DISCLOSURE STATEMENT**:

BUYER: \_\_\_\_\_ BUYER: \_\_\_\_\_ DATE: \_\_\_\_\_

35 177-7/96

INSPECTION TO BE  
PRINTED OR TYPED

## STATE OF WEST VIRGINIA

## HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION FORMPermit No.: ST-14-02-161Tax Map: 27 Parcel #: 8.3

County Road: \_\_\_\_\_

Name of Owner: Joseph Hopton Installer: Donald White  
 Address: P.O. Box 4 Yellow Springs, WV 26868  
 Property Location: 100 ft to Cogan River Rd 10 miles or right  
 Type of Facility: House Facility is: New ☒ Existing ( ) Lot Size: 1.65 Sq. Ft./Acres  
 Design Loading in gpd/No. Bedrooms: 3BR Source of Water Supply: well

## SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: Concrete Manufacturer: J. L. Co.  
 Distances (in feet) of Tank to: Dwelling: 51' Private ☒ Public ( ) Water Source: 50' Property Line: 10'  
to be

## ON-SITE DISPOSAL SYSTEM

Class I Systems: Standard Soil Absorption Trenches ( ) or Bed ( ) Gravelless Pipe ( ), Diameter: \_\_\_\_\_ Inches  
 Chamber Soil Absorption Trenches ( ) or Bed ( )  
 Class II Systems: Pumped/Dosed Soil Absorption Trenches ( ) or Bed ( ) Evapotranspiration Trenches ( ) or Bed ( )  
 Shallow Soil Absorption Trenches ( ) or Bed ( ) Other: \_\_\_\_\_

No. of Lines: 4 Length (in feet) of Each: 100 , 100 , 100 , 100 , \_\_\_\_\_  
 Width of Trenches: 24 inches/feet Depth to Bottom of Field: 24 inches  
 If Bed, Dimensions (in Feet): \_\_\_\_\_ If Chamber System, Name: \_\_\_\_\_, No. of Units: \_\_\_\_\_  
 Approved and Adequate Materials Used? Yes ☒ No ( ) Size Equates to: 1200 Square Feet of Standard Gravel Field.  
 Distances (in feet) of System to: Dwelling: 68' Private ☒ Public ( ) Water Source: 100' Property Line: 10'  
to be

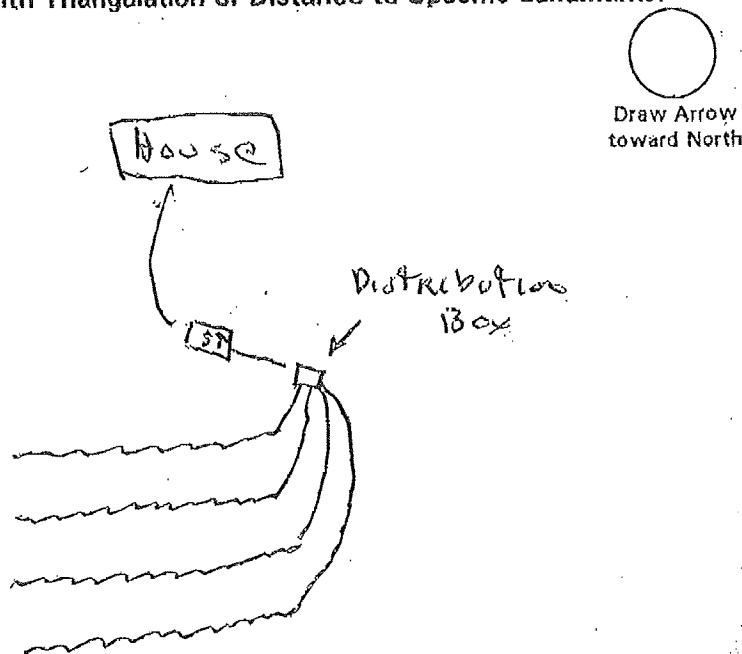
Remarks: \_\_\_\_\_

An inspection indicates that the sewage disposal system described above  
**DOES MEET (X).**  
**DOES NOT MEET ( ).**  
**CANNOT BE DETERMINED TO MEET ( )** the minimum standards established by the West Virginia Bureau of Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as a does meet system since inadequate information is known.

Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

## Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Visit Date(s): 11-9-01Final Inspection Date: 12-6-01Sanitarian: J. K. Kiser



**WV STATE DEPARTMENT OF HEALTH**  
**Office of Environmental Health Services**  
**ENVIRONMENTAL ENGINEERING DIVISION**

SW258

**WELL COMPLETION REPORT**

Date(s) 12-07-01 County Hampshire Permit #: DW-14-02-119  
 Town: Capon Bridge Area Name/Location River Road So. Towards Yellow Springs  
 Well Owner: Joseph Lupton Address: P. O. Box 4  
 Telephone Number: 304-856-1817 Yellow Spring, WV 26865  
 Well Driller: Christopher Wolford Address: P. O. Box 412  
 Telephone Number: 496-9972 shanks, WV 26761

**WELL LOG**

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS: <u>Pressure Grouted</u>
<u>0-4</u>	<u>Dirt &amp; Brown Sand</u>	Type of Well: <u>D/W</u> Drilling Method: <u>Air Percussion</u>
<u>4-11</u>	<u>Red Clay</u>	Well Diameter: <u>6 1/4"</u> Casing O.D.: <u>6 5/8"</u>
<u>11-37</u>	<u>Red Sand</u>	Well Depth: <u>320</u> Date Completed: <u>120701</u>
<u>37-63</u>	<u>Brown Sand &amp; Loose Rocks</u>	CASING: Length <u>80</u> Feet Height above ground <u>1</u> Feet
<u>63-154</u>	<u>Dk. Blue Shale (Cons)</u>	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
<u>154-190</u>	<u>Gray Shale</u>	Other _____ Type _____
<u>190-228</u>	<u>Dk. blue Shale</u>	
<u>228-320</u>	<u>Black Shale</u>	
		<b>SCREEN</b>
		<input checked="" type="checkbox"/> None Installed
		Type _____ Diameter _____
		Slot/Gauge _____ Length _____
		Set Between _____ Ft. and _____ Ft.

**PUMPING OR BAILING TEST**

DETAILS	#1	#2	#3
Static Water Level (Ft. Below Grade)	<u>40</u>		
Pumping Rate (GPM)	<u>6</u>		
Pumping Level (Ft Below Grade)	<u>31.8</u>		
Duration of Test (In Hours)	<u>2</u>		
Recovery Time to Static Level (In Hours)	<u>3</u>		

**WELL HEAD**

Pitless Adapter: Type, Make, Etc. \_\_\_\_\_  
 Well Cap: Type, Make, Etc. Royer W/1" Conduit  
 Well Seal: Type, Make, Etc. \_\_\_\_\_  
 Well Platform: \_\_\_\_\_  
 Length \_\_\_\_\_ Width \_\_\_\_\_ Thickness \_\_\_\_\_  
 Grouting: ☒ Pressure ☐ No  
 All Public Water Supplies must be grouted.

I hereby certify that this well was drilled and constructed under my supervision, in compliance with all requirements of the referenced permit, and that this record is true to the best of my knowledge and belief.

Christopher Wolford 574  
 Name Certification No.  
Miller Bros. Drilling  
 Registered Business Name  
Chris Wolford 12-10-01  
 Signed Date