

11106 Hampton Road, Fairfax Station, VA



PROUDLY PRESENTED BY:
Stephen Karbelk

Century 21
NEW MILLENNIUM
VESTED IN YOU.
Together We're Better!





Exceptional 5 bedroom 5.5 bath estate home on 5 acres. Enjoy entertaining with the in-ground heated pool, tiki bar, deck and hot tub or relax in the over 7,000 ft² of living space with 10 ft ceilings, beautiful molding, hardwood floors, and built-ins. Retreat to the finished basement with an exquisite wine cellar, bar and media area. The Carriage Home has an upstairs apartment with kitchen and full bath!





Cell: 571-481-1037

Email: Stephen@realtymarkets.com

Office: 703-858-2770

20405 Exchange Street Suite #221, Ashburn, VA 20147

Licensed in Virginia

BANKRUPTCY ADDENDUM TO SALES CONTRACT

Dated _____ ("Contract")

Kevin R. McCarthy, Trustee ("Seller") to

_____ ("Buyer") for the property:

11106 Hampton Road, Fairfax Station, VA 22039

The provisions of this addendum shall govern notwithstanding any other provision of the Contract.

1. Conveyance will be by SPECIAL WARRANTY OF TITLE.
2. The property, and any contents being conveyed herewith, is being sold "AS IS, WHERE IS CONDITION." The sale of the Property is subject to Bankruptcy Court approval.
3. No Dual Agency and No Designated Representation.
 - (a) The Owner does not consent to designated representation thus Owner does not allow the Property to be shown to a buyer represented by the Broker through another designated representative associated with the Broker.
 - (b) The Owner does not consent to dual representation thus Owner does not allow the property to be shown to a buyer represented by the Broker through the same sales associate.
4. In addition to the commission provided in the listing agreement, the Broker shall be entitled to be reimbursed for advanced property management and maintenance expenses, such as Trustee approved repairs, utility bills, lawn maintenance, etc, subject to the approval of the US Bankruptcy Court.
5. Any contract for the sale of the Property shall provide that the Seller shall pay no more than \$300 in closing costs excluding payment of customary Seller paid recording fees/taxes, brokerage commissions and transfer fees/taxes. All other costs of closing shall be paid by the Buyer.

This Addendum shall not alter, modify or change in any other represent the Agreement, and except as modified herein, all of the terms and provisions of the Agreement are expressly ratified and confirmed and shall remain in full force and effect.

The property, and any contents being conveyed herewith, is being sold "AS IS, WHERE IS CONDITION."

SELLER:

BUYERS:

Kevin R. McCarthy, Chapter 7 Trustee
Not individually but solely in his capacity as
the Chapter 7 Trustee in Bankruptcy
Case Name: *Robert Graham Linn, JR.*
Case Number: 16-13569

Date:

Date:

The items marked YES below are currently installed or offered.

Yes	No	#	Items	Yes	No	#	Items	Yes	No	#	Items
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Alarm System	<input type="checkbox"/>	<input type="checkbox"/>		Freezer	<input type="checkbox"/>	<input type="checkbox"/>		Satellite Dish
<input type="checkbox"/>	<input type="checkbox"/>		Built-in Microwave	<input type="checkbox"/>	<input type="checkbox"/>		Furnace Humidifier	<input type="checkbox"/>	<input type="checkbox"/>		Storage Shed
<input type="checkbox"/>	<input type="checkbox"/>		Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>		Garage Opener	<input type="checkbox"/>	<input type="checkbox"/>		Stove or Range
<input type="checkbox"/>	<input type="checkbox"/>		Central Vacuum	<input type="checkbox"/>	<input type="checkbox"/>		w/ remote	<input type="checkbox"/>	<input type="checkbox"/>		Trash Compactor
<input type="checkbox"/>	<input type="checkbox"/>		Clothes Dryer	<input type="checkbox"/>	<input type="checkbox"/>		Gas Log	<input type="checkbox"/>	<input type="checkbox"/>		Wall Oven
<input type="checkbox"/>	<input type="checkbox"/>		Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>		Hot Tub, Equip & Cover	<input type="checkbox"/>	<input type="checkbox"/>		Water Treatment System
<input type="checkbox"/>	<input type="checkbox"/>		Cooktop	<input type="checkbox"/>	<input type="checkbox"/>		Intercom	<input type="checkbox"/>	<input type="checkbox"/>		Window A/C Unit
<input type="checkbox"/>	<input type="checkbox"/>		Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>		Playground Equipment	<input type="checkbox"/>	<input type="checkbox"/>		Window Fan
<input type="checkbox"/>	<input type="checkbox"/>		Disposer	<input type="checkbox"/>	<input type="checkbox"/>		Pool, Equip, & Cover	<input type="checkbox"/>	<input type="checkbox"/>		Window Treatments
<input type="checkbox"/>	<input type="checkbox"/>		Electronic Air Filter	<input type="checkbox"/>	<input type="checkbox"/>		Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>		Wood Stove
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Fireplace Screen/Door	<input type="checkbox"/>	<input type="checkbox"/>		w/ ice maker	<input type="checkbox"/>	<input type="checkbox"/>		Washer, Dryer, Refrigerator in Carriage House DO NOT convey

OTHER The property will be sold strictly in "as-is, where-is" condition. Sale & Commissions are subject to US Bankruptcy Court Approval.

FUEL TANKS ☐ Fuel Tank(s) Leased # _____ ☐ Fuel Tank(s) Owned (Fuel Tank(s), if owned, convey) # _____. Unless otherwise agreed to in writing, any heating or cooking fuels remaining in supply tank(s) at Settlement will become the property of Buyer.

LEASED ITEMS Any leased items, systems or service contracts (including, but not limited to, fuel tanks, water treatment systems, lawn contracts, security system monitoring, and satellite contracts) **DO NOT** convey absent an express written agreement by Buyer and Seller. The following is a list of the leased items within the Property:

14. FIRPTA - WITHHOLDING TAXES FOR FOREIGN SELLER Seller is a US citizen or a Lawful Permanent Resident as defined by the Immigration and Nationality Act (Green Card Holder).
☐ Yes **OR** ☐ No. (If No, FIRPTA Addendum Attached)

15. FINANCING APPLICATION If this Contract is contingent on financing, Buyer will make written application for the Specified Financing and any lender required property insurance no later than seven (7) days after Date of Ratification. Buyer grants permission for Cooperating Brokerage and the lender to disclose to Listing Brokerage and Seller general information available about the progress of the loan application and loan approval process. If Buyer fails to settle, except due to any Default by Seller, then the provisions of the DEFAULT paragraph shall apply. Seller agrees to comply with reasonable lender requirements, except as otherwise provided in the LENDER REQUIRED REPAIRS paragraph of the applicable financing contingency addendum.

16. ALTERNATIVE FINANCING

Alternative Financing means any change to the financing terms provided in the PRICE AND SPECIFIED FINANCING paragraph, including but not limited to Down Payment amount, financing, including amount financed, loan type (i.e., Conventional, FHA, VA, or Other), term of any loan, interest rate, or loan program (i.e., assumption, fixed or adjustable rate).

Buyer may substitute Alternative Financing for the Specified Financing. If Buyer wishes to retain the protection of a financing contingency, Buyer shall execute a new financing addendum (if applicable) and obtain Seller's written consent. Should Buyer pursue Alternative Financing without Seller's written consent, Buyer shall waive the protection of any financing contingency.

RESIDENTIAL PROPERTY DISCLOSURE STATEMENT**NOTICE TO SELLER AND PURCHASER**

The Virginia Residential Property Disclosure Act (§ 55-517 et seq. of the Code of Virginia) requires the owner of certain residential real property, whenever the property is to be sold or leased with an option to buy, to furnish this form to the purchaser and to refer the purchaser to a Virginia Real Estate Board website for additional information.

Certain transfers of residential property are excluded from this requirement (see § 55-518).

Property Address/ 11106 Hampton Road, Fairfax Station, 22039

Legal Description: BRIARLYNN ESTATES

The owner makes no representations with respect to the matters set forth and described at the RESIDENTIAL PROPERTY DISCLOSURES web page. The purchaser is advised to consult the website (http://www.dpor.virginia.gov/News/Residential_Property_Disclosures/) for important information about the real property.

The undersigned owner(s) represents that there are no pending enforcement actions pursuant to the Uniform Statewide Building Code (§ 36-97 et seq.) that affect the safe, decent, and sanitary living conditions of the real property described above of which the owner has been notified in writing by the locality, nor any pending violation of the local zoning ordinance which the violator has not abated or remedied under the zoning ordinance, within a time period set out in the written notice of violation from the locality or established by a court of competent jurisdiction, except as disclosed on this statement.

Property is being sold strictly in "as-is, where-is condition.

The owner(s) acknowledge having carefully examined this statement and further acknowledge that they have been informed of rights and obligations under the Virginia Residential Property Disclosure Act.

Disclosed by: Kevin R. McCarthy, Trustee 12/1/2016 | 5:39:17 PM EST

Owner	Date	Owner	Date
Kevin R. McCarthy , Trustee			

The purchaser(s) acknowledge receipt of a copy of this disclosure statement and further acknowledge that they have been informed of their rights and obligations under the Virginia Residential Property Disclosure Act.

Purchaser	Date	Purchaser	Date

DPOR 7/11

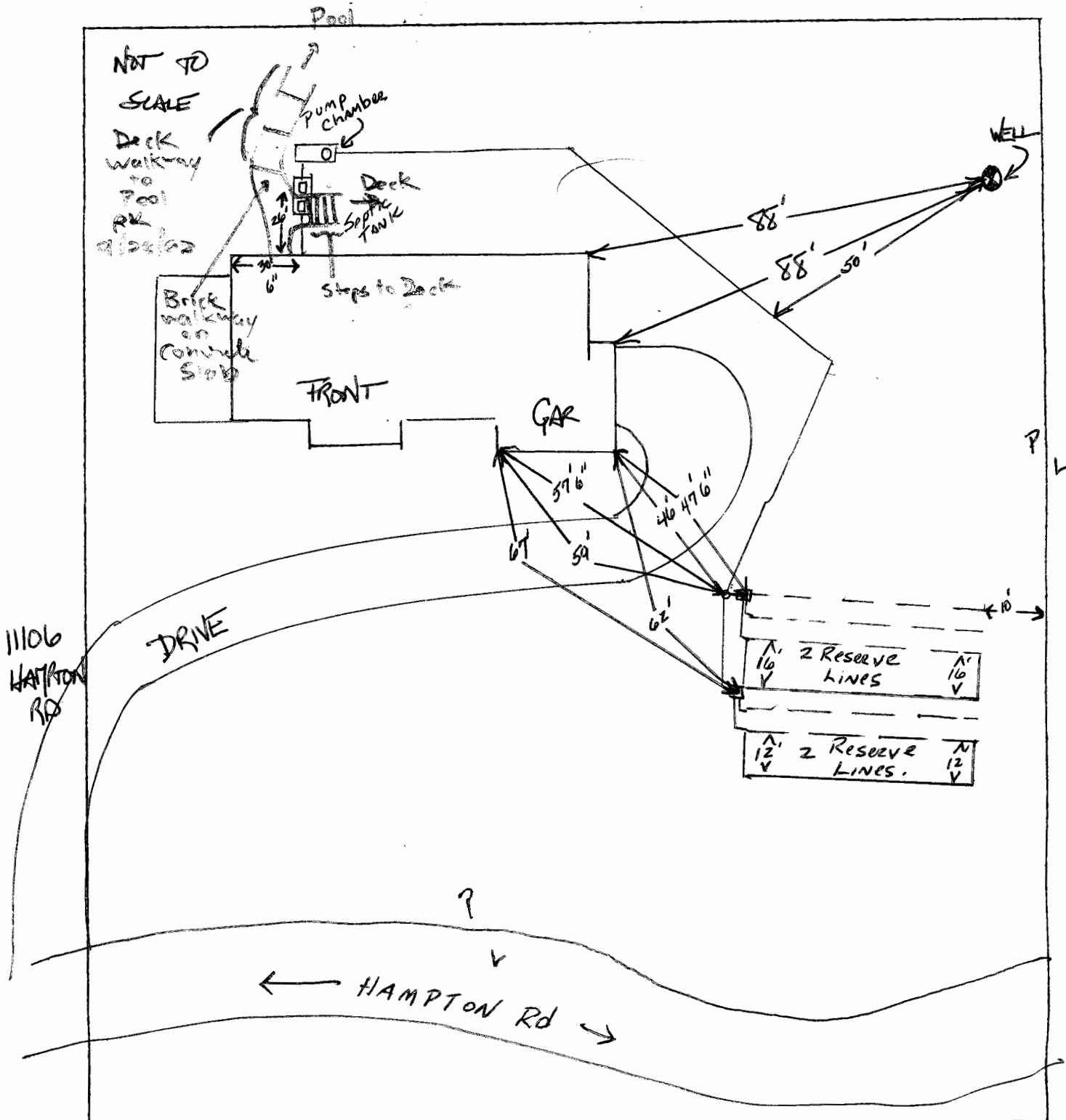
FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

TM: 96-1-003-10

PERMIT # 129-86-0198

LOCATION BRIARLYNN EST, LOT 10
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



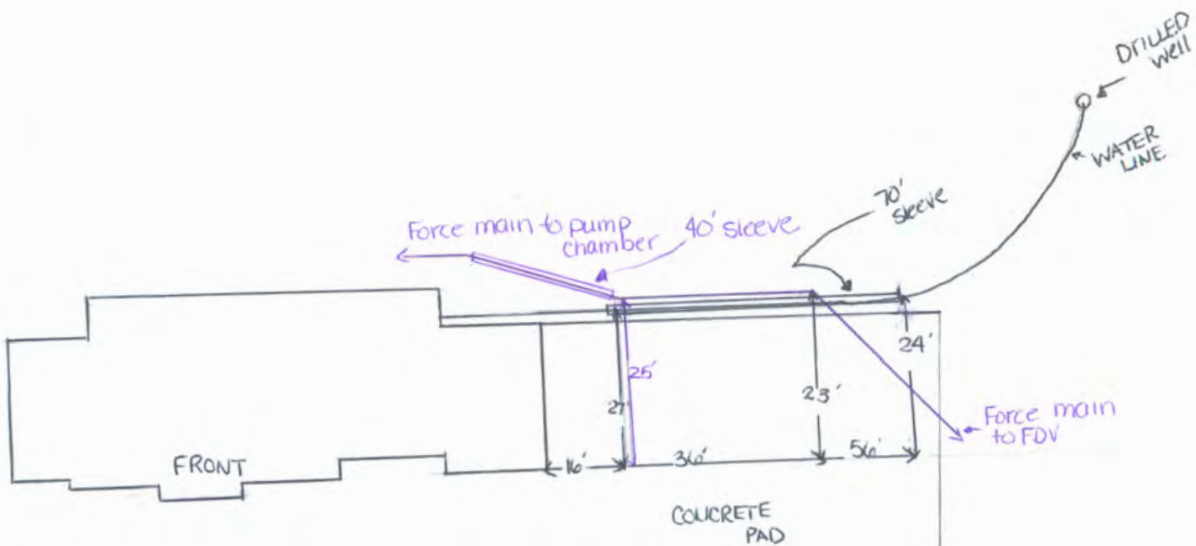
Sketch to show location of septic tank flow diversion valve distribution boxes and well.

FAIRFAX/FALLS CHURCH HEALTH DISTRICT
FAIRFAX, VIRGINIA

PERMIT # 12992 0806

LOCATION 11106 Hampton Rd., Fx St.
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED



Sketch and show location of septic tank flow diversion valve distribution boxes and well.

Report Date 12/28/2016 10:47 AM

Submitted By

Page 1

A/P # 80913172

Property/Site Information

Address 11106 HAMPTON RD
FAIRFAX STATION VA 22039-2302

Location

Owner/Tenant

Contact ID PC3411477 Name LINN ROBERT G JR TR

Mailing Address 11106 HAMPTON RD

City FAIRFAX STATION

ZIP/PC 22039

Day Phone (703) 326-1000 x

Fax

Organization

State/Province VA

Country

Evening Phone

Mobile #

☐ Foreign

A/P Linked Addresses

No Addresses are linked to this Application

Linked Addresses

No Addresses are linked to this Application

A/P Addresses

No Other Addresses are associated to this Application

Linked Parcels

0961 03 0010

A/P Linked Parcels

No Parcels are linked to this Application

Additional Info WB

☒ Well Present

☐ Commercial

System Type CONV PUMP

Alternative System

Date SDS Approved 09/04/1986

Bedroom Designed for 4

Clothes Washer Y

Garbage Disposal Y

GPD Design 600

Pump Chambers 1

Secondary Pre-treatment

Absorption Field TRENCHES

Effluent Filter^N FDV Y FDV Date 09/04/1986

Reserve 50%

Samples Required N Samples Due

Operator's Name

Submitting Engineer

Report Due

☐ County Owned

☐ County Leased

☐ Engineered Exemption

Employee ID	Last	First	MI	Comments
-------------	------	-------	----	----------

No Employee Entries

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

BWCM No. JUL 21 1986

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

County/City _____

County/City Stamp

• Virginia Plane Coordinates

Latitude & Longitude

• Topo. Map No. _____
• Elevation _____ ft.
• Formation _____
• Lithology _____
• River Basin _____
• Province _____
• Type Logs _____
• Cuttings _____
• Water Analysis _____
• Aquifer Test _____

• Owner Dekar Construction Inc.
• Well Designation or Number _____
Address 8920 Swift Creek Rd.
Fairfax Station, Va. 22035
Phone 690-4984

• Drilling Contractor DOMINION WELL COMPANY
Address 361-3443-Manassas 777-3727-Leesburg
361-9126-Manassas 825-2330-Culpeper
Phone 631-0266-Metro 672-3320-Orange
347-5542-Warrenton 371-7766-Fredericksburg

WELL LOCATION: _____ (feet/miles _____ direction) of _____
and _____ feet/miles _____ (direction) of _____
(If possible please include map showing location marked)

Date started _____ • Date completed _____ Type rig _____

SWCB Permit _____
County Permit Fairfax
Certification of inspecting official:
This well does _____ does not _____
meet code/low requirements.
S. _____
Date _____
For Office Use

Tax Map I.D. No. 96-1-003-10
Subdivision _____
Section _____
Block 11106 Hampton Rd.
Lot 10
Class Well: I _____, IIA _____,
IIB _____, IIIA _____, IIIB _____,
IIIC _____, IIID _____, IIIE _____

1. WELL DATA: New _____ Reworked _____ Deepened _____
- Total depth _____ ft.
 - Depth to bedrock _____ ft.
 - Hole size (Also include reamed zones)
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
 - _____ inches from _____ to _____ ft.
 - Casing size (I.D.) and material
 - _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
 - _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
 - _____ inches from _____ to _____ ft.
Material _____
Wt. per foot _____ or wall thickness _____ in.
 - Screen size and mesh for each zone (where applicable)
 - _____ inches from _____ to _____ ft.
Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
Mesh size _____ Type _____
 - _____ inches from _____ to _____ ft.
Mesh size _____ Type _____
 - Gravel pack
 - From _____ to _____ ft.
 - From _____ to _____ ft.
 - Grout
 - From _____ to _____ ft., Type _____
 - From _____ to _____ ft., Type _____

2. WATER DATA • Water temperature _____ of _____
- Static water level (unpumped level-measured) _____ ft.
 - Stabilized measured pumping water level _____ ft.
 - Stabilized yield _____ gpm after _____ hours
 - Natural Flow: Yes _____ No _____, flow rate: _____ gpm
 - Comment on quality _____

3. WATER ZONES: From _____ To _____
- From _____ To _____ From _____ To _____
- From _____ To _____ From _____ To _____

4. USE DATA:
- Type of use: Drinking _____, Livestock Watering _____,
Irrigation _____, Food processing _____, Household _____,
Manufacturing _____, Fire safety _____, Cleaning _____,
Recreation _____, Aesthetic _____, Cooling or heating _____,
Injection _____, Other _____
- Type of facility: Domestic _____, Public water supply _____,
Public institution _____, Farm _____, Industry _____,
Commercial _____, Other _____

5. PUMP DATA: Type Jacuzzi Rated H.P. 1/2
- Intake depth 180 • Capacity 5 at 40 head

6. WELLHEAD: Type well seal pitless adaptor
- Pressure tank 31.8 gal., Loc. basement
- Sample tap x, Measurement port x
- Well vent x, Pressure relief valve x
- Gate valve x, Check valve (when required) x
- Electrical disconnect switch on power supply x

7. DISINFECTION: Well disinfected x yes _____ no _____
- Date 7-10-86, Disinfectant used HTH Chlorine
- Amount 2 cups, Hours used 24

8. ABANDONMENT (where applicable) • yes _____ no _____
- Casing pulled yes _____ no _____ not applicable _____
- Plugging grout From _____ to _____ material _____

BGE 7/22/86

OVER

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

• BWCM No. _____

JUL 09 1986

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

County/City _____

County/City Stamp

• Virginia Plane Coordinates

N _____
E _____
Latitude & Longitude
N _____
W _____

• Owner Dekar Construction Inc.

• Well Designation or Number _____

Address 8920 Swift Creek Rd.

Fairfax Station, Va. 22035

Phone 690-4984

• Drilling Contractor

DOMINION WELL COMPANY

Address 361-3443 Manassas

777-3727 Leesburg

361-9126 Manassas

825-2330 Culpeper

631-0266 Metro

672-3320 Orange

347-5542 Warrenton

371-7766 Fredericksburg

WELL LOCATION:

_____ (feet/miles _____ direction) of _____

and _____ feet/miles _____ (direction) of _____

(If possible please include map showing location marked)

Directions: See reverse

Date started 7-2-86

• Date completed 7-3-86

Type rig air rotary

SWCB Permit _____

County Permit Fairfax

Certification of inspecting official:

This well does _____ does not _____

meet code/low requirements.

S. _____

Date _____

For Office Use

Tax Map I.D. No. 96-1-003-10

Subdivision Briar Lynn

Section _____

Block 11106 Hampton Rd.

Lot 10

Class Well: I _____, IIA _____

IIIB x, IIIC _____, IIID _____, IIIE _____

I. WELL DATA: New x Reworked _____ Deepened _____

• Total depth 208 ft.

• Depth to bedrock 94 ft.

• Hole size (Also include reamed zones)

• 10 inches from 0 to 104 ft.

• 6-1/8 inches from 104 to 208 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6-1/4 inches from +2 to 104 ft.

Material steel

Wt. per foot 13 or wall thickness .188 in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material _____

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 50 ft., Type pressure

• From _____ to _____ ft., Type 36 bags

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 60 ft.

• Stabilized measured pumping water level _____ ft.

• Stabilized yield 15 gpm after 1 hours

Natural Flow: Yes _____ No x, flow rate: _____ gpm

Comment on quality clear

3. WATER ZONES: From 135 To 140

From 185 To 190 From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking x, Livestock Watering _____

Irrigation _____ Food processing _____, Household x

Manufacturing _____, Fire safety _____, Cleaning _____

Recreation _____, Aesthetic _____, Cooling or heating _____

Injection _____, Other _____

• Type of facility: Domestic x, Public water supply _____

Public institution _____, Farm _____, Industry _____

Commercial _____, Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____

• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal., Loc. _____

Sample tap _____, Measurement port _____

Well vent _____, Pressure relief valve _____

Gate valve _____, Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no _____

Date _____, Disinfectant used _____

Amount _____, Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable _____

Plugging grout From _____ to _____ material _____

7/10/86 BJS

OVER

COMMONWEALTH OF VIRGINIA
WATER WELL COMPLETION REPORT

•BWCM No.

JUL 09 1986

State Water Control Board
P. O. Box 11143
2111 North Hamilton St.
Richmond, Va. 23230

(Certification of Completion/County Permit)

County/City

County/City Stamp

• Virginia Plane Coordinates	N
	E
Latitude & Longitude	N
	W
• Topo. Map No.	
• Elevation	ft.
• Formation	
• Lithology	
• River Basin	
• Province	
• Type Logs	
• Cuttings	
• Water Analysis	
• Aquifer Test	

• Owner Dekar Construction Inc.

• Well Designation or Number

Address 8920 Swift Creek Rd.

Fairfax Station, Va. 22035

Phone 690-4984

DOMINION WELL COMPANY

• Drilling Contractor

Address 361-3443 Manassas 777-3727 Loudoun

361-9126 Manassas 825-2330 Culpeper

631-8266 Manassas 672-3328 Orange

347-3342 Warrenton 338-7766 Fredericksburg

WELL LOCATION: (feet/miles (direction) of
and (feet/miles (direction) of
(If possible please include map showing location marked)

Directions: See reverse

Date started 7-2-86

• Date completed 7-3-86

Type rig air rotary

SWCB Permit

County Permit Fairfax

Certification of inspecting official:

This well does _____ does not
meet code/low requirements.

S.

Date

For Office Use

Tax Map I.D. No. 96-1-003-10

Subdivision Briar Lynn

Section

Block 11106 Hampton Rd.

Lot 10

Class Well: I IIA

IIIB X IIID IIIB

IIIC IIID IIIE

1. WELL DATA: New X Reworked _____ Deepened _____

• Total depth 208 ft.

• Depth to bedrock 94 ft.

• Hole size (Also include reamed zones)

• 10 inches from 0 to 104 ft.

• 6-1/8 inches from 104 to 208 ft.

• _____ inches from _____ to _____ ft.

• Casing size (I.D.) and material

• 6-1/4 inches from +2 to 104 ft.

Material steel

Wt. per foot 13 or wall thickness .188 in.

• _____ inches from _____ to _____ ft.

Material

Wt. per foot _____ or wall thickness _____ in.

• _____ inches from _____ to _____ ft.

Material

Wt. per foot _____ or wall thickness _____ in.

• Screen size and mesh for each zone (where applicable)

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• _____ inches from _____ to _____ ft.

• Mesh size _____ Type _____

• Gravel pack

• From _____ to _____ ft.

• From _____ to _____ ft.

• Grout

• From 0 to 50 ft. Type pressure

• From _____ to _____ ft. Type 36 bags

2. WATER DATA • Water temperature _____ of _____

• Static water level (unpumped level-measured) 60

• Stabilized measured pumping water level

• Stabilized yield 15 gpm after 1 hours

Natural Flow: Yes _____ No X flow rate: _____ gpm

Comment on quality clear

3. WATER ZONES: From 135 To 140

From 185 To 190 From _____ To _____

From _____ To _____ From _____ To _____

4. USE DATA:

Type of use: Drinking X Livestock Watering _____

Irrigation _____ Food processing _____ Household X

Manufacturing _____ Fire safety _____ Cleaning _____

Recreation _____ Aesthetic _____ Cooling or heating _____

Injection _____ Other _____

• Type of facility: Domestic X Public water supply _____

Public institution _____ Farm _____ Industry _____

Commercial _____ Other _____

5. PUMP DATA: Type _____ • Rated H.P. _____

• Intake depth _____ • Capacity _____ at _____ head

6. WELLHEAD: Type well seal _____

Pressure tank _____ gal. Loc. _____

Sample tap _____ Measurement port _____

Well vent _____ Pressure relief valve _____

Gate valve _____ Check valve (when required) _____

Electrical disconnect switch on power supply _____

7. DISINFECTION: Well disinfected _____ yes _____ no

Date _____ Disinfectant used _____

Amount _____ Hours used _____

8. ABANDONMENT (where applicable) • yes _____ no _____

Casing pulled yes _____ no _____ not applicable

Plugging grout From _____ to _____ material _____

OVER