

UTILITIES

67. Are the following services available to the Property?

YES	NO		PROVIDER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<u>Navopache Electric Coop</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fuel <input type="checkbox"/> Natural gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Oil	<u>Sierra Propane</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cable	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Telephone	<u>Frontier</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage collection	<u>Blve Hills Environmental</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire	<u>Springerville Fire Dept</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are there any alternate power systems installed on the Property? If yes, indicate type (Check all that apply):	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soiar <input type="checkbox"/> Wind <input type="checkbox"/> Generator <input type="checkbox"/> Other	
66.		If yes, are you aware of any past or present problems with the alternate power system(s)? Explain: _____	
67.		_____	

WATER

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	78. Is there a domestic water source to the Property?
79.		If yes, water source is: <input type="checkbox"/> Public <input type="checkbox"/> Private water company <input type="checkbox"/> Private well <input type="checkbox"/> Shared well <input type="checkbox"/> Hauled water
80.		If water source is a private or shared well, or water can be used from springs, streams, lakes, ponds, reservoirs, canyons, or ravines, complete and attach the DOMESTIC WATER WELL/WATER USE ADDENDUM.
81.		82. If water source is public, a private water company, or hauled water, Provider is: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	83. Are you aware of any past or present drinking water problems? Explain: _____
84.		_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	85. To your knowledge, is the Property in one of the following districts or areas? (Check all that apply):
86.		<input type="checkbox"/> Central Arizona Project (CAP) District <input type="checkbox"/> Irrigation Non-Expansion Area <input type="checkbox"/> Active Management Area
87.		<input type="checkbox"/> Central Arizona Groundwater Replenishment District <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	88. Are you aware of any grandfathered water rights associated with the Property?
89.		If yes, <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Irrigation
90.		Grandfathered Water Rights Certificate # _____
91.		What is the allotment? _____ acre feet
92.		Number of irrigated acres _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	93. To your knowledge, does the Property have surface water rights? If yes; <i>Decreed rights (Norviel Decree)</i> Certificate # <i>see Irrigation Water</i> <i>Sharing Agreement</i>

SEWER/WASTEWATER TREATMENT

YES	NO	
94.		NOTICE TO BUYER: CONTACT THE APPROPRIATE GOVERNMENTAL OR PRIVATE PROVIDER REGARDING THE AVAILABILITY AND COST OF SEWER CONNECTION.
95.		Type of sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Planned and approved sewer system, but not connected <input checked="" type="checkbox"/> None
96.		Name of Provider: _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	98. Is the Property served by an On-Site Wastewater Treatment Facility? (If no, skip to line 110.)
99.		If yes, the Facility is: <input type="checkbox"/> Conventional septic system <input type="checkbox"/> Alternative system; type: _____
100.		_____
<input type="checkbox"/>	<input type="checkbox"/>	101. If the Facility is an alternative system, is it currently being serviced under a maintenance contract?
102.		If yes, name of contractor: _____ Phone #: _____
103.		Approximate year Facility installed: _____ (Attach copy of permit)
<input type="checkbox"/>	<input type="checkbox"/>	104. Are you aware of any repairs or alterations made to this Facility since original installation?
105.		Explain: _____
106.		_____
107.		Approximate date of last Facility inspection and/or pumping of septic tank: _____
108.		_____

Initials: _____ / _____
SELLER SELLER

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Initials: _____ / _____
BUYER BUYER