## ADDENDUM to PROPERTY DISCLOSURE DOCUMENT FOR RESIDENTIAL REAL ESTATE DISCLOSURE OF INFORMATION ON RESIDENTIAL SEWERAGE TREATMENT SYSTEMS

Property Description (Address)	800 Stoney Cre	ek Drive				
City, State, Zip	Many, LA 71449					
SELLER OF RESIDENTIAL REAL ESTA property described herein.	те: Complete this di	sclosure docu	ument if city, to	wn, or municipality	waste treatment does not serv	ve the
Improperly treated or partially or poorly treated water contain "Individual sewerage systems sorder to avoid creating or contri	s parasites, bacteria shall be kept in servic	and viruses e and in serv	that cause se iceable condition	rious disease. D.H	H.H. Title 51, Subsection 707 s	states:
HEALTH HAZARDS AND DIS	<u>EASES</u>					
Gastroenteritis — severe infla	mmation of the intesti	nes that may	cause severe	vomiting and diarr	hea leading to dehydration.	
Severe infection - result of cor	tact with untreated w	ater where th	ere are cuts or	abrasions on the	skin.	
Hepatitis - serious infection of	the liver that can lead	to long term	illness.			
A residential sewerage treatmet water at the surface. Health rid diseases. Improperly operating	sks also exist from	mosquito inf	estations that	may cause West	Nile Virus, Encephalitis, and	
1. Sewerage treatment is supp	lied by: XI Priva	te Utility	☐ Onsite Sys	stem	ne	
2. If there is an onsite system,		ic Tank 〔 r □Not Kno		eatment System	☐ Oxidation Pond	
a. Is there more than one syste	m on the property, e.ç ☐ Yes		e, outbuildings No	, barns, etc.? □ Not Known		
b. If yes, answer all questions for	or each system on a s	separate shee	et of paper and	attach to this add	endum.	
3. What is the approximate age of the system? 20					□ Not Known	
a. The original permit was issue	ed by	on		_(date).	✓ Not Known	
b. The system was last inspecte (A non-permitted system of a	ed by <i>ny type is illegal, re</i> g	on gardless of a	age or type.)	(date).		
c. An inspection report is attach	ed.		Yes	☐ No		
d. Has the health department in	spected the system?		Yes	☐ No		
e. If yes, on what date was the	inspection?		(date).			
4. The system was last pumped	lout when? not kn	own	(date).			
5. Is the system an Advanced T	reatment System?		Yes	☐ No	X Not Known	
a. If yes, name the manufacturer,(The name of the manufacturer may be located on the data plate on the tank, compressor, or control box.					☐ Not Known	
	_	-		•	OI DOX.)	
b. If yes, do you have an ongoin  Yes  No  Not Know  Individual Mechanical Sewera	n (D.H.H. Title 51, A	ppendix A, S		•	petual maintenance be provid	ed on
6. What type of discharge is used Artificial Drain-Field ☐ ☐ ☐ Not Known (D.H.H. Title 51, ditches or streams.)	Orip Disposal 🗖 Ov	er Land Surf	ace Flow		pe to Ditch or Stream tic tanks into street gutters, su	ırface
7. If the discarge is from over la	and flow or from a pip	e, where doe	es it drain? <u>ba</u>	ck yard	☐ Not Known	
8. What type of tank is used?	□ Metal □ Cond	rete 🗖 Fib	perglass	☐ Other	X Not Known	
9. Does the system have a com a. If yes, where is it located? b			<b>☆</b> Yes	□ No	☐ Not Known	
b. If yes, is it in working order?				□ No	☐ Not Known	
LRCC 01/01/05 Seller Initia	als: 65 9/3/2024	1:18 PM P	Purchaser's	Initials:		1 of 1

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