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BUTLER FELSHER | GROUP  
ButlerFelsher.com  
**Gladys Manion's #1 Team 2025**



**1043 MIDLAND BOULEVARD  
UNIVERSITY CITY, MISSOURI  
63130**



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Form # 2091

01/26

66333971

### SELLER'S DISCLOSURE STATEMENT

Property Address : 1043 Midland Blvd N. City Mo 63130

**Note:** If Seller knows or suspects some condition which might lower the value of the property being sold or adversely affect Buyer's decision to buy the property, then Seller needs to disclose it. This statement will assist Buyer in evaluating the property being considered. Real estate brokers and agents involved in the sale do not inspect the property for defects, and they cannot guarantee the accuracy of the information in this form.

**TO SELLER:** Your truthful disclosure of the condition of your property gives you the best protection against future charges that you violated your legal obligation to Buyer by concealing a material defect(s), lead-based paint, use as a site for methamphetamine production or storage and/or any other disclosure required by law. Your knowledge of the property prior to your ownership may be relevant. In the case of a material defect, for example, if information that you possess indicates some persistent pattern of a problem not completely remedied, such information should be included in this disclosure in order to achieve full and honest disclosure. Your answers or the answers you fail to provide, either way, may have legal consequences, even after the closing of the sale. This questionnaire should help you meet your disclosure obligation, but it may not cover all aspects of your property. If you know of or suspect some condition which would substantially lower the value of the property, impair the health or safety of future occupants, or otherwise affect Buyer's decision to buy your property, then use the space at the end of this form to describe that condition.

**TO BUYER: THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.** If you sign a contract to purchase the property, that contract, and not this disclosure statement, will provide for what is to be included in the sale. So, if you expect certain items, appliances, or equipment included, you must specify them in the contract. Since these disclosures are based on the Seller's knowledge, you cannot be sure that there are, in fact, no problems with the property simply because the Seller is not aware of them. The answers given by the Seller are not warranties of the condition of the property. Thus, you should condition your offer on a professional inspection of the property. You may also wish to obtain a home protection plan/warranty. Due to the variety of insurance, requirements, products, and arrangements Buyer should contact appropriate party to determine insurance coverage needed. Conditions of the property that you can see on a reasonable inspection should either be taken into account in the purchase price or you should make the correction of these conditions by the Seller a requirement of the sale contract.

### STATUTORY DISCLOSURES

**Note:** The following information, if applicable to the property, is required by federal or state law to be disclosed to prospective buyers. Local laws and ordinances may require additional disclosures.

|                                                                                                                                                                                                                                                                                                                                                                                                  | YES                                 | NO                                  | UNK                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <b>LEAD-BASED PAINT</b>                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |
| 1 Does the Property include a residential dwelling built prior to 1978? If "Yes," 42 U.S.C. 4852d and EPA regulations promulgated pursuant thereto require that a completed Disclosure of Information and Acknowledgement Lead Based Paint and/or Lead-Based Paint Hazards form (Form #2049) must be signed by Seller and any involved real estate licensee(s) and given to any potential buyer. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2 Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |
| <b>METHAMPHETAMINE</b>                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                     |                          |
| 3 Are you aware if the Property is or was used as a site for methamphetamine production or the place of residence of a person convicted of a crime involving methamphetamine or a derivative controlled substance related thereto? If "Yes," §442.606 RSMo requires you to disclose such facts in writing.                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |
| <b>WASTE DISPOSAL SITE OR DEMOLITION LANDFILL (permitted or unpermitted)</b>                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                          |
| 5 Are you aware of any permitted or unpermitted solid waste disposal site or demolition landfill on the property? If "Yes," Section 260.213 RSMo requires Seller to disclose the location of any such site on the Property. Note: If Seller checks "Yes," Buyer may be assuming liability to the State for any remedial action at the property.                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

UNK=Unknown

6 Please explain any "Yes" answers you gave in this section:

#### RADIOACTIVE OR HAZARDOUS MATERIALS

7 Have you ever received a report stating affirmatively that the Property is or was previously contaminated with radioactive material or other hazardous material? If "Yes," §442.055 RSMo requires you to disclose such knowledge in writing. Please provide such information, including a copy of such report, if available.

| YES | NO | UNK |
|-----|----|-----|
| -   | /  | -   |

8 Please explain any "Yes" answers you gave in this section:

#### ADDITIONAL DISCLOSURES

##### Lead-Based Paint

9 Are you aware of the presence of any lead hazards (such as paint, water supply lines, etc.) on the property?

| YES | NO | UNK |
|-----|----|-----|
| -   | /  | -   |
| -   | /  | -   |
| -   | /  | -   |

10 Are you aware if it has ever been covered or removed?

11 Are you aware if the property has been tested for lead?

12 Please explain any "Yes" answers you gave in this section including test date, type of test and results:

##### Radon

13 Are you aware if the property has been tested for radon gas?

| YES | NO | UNK |
|-----|----|-----|
| -   | /  | -   |
| -   | /  | -   |

14 Are you aware if the property has ever been mitigated for radon gas?

15 Please explain any "Yes" answers you gave in this section:

##### Mold

16 Are you aware of the presence of any mold on the property?

17 Are you aware of anything with mold on the property that has ever been covered or removed?

18 Are you aware if the property has ever been tested for the presence of mold?

19 Please explain any "Yes" answers you gave in this section: *Never tested for mold. Because of previous water in basement noted discoloration on lower parts of wall in basement.*

##### Asbestos Materials

20 Are you aware of the presence of asbestos materials on the property, such as roof shingles, siding, insulation, ceiling, flooring, pipe wrap, etc.?

21 Are you aware of any asbestos material that has been encapsulated or removed?

22 Are you aware if the property has been tested for the presence of asbestos?

23 Please explain any "Yes" answers you gave in this section:

##### Other Environmental Concerns

24 Are you aware of any other environmental concerns that may affect the property such as polychlorinated biphenyls (PCB's), electro-magnetic fields (EMF's), underground fuel tanks, unused septic or storage tanks, etc.?

| YES | NO | UNK |
|-----|----|-----|
| -   | /  | -   |

25 Please explain any "Yes" answers you gave in this section:

#### SUBDIVISION, CONDOMINIUM, VILLA, CO-OP, OR OTHER SHARED COST DEVELOPMENT (if applicable)

26 Development Name *City View Place*

27 Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

28 Type of Property (check all that apply) ☐ Single Family ☐ Multi-Family ☐ Condominium ☐ Townhome ☐ Villa ☐ Co-op

29 Mandatory Assessment #1 \$ \_\_\_\_\_ per ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Other

30 Mandatory Assessment #2 \$ \_\_\_\_\_ per ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Other

31 Mandatory Assessment(s) include:

- ☐ entrance sign/structure ☐ street maintenance ☐ common ground ☐ snow removal specific to dwelling  
☐ snow removal common area ☐ landscaping of common area ☐ landscaping specific to dwelling ☐ reception facility  
☐ clubhouse ☐ pool ☐ tennis court ☐ exercise area ☐ water ☐ sewer ☐ trash removal ☐ doorman ☐ cooling ☐ heating  
☐ security ☐ elevator ☐ some insurance ☐ real estate taxes ☐ other common facility \_\_\_\_\_  
☐ assigned parking space(s): how many \_\_\_\_\_ identified as \_\_\_\_\_  
☐ other specific item(s): \_\_\_\_\_  
☐ Dwelling exterior maintenance covered by Assessment:

|                                                                                                                    | YES | NO                                  | UNK |
|--------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|
| 32 Are you aware of any existing or proposed special assessments?                                                  | -   | <input checked="" type="checkbox"/> | -   |
| 33 Are you aware of any special taxes and/or district improvement assessments?                                     | -   | <input checked="" type="checkbox"/> | -   |
| 34 Are you aware of any condition or claim which may cause an increase in assessment or fees?                      | -   | <input checked="" type="checkbox"/> | -   |
| 35 Are you aware of any material defects in any common or other shared elements?                                   | -   | <input checked="" type="checkbox"/> | -   |
| 36 Are you aware of any existing indentures/restrictive covenants?                                                 | -   | <input checked="" type="checkbox"/> | -   |
| 37 Are you aware of any violation of the indentures/restrictions by yourself or by others?                         | -   | <input checked="" type="checkbox"/> | -   |
| 38 Is there a recorded shared driveway/street/road maintenance agreement?                                          | -   | <input checked="" type="checkbox"/> | -   |
| 39 Is there a driveway/street/road that is not maintained by city or county? If so, please explain in description. | -   | <input checked="" type="checkbox"/> | -   |
| 40 Please explain any "Yes" answers you gave in this section:                                                      |     |                                     |     |

## UTILITIES

| Services    | Current Provider           | Phone # |                          |                          | Avg Monthly Cost |
|-------------|----------------------------|---------|--------------------------|--------------------------|------------------|
|             |                            |         | Owned                    | Leased                   |                  |
| 41 Propane  |                            |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 42 Gas      | <i>SPIRE</i>               |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 43 Electric | <i>AMERICAN NE</i>         |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 44 Water    | <i>Missouri - American</i> |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 45 Sewer    | <i>MSD</i>                 |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 46 Trash    | <i>City of A. City</i>     |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 47 Recycle  | <i>City of U. City</i>     |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 48 Internet | <i>ATT</i>                 |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 49 Phone    | <i>ATT</i>                 |         | <input type="checkbox"/> | <input type="checkbox"/> |                  |

## HEATING, VENTILATION AND COOLING ("HVAC") SYSTEMS

|                                                                                                                                                                                                                                                                                               |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|------------------------------------|--------------------------------------|--------------------------------|-----|-------------------------------------|-----|
| Type of Heating Equipment:                                                                                                                                                                                                                                                                    |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |
| 50 Zone 1: Age <i>5</i> Brand <i>?</i>                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Forced Air       | <input type="checkbox"/> Heat Pump              | <input type="checkbox"/> Radiant                    | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Geo-Thermal | <input type="checkbox"/> Other |     |                                     |     |
| 51 Zone 2: Age Brand                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Forced Air                  | <input type="checkbox"/> Heat Pump              | <input type="checkbox"/> Radiant                    | <input type="checkbox"/> Baseboard | <input type="checkbox"/> Geo-Thermal | <input type="checkbox"/> Other |     |                                     |     |
| Fuel Source of Heating Equipment:                                                                                                                                                                                                                                                             |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |
| 52 Zone 1:                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Natural Gas      | <input type="checkbox"/> Electric               | <input type="checkbox"/> Propane                    | <input type="checkbox"/> Fuel Oil  | <input type="checkbox"/> Solar       | <input type="checkbox"/> Other |     |                                     |     |
| 53 Zone 2:                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Natural Gas                 | <input type="checkbox"/> Electric               | <input type="checkbox"/> Propane                    | <input type="checkbox"/> Fuel Oil  | <input type="checkbox"/> Solar       | <input type="checkbox"/> Other |     |                                     |     |
| Type of Air Conditioner:                                                                                                                                                                                                                                                                      |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |
| 54 Zone 1: Age <i>5</i> Brand <i>Luxor</i>                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Central Electric | <input checked="" type="checkbox"/> Central Gas | <input type="checkbox"/> Window/Wall (# of Units: ) | <input type="checkbox"/> Other     |                                      |                                |     |                                     |     |
| 55 Zone 2: Age Brand                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Central Electric            | <input type="checkbox"/> Central Gas            | <input type="checkbox"/> Window/Wall (# of Units: ) | <input type="checkbox"/> Other     |                                      |                                |     |                                     |     |
|                                                                                                                                                                                                                                                                                               |                                                      |                                                 |                                                     |                                    |                                      |                                | YES | NO                                  | UNK |
| 56 Are you aware of any problems or issues with any part of the HVAC system?                                                                                                                                                                                                                  |                                                      |                                                 |                                                     |                                    |                                      |                                | -   | <input checked="" type="checkbox"/> | -   |
| 57 Do you have any existing maintenance agreements in place?                                                                                                                                                                                                                                  |                                                      |                                                 |                                                     |                                    |                                      |                                | -   | <input checked="" type="checkbox"/> | -   |
| 58 Are any areas of the home not covered by central heating/cooling?                                                                                                                                                                                                                          | <i>Garage - No heating/cooling</i>                   |                                                 |                                                     |                                    |                                      |                                | -   | <input checked="" type="checkbox"/> | -   |
| 59 With respect to the last service/repair made to the HVAC system, please describe in detail the scope of work, date, name of person/company who did the work and cost: <i>WATER NOTED IN LOWER LEVEL, SEEMED TO ORIGINATE W/ HVAC SYSTEM. SEE ATTACHED - CLASSIC AIR CORP - dtd 6/12/20</i> |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |
| 60 Please explain any "Yes" or "Other" answers you gave in this section:                                                                                                                                                                                                                      |                                                      |                                                 |                                                     |                                    |                                      |                                |     |                                     |     |

## FIREPLACE(S)

|                                                                                                                                                                                                                                        | YES | NO                                  | UNK |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-----|
| 61 Location 1: Room: <i>LIVING ROOM</i><br>Type: <input checked="" type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK |     | <input checked="" type="checkbox"/> |     |
| 62 Location 2: Room:<br>Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK                               |     |                                     |     |
| 63 Location 3: Room:<br>Type: <input type="checkbox"/> Wood Burning <input type="checkbox"/> Gas Logs <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> UNK                               |     |                                     |     |
| 64 Are you aware of any problems or repairs needed with any item in this section?                                                                                                                                                      | -   | <input checked="" type="checkbox"/> | -   |
| 65 Please explain any "Yes" or "No" answers you gave in this section: <i>NEVER used selling it as is</i><br><i>non-functional</i>                                                                                                      |     |                                     |     |

## PLUMBING SYSTEM, FIXTURES AND EQUIPMENT

|                                                                                                                                                                                                         |                                         |                                   |                                  |                                   |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| 66 Plumbing System: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC <input type="checkbox"/> PEX <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> Other: |                                         |                                   |                                  |                                   |                                |
| 67 Water Heater 1: Age: <i>*</i> Location: <i>lower level</i> Tank Size: <i>?</i>                                                                                                                       | <input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Tankless | <input type="checkbox"/> Other |
| 68 Water Heater 2: Age: Location: Tank Size:                                                                                                                                                            | <input type="checkbox"/> Gas            | <input type="checkbox"/> Electric | <input type="checkbox"/> Propane | <input type="checkbox"/> Tankless | <input type="checkbox"/> Other |

\* pre-dates my ownership

UNK=Unknown

|                                                                                                                                                                                                                                                                                    | YES | NO | UNK |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 69 Does the property have an ice-maker supply line?                                                                                                                                                                                                                                | -   | ✓  | -   |
| 70 Is property equipped with a Lawn Irrigation System? If yes, please provide date of last backflow device inspection certificate.                                                                                                                                                 |     | ✓  |     |
| 71 Are you aware of any problems or repairs needed in the plumbing system?                                                                                                                                                                                                         |     | ✓  |     |
| 72 Does property have a Swimming Pool/Spa/Hot Tub?<br>(If "Yes," attach Form #2180, Pool/Spa/Pond/Lake Addendum to Seller's Disclosure Statement.)                                                                                                                                 |     | ✓  |     |
| 73 Please explain any "Yes" or "Other" answers you gave in this section: <i>leaky system predates my ownership, non-functioning - sold as is.</i>                                                                                                                                  |     |    |     |
| <b>WATER (If well exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b>                                                                                                                                                                            |     |    |     |
| 74 What is the source of your drinking water? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Community <input type="checkbox"/> Well <input type="checkbox"/> Other                                                                                           |     |    |     |
| 75 If well, when was the water last tested? Is test documented? <input type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, please provide documentation.                                                                                                                 |     |    |     |
| 76 Do you have a water softener? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No. If yes, is it <input type="checkbox"/> Owned or <input type="checkbox"/> Leased. If leased, provide lessor and cost below.<br><i>predates ownership - non functioning</i> | YES | NO | UNK |
| 77 Are you aware of any problems relating to the water system including the quality or source of water or any components such as the curb stop box?                                                                                                                                | -   | ✓  | -   |
| 78 Please explain any "Yes" answers you gave in this section and water softener lease information if applicable :<br><i>See line 76</i>                                                                                                                                            |     |    |     |
| <b>SEWERAGE (If Septic or Aerator exists, attach Form #2165, Septic/Well Addendum to Seller's Disclosure Statement)</b>                                                                                                                                                            |     |    |     |
| 79 What is the type of sewerage system to which the house is connected? <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Septic <input type="checkbox"/> Aerator <input type="checkbox"/> Other<br>If Other, please explain:   |     |    |     |
| 80 If septic/aerator, when was system last serviced? <i>N/A</i>                                                                                                                                                                                                                    |     |    |     |
|                                                                                                                                                                                                                                                                                    | YES | NO | UNK |
| 81 Is there a sewerage lift system?                                                                                                                                                                                                                                                | -   | ✓  | -   |
| 82 Is there a sewerage grinder system?                                                                                                                                                                                                                                             | -   | ✓  | -   |
| 83 Are you aware of any leaks, backups, open drain lines or other problems relating to the sewerage system?                                                                                                                                                                        | ✓   |    |     |
| 84 Please explain any "Yes" answers you gave in this section: <i>NO NO LEAKS, have had multiple sewer backups only during heavy rain, see Superior report for liner prep &amp; liner installation both dated 3/31/26.</i>                                                          |     |    |     |
| <b>ELECTRICAL (Note: Certain types of electrical panels have been subject to recall)</b>                                                                                                                                                                                           |     |    |     |
| Type of Service Panel(s):                                                                                                                                                                                                                                                          |     |    |     |
| 85 Panel 1: Amps <i>?</i> Brand <i>?</i> <input checked="" type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                        |     |    |     |
| 86 Panel 2: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                                                     |     |    |     |
| 87 Panel 3: Amps Brand <input type="checkbox"/> Circuit Breakers <input type="checkbox"/> Fuses <input type="checkbox"/> Other                                                                                                                                                     |     |    |     |
| Type of Wiring:                                                                                                                                                                                                                                                                    |     |    |     |
| 88 Panel 1: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input checked="" type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                               |     |    |     |
| 89 Panel 2: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                                          |     |    |     |
| 90 Panel 3: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> UNK <input type="checkbox"/> Other                                                                                                                                          |     |    |     |
|                                                                                                                                                                                                                                                                                    | YES | NO | UNK |
| 91 Are you aware of any problems or repairs needed in the electrical system?                                                                                                                                                                                                       | -   | ✓  | -   |
| 92 Are you aware of any panels in service in the property being subject to recall or otherwise out of date?                                                                                                                                                                        | -   | ✓  | -   |
| 93 Are you aware of any active knob and tube wiring in the property?                                                                                                                                                                                                               | -   | ✓  | -   |
| 94 Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                      |     |    |     |
| <b>CONSTRUCTION</b>                                                                                                                                                                                                                                                                |     |    |     |
| 95 The property was originally constructed in: <i>1961</i> Seller has occupied property from <i>4/2006</i> to <i>5/2024</i>                                                                                                                                                        |     |    |     |
| 96 List all significant additions, modifications, renovations, & alterations to the property during your ownership below:<br><i>Remodeled Kitchen - new cabinets, new floors, new lighting, new stove approximately 2020 - painted walls in main level, floors Resurfaced 2024</i> |     |    |     |
|                                                                                                                                                                                                                                                                                    | YES | NO | UNK |
| 97 Were required permits obtained for the work described above? <i>for kitchen</i>                                                                                                                                                                                                 | ✓   | -  | -   |
| 98 Please explain any "No" answers you gave in this section:                                                                                                                                                                                                                       |     |    |     |

| FOUNDATION                                             |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 99                                                     | Type of Foundation:                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Concrete | <input type="checkbox"/> Cinder Block <input type="checkbox"/> Stone <input type="checkbox"/> Wood <input type="checkbox"/> Other: |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 100                                                    | Are you aware of any problems or issues with foundation?                                                                                                                                                                                                                                                                  |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 101                                                    | Are you aware of any problems with the footing, foundation walls, sub-floor, interior and exterior walls, roof construction, decks/porches or other load bearing components?                                                                                                                                              |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 102                                                    | Are you aware of any movement, shifting, deterioration, or other problems with walls, foundations, crawl space or slab?                                                                                                                                                                                                   |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 103                                                    | Are you aware of cracks or flaws in the walls, ceilings, foundations, concrete slab, crawl space, basement floor or garage? <i>future of normal settlement - normal in brick house</i>                                                                                                                                    | <input checked="" type="checkbox"/>          |                                                                                                                                    |
| 104                                                    | Are you aware of any repairs to any of the building elements listed above?                                                                                                                                                                                                                                                |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 105                                                    | Were required permits obtained for any repairs described above?                                                                                                                                                                                                                                                           |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 106                                                    | Please explain any "Yes" answers you gave in this section, including location, extent, date and name of the person/company who did the repair or control effort: <i>See line 103.</i>                                                                                                                                     |                                              |                                                                                                                                    |
| BASEMENT AND CRAWL SPACE (Complete only if applicable) |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 107                                                    | Is the home equipped with a sump pit?                                                                                                                                                                                                                                                                                     |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 108                                                    | Is the home equipped with a sump pump?                                                                                                                                                                                                                                                                                    |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 109                                                    | Are you aware of any issues with sump pit(s) & pump(s)?                                                                                                                                                                                                                                                                   |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 110                                                    | Are you aware of any dampness, water accumulation or leakage, in the basement or crawl space or slab?                                                                                                                                                                                                                     | <input checked="" type="checkbox"/>          |                                                                                                                                    |
| 111                                                    | Are you aware of any repairs or other attempts to control any water or dampness problem in the basement or crawl space?                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          |                                                                                                                                    |
| 112                                                    | Please explain any "Yes" answers you gave in this section: <i>See lines 107</i>                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
| ROOF, GUTTERS AND DOWNSPOUTS                           |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 113                                                    | What is the approximate age of the roof? <i>± 2019/20</i> Is it documented? If yes, please provide documentation.                                                                                                                                                                                                         |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 114                                                    | Are you aware of any active leaks to the roof?                                                                                                                                                                                                                                                                            |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 115                                                    | Has the roof ever leaked during your ownership?                                                                                                                                                                                                                                                                           |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 116                                                    | Has the roof been repaired, recovered or any portion of it replaced or recovered during your ownership?                                                                                                                                                                                                                   | <input checked="" type="checkbox"/>          |                                                                                                                                    |
| 117                                                    | Are you aware of any problems with the roof, gutters or downspouts?                                                                                                                                                                                                                                                       |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 118                                                    | Does the property have multiple layers of roofing currently installed on any portion of the property?                                                                                                                                                                                                                     |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 119                                                    | Please explain any "Yes" answers you gave in this section and attach any documentation:<br><i>New Roof ± 2019/2020.</i>                                                                                                                                                                                                   |                                              |                                                                                                                                    |
| PESTS/TERMITES/WOOD DESTROYING INSECTS                 |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 120                                                    | Are you aware of any pests, rodents or termites/wood destroying insects impacting the property and improvements?                                                                                                                                                                                                          |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 121                                                    | Are you aware of any uncorrected damage to the property caused by above?                                                                                                                                                                                                                                                  |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 122                                                    | Are you aware of any control reports for the property?                                                                                                                                                                                                                                                                    |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 123                                                    | Are you aware of any control treatments to the property?                                                                                                                                                                                                                                                                  |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 124                                                    | Is your property currently under a warranty contract by a licensed pest/termite control company? If so, when does it expire and what is the renewal costs?                                                                                                                                                                |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 125                                                    | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                |                                              |                                                                                                                                    |
| SOIL AND DRAINAGE                                      |                                                                                                                                                                                                                                                                                                                           |                                              |                                                                                                                                    |
|                                                        |                                                                                                                                                                                                                                                                                                                           | YES                                          | NO UNK                                                                                                                             |
| 126                                                    | Are you aware of any fill, expansive soil or sinkholes on the property or that may affect the property?                                                                                                                                                                                                                   |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 127                                                    | Are you aware of any soil, earth movement, flood, drainage or grading problems on the property or that may affect the property?                                                                                                                                                                                           | <input checked="" type="checkbox"/>          |                                                                                                                                    |
| 128                                                    | Are you aware of any past, present or proposed mining, strip-mining, or any other excavations on the property or that may affect the property?                                                                                                                                                                            |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 129                                                    | Are you aware of any Post-construction Stormwater Best Management Practices (BMPs) on the property? (BMPs are private stormwater management facilities which include a recorded formal Maintenance Agreement with the Metropolitan Sewer District, e.g., retention ponds, rain gardens, sand filters, permeable pavement) |                                              | <input checked="" type="checkbox"/>                                                                                                |
| 130                                                    | Please explain any "Yes" answers you gave in this section: <i>Drainage contributes to some of the water in lower level.</i>                                                                                                                                                                                               |                                              |                                                                                                                                    |

| SURVEY AND ZONING                                                                                                      |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         | YES                                 | NO                                  | UNK |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------|-----------------|-----------------------------------------|-------------------------------------|-------------------------------------|-----|
| 131                                                                                                                    | Do you have a survey of the property? If yes, please attach.                                                                                                                                                                                                                                                                   |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 132                                                                                                                    | Does the survey include all existing improvements on the property?                                                                                                                                                                                                                                                             |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 133                                                                                                                    | Are you aware of any shared or common features with adjoining properties?                                                                                                                                                                                                                                                      |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 134                                                                                                                    | Are you aware of any rights of way, unrecorded easements, or encroachments, which affect the property?                                                                                                                                                                                                                         |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 135                                                                                                                    | Is any portion of the property located within the 100-year flood hazard area (flood plain)?                                                                                                                                                                                                                                    |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 136                                                                                                                    | Are you aware of any violations of local, state, or federal laws/regulations, including zoning, relating to the property?                                                                                                                                                                                                      |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 137                                                                                                                    | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                     |                                         |              |                 |                                         |                                     |                                     |     |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         |                                     |                                     |     |
| INSURANCE                                                                                                              |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         | YES                                 | NO                                  | UNK |
| 138                                                                                                                    | Are you aware of any claims that have been filed for damages to the property? (i.e., roof, flood, fire, casualty, etc.)                                                                                                                                                                                                        |                                         |              |                 |                                         | <input checked="" type="checkbox"/> | -                                   | -   |
| 139                                                                                                                    | If "Yes," please provide the following information for each claim: date of claim, description of claim, repairs and/or replacements completed. <i>Approximately 2016 made insurance claim for water damage to furniture, cleaning up water + painting in basement. Also hail damage claim to roof. Approximately 2019/2020</i> |                                         |              |                 |                                         |                                     |                                     |     |
| APPLIANCES/EQUIPMENT<br>(Seller is not agreeing that all items are being offered for sale; mark N/A if not applicable) |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         |                                     |                                     |     |
| 140                                                                                                                    | Range/Stove                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> N/A | Age          | <i>7 years</i>  | <input checked="" type="checkbox"/> Gas | Electric                            |                                     |     |
| 141                                                                                                                    | Oven                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> N/A | Age          | <i>7 years</i>  | <input checked="" type="checkbox"/> Gas | Electric                            |                                     |     |
| 142                                                                                                                    | Cooktop                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> N/A | Age          |                 | <input checked="" type="checkbox"/> Gas | Electric                            |                                     |     |
| 143                                                                                                                    | Outdoor Grill                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> N/A | Age          |                 | <input checked="" type="checkbox"/> Gas | Electric                            |                                     |     |
| 144                                                                                                                    | Dryer Hookup                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> N/A |              |                 | <input checked="" type="checkbox"/> Gas | Electric                            |                                     |     |
| 145                                                                                                                    | Built in Microwave                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> N/A | Age          |                 |                                         |                                     |                                     |     |
| 146                                                                                                                    | Built in Refrigerator                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> N/A | Age          |                 |                                         |                                     |                                     |     |
| 147                                                                                                                    | Dishwasher                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> N/A | Age          | <i>6 years</i>  |                                         |                                     |                                     |     |
| 148                                                                                                                    | Garbage Disposal                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> N/A | Age          | <i>10 years</i> |                                         |                                     |                                     |     |
| 149                                                                                                                    | Trash Compactor                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> N/A | Age          |                 |                                         |                                     |                                     |     |
| 150                                                                                                                    | Electric Pet Fence                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> N/A | # of collars |                 |                                         |                                     |                                     |     |
| 151                                                                                                                    | Gas Powered Exterior Lights                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> N/A | # of lights  |                 |                                         |                                     |                                     |     |
| 152                                                                                                                    | Security System/Cameras                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> N/A |              |                 | <input type="checkbox"/> Owned          | <input type="checkbox"/> Leased     |                                     |     |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         | YES                                 | NO                                  | UNK |
| 153                                                                                                                    | Are you aware of any items in this section in need of repair or replacement?                                                                                                                                                                                                                                                   |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 154                                                                                                                    | Please explain any "Yes" answers you gave in this section:                                                                                                                                                                                                                                                                     |                                         |              |                 |                                         |                                     |                                     |     |
|                                                                                                                        |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         |                                     |                                     |     |
| MISCELLANEOUS                                                                                                          |                                                                                                                                                                                                                                                                                                                                |                                         |              |                 |                                         | YES                                 | NO                                  | UNK |
| 155                                                                                                                    | Has the property been continuously occupied during the last twelve months?                                                                                                                                                                                                                                                     |                                         |              |                 |                                         | <input checked="" type="checkbox"/> | -                                   | -   |
| 156                                                                                                                    | Is the property located in an area that requires any compliance inspection(s) including municipality, conservation, fire district or any other required governmental authority?                                                                                                                                                |                                         |              |                 |                                         | <input checked="" type="checkbox"/> | -                                   | -   |
| 157                                                                                                                    | Is the property located in an area that requires any specific disclosure(s) from the city or county?                                                                                                                                                                                                                           |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 158                                                                                                                    | Is the property designated as a historical home or located in a historic district?                                                                                                                                                                                                                                             |                                         |              |                 |                                         |                                     | <input checked="" type="checkbox"/> |     |
| 159                                                                                                                    | Is property tax abated or subject to a tax freeze (such as Senior Property Tax Freeze)? If yes, attach documentation from taxing authority.                                                                                                                                                                                    |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 160                                                                                                                    | Are you aware of any pets having been kept in or on the property?                                                                                                                                                                                                                                                              |                                         |              |                 |                                         | <input checked="" type="checkbox"/> | -                                   | -   |
| 161                                                                                                                    | Is the Buyer being offered a protection plan/home warranty at closing at Seller's expense?                                                                                                                                                                                                                                     |                                         |              |                 |                                         | -                                   | -                                   | -   |
| 162                                                                                                                    | Are you aware of any inoperable windows or doors, broken thermal seals, or cracked/broken glass?                                                                                                                                                                                                                               |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 163                                                                                                                    | Are you aware if carpet has been laid over a damaged wood floor?                                                                                                                                                                                                                                                               |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 164                                                                                                                    | Are you aware of any existing or threatened legal action affecting the property?                                                                                                                                                                                                                                               |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 165                                                                                                                    | Are you aware of any consent required of anyone other than the signer(s) of this form to convey title to the property?                                                                                                                                                                                                         |                                         |              |                 |                                         | -                                   | <input checked="" type="checkbox"/> | -   |
| 166                                                                                                                    | Please explain any "Yes" answers you gave in this section: <i>Have had 3 cats in total over course of living there. Reference line 15C U.C. house inspection</i>                                                                                                                                                               |                                         |              |                 |                                         |                                     |                                     |     |

## ADDITIONAL COMMENTS

167 Have had multiple sewer back-up during heavy rain during the time  
 168 I lived there. Have also had water in the basement during the course  
 169 of living in the house including 2 significant water incidents.  
 170 See Superior Sewer Report 3/19/2026, Superior Sewer line prep report  
 171 AND lining Report 3/31/2026. Water in basement in utility room and  
 172 a section of the basement in May 2026, identified as coming from  
 173 H.V.C. Repair made by Classic Airo, 6/12/2026  
 174  
 175  
 176  
 177

Seller attaches the following document(s): <sup>PREP</sup> Superior Sewer Report 2/10/2026, liner report 3/31/2026  
 Sewer lining Report 3/31/2026; Classic Airo 6/12/2026 - paid receipt & lien waiver.  
 SELLER'S ACKNOWLEDGEMENT: paid receipt Superior sewer for \$144 AND for \$4,725  
 AND corresponding lien waivers

Seller acknowledges having carefully examined this statement and that it is complete and accurate to the best of Seller's knowledge.  
 Seller agrees to immediately notify listing broker in writing of any changes in the property condition. Seller authorizes all brokers and  
 their licensees to furnish a copy of this statement to prospective Buyers.

Mary Withey 6/23/2026  
 SELLER SIGNATURE DATE

\_\_\_\_\_  
 SELLER SIGNATURE DATE

Mary Withey  
 Seller Printed Name

\_\_\_\_\_  
 Seller Printed Name

## BUYER'S ACKNOWLEDGEMENT:

Buyer acknowledges having received and read this Seller's Disclosure Statement. Buyer understands that the information in this Seller's  
 Disclosure Statement is limited to information of which Seller has actual knowledge. Buyer should verify the information contained in  
 this Seller's Disclosure Statement, and any other important information provided by either Seller or broker (including any information  
 obtained through the Multiple Listing Service) by an independent, professional investigation of his own. Buyer acknowledges that broker  
 is not an expert at detecting or repairing physical defects in property.

\_\_\_\_\_  
 BUYER SIGNATURE DATE

\_\_\_\_\_  
 BUYER SIGNATURE DATE

\_\_\_\_\_  
 Buyer Printed Name

\_\_\_\_\_  
 Buyer Printed Name



**SUPERIOR SEWER CO.**

314-437-0522

[info@superiorsewerco.com](mailto:info@superiorsewerco.com)

<https://www.superiorsewerco.com>



## SEWER CABLING

1043 Midland Blvd  
University City, MO 63130

02/19/2026

Inspector

Jordan Kotyk

314-437-0522

[info@superiorsewerco.com](mailto:info@superiorsewerco.com)

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## RECOMMENDATION

## SUMMARY

⊖ 2.1.1 Main Sewer Line - Drain Cleaning Details: Repair Recommended - Sewer Lateral Line Open

# 1: CABLING DETAILS

## Information

---

**In Attendance**

Home Owner, Superior Sewer Co.

**Occupancy**

Occupied

**Type of Building**

Single Family

**Weather Conditions**

Light Rain, Heavy Rain

## 2: MAIN SEWER LINE

### Information

#### Drain Cleaning Details: Sewer Lateral Access Location

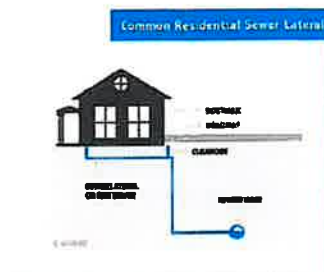
Basement



#### Drain Cleaning Details: Sewer Lateral Material

PVC, Cast Iron, Clay

All sewer line materials are not always identifiable.



#### Drain Cleaning Details: Blockage Material(s)

Unknown, Debris



### Observations

#### 2.1.1 Drain Cleaning Details

#### **REPAIR RECOMMENDED - SEWER LATERAL LINE OPEN**

At the time of service we identified damage we recommend repair by a licensed plumbing contractor. Re-camera the lateral line following repairs to ensure proper flow and function.

House backing up in basement. cabled out from stack in basement and knocked blockage preventing water flow. Ran camera and could only get to 42ft and encountered what I believe to be a fracture in the clay. Marked and located it to the front yard, unable to progress further with cable or camera until that is dug up and repaired. Looked at the area of concern for the window wells and they are pretty full of debris and dirt also noted that the covers for the wells aren't properly functioning.

#### Recommendation

Contact a qualified professional.



# STANDARDS OF PRACTICE

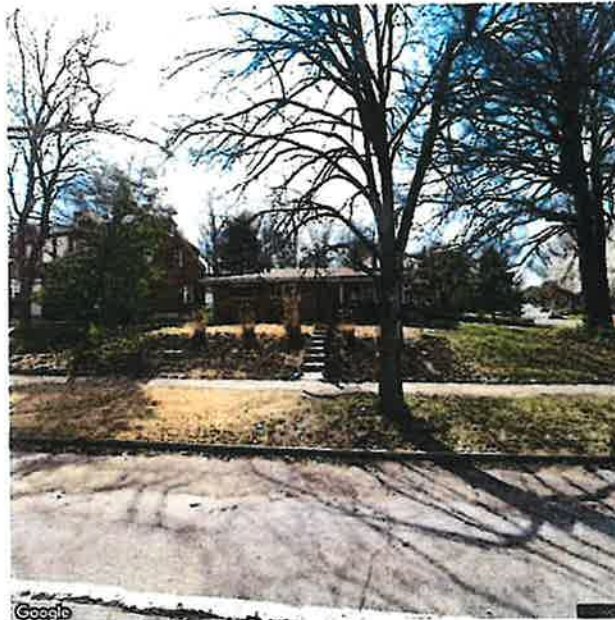


**SUPERIOR SEWER CO.**

314-437-0522

[info@superiorsewerco.com](mailto:info@superiorsewerco.com)

<https://www.superiorsewerco.com>



## LINER PREP REPORT

1043 Midland Blvd  
University City, MO 63130

03/31/2026

Inspector

**Miguel Rodriguez**

314-437-0522

[info@superiorsewerco.com](mailto:info@superiorsewerco.com)

Agent

**Juli-Ann Felsher**

314-303-3232

[jfelsher@butlerfelsher.com](mailto:jfelsher@butlerfelsher.com)

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# 1: GENERAL UNDERSTANDING OF A PREP REPORT

## Information

---

### **General Understanding Of A Prep Report: General Understanding Of A Prep Report**

Every individual liner repair needs a full prep report to ensure customer satisfaction, reference material for everyone, and efficient time management on site. Every prep report must be filled out and saved prior to shooting.



## 2: TECHS ON SITE

### Information

---

#### Techs and Site Photos: Techs On-Site

Brendan, Nick

#### Techs and Site Photos: Site Photos BEFORE PREP

Provide photos of the entire work area prior to prep to notate any mess or damage not caused by us.



Outside yard vent



Basement stack

### 3: LINER DIMENSIONS

Information

---

|                                                  |                                                       |                                                                      |
|--------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|
| <b>Liner Dimensions : Liner Diameter</b><br>4 in | <b>Liner Dimensions : Liner Length</b><br>approx 7 ft | <b>Liner Dimensions : Pipe Materials Being Repaired</b><br>Cast Iron |
|--------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------|

## 4: PRE-LINER PREP VIDEO

### Information

---

#### **Prep Video**

Upload Pre-Liner Prep Video here

[Prep video](#)

# 5: TIE-INS

## Information

**Tie-In #1: Location**

29 ft ft

Tie-in distance from the shoot point in FT



**Tie-In #1: Diameter**

4 in

**Tie-In #1: Tie-In Info**

Floor Drain, Laundry Line



# STANDARDS OF PRACTICE



**SUPERIOR SEWER CO.**

314-437-0522

[info@superiorsewerco.com](mailto:info@superiorsewerco.com)

<https://www.superiorsewerco.com>



## SEWER LINING

1043 Midland Blvd  
University City, MO 63130

03/31/2026

Inspector

**Miguel Rodriguez**

314-437-0522

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Agent

**Juli-Ann Felsher**

314-303-3232

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# 1: HOME DETAILS

## Information

---

**Occupancy**  
Occupied

**Type of Building**  
Single Family

**Weather Conditions**  
Clear

## 2: MAIN SEWER LINE

### Information

---

#### Sewer Lateral Access Location Basement



#### Pictures



#### Video

Installed new 4" liner in cast iron

Please **CLICK THE LINK** to watch the sewer lateral video inspection:

<https://www.dropbox.com/scl/fi/v3qjumfdwuzstl9c8gzd4/1043Midland.MP4?rlkey=2y3ymre4bziq08aqb9cghyp2g&st=dtngxgg4o&dl=0>

### 3: CIPP LINING WARRANTY

#### Information

---

##### Warranty: CIPP Lining Warranty

Superior Sewer Company LLC (Superior Sewer Co.) warrants that all new cured in place pipe liners it installs (i.e. liners, resins, and point repairs, which are referred to as the "CIPP Consumables") meet the ASTM F1216 standard and will be free from defects in materials, under normal use and service, for twenty-five years after install to the client (or such other party as the client may direct) when installed in accordance with The Charles Machine Works, Inc. dba HammerHead Trenchless ("HammerHead") applicable published guidelines. The warranty period for any item repaired or replaced pursuant to this warranty shall be the remainder, if any, of the original, defective Product's warranty period. For any covered issue during the warranty period, Buyer must timely notify Superior Sewer Co in writing of such defect, and Superior Sewer Co shall, at its option, supply a functionally equivalent replacement product or replace the defective pipe, at Superior Sewer Co's discretion, both without charge. Such repair or replacement is the purchaser's sole and exclusive remedy against Superior Sewer Co, whether in contract or arising out of warranties, representations, or defects. Superior Sewer Co may require pre- and post-installation video and the paid invoice, which must be provided by the customer, to verify a warranty claim. No item may be repaired or replaced without prior written authorization from Superior Sewer Co. This warranty does not cover: • HammerHead products that are not CIPP Consumables (e.g. whole goods, tooling, pressure pipe) • Defects other than those in materials (including but not limited to workmanship and design defects) • Transportation expenses in connection with the repair or replacement of CIPP Liner • Any CIPP Consumable that has been neglected, altered, misused, abused, or used in any way which, in Superior Sewer Co's opinion, adversely affects its performance • Failures caused by outside influence, including but not limited to Acts of God, fire, or other accident • Wear items or components failing due to normal wear • Items that are not manufactured by HammerHead (which are warranted only to the extent of the original manufacturer's warranty and subject to their allowance to us, if found defective by them) • CIPP Liners installed: in pressurized pipes, pipes carrying materials other than storm water or municipal sanitary sewer flows (unless approved in writing by Superior Sewer Co). Office: 314-437-0522 Email: info@superiorsewerco.com www.superiorsewerco.com Superior Sewer Co reserves the right to modify, alter, and improve any product without incurring any obligation to replace any liner previously sold without such modification, alteration, or improvement. No person is authorized to give any other warranty, or to assume any additional obligation on Superior Sewer Co's behalf unless made in writing, and signed by an officer of Superior Sewer Co. THIS WARRANTY AND ANY POSSIBLE LIABILITY OF SUPERIOR SEWER CO HEREUNDER IS IN LIEU OF ALL OTHER WARRANTIES, EXPRESS, IMPLIED, OR STATUTORY, INCLUDING, BUT NOT LIMITED TO ANY WARRANTIES OF MERCHANTABILITY, NON-INFRINGEMENT, OR FITNESS FOR A PARTICULAR PURPOSE. SUPERIOR SEWER CO IS NOT LIABLE FOR LOST REVENUE, LOST PROFITS, LOSS OF BUSINESS OPPORTUNITY, OR ANY INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH THE USE OF A LINER COVERED BY THIS WARRANTY, INCLUDING ANY EXPENSE OF OBTAINING SUBSTITUTE EQUIPMENT OR SERVICE DURING PERIODS OF NONUSE. IN NO EVENT SHALL SUPERIOR SEWER CO'S LIABILITY EXCEED THE INSTALL PRICE OF THE LINER. NO ACTION AGAINST SUPERIOR SEWER CO ARISING OUT OF OR RELATED TO THIS WARRANTY MAY BE FILED NO MORE THAN ONE (1) YEAR AFTER THE CLAIM ARISES.

# STANDARDS OF PRACTICE



Classic Aire Care, Inc.  
1276 North Warson Road  
St. Louis, MO 63132  
(314) 735-2474

**BILL TO**

Mary Wittry  
1043 Midland Boulevard  
University City, MO 63130 USA

**INVOICE**  
1326358

**INVOICE DATE**  
6/12/2026

**JOB ADDRESS**

Mary Wittry  
1043 Midland Boulevard  
University City, MO 63130 USA

**Completed Date** 6/12/2026

**Customer PO #**

**Payment Term** Due Upon Receipt

**Due Date** 6/12/2026

**DESCRIPTION OF WORK**

Found dirty filter  
Replaced filter  
Declined membership  
Customer is selling house.  
Washed condenser  
Checked refrigerant and it is within manufacturers specifications

| TASK             | DESCRIPTION                                           | QTY  | PRICE    | TOTAL    |
|------------------|-------------------------------------------------------|------|----------|----------|
| NMD-S            | Diagnostic Fee:<br>Diagnostic Fee for Non-Members     | 1.00 | \$109.00 | \$109.00 |
| CLEANCONDENSER-S | Clean Condenser Coil:<br>Clean Condenser Coil         | 1.00 | \$230.00 | \$230.00 |
| FIL002-S         | Filter - standard filter:<br>Filter - standard filter | 1.00 | \$35.00  | \$35.00  |

**PAYMENT**

| Paid On          | Type       | Memo | Amount   |
|------------------|------------|------|----------|
| 6/12/2026        | Debit Card |      | \$374.00 |
| <b>SUB-TOTAL</b> |            |      | \$374.00 |
| <b>TAX</b>       |            |      | \$0.00   |
| <b>TOTAL DUE</b> |            |      | \$374.00 |
| <b>PAYMENT</b>   |            |      | \$374.00 |

Classic Aire Care appreciates your business. Thank you for allowing us to serve you.

**CUSTOMER AUTHORIZATION**

I authorize Patrick O to provide the recommended services.

A 2.5% surcharge applies to all payments made via credit card. Alternative payment options include ACH, check, or cash to avoid this fee.

Classic Aire Care shall do all work in a good and workmanlike manner and attempt to render prompt and efficient service. Classic Aire Care warrants that work will be free from defects in material and workmanship for the warranty period, if any, provided. Customer will operate any equipment in accordance with the manufacturer's instructions and will ensure performance of routine maintenance and any special maintenance requirements listed in the manufacturer's documents for any furnished equipment. Interest at the highest rate allowable under the law will be assessed on any invoice amount that remains unpaid after a period of thirty (30) days from the date of this invoice. Classic Aire Care carries general liability insurance and worker's compensation insurance on all employees.

Sign here

Verbal

Date 6/12/2026

**CUSTOMER ACKNOWLEDGEMENT****NOTICE TO OWNER**

FAILURE OF THIS CONTRACTOR TO PAY THOSE PERSONS SUPPLYING MATERIAL OR SERVICES TO COMPLETE THIS CONTRACT CAN RESULT IN THE FILING OF A MECHANIC'S LIEN ON THE PROPERTY WHICH IS THE SUBJECT OF THIS CONTRACT PURSUANT TO CHAPTER 429, RSMo. TO AVOID THIS RESULT YOU MAY ASK THIS CONTRACTOR FOR "LIEN WAIVERS" FROM ALL PERSONS SUPPLYING MATERIAL OR SERVICES FOR THE WORK DESCRIBED IN THIS CONTRACT. FAILURE TO SECURE LIEN WAIVERS MAY RESULT IN YOUR PAYING FOR LABOR AND MATERIAL TWICE.

I have authority to order the work as outlined above. Such work has been satisfactorily performed. I agree that Classic Aire Care will retain title to any and all furnished equipment and/or material until the total amount of all unpaid invoices has been received by Classic Aire Care. I agree that Classic Aire Care has the right to remove any furnished equipment and/or materials until the total amount of all unpaid invoices is received and that I will hold Classic Aire Care harmless for any damages resulting from the removal thereof. I agree to pay all costs and reasonable attorney fees for collection.

Sign here

Verbal

Date 6/12/2026

I authorize Classic Aire Care, Inc to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Sign here

May Witty

Date 6/12/2026



*Making Your Life More Comfortable*

**FINAL WAIVER OF LIEN**

To: Mary Wittry, owner or sub-contractor for the premises located at 1043 Midland Boulevard University City, MO 63130 and to all whom it may concern.

In consideration of the sum of three hundred seventy-four dollars and zero cents (\$374.00) and other good and valuable considerations in hand paid, the receipt whereof is hereby acknowledged Classic Aire Care/The Drain Team, Inc. the sub-contractor for the HVAC and Plumbing work (labor and materials) on the building now in the course of construction upon the above mentioned premises, and/or for otherwise improving said premises waives and releases any and all liens, claims and right to lien for any and all work, labor and material by Classic Aire Care, Inc. out of corporate stock furnished or which may be furnished in and about said premises.

Given under our hands this 23<sup>rd</sup> day of June, 2026.

Witness

Classic Aire Care, Inc.



## Superior Sewer Company

11084 Gravois Industrial Ct  
St. Louis, MO 63128

1043 Midland Blvd  
1043 Midland Blvd  
University City, MO 63130

|               |              |
|---------------|--------------|
| INVOICE       | #15758363    |
| SERVICE DATE  | Feb 19, 2026 |
| PAYMENT TERMS | Upon receipt |
| DUE DATE      | Feb 19, 2026 |

|            |               |
|------------|---------------|
| AMOUNT DUE | <b>\$0.00</b> |
|------------|---------------|

### CONTACT US

☎ (314) 437-0522  
✉ [info@superiorsewerco.com](mailto:info@superiorsewerco.com)

Service completed by: Jordan Kotyk

## INVOICE

2025-11-19-2026

### Sewer Lateral Cabling

A mechanical device will be used to clear debris or blockages such as waste, sanitary products, or roots in the primary lateral line. These can be cleared through cabling, restoring intended flow and function. Because no camera will be utilized during this inspection, we cannot warranty the longevity of the lateral being blockage free following service.

Price is for first hour of service. Any extra time will be an additional \$60/30 minutes.  
You will be notified prior if we need any additional time to get approval.

|                   |                 |
|-------------------|-----------------|
| Subtotal          | \$144.00        |
| <b>Job Total</b>  | <b>\$144.00</b> |
| <b>Amount Due</b> | <b>\$0.00</b>   |

### Payment History

|        |             |             |          |
|--------|-------------|-------------|----------|
| Feb 19 | Thu 11:23am | Credit Card | \$144.00 |
|--------|-------------|-------------|----------|

Thank you for using Superior Sewer Company! We appreciate your business.

See our [Terms & Conditions](#)

**FULL AND FINAL UNCONDITIONAL  
LIEN WAIVER**

Superior Sewer Company  
("Contractor") contracted with

("Owner" or "General Contractor") to furnish labor and/or materials ("Work") on or for the project/real property known as: 1043 Midland Blvd University City, MO 63130  
("Property"), for a total contract price, including changes and extras, of \$ 144.00 to which payment for same has been received and is hereby acknowledged.

A. CONTRACTOR DOES HEREBY FULLY, FINALLY AND UNCONDITIONALLY WAIVE AND RELEASE ANY AND ALL RIGHTS TO ASSERT OR ENFORCE MECHANICS LIEN CLAIMS UNDER THE STATUTES OF THE STATE OF MISSOURI AGAINST THE REAL PROPERTY DESCRIBED ABOVE FOR ALL WORK PERFORMED BY THE CONTRACTOR PRIOR TO THE DATE SET FORTH BELOW AND FOR ANY WORK HEREAFTER PERFORMED BY OR ON BEHALF OF THE CONTRACTOR UNDER ANY AGREEMENTS EXECUTED BY THE CONTRACTOR PRIOR TO THE DATE SET FORTH BELOW.

B. Contractor represents and warrants that it has employed the following subcontractors and suppliers, and no others, to furnish labor, services, material, fixtures, apparatus or machinery, forms or formwork, or any other assistance in performing its Work:

None (circle, if none)

or List Names and Addresses:

C. Contractor and the individual executing this Waiver on behalf of Contractor both represent and warrant that Contractor has fully paid for all labor and/or materials used by the Contractor (or its subcontractors and/or suppliers of any tier) in performing the Work for which this Release is applicable; and they both agree to defend, indemnify and hold harmless the Owner, any upper-tier contractors, the title company, any disbursing company, and any lenders from any claims for payment by any person or entity that Contractor has represented herein to have paid.

Company Name: Superior Sewer Company

Address/City/State/Zip: 11084 Gravois Ind Ct. St. Louis, MO. 63128

Signature: Kacie Reckart

Print Name/Title: KACIE RECKART / Client care specialist

Phone: 314.437.0522

Date: 6/19/2026



## Superior Sewer Company

11084 Gravois Industrial Ct  
St. Louis, MO 63128

|               |              |
|---------------|--------------|
| INVOICE       | #15758584    |
| SERVICE DATE  | Mar 30, 2026 |
| PAYMENT TERMS | Upon receipt |
| DUE DATE      | Feb 26, 2026 |

|            |               |
|------------|---------------|
| AMOUNT DUE | <b>\$0.00</b> |
|------------|---------------|

Mary Wittry  
1043 Midland Blvd  
University City, MO 63130

### CONTACT US

(314) 437-0522  
info@superiorsewerco.com

Service completed by: Jake Erslon, Jason Williams, Eric Derda, Terry Manning, Monte Felio, Preedee Beckman, Miguel Rodriguez, Jordan Kotyk, Emily Neal, Mitch Simmons, Nick Crouch, Brendan Kellar

## INVOICE

### Services

#### Sewer Lateral Outside Excavation Repair - Approx. 5' Dig & Replace at Damaged/Compromised 6" Clay Located in Front Yard

Superior Sewer Co. will gain access and break ground at the located area of damaged/defective piping in the yard. We will excavate and expose the damaged section of pipe and it will be replaced with SCH 40 PVC. We will replace up to a 5' section of pipe when making repair. We will initially plan to keep all digging in the grass area. If for any reason repairs exceed 5', or repairs extend under any obstructions like concrete, then there could be additional costs. Clients would be notified of any changes prior.

Please note, some of the bushes in the front yard may be disrupted when making dig repair. We will work to be as least invasive as possible!

Once excavation is complete and the area is backfilled, we will seed and straw the affected area as a courtesy to promote ground restoration. We do not guarantee grass growth or full restoration to original condition.

Full visual inspection will be provided showing repairs made once work is complete.

Utilities will be located and marked prior to excavation.

All necessary licenses, inspections, & permits will be pulled and completed in compliance with municipality that repair is being done in.

This proposal assumes normal soil conditions. If rock, concrete, or other unforeseen underground obstructions are encountered during excavation, additional charges will apply.

This estimate does not include hand digging around existing utilities. If marked or unmarked utility lines are located within the excavation path, and machine digging is not safe or permitted, hand excavation will be required and additional charges will apply.

1 year warranty on dig repair.

|                  |                   |
|------------------|-------------------|
| Subtotal         | \$5,250.00        |
| Promo            | -\$525.00         |
| <b>Job Total</b> | <b>\$4,725.00</b> |

**Amount Due**

**\$0.00**

**Payment History**

|        |            |             |                   |
|--------|------------|-------------|-------------------|
| Apr 10 | Fri 1:42pm |             | \$4,200.00        |
| Apr 20 | Mon 2:36pm | Credit Card | \$525.00          |
|        |            |             | <b>\$4,725.00</b> |

**WE OFFER MEET OR BEAT PRICING ON ALL OF OUR REPAIR ESTIMATES**

Estimate is subject to change if any additional work is needed outside of estimate scope. Any changes would be discussed with clients prior.

1 year warranty on dig repair.

Estimate valid for 60 days. If 60 days pass, a new estimate will be provided.

50% deposit required upon acceptance of proposal. Remaining 50% to be paid upon job completion.

Thank you for using Superior Sewer Company! We appreciate your business.

See our [Terms & Conditions](#)

FULL AND FINAL UNCONDITIONAL  
LIEN WAIVER

Superior Sewer Company  
("Contractor") contracted with

("Owner" or "General Contractor") to furnish labor and/or materials ("Work") on or for the project/real property known as: 1043 Midland Blvd University City, MO 63130  
("Property"), for a total contract price, including changes and extras, of \$ 4,725.00 to which payment for same has been received and is hereby acknowledged.

A. CONTRACTOR DOES HEREBY FULLY, FINALLY AND UNCONDITIONALLY WAIVE AND RELEASE ANY AND ALL RIGHTS TO ASSERT OR ENFORCE MECHANICS LIEN CLAIMS UNDER THE STATUTES OF THE STATE OF MISSOURI AGAINST THE REAL PROPERTY DESCRIBED ABOVE FOR ALL WORK PERFORMED BY THE CONTRACTOR PRIOR TO THE DATE SET FORTH BELOW AND FOR ANY WORK HEREFTER PERFORMED BY OR ON BEHALF OF THE CONTRACTOR UNDER ANY AGREEMENTS EXECUTED BY THE CONTRACTOR PRIOR TO THE DATE SET FORTH BELOW

B. Contractor represents and warrants that it has employed the following subcontractors and suppliers, and no others, to furnish labor, services, material, fixtures, apparatus or machinery, forms or formwork, or any other assistance in performing its Work:

None (circle, if none)

or List Names and Addresses:

C. Contractor and the individual executing this Waiver on behalf of Contractor both represent and warrant that Contractor has fully paid for all labor and/or materials used by the Contractor (or its subcontractors and/or suppliers of any tier) in performing the Work for which this Release is applicable; and they both agree to defend, indemnify and hold harmless the Owner, any upper-tier contractors, the title company, any disbursing company, and any lenders from any claims for payment by any person or entity that Contractor has represented herein to have paid.

Company Name: Superior Sewer Company

Address/City/State/Zip: 11084 Gravois Ind Ct. St Louis, MO 63128

Signature: Kacie Reckert

Print Name/Title: Kacie Reckert / client care specialist

Phone: 314.437.0522

Date: 6/19/2026

This document has legal consequences.  
If you do not understand it, consult your attorney.  
The text of this form may not be altered in any manner  
without written acknowledgement of all parties.

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Form # 2049

07/25

**DISCLOSURE OF INFORMATION ON  
LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS**

PROPERTY: 1043 Midland Blvd, A. City 63130

**Lead Warning Statement**

Every Buyer of any interest in residential real 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 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 Buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer 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**

(a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

- ☒ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing  
☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

(b) Records and reports available to Seller (check one below):

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

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

**Buyer's Acknowledgment** (initial appropriate blanks)

\_\_\_\_ Buyer has received copies of all information listed above. (leave blank if none provided to Buyer.)

\_\_\_\_ Buyer has received the pamphlet Protect Your Family From Lead in Your Home.

Buyer has (check one below):

- ☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection of the presence of lead-based paint or lead-based hazards; or  
☐ 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 Acknowledgment** (initial)

AF Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.  
(To be completed by listing agent or if not listed, agent assisting Buyer.)

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

\_\_\_\_ DATE

Mary Wittry  
SELLER SIGNATURE

6/23/2024  
DATE

\_\_\_\_  
Buyer Printed Name

MARY WITTRY  
Seller Printed Name

\_\_\_\_  
BUYER SIGNATURE

\_\_\_\_ DATE

\_\_\_\_  
SELLER SIGNATURE

\_\_\_\_ DATE

\_\_\_\_  
Buyer Printed Name

\_\_\_\_  
Seller Printed Name

\_\_\_\_  
BUYER'S AGENT SIGNATURE

\_\_\_\_ DATE

Juli Ann Felsner  
LISTING AGENT SIGNATURE

6/23/2026  
DATE

\_\_\_\_  
Buyer's Agent Printed Name

JULI-ANN FELSNER  
Listing Agent Printed Name

(NOTE: Any reference to Agent also includes a licensee acting as a Transaction Broker)