



Pool/Hot Tub Disclosure Rider

This document has legal consequences. If you do not understand it, consult your attorney. It should be attached to and is made part of a Seller's Disclosure (e.g., DSC-8000 or DSC-8010).

This Disclosure Rider is made by the undersigned Seller concerning the following property (the "Property"):

319 CR 2270 SALEM MO 65560 DENT
Street Address City Zip Code County

Note: Seller may not frequently use the pool/hot tub, if at all. If underutilized, it may falsely appear to be problem free. Even if heavily utilized, problems may surface that were previously not known or detectable.

POOL: (Indicate if any information is approximate)

(1) Age 3-2005 (2) Shape GREGIAN (3) Size (length x width) 20'x40'

(4) Depth 8' (5) Volume (gallons) 35 GAL

(6) Type ☐ Above ground (please check type) ☒ Vinyl liner ☐ Other
☒ In ground (please check type) ☐ Concrete ☐ Stainless ☐ Gunite ☐ Fiberglass ☒ Vinyl liner
☐ Other

(7) Pool Builder RICHARD PURCELL

(8) Type of chemical sanitizer ☒ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater
☐ Other

(9) Cover ☒ Yes ☐ No If "Yes", is it ☐ Automatic ☒ Manual

(10) Pool service provider NA Last serviced NA (date)

(11) Last opened by JUNE 2025
Last closed by SEPT 2025

(12) Age of heater NA Heating source

(13) Age of pump UNK

(14) Age of filter UNK Type of filter ☒ Sand ☐ DE ☐ Other

(15) Specify if any repairs have been performed during your ownership on the Pool or any related equipment, including but not limited to the above and any visual components, deck equipment or mechanical equipment. (Include any available repair history and attach additional pages if needed) REPLACE LINER

Are you aware of any leak, defect or other problem or repair needed for any item above?

Please explain if "Yes" and attach additional pages if needed: NA

HOT TUB: (Indicate if any information is approximate)

(1) Age (2) Volume (gallons) (3) Manufacturer

(4) Construction (e.g., fiberglass, plastic, cement)

(5) Type of chemical sanitizer ☐ Chlorine ☐ Copper/Silver Ionizer ☐ Bacquacil ☐ Ozonator ☐ Saltwater
☐ Other

(6) Spa service provider Last serviced (date)

(7) Age of heater Heat source

(8) Age of pump (9) Age of filter (10) Number of jets

(11) Specify if any repairs have been performed during your ownership on the Hot Tub or any related equipment, including but not limited to the items above (Include any available repair history and attach additional pages if needed)

Are you aware of any leak, defect or other problem or repair needed for any item above? ☐ Yes ☒ No

Please explain if "Yes" and attach additional pages if needed:

BUYER'S INITIALS (date)

SELLER'S INITIALS BA 9-1-26 (date)

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