

### VACANT LAND DISCLOSURE STATEMENT

**Note:** Use this form to fulfill Seller's required disclosures in the Offer to Purchase and Contract – Vacant Lot/Land Form 12-T.

Property: 11061 NC Highway 294, 40+/- acres, Murphy, NC 28906

Buyer: \_\_\_\_\_

Seller: Gregory S Hawkins, Roberta C Hawkins, Michael E Menkhaus TTE, Glenda Norton Hoak & Marilyn K Norton

Buyer understands and agrees that this Disclosure Statement is not a substitute for professional inspections, and that this document does not relieve Buyer of their duty to conduct thorough Due Diligence on the Property. Any representations made by Seller in this Disclosure Statement are true to the best of Seller's knowledge, and copies of any documents provided by Seller are true copies, to the best of Seller's knowledge. Buyer is strongly advised to have all information confirmed and any documents substantiated during the Due Diligence Period.

If Seller checks "yes" for any question below, Seller is affirming actual knowledge of either: (1) the existence of documentation or information related to the Property; or (2) a problem, issue, characteristic, or feature existing on or associated with the Property. If Seller checks "no" for any question below, Seller is stating they have no actual knowledge or information related to the question. If Seller checks "NR," meaning no representation, Seller is choosing not to disclose whether they have knowledge or information related to the question.

#### A. Physical Aspects

	Yes	No	NR
1. Non-dwelling structures on the Property ..... If yes, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Current or past soil evaluation test (agricultural, septic, or otherwise).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Caves, mineshafts, tunnels, fissures or open or abandoned wells .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Erosion, sliding, soil settlement/expansion, fill or earth movement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication, power, or utility lines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pipelines (natural gas, petroleum, other).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Landfill operations or junk storage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Planned <input type="checkbox"/> Legal <input type="checkbox"/> Illegal			
8. Drainage, grade issues, flooding, or conditions conducive to flooding .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Gravesites, pet cemeteries, or animal burial pits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Rivers, lakes, ponds, creeks, streams, dams, or springs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Well(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potable <input type="checkbox"/> Non-potable      Water Quality Test? <input type="checkbox"/> yes <input type="checkbox"/> no			
depth _____; shared (y/n) _____; year installed _____; gal/min _____			
12. Septic System(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Number of bedrooms on permit(s) _____			
Permit(s) available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR			
Lift station(s)/Grinder(s) on Property? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR			
Septic Onsite? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Details: _____			
Tank capacity _____			
Repairs made (describe): _____			
Tank(s) last cleaned: _____			
If no: Permit(s) in process? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR			
Soil Evaluation Complete? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> NR			
Other Septic Details: _____			





**D. Agricultural, Timber, Mineral Aspects**

	Yes	No	NR
1. Agricultural Status (e.g., forestry deferral) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Licenses, leases, allotments, or usage permits (crops, hunting, water, timber, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Forfeiture, severance, or transfer of rights (mineral, oil, gas, timber, development, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
4. Farming on Property: <input type="checkbox"/> owner or <input type="checkbox"/> tenant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Presence of vegetative disease or insect infestation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Timber cruises or other timber related reports.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Timber harvest within past 25 years .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, monitored by Registered Forester? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If replanted, what species: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years planted: _____			
8. Harvest impact (other than timber) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			

**E. Environmental Aspects**

1. Current or past Phase I, Phase II or Phase III Environmental Site Assessment(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Underground or above ground storage tanks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
3. Abandoned or junk motor vehicles or equipment of any kind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Past illegal uses of property (e.g., methamphetamine manufacture or use).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Federal or State listed or protected species present.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe plants and/or animals: _____			
6. Government sponsored clean-up of the property .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Groundwater, surface water, or well water contamination <input type="checkbox"/> Current <input type="checkbox"/> Previous..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Previous commercial or industrial uses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Wetlands, streams, or other water features .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits or certifications related to Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conservation/stream restoration.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Coastal concern (tidal waters, unbuildable land, flood zone, CAMA, Army Corp., etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
11. The use or presence on the property, either stored or buried, above or below ground, of:			
i. Asbestos, Benzene, Methane, Pesticides, Radioactive Material .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe in detail: _____			
ii. Other fuel/chemical.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Paint <input type="checkbox"/> Lead based paint <input type="checkbox"/> Other paint/solvents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Agricultural chemical storage .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. Utilities**

Check all currently available on the Property and indicate the provider.

Water (describe): \_\_\_\_\_

Sewer (describe): \_\_\_\_\_

Gas (describe): \_\_\_\_\_

Electricity (describe): \_\_\_\_\_

Cable (describe): \_\_\_\_\_

