File #: 8654415

BGRS Relocation Inc.

RIDER TO PURCHASE AGREEMENT ADDENDUM

THIS IS AN ADDENDUM to Purchase Agreement and the Rider to Purchase Agreement ("Rider") dated_____, by and between BGRS Relocation Inc., "Seller," and "Buyer," for the property located at 3613 River Watch Ln, Franklinton, NC 27525-7051 (the "Property").

The following documents are being delivered to Buyer pursuant to Section 3 of the Rider and are **for informational purposes only**. They represent the opinions of the individuals or firms who prepared them. Seller makes no representations as to the accuracy of the information provided and makes no agreement to undertake or perform any action recommended in any of the reports. Buyer agrees that Buyer is not relying on the accuracy of these documents and may investigate the subject matter of the documents. Any obligation to make repairs based on the investigations or otherwise will be governed exclusively by Section 4 of the Rider.

Type of Document(s)	**Provider / Company Name**
Septic Inspection	ReloOlogy

Disclosure Statements	Date
Homeowner's Disclosure Statement	
State of North Carolina Seller Disclosure Form by former owner	
State of North Carolina Seller Disclosure Form by Seller	
Natural Hazards Disclosure Statement (California only)	
Lead Based Paint Disclosure by former owner	
Association related documents (Condo/Co-op/Homeowner)	

Buyer acknowledges receipt of the foregoing documents from Seller. Buyer has five (5) days to review the documents and provide Seller with written notice of defects in accordance with the terms of Section 4 of the Rider. Seller shall have seven (7) days from the date Seller receives Buyer's written notice of any defects not previously disclosed by Seller, to advise Buyer or Buyer's agent, in writing, how Seller shall proceed.

Seller: BGRS Relocation Inc.

Sign

By: _____ Date _____

Sign

Sign

_____ Listing Broker/Agent Date _____

Sign

_____ Buyer Date _____

_____ Buyer Date _____

_____ Selling Broker/Agent Date _____

This Page is for Information Purposes Only

Buyer to Initial Each Page of The Documents Included in this Package

Please make sure all pages of the following have been initialed and are submitted with the offer package to BGRS.

ReloOlogy™
a relocation support services provider

Septic Inspection Summary

Transferee / Property / Inspection Information

Transferee Name:	SIRVA	Street Address:	3613 River Watch Ln
City:	Franklinton	State / Zip Code:	NC / 27525
Customer:	Sirva	File Number:	8654415
Customer Contact:	Amanda Funk	Inspection / Report Date:	8-19-2024 / 8-27-2024

Issues Identified During Inspection

Per your request, a septic inspection was conducted at the above captioned property. All visually accessible components of the 2000-gallon septic system were evaluated in accordance with state and/or local requirements. No warranty is expressed or implied as to the future condition or function of this system. The inspector's report is attached for your reference. The system components appeared to be in satisfactory condition at the time of inspection except for the following.

1. The floats are missing cable weights (may cause the pump to pump large quantities of water or cause the alarm to sound because the floats are not regulated).

Please Note: The tank was pumped at the time of inspection.

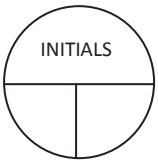
Action Recommended

Action Recommended: **Contact a qualified repair contractor, in conjunction with the local Health Department, to repair the system.**

If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Cathy Ciambella
Senior Inspection Specialist
ReloOlogy Inspection Management Services
Phone: 215/478-6962



Kirby Septic Pumping
7770 Atkins Rd, Mebane, NC
(336)516-3181

Date of Inspection: 8/19/24

Client Name: Reloology

Property Address: 3613 River Watch Lane Franklinton

3 bed **Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative.**

3 Bed **Gallons per day for designed system size or number of bedrooms as stated in local health department information.**

Yes	No	
☒	☐	Inspection shall include any part of the system located more than 5 feet from the primary structure that is part of the operations permit.
☒	☐	Copy of operations permit from Granville county attached.
☐	☒	Copy of operations permit not available.
☐	☒	System requires a certified subsurface water pollution control system operator

Current operator's name:

Type of water supply:	Well	Public water	Community water	Spring
	☒	☐	☐	☐

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INITIALS

Location of Septic Tank and Septic Tank Details

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INITIALS

>10	Feet from house or structure
>100	Feet from well, if applicable
NA	Feet from water line, if applicable
Not marked	Feet from property line, if property lines are marked
0”	Distance from finished grade to the top of tank or access riser

Yes	No	
☒	☐	Access Riser(s), Describe: Plastic risers, good condition
☒	☐	Tank lids intact
☒	☐	Tank has baffle wall, Describe: Full baffle good condition
☒	☐	Inflow to tank is noted as sufficient
☐	☒	Inflow to tank is noted as insufficient or blocked
☒	☐	Water level is relative to tank outlet
☒	☐	Outlet tee is present, Describe: PVC Tee
☒	☐	Outlet tee has filter
☒	☐	Effluent leaves the outlet
☐	☒	Roots present in tank, Describe:
☐	☒	Evidence of tank leakage, Describe:
☐	☒	Evidence of non-permitted connections, such as down spouts or sump pumps
☒	☐	Connection is present from house to tank
☒	☐	Connection is present from tank to the next component
		Percentage of solids in tank 20
☐	☒	Unable to locate tank. System inspection cannot be completed until tank is located.

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Pump Tank Location and Details

Yes☒	No☐	Does the system have a pump tank?

Not applicable ☐	>15	Feet from house or structure
Not applicable ☐	>100	Feet from well or Spring, if applicable
Not applicable ☐	NA	Feet from water line, if applicable
Not applicable ☐		Feet from property line, if property lines are marked **Property line not marked☒**
Not applicable ☐	☒ Yes ☐ No	Access risers are in place. Describe: Ok
Not applicable ☐		Distance from finished grade to top of tank or access risers
Not applicable ☐	3 feet	Feet from septic tank

Control Panel Location and Details

Location of the control panel: Besides pump tank riser

Yes	No	No Power on at time of inspection	Not applicable	
☒	☐	☐	☐	Electrical connections are in place
☒	☐	☐	☐	Audible and visible alarms (as applicable) work
☒	☐	☐	☐	Pump turns on and effluent is delivered to the next component

Dispersal Field Details

Type of system	Conventional☐	Accepted☒	Innovative☐	Experimental ☐

Not marked	Feet from property lines if property lines are marked
80	Feet from septic/pump tank
4	Number of lines
300’	Total length of lines

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Dispersal Field Details (continued)

Yes	No	
☐	☒	Evidence of past or current surfacing at time of inspection, if yes describe:
☐	☒	Evidence of traffic over dispersal field
☐	☒	Vegetation, grading and drainage noted that may effect the condition of the system components
☒	☐	Effluent is reaching the dispersal field

☐ **Conditions present that prevent or hindered the inspection**

☒ **Adverse Conditions present that require repair or subsequent observation or warrants futher evaluation by the local health department. Describe the adverse condition:**

Floats are missing cable weights which may cause the pump to pump large quantities of water or cause the alarm to sound because the floats aren't regulated

☐	Client should contact _____ County Environmental Health Department
☒	Client should contact a certified on-site wastewater contractor

Other pertinent facts noted during inspection:

Recommend pumping tank every 3-5 years and cleaning the filter yearly

No representation, warranties, or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system describe herein. The onsite wastewater inspection is a presentation of facts in place on the date of inspection.

Jeffrey D. Kirby Jr. Certification # 5840I

GRANVILLE VANCE public health

OPERATION PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 359747 - 1
County ID Number: 182500555459
Evaluated For: NEW

Property Owner: Ironwood Investments Assoc
Address: PO Box 1011
Road #:
City: Youngsville
State/Zip: NC/ 27596
Phone #:
Township:
Subdivision: Ironwood
Phase : NEW Lot: 171

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: Truework, Inc.
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 10/01/2021
STB: 323
Pump Tank Date: 09/21/2021
PT:
Comments:

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

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Authorized State Agent: Stiles, Bailey *Bailey Stiles* Date of Issue: 04/28/2022

Owner/Applicant: _____

Granville – Vance District Health Department
Environmental Health

Pin 1825005554 59

Permit Number 35974

Final Sketch

Summer Construction
Applicants Name

Ironwood 171
Subdivision – Section – Lot

Physical Address: 3613 Riverwater Ln **Number of Bedrooms** 3

Trueworth
System Installer

2/11/22
Date

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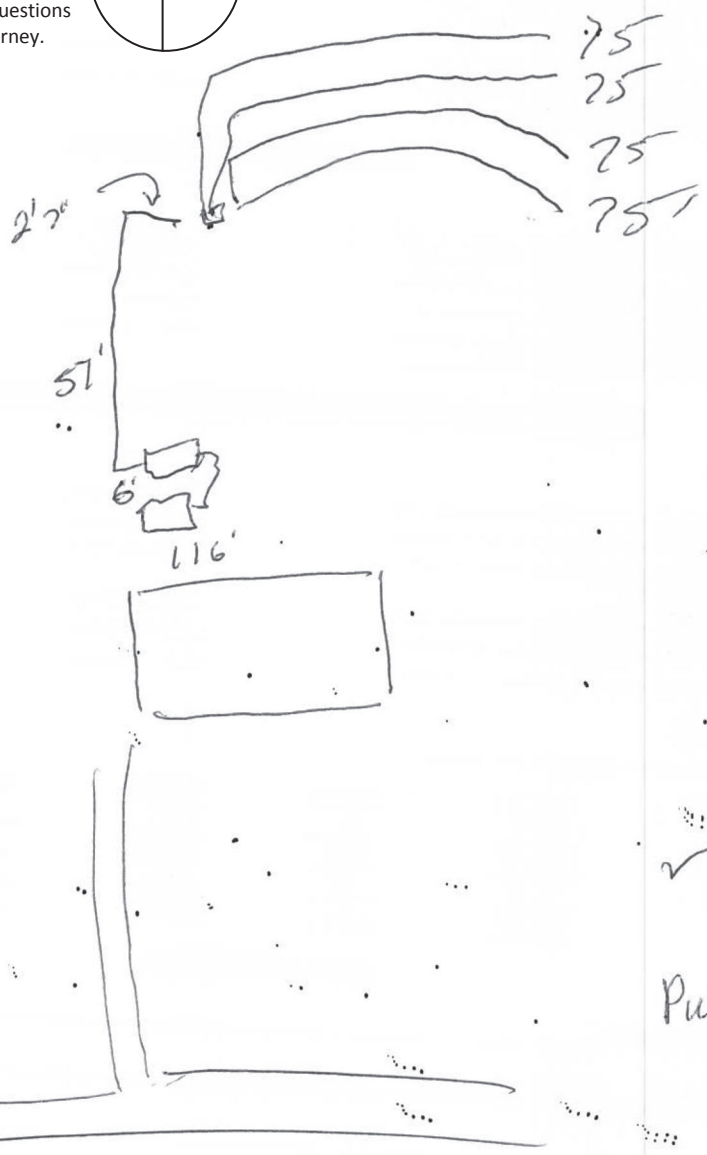

✓ tank + lmi
2/11/22 CMA

Pump final done on
4/27/2022 KBS

Bailey Stiles
Authorized Signature

04-28-2022
Date