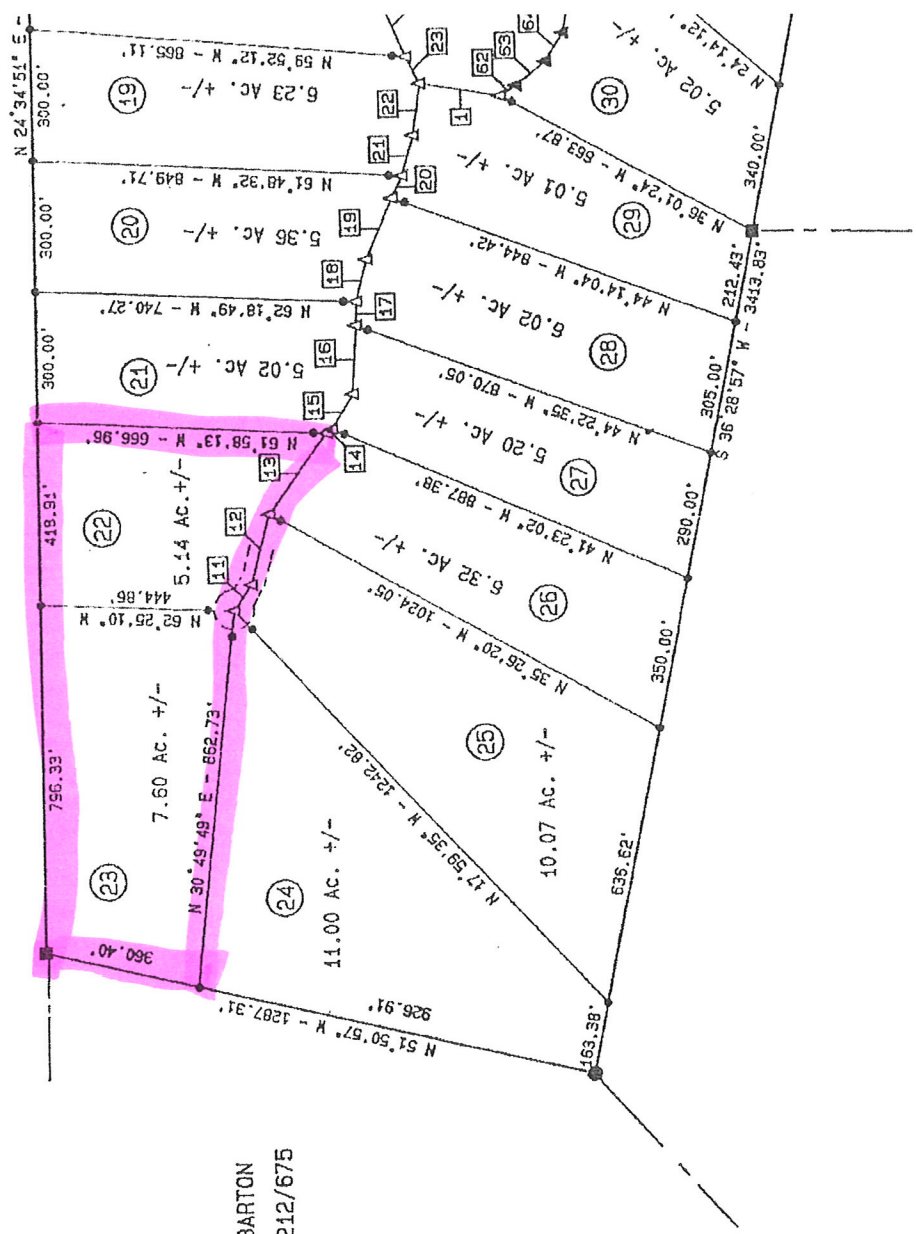


WHIISPEE

LINE TABLE		
LINE	QUADRANT	DIST.
1.	N 56°02'02" W	185.99'
2.	N 29°47'27" W	215.69'
3.	N 44°22'20" W	522.12'
4.	N 33°04'52" W	223.99'
5.	N 06°52'37" W	190.69'
6.	N 36°19'44" W	199.63'
7.	N 55°03'15" W	137.29'
8.	N 37°35'57" W	160.00'
9.	N 25°35'26" W	295.23'
10.	N 45°38'11" W	180.00'
11.	N 50°30'27" W	72.62'
12.	N 39°19'55" W	156.22'
13.	N 61°23'22" W	237.97'
14.	N 76°52'49" W	15.67'
15.	N 58°47'45" W	93.71'
16.	N 27°37'22" W	185.69'
17.	N 27°31'03" W	55.81'
18.	N 38°43'33" W	98.55'
19.	N 48°01'38" W	152.07'
20.	N 49°50'21" W	58.54'
21.	N 41°15'49" W	55.03'
22.	N 33°15'50" W	116.09'
23.	N 02°45'41" W	69.90'
24.	N 44°07'23" W	152.88'
25.	N 30°30'58" W	100.21'
26.	N 65°22'47" W	196.20'
27.	N 65°22'47" W	121.50'
28.	N 91°01'01" W	50.42'
29.	N 77°54'37" W	45.75'
30.	N 71°08'00" W	72.68'
31.	N 55°54'50" W	170.52'
32.	N 62°32'25" W	85.05'
33.	N 55°28'23" W	90.27'
34.	S 22°07'08" W	62.75'
35.	S 61°58'15" W	141.67'
36.	S 79°43'59" W	84.07'
37.	N 00°46'44" W	38.03'
38.	N 39°00'20" W	38.03'
39.	N 54°31'48" W	178.82'
40.	N 79°24'24" W	214.76'
41.	N 61°38'20" W	84.07'
42.	N 71°35'02" W	220.76'
43.	N 69°02'06" W	45.15'
44.	N 87°22'58" W	205.35'
45.	N 78°22'58" W	75.21'
46.	N 65°55'18" W	221.77'
47.	N 60°15'16" W	40.52'
48.	N 55°15'31" W	111.39'
49.	N 45°03'03" W	132.59'
50.	N 18°42'50" W	199.80'
51.	N 60°57'52" W	190.88'
52.	S 50°35'40" W	255.63'
53.	S 81°33'21" W	237.53'
54.	S 51°31'22" W	16.91'
55.	S 76°35'23" W	18.99'
56.	N 61°35'59" W	121.38'
57.	N 46°59'07" W	182.49'
58.	N 69°08'01" W	106.73'
59.	N 42°27'08" W	117.57'
60.	N 42°57'33" W	44.97'
61.	N 74°59'08" W	73.30'
62.	N 83°23'08" W	43.73'
63.	N 76°45'33" W	65.65'
64.	N 57°21'09" W	77.44'
65.	N 36°08'31" W	264.35'
66.	N 37°43'59" W	440.22'
67.	N 35°27'44" W	201.98'
68.	N 68°05'13" W	228.88'
69.	N 69°23'46" W	227.20'
70.	N 67°17'00" W	244.00'
71.	N 54°46'31" W	110.00'
72.	N 53°07'24" W	104.65'
73.	N 49°58'11" W	318.31'



BARTON
212/675





Residential Property Disclosure Statement

Owner Name(s): Donald F & Victoria D Chlebowski
Property Address: Whispering Pines SA Paw Paw WV
Legal Description: _____

NOTICE TO OWNERS: Complete and sign this statement only if you elect to disclose defects, including latent defects, or other information about the condition of the property actually know by you; otherwise, sign the Residential Property Disclaimer Statement. You may wish to obtain professional advice or inspections of the property; however, you are not required to undertake or provide any independent investigation or inspection of the property in order to make the disclosure set forth below. This disclosure is based on your personal knowledge of the condition of the property at the time of the signing of this statement.

NOTICE TO PURCHASERS: The information provided is the representation of the Owners and is based upon the actual knowledge of Owners as of the date noted. Disclosure by the Owners is not a substitute for an inspection by an independent home inspection company, and you may wish to obtain such an inspection. The information contained in this statement is not a warranty by the Owners as to the condition of the property of which the Owners have no knowledge or other conditions of which the Owners have no actual knowledge.

How long have you owned the property? 10 Years

Property System: Water, Sewage, Heating & Air Conditioning (Answer all that apply)

Water Supply ☐ Public ☒ Well ☐ Other _____
Sewage Disposal ☐ Public ☒ Septic System approved for 3 (# bedrooms)
Garage Disposal ☐ Yes ☒ No
Dishwasher ☐ Yes ☒ No
Heating ☐ Oil ☐ Natural Gas ☒ Electric Heat Pump Age 10 yrs ☒ Other wood stove
Hot Water ☐ Oil ☐ Natural Gas ☒ Electric Capacity _____ Age 10 yr ☐ Other _____
Air Conditioning ☒ Yes ☐ No ☒ Central ☐ Window _____ Number of Units _____

Please indicate your actual knowledge with respect to the following:

1. Foundation: Any settlement or other problems: ☐ Yes ☒ No ☐ Unknown

Comments: _____

2. Basement: Any leaks or evidence of moisture? ☐ Yes ☒ No ☐ Unknown

Comments: Dirt floor - no running - leaking water

3. Roof: Any leaks or evidence of moisture? ☐ Yes ☒ No ☐ Unknown

Type of Roof: Shingle Age 10 yr

Comments: _____

Is there any existing fire retardant treated plywood? ☐ Yes ☐ No ☒ Unknown

Comments: _____

4. Other Structural Systems, including exterior walls and floors:

Comments: _____

Any defects (structural or otherwise)? ☐ Yes ☒ No ☐ Unknown

Comments: _____

5. Plumbing system: Is the system in operating condition? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments: _____

6. Heating Systems: Is heat supplied to all finished rooms? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments: _____

Is the system in operation condition? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments: _____

7. Air Conditioning System: Is cooling supplied to all finished rooms? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments:

Is the system in operating condition? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments:

8. Electric Systems: Are there any problems with electrical fuses, circuit breakers, outlets or wiring?

☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Will the smoke detectors provide an alarm in the event of a power outage? ☒ Yes ☒ No ☐ Does Not Apply

Comments:

9. Septic Systems: Is the septic system functioning properly?

☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

When was the system last pumped? Date ☒ Unknown

Comments:

10. Water Supply: Any problem with the water supply?

☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Home water treatment system: ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Fire sprinkler system: ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Are the systems in operating condition? ☐ Yes ☐ No ☐ Unknown ☒ Does Not Apply

Comments:

11. Insulation:

In exterior walls? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

In ceiling/attic? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

In any other areas? ☐ Yes ☐ No ☐ Unknown ☒ Does Not Apply

Comments:

12. Exterior Drainage: Does water stand on the property for more than 24 hours after a heavy rain?

☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Are gutters and downspouts in good repair? ☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

Comments:

13. Wood-destroying insects: Any infestation and/or prior damage? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

Any treatments or repairs? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Any warranties? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments:

HAVE had regular visits from exterminator

14. Are there any hazardous or regulated materials (including, but not limited to, licensed landfills, asbestos, radon gas, lead-based paint, underground storage tanks, or other contamination) on the property? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

If Yes, specify below

Comments:

15. Are there any zoning violations, nonconforming uses, violation of building restrictions or setback requirements or any recorded or unrecorded easement, except for utilities, on or affecting the property? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

If yes, specify below

Comments:

16. Is the property located in a flood zone, conservation area, wetland area, Chesapeake Bay critical area or Designated Historic District? ☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

If yes, specify below

Comments:

17. Is the property subject to any restriction imposed by a Home Owners Association or any other type of community association?

☒ Yes ☐ No ☐ Unknown ☐ Does Not Apply

If yes, specify below

Comments:

800 sq feet - major structures must be approved by board

18. Are there any other material defects, including latent defects, affecting the physical condition of the property?

☐ Yes ☒ No ☐ Unknown ☐ Does Not Apply

Comments: _____

NOTE: Owner(s) may wish to disclose the condition of other buildings on the property on a separate RESIDENTIAL PROPERTY DISCLOSURE STATEMENT.

The owner(s) acknowledge having carefully examined this statement, including any comments, and verify that it is complete and accurate as of the date signed. The owner(s) further acknowledge that they have been informed of their rights and obligations.

Owner _____

Date 6-5-12

Owner ☒ _____

Date 6-5-12

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.

Purchaser _____

Date _____

Purchaser _____

Date _____

SS-177 7/96

STATE OF WEST VIRGINIA

INSPECTION TO BE
PRINTED OR TYPED

HEALTH DEPARTMENT

ON-SITE SEWAGE DISPOSAL SYSTEM
INSPECTION FORMPermit No.: ST-14-03-236Tax Map: 8 Parcel #: 0191

County Road: _____

County: HAMPSHIRE

Name of Owner: DONALD F. CHLEBOWSKI Installer: BOB PHUM
 Address: 12998 GRANT SHOOK Rd GREENCASTLE, PA 17225
 Property Location: WHISPERING PINES HO 523
 Type of Facility: HOUSE Facility is: New (☒) Existing () Lot Size: 7.6 Sq. Ft./Acres
 Design Loading in gpd/No. Bedrooms: 2 Source of Water Supply: well

SEWAGE TANK COMPONENT

Capacity in Gallons: 1000 Material: concrete Manufacturer: JTS
 Distance (in feet) of Tank to: Dwelling: 20 Private (☒) Public () Water Source: 72 Property Line: 10'

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: _____

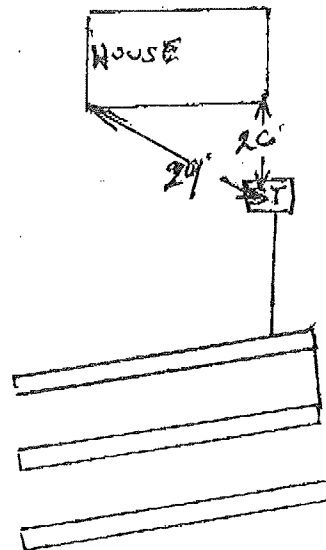
No of Lines: 3 Length (in feet) of Each: 80, 80, 80
 Width of Trenches: 36 inches/feet Depth to Bottom of Field: 24-36 inches
 If Bed, Dimensions (in Feet): _____ If Chamber System, Name: BL0818-512, No. of Units: 39
 Approved and Adequate Materials Used? Yes (☒) No () Size Equates to: 1200 Square Feet of Standard Gravel Field.
 Distance (in feet) of System to: Dwelling: 20 Private ()/Public () Water Source: 103 Property Line: 10'
 Remarks: _____

An inspection indicates that the sewage disposal system described above
DOES MEET (☒)
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:

NOT TO SCALEwellDraw Arrow
toward NorthVisit Date(s) 4-9-03Final Inspection Date: 8-1-03Sanitarian: J. K. Kneale

WV Department of Health and Human Resources
Bureau for Public Health
Office of Environmental Health Services
ENVIRONMENTAL ENGINEERING DIVISION

SW258

WELL COMPLETION REPORT

Date(s) June 27, 2003 County Hampshire Permit #: DW-14-03-176
Town: Slanesville/Pin Oak Area Name/Location Whispering Pines Sub. Lot #23
Well Owner: Donald F. Chlebowski Address: 12998 Grant Shook Road
Telephone Number: 717-597-4868 Greencastle, PA 17225
Well Driller: Miller Bros. Drilling Address: P. O. Box 952
Telephone Number: 304-822-4092 Romney, WV 26757

WELL LOG

DEPTH IN FEET	FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING	REMARKS:
0 - 2	Sandy dirt & rocks	broken slightly 335 - 339'
2 - 17	Dk brown sand & subsurface dirt	broken 348 - 350' many 1" rocks
17 - 26	Red shale	Type of Well: <u>DW</u> Drilling Method: <u>Air Rotary Hammer</u>
26 - 50	Red sandstone	Well Diameter: <u>6 1/8"</u> Casing O.D.: <u>6 5/8"</u>
50 - 78	Red Shale	Well Depth: <u>380'</u> Date Completed: <u>June 27, 2003</u>
78 - 380	Red sandstone (cons.)	CASING: Length <u>90</u> Feet Height above ground <u>1</u> Feet
		Drive shoe <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Cast Iron
		Other _____ Type _____
		SCREEN
		<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)	140		
Pumping Rate (GPM)	50		
Pumping Level (Ft Below Grade)	378		
Duration of Test (In Hours)	2		
Recovery Time to Static Level (In Hours)	1		

WELL HEAD

Pitless Adapter: Type, Make, Etc. _____
Well Cap: Type, Make, Etc. Royer-Conduit type
Well Seal: Type, Make, Etc. _____
Well Platform: _____
Length _____ Width _____ Thickness _____
pressure _____
Grouting: ☒ Yes ☐ 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 O. Wolford

574

Miller Bros. Drilling

Certification No.

Registered Business Name

June 27, 2003

Signed

Date