



## SELLER'S DISCLOSURE OF REAL PROPERTY CONDITION REPORT State of Delaware

Approved by the Delaware Real Estate Commission (Effective Date: July 1, 2023)

**Seller(s) Name:** Kripa Dalal

325 Howell School Road

**Property Address:** Bear, DE 19701

**Approximate Age of Building(s):** \_\_\_\_\_ **Date Purchased:** \_\_\_\_\_

**Chapter 25, Title 6 of the Delaware Code**, requires a Seller of residential property to disclose in writing all material defects of the property that are known at the time the property is offered for sale or that are known prior to the time of final settlement. Residential property means any interest in a property or manufactured housing lot, improved by dwelling units for 1-4 families. The disclosure must be made on this Report, which has been approved by the Delaware Real Estate Commission and shall be updated as necessary for any material changes occurring in the property before final settlement. This Report shall be given to all prospective Buyers prior to the time the Buyer makes an offer to purchase. This Report, signed by Buyer and Seller, shall become a part of the Agreement of Sale. This Report is a good faith effort by the Seller to make the disclosures required by Delaware law and is not a warranty of any kind by the Seller or any Agents or Sub-Agents representing Seller or Buyer in the transfer and is not a substitute for any inspections or warranties that the Seller or Buyer may wish to obtain. The Buyer has no cause of action against the Seller or Real Estate Agent for material defects in the property disclosed to the Buyer prior to the Buyer making an offer; material defects developed after the offer was made but disclosed in an update of this Report prior to settlement, provided Seller has complied with the Agreement of Sale; or material defects which occur after settlement. Government websites containing helpful information include: Office of State Planning Coordination <https://www.stateplanning.delaware.gov/>, Delaware Department of Natural Resources and Environmental Control <https://dnrec.alpha.delaware.gov/>, Delaware Division of Public Health [www.dhss.delaware.gov/dhss/dph](http://www.dhss.delaware.gov/dhss/dph), Delaware State Police Sex Offender Registry [www.sexoffender.dsp.delaware.gov](http://www.sexoffender.dsp.delaware.gov), Federal Community Flood Maps <https://msc.fema.gov/portal/home>, and other agencies listed on [www.delaware.gov](http://www.delaware.gov).

### Seller shall answer the following questions based on Seller's knowledge of the property.

| Yes | No | *  | * Write in <i>U</i> if Unknown or <i>NA</i> if Not Applicable, otherwise mark either the Yes or No column. Where selections are requested, place a check mark next to each correct answer or fill in the correct answer. Certain answers require a further explanation in Section XVI.<br>Seller shall answer the following questions based on Seller's knowledge of the property. |
|-----|----|----|--|
|     |    |    | <b>I. OCCUPANCY</b>  |
|     |    |    | 1. How do you currently use this property? As a: ( ___ Primary Residence) ( ___ Second/Vacation Home) ( ___ Rental Property) ( ___ Inherited Property) ( <input checked="" type="checkbox"/> Other: _____ ).<br>If not your Primary Residence, how long has it been since you occupied the property? _____ .   |
|     | X  |    | 2. Is the property encumbered by a ( ___ rental/lease), ( ___ option to purchase), or ( ___ first right of refusal)? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the rental/lease agreement to Buyer upon request.  |
|     |    | Na | 3. If the property is a rental/lease, have all necessary permits and/or licenses been obtained?  |
|     |    | Na | 4. If the property is a rental/lease, is the property subject to a rental/lease management agreement?  |
|     |    | Na | 5. If #4 is yes, is the agreement binding upon the purchaser? <b>If yes, describe in XVI.</b> Seller agrees to provide a copy of the management agreement to Buyer upon request.   |
|     | X  |    | 6. Is the property new construction?   |
|     |    |    | 7. If #6 is yes, has a certificate of occupancy been issued? If yes, when? _____ .<br>If no, <b>STOP USING THIS FORM</b> and complete the Seller's Disclosure of Real Property Condition Report <b>New Construction Only.</b>  |

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Seller's Initials <sup>initial</sup> KD      Seller's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_  
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|-----|----|---|--|
|     |    |   | 8. If #6 is yes, Seller warrants that the property ( ___ is) or ( ___ is not) exempt from providing the Buyer with a <b>Public Offering Statement</b> as described in §81-401 or §81-403(b) of Chapter 81, Title 25 of the Delaware Code, The Delaware Uniform Common Interest Ownership Act. If exempt from providing the Public Offering Statement or Resale Certificate, in compliance with §317A of Chapter 3, Title 25, Seller has attached a copy of all documents in the chain of title that create any financial obligation for the buyer, and a written summary of all financial obligations created by documents in the chain of title. As evidenced by signature below, Buyer has received a copy of these documents. |
|     |    |   | <b>II. DEED RESTRICTIONS, HOMEOWNERS ASSOCIATIONS / CONDOMINIUMS AND CO-OPS</b>  |
|     | X  |   | 9. Is the property subject to any deed restrictions? (e.g., rental restrictions, pet restrictions, fence requirements, etc.) <b>If yes, describe in XVI.</b>   |
|     | X  |   | 10. Are you in violation of any deed restrictions at this time? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 11. Is the property subject to any agreements concerning affordable housing or workforce/inclusionary housing? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 12. Is the property subject to any private, public, or historic architectural review control other than building codes? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 13. Is the property part of a condominium or cooperative (Co-op) ownership?  |
|     | X  |   | 14. Is there a ( ___ Homeowners Association), ( ___ Condominium Association), ( ___ Cooperative (Co-op), ( ___ Civic Association), or ( ___ Maintenance Corporation)?  |
|     | X  |   | 15. If #14 is yes, are there any ( ___ Fees), ( ___ Dues), ( ___ Assessments) involved? If yes, how much? _____; Frequency of payments: ( ___ Monthly), ( ___ Quarterly), ( ___ Yearly), ( ___ Other: _____); Are they ( ___ Mandatory) or ( ___ Voluntary)?   |
|     | X  |   | 16. Is there a capital contribution fee due by a new owner to the Association? If yes, how much _____?   |
|     | X  |   | 17. Are there any unpaid assessments including but not limited to deferred water and sewer charges for your property? If yes, how much? _____. <b>If yes, describe in XVI.</b>   |
|     | X  |   | 18. Has there been a special assessment in the past 12 months? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 19. Have you received written notice of any new, proposed, or board discussed increases in fees, dues, assessments, or capital contributions? <b>If yes, describe in XVI.</b>  |
|     |    |   | 20. Management Company Name: _____   |
|     |    |   | 21. Representative Name: _____ Phone # _____   |
|     |    |   | 22. Representative E-mail Address: _____   |
|     |    |   | <b>III. TITLE / ZONING INFORMATION</b>   |
|     | X  |   | 23. Does the amount owed on your mortgage(s) and any other lien(s) exceed the estimated value of the property? If yes, are additional funds available from Seller for settlement? _____  |
| X   |    |   | 24. Is your property owned ( <input checked="" type="checkbox"/> In fee simple) or ( ___ Lease/Ground Lease) or ( ___ Cooperative)?  |
|     |    |   | 25. If a Leasehold/Ground Lease, what is the current lease amount? \$ _____; Frequency of payments: ( ___ Weekly), ( ___ Monthly), ( ___ Quarterly), ( ___ Yearly), ( ___ Other: _____) <b>Note to Buyer:</b> May be subject to change.  |
|     |    |   | 26. If a Leasehold/Ground Lease, when does it expire? _____.   |
|     | X  |   | 27. Are there any right-of-way, easements, or similar matters that affect the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 28. Are there any shared maintenance agreements affecting the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 29. Are there any variance, zoning, conditional use, non-conforming use, or setback violations? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 30. If #29 is yes, has the variance, conditional use, or non-conforming use expired or has otherwise become non-transferable? <b>If yes, describe in XVI.</b>  |
| X   |    |   | 31. Is your property currently covered by a title insurance policy?  |
|     | X  |   | 32. Did you participate in any mortgage/closing cost assistance program that must be paid back at the time of the transfer of the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 33. Did you participate in any mortgage forbearance programs such as the CARES Act from COVID-19? <b>If yes, describe in XVI.</b>  |

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|-----|----|---|--|
|-----|----|---|--|

**IV. ADDITIONAL INFORMATION**

|   |   |  |   |
|---|---|--|---|
|   | X |  | 34. Have you received notice from any local, state, or federal agency requiring repairs, alterations, or corrections of any existing conditions? <b>If yes, describe in XVI.</b>  |
|   | X |  | 35. Is there any existing legal action affecting this property? <b>If yes, describe in XVI.</b>   |
|   | X |  | 36. Are there any violations of local, state or federal laws or regulations relating to this property? <b>If yes, describe in XVI.</b>  |
| X | X |  | 37. Does your current real estate tax amount reflect any non-transferrable exemptions or discounts? <b>If yes, describe in XVI.</b>   |
|   | X |  | 38. Have you received formal notice of any changes that may materially or adversely affect the property? e.g., zoning changes, road changes, proposed utility changes, etc. <b>If yes to any, describe in XVI.</b>  |
| X |   |  | 39. Are all the exterior door locks in the house in working condition? <b>If no, describe in XVI.</b>   |
| X |   |  | 40. Will keys be provided for each lock?  |
|   | X |  | 41. During your ownership, are there now or have there been animals (pets) living in the house? If yes, what type? _____.   |
|   | X |  | 42. Is there now or has there ever been a ( ___ Swimming pool), ( ___ Hot tub), ( ___ Spa) or ( ___ Whirlpool) on the property? <b>If yes and there are any defects, describe in XVI.</b>   |
|   | X |  | 43. If there is a pool, does it conform to all local ordinances? <b>If no, describe in XVI.</b>   |
|   |   |  | 44. What is the type of trash disposal? ( ___ Private), ( ___ Municipal), ( ___ County), ( ___ Community) or ( ___ Other _____).  |
|   |   |  | 45. The cost of repairing and repaving the streets adjacent to the property is paid for by:<br>___ The property owner(s), estimated fees: \$ _____<br>___ Delaware Department of Transportation or the State of Delaware<br>___ Municipal<br>___ Community/HOA<br>___ Other<br>___ Unknown<br><b>Note to Buyer:</b> Repairing and repaving of the streets can be very costly. <b>(6 Delaware Code§ 2578)</b><br><b>Note to Buyer:</b> Please check HOA/local requirements concerning responsibility for sidewalk installation, replacement, repair, and snow removal. |
|   | X |  | 46. Is off street parking available for this property? If yes, number of spaces available: _____  |

**V. ENVIRONMENTAL CONCERNS**

|  |   |  |   |
|--|---|--|---|
|  | X |  | 47. Are there now or have there been any underground storage tanks on the property? ( ___ Heating fuel), ( ___ Propane), ( ___ Septic), or ( ___ Other: _____). <b>If yes, describe locations in XVI.</b> |
|  | X |  | 48. If the tank was abandoned, was it done with all necessary permits and properly abandoned?   |
|  | X |  | 49. Are asbestos-containing materials present? <b>If yes, describe in XVI.</b>  |
|  | X |  | 50. Are there any lead hazards? (e.g., lead paint, lead pipes, lead in soil.) <b>If yes, describe in XVI.</b>   |
|  | X |  | 51. Has the property been tested for toxic or hazardous substances? <b>If yes, describe in XVI and provide the test results.</b>  |
|  | X |  | 52. Has the property ever been tested for mold? <b>If yes, provide the test results.</b>  |
|  | X |  | 53. Has the illegal manufacture, storage, or use of methamphetamines occurred in the property? <b>If yes, describe in XVI.</b>  |
|  | X |  | 54. Is there a wastewater spray irrigation system (human or agricultural) installed on or adjacent to the property?   |

**VI. LAND (SOILS, DRAINAGE, AND BOUNDARIES)**

|  |   |    |  |
|--|---|----|--|
|  |   | Na | 55. Is there fill soil or other fill material on the property?   |
|  |   | Na | 56. Are there sliding, settling, earth movement, upheaval, earth stability, or methane gas release problems that have occurred on the property or in the immediate neighborhood? <b>If yes, describe in XVI.</b> |
|  | X |    | 57. Is any part of the property located in ( ___ a flood zone) and/or ( ___ a wetlands area)?  |
|  | X |    | 58. Are there drainage or flood problems affecting the property? <b>If yes, describe in XVI.</b>   |
|  | X |    | 59. Do you carry flood insurance? Agent: _____ Policy # _____  |
|  |   |    | 60. If #59 is yes, what is the annual cost of this policy? _____   |
|  |   | Na | <b>Note to Buyer:</b> Public and/or private flood insurance options exist for most properties regardless if property is located in a flood zone. Inquire about options with a qualified insurance agent.         |

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|-----|----|---|--|
|     | X  |   | 61. Have you made any insurance claims on the property in the past 5 years? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 62. Does the property have standing water in front, rear, or side yards for more than 48 hours after raining? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 63. Are there encroachments or boundary line disputes affecting the property? <b>If yes, describe in XVI?</b>  |
|     | X  |   | 64. Are there any ditches crossing or bordering the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 65. Are there any swales crossing the property that are under the control of a Soil and Conservation District? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 66. Have you ever had the property surveyed?   |
|     | X  |   | 67. Are the boundaries of the property marked in any way? <b>If yes, describe in XVI.</b>  |
|     |    |   | <b>VII. STRUCTURAL ITEMS</b>   |
|     | X  |   | 68. Have you made any additions or structural changes? <b>If yes, describe in XVI.</b>   |
|     |    |   | 69. If #68 is yes, was all work done with all necessary permits and approvals in compliance with building codes?   |
|     |    |   | 70. If #69 is yes, are the permits closed?   |
|     | X  |   | 71. Is there now or has there ever been any movement, shifting, or other problems with walls or foundations? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 72. Has the property, or any improvements thereon, ever been damaged by ( ___ Fire), ( ___ Smoke), ( ___ Wind), or ( ___ Flood)? <b>If yes, describe in XVI.</b>   |
|     |    |   | 73. Was the structure moved to this site? ( ___ Double Wide), ( ___ Modular), ( ___ Other: _____)  |
|     | X  |   | 74. Is there now or has there ever been any non-plumbing water leakage in the house? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 75. Are there any problems with ( ___ Exterior walls), ( ___ Driveways), ( ___ Walkways), ( ___ Patios), ( ___ Decks), ( ___ Porches) or ( ___ Retaining walls) on the property? <b>If yes, describe in XVI.</b>   |
|     |    |   | 76. Are there any problems with ( ___ Interior walls), ( ___ Ceilings), ( ___ Floors), or ( ___ Windows) on the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 77. Have there been any repairs or other attempts to control the cause or effect of problems described in questions 74, 75, and 76? <b>If yes, describe in XVI.</b>  |
|     |    |   | 78. Is there insulation in the: ( ___ Ceiling/attic), ( ___ Exterior walls), ( ___ Crawlspace/basement), or ( ___ Other: _____)<br>What type(s) of insulation does your property have? _____   |
|     |    |   | <b>VIII. TERMITES, INSECTS, AND WILDLIFE</b>   |
|     |    | U | 79. Is there now or has there ever been any infestation by termites or other wood destroying insects? <b>If yes, describe in XVI.</b>  |
|     |    |   | 80. During your ownership, have there been any termite or other wood destroying insect inspections made on the property? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 81. Is there now or has there ever been any damage to the property caused by ( ___ Termites), ( ___ Other wood destroying insects), or ( ___ Wildlife)? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 82. Have there ever been any termite or wood destroying insect treatments made on the property? <b>If yes, describe in XVI.</b>  |
|     |    |   | 83. Is there or has there ever been an infestation of insects? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 84. During your ownership, have there been any insect control inspections made on the property. <b>If yes, describe in XVI.</b>  |
|     | X  |   | 85. Are you aware of any insect control treatments made on the property? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 86. Are there now or have there ever been any bat colonies present on the property? <b>If yes, describe in XVI.</b>  |
|     | X  |   | 87. Is your property currently under warranty, or other coverage, by a professional pest control company?<br>If yes, name of exterminating company: _____  |
|     |    |   | <b>IX. BASEMENT AND CRAWL SPACES</b>   |
|     | X  |   | 88. Does the property have a sump pump? If yes, where does it drain? _____   |
|     |    |   | 89. Is there now or has there ever been any water leakage, accumulation, or dampness within the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>  |
|     |    |   | 90. Have there been any repairs or other attempts to control any water or dampness problem in the basement, crawlspace, or other interior areas of the structure? <b>If yes, describe in XVI.</b>  |
|     |    |   | 91. Are there any cracks or bulges in the floors or foundation walls? <b>If yes, describe in XVI.</b>  |

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|-----|----|---|--|
|     |    |   | <b>X. ROOF</b>   |
|     |    | U | 92. Date last roof surface installed: _____ . <b>If all roof surfaces not the same age, explain in XVI.</b>  |
|     |    | U | 93. How many layers of roof material are there (e.g., new shingles over old shingles)? _____   |
|     | X  |   | 94. Are there any problems with the roof, flashing, rain gutters, or skylights? <b>If yes or repaired under your ownership, explain in XVI.</b>  |
|     | X  |   | 95. If under warranty, is warranty transferable?   |
|     |    | U | 96. Where do your gutters drain? ( ___ Surface), ( ___ Drywell), ( ___ Storm Sewers), ( ___ Other: _____ )   |
|     |    |   | <b>XI. PLUMBING-RELATED ITEMS</b>  |
|     |    |   | 97. What is the drinking water source? ( ___ Municipal), ( ___ County), ( ___ Public Utility), ( ___ Private Well), ( ___ Other: <u>Artisan</u> )  |
|     |    |   | 98. If drinking water is supplied by public utility, name of utility: _____ .  |
|     | X  |   | 99. Is there a water treatment system? If yes, ( ___ Leased) or ( ___ Owned)?  |
|     | X  |   | 100. If water source is a well, when was it installed? _____ Location of well? _____<br>Depth of well? _____. <b>If more than one well, describe in XVI.</b>   |
|     |    |   | 101. What type of plumbing is used for the Water Supply? ( ___ Copper), ( ___ Lead), ( ___ Cast Iron), ( <u>X</u> PVC), ( ___ PEX), ( ___ Polybutylene), ( ___ Galvanized), ( ___ Other/Unknown: _____ )   |
|     |    |   | 102. What type of plumbing is used for Drainage? ( ___ Copper), ( ___ Lead), ( ___ Cast Iron), ( ___ PVC), ( ___ Galvanized), ( <u>X</u> Other/Unknown: _____ )  |
|     |    |   | 103. Age of Water Heater? _____ Water heater type: ( <u>X</u> Tank), ( ___ Tankless), ( ___ Other: _____ )   |
|     |    |   | 104. Water Heater Fuel: ( ___ Electric), ( ___ Oil), ( <u>X</u> Propane Gas), ( ___ Natural Gas) or ( ___ Other: _____ )   |
|     | X  |   | 105. Are there now or have there ever been any leaks, backups, or other problems relating to any of the plumbing, water, and sewage related items? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 106. Are there any additions and/or upgrades to the original service? <b>If yes, describe in XVI.</b>  |
|     |    |   | 107. If #106 is yes, was the work done by a licensed contractor?   |
|     |    |   | 108. If #106 is yes, were the required permits obtained?   |
|     |    |   | 109. If #108 is yes, are the permits closed?   |
|     |    | U | 110. If your drinking water is from a well, when was your water last tested and what were the results of the test?<br>Tested on: _____ Results: _____ .  |
|     |    | U | 111. What is the type of sewage system? ( ___ Public Sewer), ( ___ Community Sewer), ( ___ Septic System), ( ___ Cesspool), ( ___ Other: _____ )   |
|     |    |   | 112. If a septic system, type: ( ___ Gravity Fed), ( ___ Capping Fill), ( ___ LPP), ( ___ Mound), ( ___ Holding Tank), ( ___ Other: _____ )  |
|     |    |   | 113. If a septic system, when was it last pumped? _____  |
|     |    |   | 114. If a septic system, has it been inspected by a Class H inspector within the last 36 months, as required by DNREC regulations? <b>If yes, describe in XVI and provide the test results.</b>  |
|     |    |   | 115. If a septic system, how many bedrooms is the septic permitted to service? _____   |
|     | X  |   | 116. Are there any shut off, disconnected, or abandoned wells, underground water or sewer tanks on the property? <b>If yes, describe locations in XVI.</b>   |
|     | X  |   | 117. If #116 is yes, were they abandoned with all necessary permits and properly abandoned?  |
|     |    |   | <b>XII. HEATING AND AIR CONDITIONING</b>   |
|     |    |   | 118. How many heating and/or air conditioning systems are on the property? <u>1</u> _____. <b>If more than 2, explain in XVI.</b>  |
|     |    |   | 119. Type of heating system for system #1 ( ___ Forced air), ( ___ Heat pump), ( ___ Mini-Split), ( ___ Baseboard), ( ___ Radiator), ( ___ Other: <u>central ai</u> )<br>Type of heating system for system #2 ( ___ Forced air), ( ___ Heat pump), ( ___ Mini-Split), ( ___ Baseboard), ( ___ Radiator), ( ___ Other: <u>central ai</u> )  |
|     |    |   | 120. Type of heating fuel for system #1 ( ___ Oil), ( <u>X</u> Propane Gas), ( ___ Natural Gas), ( ___ Electric), ( ___ Solar), ( ___ Other: <u>propane</u> )<br>Type of heating fuel for system #2 ( ___ Oil), ( <u>X</u> Propane Gas), ( ___ Natural Gas), ( ___ Electric), ( ___ Solar), ( ___ Other: _____)  |

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|-----|----|---|--|
|     |    |   | 121. Fuel provider for: Heating system #1 <u>Delaware prop</u> Heating System #2: _____  |
|     |    |   | 122. Age of furnace #1: <u>Brand new 2024</u> Date of last service: _____<br>Age of furnace #2: _____ Date of last service: _____  |
|     |    |   | 123. Are there any contractual obligations affecting the fuel supply, tanks, or system(s)? <b>If yes, describe in XVI.</b>   |
|     |    |   | 124. Type of air conditioning for system #1 ( <input checked="" type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split),<br>( <input type="checkbox"/> Other: _____)<br>Type of air conditioning for system #2 ( <input type="checkbox"/> Central), ( <input type="checkbox"/> Window Units), ( <input type="checkbox"/> Mini-Split),<br>( <input type="checkbox"/> Other: _____) |
|     | X  |   | 125. Are there any contractual obligations affecting the heating/air conditioning system(s)? <b>If yes, describe in XVI.</b>   |
|     |    |   | 126. Age of air conditioning system #1: <u>Brand new</u> Date of last service: _____<br>Age of air conditioning system #2: _____ Date of last service: _____   |
| X   |    |   | 127. Have there been any additions and/or upgrades to the original heating or air conditioning? <b>If yes, describe in XVI.</b>  |
| X   |    |   | 128. If #127 is yes, was the work done by a licensed contractor?   |
| X   |    |   | 129. If #127 is yes, were the required permits obtained?   |
| X   |    |   | 130. If #129 is yes, are the permits closed?   |
|     | X  |   | 131. Are there any problems with the heating or air conditioning systems? <b>If yes, describe in XVI.</b>  |
|     |    |   | <b>XIII. ELECTRICAL SYSTEM</b>   |
|     |    |   | 132. Who is the electric provider for the property? <u>Delmarva</u>  |
|     |    |   | 133. What type of wiring is in the house? (copper, aluminum, other, etc.) _____  |
|     |    |   | 134. What is the amp service? ( <input type="checkbox"/> 60), ( <input checked="" type="checkbox"/> 100), ( <input type="checkbox"/> 150), ( <input type="checkbox"/> 200), ( <input type="checkbox"/> Other: _____)   |
|     |    |   | 135. Does the property have ( <input type="checkbox"/> Circuit Breakers) or ( <input type="checkbox"/> Fuses)? <b>If more than one electrical panel, describe in XVI.</b>  |
|     |    | U | 136. Are there any 220/240 volt circuits? (Other: _____)   |
|     |    | U | 137. Do fuses blow or circuit breakers trip when two or more appliances are being used at the same time? <b>If yes, describe in XVI.</b>   |
|     | X  |   | 138. Are there wall switches, light fixtures, or electrical outlets in need of repair? <b>If yes, explain in XVI.</b>  |
|     | X  |   | 139. Is there a permanently affixed generator on the property? What is the fuel source? _____  |
|     | X  |   | 140. Have there been any additions to the original service?  |
|     |    |   | 141. Have any ( <input type="checkbox"/> solar) and/or ( <input type="checkbox"/> wind powered) enhancements been made to supplement service? <b>If yes, describe in XVI.</b> Name of solar company? _____; If leased, what is the term? _____.<br><b>Note to Buyer:</b> Transfer of lease is subject to approval by: _____. Buyer must register with the Public Service Commission.   |
|     |    |   | 142. If #139, #140, or #141 is yes, was work done by a licensed electrician?   |
|     |    |   | 143. If #139, #140, or #141 is yes, were the required permits obtained?  |
|     |    |   | 144. If #143 is yes, is the permit closed?   |
|     |    |   | <b>XIV. FIREPLACE OR HEATING STOVE</b>   |
|     |    |   | 145. How many fireplaces and/or heating stoves are on the property? _____. <b>If more than 2, explain in XVI.</b>  |
|     |    |   | 146. Type of fuel for fireplace 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas),<br>( <input type="checkbox"/> Other: _____)?<br>Type of fuel for fireplace 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Propane Gas), ( <input type="checkbox"/> Natural Gas),<br>( <input type="checkbox"/> Other: _____)?                  |
|     |    |   | 147. Type of fuel for heating stove 1: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)?<br>Type of fuel for heating stove 2: ( <input type="checkbox"/> Wood Burning), ( <input type="checkbox"/> Pellet), ( <input type="checkbox"/> Other: _____)?  |
|     |    |   | 148. Was the fireplace or heating stove part of the original house design?   |
|     |    |   | 149. Was the fireplace or heating stove installed by a professional contractor or manufacturer's representative?   |
|     |    |   | 150. Are there any problems? <b>If yes, explain in XVI.</b>  |
|     |    |   | 151. When were the flues/chimneys last cleaned, serviced, or repaired? _____. <b>Explain nature of service or repair in XVI.</b>   |

Page 6 of 9 Property Address: **325 Howell School Road, Bear, DE 19701**

Seller's Initials LD Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_  
 Seller's Initials \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

**XV. MAJOR APPLIANCES AND OTHER ITEMS**

**Are the following items in working order? Note: The Agreement of Sale will specify and govern what is included or excluded. If an item does not exist, leave the yes/no fields blank.**

| YES                                 | NO                       |                                    | YES                                 | NO                       |                           | YES                      | NO                       |                                      |
|-------------------------------------|--------------------------|------------------------------------|-------------------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Range with oven                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Draperies/Curtains        | <input type="checkbox"/> | <input type="checkbox"/> | Wall Mounted Flat Screen TV # _____  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Range Hood-exhaust fan             | <input type="checkbox"/>            | <input type="checkbox"/> | Drapery/Curtain rods      | <input type="checkbox"/> | <input type="checkbox"/> | Wall brackets for TV # _____         |
| <input type="checkbox"/>            | <input type="checkbox"/> | Cooktop-stand alone                | <input type="checkbox"/>            | <input type="checkbox"/> | Shades/Blinds             | <input type="checkbox"/> | <input type="checkbox"/> | Surround sound system & controls     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Wall Oven(s) # _____               | <input type="checkbox"/>            | <input type="checkbox"/> | Cornices/Valances         | <input type="checkbox"/> | <input type="checkbox"/> | Attached Antenna/Rotor               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Kitchen Refrigerator               | <input type="checkbox"/>            | <input type="checkbox"/> | Furnace Humidifier        | <input type="checkbox"/> | <input type="checkbox"/> | Garage Opener(s) # _____             |
| <input type="checkbox"/>            | <input type="checkbox"/> | with icemaker                      | <input type="checkbox"/>            | <input type="checkbox"/> | Smoke Detectors           | <input type="checkbox"/> | <input type="checkbox"/> | with remote(s) # _____               |
| <input type="checkbox"/>            | <input type="checkbox"/> | Refrigerator(s)-additional # _____ | <input type="checkbox"/>            | <input type="checkbox"/> | Carbon Monoxide Detectors | <input type="checkbox"/> | <input type="checkbox"/> | Electronic/Smart Door Locks          |
| <input type="checkbox"/>            | <input type="checkbox"/> | Freezer -free standing             | <input type="checkbox"/>            | <input type="checkbox"/> | Wood Stove                | <input type="checkbox"/> | <input type="checkbox"/> | Smart Cameras/Doorbells              |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ice Maker-free standing            | <input type="checkbox"/>            | <input type="checkbox"/> | Fireplace Equipment       | <input type="checkbox"/> | <input type="checkbox"/> | Smart Thermostat                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Dishwasher                         | <input type="checkbox"/>            | <input type="checkbox"/> | Fireplace Screen/Doors    | <input type="checkbox"/> | <input type="checkbox"/> | Pool Equipment                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Disposal                           | <input type="checkbox"/>            | <input type="checkbox"/> | Electronic Air Filter     | <input type="checkbox"/> | <input type="checkbox"/> | Pool cover                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Microwave                          | <input type="checkbox"/>            | <input type="checkbox"/> | Window A/C Units # _____  | <input type="checkbox"/> | <input type="checkbox"/> | Hot Tub, Equipment                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Washer                             | <input type="checkbox"/>            | <input type="checkbox"/> | Attic fan                 | <input type="checkbox"/> | <input type="checkbox"/> | with cover                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Dryer                              | <input type="checkbox"/>            | <input type="checkbox"/> | Whole house fan           | <input type="checkbox"/> | <input type="checkbox"/> | Sheds/Outbuildings # _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Trash Compactor                    | <input type="checkbox"/>            | <input type="checkbox"/> | Bathroom Vents/Fans       | <input type="checkbox"/> | <input type="checkbox"/> | Playground Equipment                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Water Filter                       | <input type="checkbox"/>            | <input type="checkbox"/> | Window Fan(s) # _____     | <input type="checkbox"/> | <input type="checkbox"/> | Irrigation System                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Heater                       | <input type="checkbox"/>            | <input type="checkbox"/> | Ceiling Fan(s) # _____    | <input type="checkbox"/> | <input type="checkbox"/> | Backup Generator                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | Sump Pump                          | <input type="checkbox"/>            | <input type="checkbox"/> | Central Vacuum            | <input type="checkbox"/> | <input type="checkbox"/> | Water Conditioner (owned)            |
| <input type="checkbox"/>            | <input type="checkbox"/> | Storm Windows/Doors                | <input type="checkbox"/>            | <input type="checkbox"/> | with attachments          | <input type="checkbox"/> | <input type="checkbox"/> | Water Conditioner (leased)           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Screens (if present)               | <input type="checkbox"/>            | <input type="checkbox"/> | Intercoms                 | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Storage Tank(s) (owned)         |
|                                     |                          |                                    | <input type="checkbox"/>            | <input type="checkbox"/> | Satellite Dish            | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Storage Tank(s) (leased)        |
|                                     |                          |                                    | <input type="checkbox"/>            | <input type="checkbox"/> | with controls & Remote(s) | <input type="checkbox"/> | <input type="checkbox"/> | Security/Monitoring Systems (owned)  |
|                                     |                          |                                    |                                     |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Security/Monitoring Systems (leased) |
|                                     |                          |                                    |                                     |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Solar Equipment (owned)              |
|                                     |                          |                                    |                                     |                          |                           | <input type="checkbox"/> | <input type="checkbox"/> | Solar Equipment (leased)             |

Seller's Initials   *kd*        Seller's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_  
 Seller's Initials \_\_\_\_\_      Seller's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_      Buyer's Initials \_\_\_\_\_



**ACKNOWLEDGMENT OF SELLER**

Seller has provided the information contained in this report. This information is, to the best of Seller's knowledge, and belief, complete, true, and accurate. Seller has no knowledge, information, or other reason to believe that any defects or problems with the property have been disclosed to, or discussed with, any Real Estate Agent or Broker involved in the sale of this property, other than those set forth in this report. Seller does hereby indemnify and hold harmless any Real Estate Agent involved in the sale of this property from any liability incurred as a result of any third-party reliance on the disclosures contained herein, or on any subsequent amendment hereto. Seller's Broker and/or Cooperating Broker, if any, is/are hereby authorized to furnish this report to any prospective Buyer. This is a legally binding document. If not understood, an attorney should be consulted.

Seller <sup>Signed by:</sup> Kripa Dalal Date 02/19/25 | 3:29 PM EST SELLER \_\_\_\_\_ Date \_\_\_\_\_  
Kripa Dalal

SELLER \_\_\_\_\_ Date \_\_\_\_\_ SELLER \_\_\_\_\_ Date \_\_\_\_\_

Date the contents of this Report were last updated: \_\_\_\_\_

**ACKNOWLEDGMENT OF BUYER**

Buyer is relying upon the above report, and statements within the Agreement of Sale, as the representation of the condition of the property, and is not relying upon any other information about the property. Buyer has carefully inspected the property and Buyer acknowledges that Agents are not experts at detecting or repairing physical defects in property. Buyer acknowledges Seller has completed this form based upon their knowledge of the property. Buyer understands there may be areas of the property of which Seller has no knowledge and this report does not encompass those areas. Unless stated otherwise in my contract with Seller, the property is real estate being sold in its present condition, without warranties or guarantees of any kind by Seller or any Agent. Buyer has received and read a signed copy of this report. Buyer may negotiate in the Agreement of Sale for other professional advice and/or inspections of the property. Buyer understands there may be projects either planned or being undertaken by the State, County, or Local Municipality which may affect this property of which the Seller has no knowledge. Buyer further understands that it is Buyer's responsibility to contact the appropriate agencies to determine whether any such projects are planned or underway. If Buyer does not understand the impact of such project(s) on the property being purchased, Buyer should consult with an Attorney. Buyer understands that before signing an Agreement of Sale, Buyer may review the applicable Master Plan or Comprehensive Land Use Plan for the County and/or appropriate City or Town Plans showing planned land uses, zoning, roads, highways, locations, and nature of current or proposed parks and other public facilities. This is a legally binding document. If not understood, an attorney should be consulted.

BUYER \_\_\_\_\_ Date \_\_\_\_\_ BUYER \_\_\_\_\_ Date \_\_\_\_\_

BUYER \_\_\_\_\_ Date \_\_\_\_\_ BUYER \_\_\_\_\_ Date \_\_\_\_\_



# RADON DISCLOSURE

Required by Chapter 25, Title 6, Section 2572A of the Delaware Code

325 Howell School Road  
Bear, DE 19701

Property Address: \_\_\_\_\_

### Seller's Disclosure

Delaware law requires that the seller of any interest in residential real property that includes a dwelling must provide the buyer with any information about any known radon. Sellers also must disclose any tests or inspections for radon in the seller's possession.

The seller(s) must answer the following questions and provide the required information:

- Are you aware of the presence of radon on the property identified above?  Yes  No (check one)
- Are you aware of any radon tests or inspections that have been performed on the property identified above?  Yes  No (check one)
- If you responded "yes" to Question 2 above, have you provided the buyer(s) with copies of all radon tests and/or inspection reports in your possession?  Yes  No (check one)
- Identify each report referred to in Question 3, including the date of each report:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, the seller(s) acknowledge(s) the following:

I/we have been informed of my/our obligation and am/are aware of my/our responsibility to comply with Delaware law regarding radon disclosure, as provided in Title 6, Chapter 25, Section 2572A of the Delaware Code.

Signed by: Kripa Dalal 02/19/25 | 3:29 PM EST  
 Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_

**Kripa Dalal**

### Buyer's Acknowledgement

Delaware law requires that every buyer of any interest in residential real property that includes a dwelling must be notified that the property may present the potential for exposure to radon.

By signing this form, the buyer(s) acknowledge(s) the following:

- I/we have received the *Radon Rights, Risks and Remedy for Home Buyer* document, which describes the potential hazards of exposure to radon, testing for radon and remediation.
- I/we have the option to have the property identified above tested for radon.
- I/we have received copies of all radon tests and/or inspection reports identified in Item 4 of the Seller's Disclosure above.

Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_

Form Approved by Delaware Real Estate Commission September 12, 2007

# Disclosure Of Information on Lead-Based Paint and Lead-Based Paint Hazards (For Sale of Residential Property)

Property: **325 Howell School Road**  
**Bear, DE 19701**

Seller's Name: **Kripa Dalal**

**Seller Instructions:** Check the box indicating the age of your property and initial. If you checked either box 1 or 3, continue to complete the *Seller's Disclosure* section below and sign this form at the bottom. If you checked box 2, sign below to complete this form.

Initial  
kd  
(Check one of the boxes to the right and initial here)

Year Dwelling Was Constructed:

- 1. was constructed prior to January 1, 1978
- 2. was constructed after January 1, 1978
- 3. uncertain as to when constructed

**Lead Warning Statement** - Every Purchaser of any interest in residential property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in very young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Purchaser with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Purchaser of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure** - Unless box 2 is checked above, each Seller is required to complete sections (a and b) by selecting an answer and then by initialing in each of these two sections (if more than one owner, all owners must select and initial)

**(a)** Presence of lead-based paint and/or lead-based paint hazards (CHECK ONE BOX BELOW AND INITIAL):

Initial  
kd  
Select answer and initial

Known lead-based paint and/or lead-based paint hazards are present in the housing. (explain)

Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

**(b)** Records and reports available to the Seller. (CHECK ONE BOX AND INITIAL):

Initial  
kd  
Select answer and initial

Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing. (list documents below):

Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgement** - Unless box 2 is checked above, all purchaser(s) must initial **c, d, e and f**

- (c) \_\_\_\_\_ Purchaser(s) has read the Lead Warning Statement above.
- (d) \_\_\_\_\_ Purchaser(s) has received copies of all information listed above.
- (e) \_\_\_\_\_ Purchaser(s) has received the pamphlet *Protect Your Family From Lead In Your Home*.
- (f) \_\_\_\_\_ Purchaser(s) has (check one below):
  - Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.
  - Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgement** - Initial below

DS  
(g) MW  
The Listing Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852(d), and the Seller is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy** - The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

|  |                        |           |        |      |
|--|------------------------|-----------|--------|------|
| Signed by:<br><u>Kripa Dalal</u><br>Seller: <b>Kripa Dalal</b>                         | 02/19/25   3:29 PM EST | Date      | Seller | Date |
| Purchaser  | Date                   | Purchaser | Date   |      |
| <small>DocuSigned by:</small><br><u>Michael Wilson</u><br>Agent: <b>Michael Wilson</b> | 02/19/25   1:16 PM EST | Date      | Agent  | Date |

CLEAN DELAWARE, LLC  
P.O. BOX 123  
MILTON, DE 19968

KRIPA SHROFF  
325 HOWELL SCHOOL ROAD  
BEAR, DE 19701

APRIL 22, 2026  
Inspection #260405  
TM: 1104300051

Inspection of Septic System

On April 17, 2026, Clean Delaware, LLC class "H" inspector Nicholas Austin performed an Onsite Wastewater Treatment System "pump and dig" inspection located at **325 Howell School Road, Bear, DE**. At the time of the inspection the following conditions were observed:

- ✓ A Full Depth Gravity system is in place.
- ✓ The septic tank is made of concrete and has a 1000-gallon capacity.
- ✓ The tank was located 16-inches below the ground surface.
- ✓ Prior to pumping out the tank, the liquid levels were not within normal levels.
- ✓ After the pump out, the tank was inspected.
- ✓ The lids on the tank and the baffles are cracking, and no effluent filter was located.
- ✓ The tank is severely deteriorating.
- ✓ The tank is in **SATISFACTORY w/Concerns** condition.
- ✓ A 19-gallon concrete Distribution Box was present.
- ✓ Prior to pumping the liquid levels were not in normal range.
- ✓ After the pump out, the box was inspected.
- ✓ The D-Box is broken, unlevel and full of dirt.
- ✓ The distribution system is in **UNSATISFACTORY** condition.
- ✓ The drain field was located.
- ✓ Clean Delaware conducted a flow test, and the broken D-Box is allowing dirt to enter all laterals.
- ✓ A visual inspection was completed and no ponding was witnessed but brush and trees were observed growing on the field.
- ✓ The absorption facility is in **SATISFACTORY w/Concerns** condition.

It is expressly understood that this inspection is made solely for the benefit of the above client of Clean Delaware, LLC, and shall not be offered for the benefit of any other party. The client understands that Clean Delaware, LLC is only able to certify the condition of the septic tank at the date of the inspection. Clean Delaware, LLC makes no warranties, expressed or implied, as to the future working condition of this septic system. The client hereby agrees to indemnify and hold harmless, Clean Delaware, LLC for any claims made by a third party against Clean Delaware, LLC.

Thank you,

Nicholas Austin  
Clean Delaware, LLC

**Parcel # 1104300051**

Property Address: 325 HOWELL SCHOOL RD  
 BEAR, DE 19701-  
 Subdivision:  
 Owner: 325 HOWELL SCHOOL LLC  
 195 AIRPORT RD  
 Owner Address:  
 NEW CASTLE, DE 19720  
 Municipal Info: Unincorporated

|                       |                             |
|-----------------------|-----------------------------|
| Lot #:                | Property Class: RESIDENTIAL |
| Location:             | Lot Size: 0.17              |
| Map Grid: 06803180    | Lot Depth: 148.10           |
| Block:                | Lot Frontage: 50            |
| Census Tract: 148.09  | Street Finish:              |
| Street Type: ARTERIAL |                             |
| Water:                |                             |
| Microfilm #: 000000   |                             |

| Tax/Assessment Info |        |
|---------------------|--------|
| Current Assessment  |        |
| Land:               | 86100  |
| Structure:          | 223400 |
| Homesite:           | 0      |
| Total:              | 309500 |
| County Taxable:     | 309500 |
| School Taxable:     | 309500 |

| Permit History (July 1998 - present) |           |                 |        |
|--------------------------------------|-----------|-----------------|--------|
| Details                              | A/P No.   | Permit Type     | Status |
|                                      | 201507139 | PLUMBING PERMIT | Closed |

| District & Zoning Info  |  |
|---|--|
| Districts   |  |
| <ul style="list-style-type: none"> <li>▪ <b>COUNCIL 11 - DAVID L TACKETT</b></li> <li>▪ <b>FIRE/RESCUE - CHRISTIANA</b></li> <li>▪ <b>COLONIAL SCHOOL DIST-TRES</b></li> <li>▪ NORTH OF C&amp;D CANAL</li> <li>▪ DE REP 15-KAMELA T SMITH</li> <li>▪ SEWER DISTRICT NORTHERN-ASMT</li> <li>▪ PLANNING 4 - CENTRAL PENCADER</li> <li>▪ DE SEN 12-NICOLE POORE</li> </ul> |  |
| Zoning  |  |
| <ul style="list-style-type: none"> <li>▪ NC21 - UDC - SINGLE FAMILY - 1/2 ACRE</li> </ul>   |  |

| Deed History  |                  |        |           |              |
|---|------------------|--------|-----------|--------------|
| Grantee(s)  | Deed             | Multi? | Sale Date | Sale Amount  |
| POWELL DONALD L & SHARON L<br>325 HOWELL SCHOOL LLC | B110 205         | N      | 5/1/1973  | \$1.00       |
|   | 20240612 0037665 | N      | 3/1/1980  | \$1.00       |
|   |                  | N      | 4/9/2024  | \$250,000.00 |

| Tax Bills as of 4/8/2026 3:01:57 AM |               |             |          |               |             |            |          |
|-------------------------------------|---------------|-------------|----------|---------------|-------------|------------|----------|
| Tax Year                            | County        |             |          | School        |             |            | Amt Paid |
|                                     | Principal Due | Penalty Due | Amt Paid | Principal Due | Penalty Due | Amt Paid   |          |
| 2010A                               | \$0.00        | \$0.00      | \$284.39 | \$0.00        | \$0.00      | \$608.60   |          |
| 2011A                               | \$0.00        | \$0.00      | \$286.80 | \$0.00        | \$0.00      | \$598.28   |          |
| 2012A                               | \$0.00        | \$0.00      | \$285.63 | \$0.00        | \$0.00      | \$585.97   |          |
| 2013A                               | \$0.00        | \$0.00      | \$285.60 | \$0.00        | \$0.00      | \$736.83   |          |
| 2014A                               | \$0.00        | \$0.00      | \$286.70 | \$0.00        | \$0.00      | \$750.05   |          |
| 2015A                               | \$0.00        | \$0.00      | \$285.50 | \$0.00        | \$0.00      | \$750.73   |          |
| 2016A                               | \$0.00        | \$0.00      | \$283.88 | \$0.00        | \$0.00      | \$752.04   |          |
| 2017A                               | \$0.00        | \$0.00      | \$284.39 | \$0.00        | \$0.00      | \$874.71   |          |
| 2018A                               | \$0.00        | \$0.00      | \$305.82 | \$0.00        | \$0.00      | \$935.33   |          |
| 2019A                               | \$0.00        | \$0.00      | \$63.28  | \$0.00        | \$0.00      | \$538.51   |          |
| 2020A                               | \$0.00        | \$0.00      | \$63.75  | \$0.00        | \$0.00      | \$538.51   |          |
| 2020Q3                              | \$0.00        | \$0.00      | \$72.18  | \$0.00        | \$0.00      | \$0.00     |          |
| 2021A                               | \$0.00        | \$0.00      | \$328.77 | \$0.00        | \$0.00      | \$929.97   |          |
| 2022A                               | \$0.00        | \$0.00      | \$326.83 | \$0.00        | \$0.00      | \$931.76   |          |
| 2023A                               | \$0.00        | \$0.00      | \$310.94 | \$0.00        | \$0.00      | \$889.28   |          |
| 2024A                               | \$0.00        | \$0.00      | \$329.05 | \$0.00        | \$0.00      | \$994.88   |          |
| 2025A                               | \$0.00        | \$0.00      | \$501.51 | \$0.00        | \$0.00      | \$1,840.90 |          |
| 2025A1                              | \$0.00        | \$0.00      | \$0.00   | \$0.00        | \$0.00      | \$0.00     |          |

Tax Payments as of 4/8/2026 3:01:57 AM

| Date Paid  | Amt Paid   |
|------------|------------|
| 9/1/2010   | \$892.99   |
| 9/6/2011   | \$885.08   |
| 9/26/2012  | \$871.60   |
| 9/30/2013  | \$1,022.43 |
| 9/17/2014  | \$1,036.75 |
| 9/25/2015  | \$1,036.23 |
| 9/26/2016  | \$1,035.92 |
| 9/25/2017  | \$1,159.10 |
| 9/7/2018   | \$1,241.15 |
| 9/26/2019  | \$601.79   |
| 9/24/2020  | \$602.26   |
| 10/6/2021  | \$929.97   |
| 10/6/2021  | \$400.95   |
| 9/26/2022  | \$1,258.59 |
| 9/25/2023  | \$1,200.22 |
| 8/23/2024  | \$1,323.93 |
| 10/1/2025  | \$2,342.41 |
| 11/13/2025 | \$324.66   |

County Balance Due: \$0.00

School Balance Due: \$0.00

Overpayment: (\$324.66)

These amounts are valid through the last day of the month. For accounts with delinquent balances, statutory penalty will accrue on the first day of next month.



## GROUND WATER DISCHARGES SECTION EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT

### Inspection Request Received From

Name: KRIPA SHROFF  
Telephone #: 302-613-2332

Mailing Address: 325, Howell School Rd.  
City, State, Zip: Bear, DE - 19701

### Owner (if different)

Name: KRIPA SHROFF  
Telephone #: 973-953-9687

Mailing Address: 325, Howell School Rd.  
City, State, Zip: Bear, DE - 19701

### Property

#### \*\*ZONING CERTIFICATE MANDATORY\*\*

Tax Map #: 1104300051  
Subdivision (if appl): \_\_\_\_\_  
City, State, Zip: Bear, DE 19701  
Physical Address: 325 Howell School Rd

Type of Structure:  Single Family Dwelling  
 Multi-Family  
 Community/Large  
 Commercial

Age of Structure: N/A # of Bedrooms: 3 # of Residents: 1  
 Occupied:  Yes  No Length of Vacancy: \_\_\_\_\_ Weeks \_\_\_\_\_ Months  N/A if occupied

### Permit / System

Permit Available:  Yes  No

Permit #: N/A

Age of System: N/A

System Type:  Full Depth Gravity  
 Capping Fill Gravity  
 Full Depth Pressure Dosed  
 Capping Fill Pressure Dosed

Full Depth LPP  
 Capping Fill LPP  
 Alternative System\*  
 Wisconsin at Grade  
 Elevated Sand Mound  
 Micro Drip Irrigation  
 Seepage Pit  
 Cesspool

\* All Innovative/Alternative systems including Advanced Treatment Unit's (ATU's) and alternative drainfield systems may only be inspected by a Class H licensee that has been certified through DNREC approved training for that ATU or alternative drainfield system. Proof of certification must be submitted to DNREC. A Class H license alone is not adequate enough for this task.

### General Information

#### Pump Out

Date of Last Pump Out: unknown  
Pumping Frequency: unknown

#### Repairs

Repairs made to system?  Yes  No  
 Was repair permit issued?  Yes  No

#### Details

#### Name of System Maintainer

unknown

#### Water Service

Central Water  On-Site Well

Is this a second opinion inspection?  Yes  No  
 Is there a water treatment system discharging into the systems?  Yes  No  
 Does grey water discharges somewhere other than the septic system?  Yes  No  
 If yes, location \_\_\_\_\_

### Information Verification

I attest this information I have provided is true and accurate to the best of my knowledge

KRIPA SHROFF

Owner's/Requestor's Signature

04/10/26

Date

For Kent & New Castle Counties - 89 Kings Highway, Dover, DE 19901 - (302) 739-9947 Tel / (302) 739-7764 Fax  
 For Sussex County - 21309 Berlin Road, Unit 2, Georgetown, DE 19947 - (302) 856-4561 Tel / (302) 856-5088 Fax



## GROUND WATER DISCHARGES SECTION

### EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT

#### Inspection Request Received From

Name: KRIPA SHROFF Mailing Address: 325 HOWELL SCHOOL ROAD  
 Telephone#: 302.613.2332 City, State, Zip: BEAR, DE 19701

#### Owner (if different)

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

#### Property

**\*\*ZONING CERTIFICATE MANDATORY\*\***

Tax Map #: 1104300051 Type of Structure:  Single Family Dwelling  
 Subdivision (if appl): \_\_\_\_\_  Multi-Family  
 City, State, Zip: 325 HOWELL SCHOOL RD  Community/Large  
 Location: BEAR, DE 19701  Commercial

Age of Structure: UNKNOWN # of Bedrooms: 3 # of Residents: 1

Occupied:  Yes  No Length of Vacancy: \_\_\_\_\_ Weeks \_\_\_\_\_ Months  N/A if occupied

#### Permit / System

Permit Available: \_\_\_\_\_ Yes  No Permit #: N/A  
 Age of System: UNKNOWN  
 System Type:  Full Depth Gravity  Full Depth LPP  Elevated Sand Mound  
 Capping Fill Gravity  Capping Fill LPP  Micro Drip Irrigation  
 Full Depth Pressure Dosed  Alternative System\*  Seepage Pit  
 Capping Fill Pressure Dosed  Wisconsin at Grade  Cesspool

\* All Innovative/Alternative systems including Advanced Treatment Unit's (ATU's) and alternative drain field systems may only be inspected by a Class H licensee that has been certified through DNREC approved training for that ATU or alternative drain field system. Proof of certification must be submitted to DNREC. **A Class H license alone is not adequate enough for this task.**

#### General Information

##### Pump Out

Date of Last Pump Out: UNKNOWN  
 Pumping Frequency: UNKNOWN

##### Repairs

Repairs made to system? \_\_\_\_\_ Yes  No  
 Was repair permit issued? \_\_\_\_\_ Yes  No  
 Details \_\_\_\_\_

##### Name of System Maintainer

UNKNOWN

##### Water Service

Central Water \_\_\_\_\_ On-Site Well

Is this a second opinion inspection? \_\_\_\_\_ Yes  No  
 Is there a water treatment system discharging into the systems? \_\_\_\_\_ Yes  No  
 Does grey water discharges somewhere other than the septic system? \_\_\_\_\_ Yes  No  
 If yes, location \_\_\_\_\_

#### Information Verification

I attest this information I have provided is true and accurate to the best of my knowledge

Owner's/Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_



## GROUND WATER DISCHARGES SECTION

### EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT

#### Inspection Data

Date: 4.17.2026

Site Condition: X Dry            Wet            Recent Heavy Precipitation?            Yes            No X

Weather: X Sunny            Cloudy            Rain            Snow           

Is there evidence that sewage has backed up into the structure?            Yes X No

Do trees or tree roots appear to interfere with the system?            Yes X No

Is there evidence or documentation of wastewater surfacing?            Yes X No

Is any portion of the system below a deck, driveway, walkway, etc.?            Yes X No

Was a visual inspection under the home for grey water performed?            Yes X No

X No Access

Was a flow test from each household fixture performed?            Yes            No

X No Access

#### Treatment Tank(s)

**\*\* PUMP OUT MANDATORY \*\***

|  |                   |                  |                   |                   |   |
|--|-------------------|------------------|-------------------|-------------------|---|
| Septic Tank                                      | <u>X</u>          | Capacity (gal) * | <u>1000</u>       | # of Compartments | <u>2</u>  |
|  |                   | Material **      | <u>CONCRETE</u>   | Dimensions        | <u>96</u> x <u>60</u> x <u>60</u>                         |
| Cesspool   | <u>          </u> | Capacity (gal) * | <u>          </u> | # of Compartments | <u>          </u>   |
|  |                   | Material **      | <u>          </u> | Dimensions        | <u>          </u> x <u>          </u> x <u>          </u> |
| Other  | <u>          </u> | Capacity (gal) * | <u>          </u> | # of Compartments | <u>          </u>   |
|  |                   | Material **      | <u>          </u> | Dimensions        | <u>          </u> x <u>          </u> x <u>          </u> |
| Depth from ground surface to the top of the tank |                   |                  | <u>16</u>         |                   |   |
|  |                   |                  | <u>0</u>          |                   | <u>8</u>  |
| Scum Thickness                                   | <u>          </u> | “                | Sludge Thickness  | <u>          </u> | “   |

\* Round: D" X D" / 292.5 X H" Rectangular: L" X W" / 231 X H"

\*\* Specify Concrete, Metal, Other

|                           |                   |            |                   |                     |          |                   |                   |
|---------------------------|-------------------|------------|-------------------|---------------------|----------|-------------------|-------------------|
|                           | <u>S</u>          | <u>SWC</u> | <u>U</u>          |                     | <u>S</u> | <u>SWC</u>        | <u>U</u>          |
| Tank                      | <u>          </u> | <u>X</u>   | <u>          </u> | Liquid Level (Tank) | <u>X</u> | <u>          </u> | <u>          </u> |
| Top/Lids/Risers (if appl) | <u>          </u> | <u>X</u>   | <u>          </u> | Effluent Filter     | <u>X</u> | <u>N/A</u>        | <u>          </u> |
| Baffles                   | <u>          </u> | <u>X</u>   | <u>          </u> |                     |          |                   |                   |

Name of pump company CDI, LLC Date of pump out 04.17.2026

**\* PUMPOUT DOCUMENTATION MAY BE REQUIRED\***

Does effluent from the absorption facility run back to the treatment tank?            Yes X No

Is there evidence of the effluent surfacing above the treatment tank(s)?            Yes X No

S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory



## GROUND WATER DISCHARGES SECTION

### EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT

| Distribution System |          |            |          |                        |          |            |          |
|---------------------|----------|------------|----------|------------------------|----------|------------|----------|
|                     | <u>S</u> | <u>SWC</u> | <u>U</u> |                        | <u>S</u> | <u>SWC</u> | <u>U</u> |
| Distribution Box    | _____    | _____      | <u>X</u> | Liquid Level (D-Box)   | _____    | _____      | <u>X</u> |
| Diversion Box       | _____    | _____      | _____    | Liquid Level (Div-Box) | _____    | _____      | _____    |
| Distribution Piping | _____    | _____      | <u>X</u> | Top/Lid                | <u>X</u> | _____      | _____    |
| Baffles             | _____    | _____      | <u>X</u> |                        |          |            |          |

*S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory*

|   |       |     |          |    |       |     |
|---|-------|-----|----------|----|-------|-----|
| Distribution Box level, allowing equal distribution?              | _____ | Yes | <u>X</u> | No | _____ | N/A |
| Is effluent above the lateral inverts in the distribution box?    | _____ | Yes | <u>X</u> | No | _____ | N/A |
| Does effluent from the absorption facility run back to the D-Box? | _____ | Yes | <u>X</u> | No | _____ | N/A |
| Is there evidence of effluent surfacing above the D-Box           | _____ | Yes | <u>X</u> | No | _____ | N/A |

Distribution Box Capacity (gal)\* 19  
 Material \*\* CONCRETE  
 Dimensions 16 x 20 x 14

\* Round: D"XD" / 292.5 X H"  
 \*\*Specify Concrete, Metal Other  
 Rectangular: L" X W" / 231 X H"

| Holding / Dosing Tank/ Lift Station |                    |                   |                                   |                           |          |            |          |
|-------------------------------------|--------------------|-------------------|-----------------------------------|---------------------------|----------|------------|----------|
| _____ Holding Tank                  | _____ Lift Station | _____ Dosing Tank | Gallons: _____                    |                           |          |            |          |
|                                     |                    |                   | Material: _____                   |                           |          |            |          |
|                                     |                    |                   | Dimensions: _____ x _____ x _____ |                           |          |            |          |
|                                     | <u>S</u>           | <u>SWC</u>        | <u>U</u>                          |                           | <u>S</u> | <u>SWC</u> | <u>U</u> |
| Tank                                | _____              | _____             | _____                             | Electrical Connections    | _____    | _____      | _____    |
| Top/Lids/Risers (if appl)           | _____              | _____             | _____                             | Timer <u>X</u> N/A        | _____    | _____      | _____    |
| Pump/Siphon Operat.                 | _____              | _____             | _____                             | Check Valve & Weep Hole   | _____    | _____      | _____    |
| Alarm                               | _____              | _____             | _____                             | Pump Elev. Off Tank Floor | _____    | _____      | _____    |
| Vent Pipe                           | _____              | _____             | _____                             |                           |          |            |          |

*S = Satisfactory, SWC = Satisfactory With Concerns, U = Unsatisfactory*

|  |       |     |       |    |
|--|-------|-----|-------|----|
| Accumulated solids found in pump tank? | _____ | Yes | _____ | No |
| Is alarm on separate circuit?          | _____ | Yes | _____ | No |
| Infiltration of surface waters?        | _____ | Yes | _____ | No |





**GROUND WATER DISCHARGES SECTION  
EXISTING ON-SITE WASTEWATER SYSTEM FIELD INSPECTION REPORT**

**Scale Drawing of On-Site Wastewater Treatment & Disposal System Location or Attach Existing Permitted Plot Drawing**

See attached permit drawing  
“Verified”

- A site drawing to scale, straight edge must be used (no free-hand lines), must show a reference point such as numbered utility pole, telephone or electrical box, building(s), property corners or fixed survey markers, or GPS coordinates. A minimum of two (2) such reference points should be noted on the site sketch. Site sketch(es) shall be based on a whole number scale not to exceed 1 inch equals 100 feet. Acceptable scales are 1 inch = 10, 20, 30, 40, 50, 60, or 100 feet.
- A north directional arrow.
- Indicate location of central water line or onsite well. All onsite wells must be measured from two (2) reference points or established survey control.
- Identify each wastewater treatment and disposal system component.
- Mark distances from fixed reference points (i.e. property corners, existing dwellings, etc.) or established survey control points for each wastewater treatment and disposal system component.
- Should an existing approved permit drawing be available the drawing may be used, but the inspector must either note on the drawing that “no changes were found” or clearly mark all the changes on the permit drawing.