

**27737 311TH AVENUE,  
WINNER, SD**

**SPLIT-LEVEL HOME ON  
20-ACRES WITH  
MACHINE SHED**

**FOR SALE: 575,000**



## HOME FEATURES

- 2 bathrooms
- 1 bedrooms
- full kitchen
- large living room



Enjoy country living with this 20-acre property featuring a split-foyer home built in 1978, with two additions completed in 2003. The home offers 1,744 square feet of living space, three bedrooms, another bedroom/office on the main level, and two bathrooms, providing room to spread out and enjoy the peace and privacy of acreage living. Plus a two-door tuckunder garage.



# SELLER'S PROPERTY CONDITION DISCLOSURE STATEMENT

## RESIDENTIAL – SDCL 43-4-44

Seller(s) Robert & Wendy Heath Life Estate, Brooke Heath, Casey Heath

Property Address 27737 311th Ave Winner, SD 57580

This Disclosure Statement concerns the real property identified above and offered for sale. This disclosure is required by law to be completed by sellers of real property and given to potential buyers. This form can have important legal consequences. If you do not understand this form, you should seek advice from a competent source.

Seller states that the information contained in this disclosure fully reflects the Seller's knowledge of the matters disclosed as of the date affixed to the form. If any material fact changes prior to closing, the seller MUST disclose that change in a written amendment to this disclosure statement and give the same to the buyer.

This statement is a DISCLOSURE OF THE CONDITION OF THE ABOVE-DESCRIBED PROPERTY in compliance with SDCL 43-4-38. It is NOT A WARRANTY of ANY KIND by the Seller or anyone representing any party in a transaction. It is NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES either party may wish to obtain.

Seller hereby authorizes any agent representing any party in this transaction to provide a copy of this statement to any person or entity in connection with any actual or anticipated sale of the property.

If the answer to any of the following requires more space for explanation, please fully explain in comments or on an attached separate sheet.

### I. LOT OR TITLE INFORMATION

1. When did you purchase or build the home? \_\_\_\_\_ / \_\_\_\_\_  
MonthYear

|     | LOT OR TITLE INFORMATION                                                                                                                                                                                                                                         | Yes | No | Do Not Know | N/A | Comments               |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|-----|------------------------|
| 2.  | Are there any recorded liens or financial instruments against the property, other than a first mortgage?                                                                                                                                                         |     | X  |             |     |                        |
| 3.  | Are there any unrecorded liens or financial instruments against the property, other than a first mortgage; or have any materials or services been provided in the past one hundred twenty days that would create a lien against the property under chapter 44-9? |     | X  |             |     |                        |
| 4.  | Are there any easements which have been granted in connection with the property (other than normal utility easements for public water and sewer, gas and electric service, telephone service, cable television service, drainage, and sidewalks)?                |     |    | X           |     |                        |
| 5.  | Are there any problems related to establishing the lot lines/boundaries?                                                                                                                                                                                         |     | X  |             |     |                        |
| 6.  | Do you have a location survey in your possession or a copy of the recorded plat?                                                                                                                                                                                 |     | X  |             |     | If yes, attach a copy. |
| 7.  | Are you aware of any encroachments or shared features, from or on adjoining property (i.e. fences, driveway, sheds, outbuildings, or other improvements)?                                                                                                        |     | X  |             |     |                        |
| 8.  | Are you aware of any covenants or restrictions affecting the use of the property in accordance with local law?                                                                                                                                                   |     | X  |             |     | If yes, attach a copy. |
| 9.  | Are you aware of any current or pending litigation, foreclosure, zoning, building code or restrictive covenant violation notices, mechanic's liens, judgments, special assessments, zoning changes, or changes that could affect your property?                  |     | X  |             |     |                        |
| 10. | Is the property currently occupied by the owner?                                                                                                                                                                                                                 | X   |    |             |     |                        |
| 11. | Does the property currently receive the owner-occupied tax reduction pursuant to SDCL 10-13-39?                                                                                                                                                                  | X   |    |             |     |                        |

Seller WH / Seller GA

Buyer \_\_\_\_\_ / Buyer \_\_\_\_\_

|     | STRUCTURAL INFORMATION                                                                                                                                              | Yes                                 | No                                  | Do Not Know                         | N/A | Comments                         |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|----------------------------------|
| 15. | Are you aware of the property having been treated or repaired for any pest infestation or damage?                                                                   |                                     | <input checked="" type="checkbox"/> |                                     |     | If yes, who treated it and when? |
| 16. | Are you aware of any work upon the property which required a building, plumbing, electrical, or any other permit?                                                   | <input checked="" type="checkbox"/> |                                     |                                     |     | <i>a addition</i>                |
| 17. | Was a permit obtained for work performed upon the property?                                                                                                         | <input checked="" type="checkbox"/> |                                     |                                     |     |                                  |
| 18. | Was the work approved by an inspector as required by local or state ordinance?                                                                                      |                                     |                                     | <input checked="" type="checkbox"/> |     |                                  |
| 19. | Are you aware of any past or present damage to the property (i.e. fire, smoke, wind, floods, hail, or snow)?                                                        |                                     | <input checked="" type="checkbox"/> |                                     |     |                                  |
| 20. | Have any insurance claims been made for damage to the property?                                                                                                     |                                     | <input checked="" type="checkbox"/> |                                     |     |                                  |
| 21. | Was an insurance payment received for damage to the property?                                                                                                       |                                     |                                     | <input checked="" type="checkbox"/> |     |                                  |
| 22. | Has the damage to the property been repaired?                                                                                                                       |                                     |                                     | <input checked="" type="checkbox"/> |     |                                  |
| 23. | Are there any unrepaired damages to the property from the insurance claim?                                                                                          |                                     |                                     | <input checked="" type="checkbox"/> |     |                                  |
| 24. | Are you aware of any problems with sewer blockage or backup, past or present?                                                                                       |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |     |                                  |
| 25. | Are you aware of any drainage, leakage, or runoff from any sewer, septic tank, storage tank, or drain on the property into any adjoining lake, stream, or waterway? |                                     | <input checked="" type="checkbox"/> |                                     |     |                                  |

Additional Comments

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### III. SYSTEMS/UTILITIES INFORMATION

|     | SYSTEMS/UTILITIES INFORMATION               | Working                             | Not Working                         | None | Not Included | Comments                 |
|-----|---------------------------------------------|-------------------------------------|-------------------------------------|------|--------------|--------------------------|
| 1.  | Air conditioning System                     | <input checked="" type="checkbox"/> |                                     |      |              | Age of System, if known: |
| 2.  | Air Exchanger                               |                                     |                                     |      |              |                          |
| 3.  | Air Purifier                                |                                     |                                     |      |              |                          |
| 4.  | Attic Fan                                   |                                     |                                     |      |              |                          |
| 5.  | Bathroom Whirlpool and Controls             |                                     |                                     |      |              |                          |
| 6.  | Burglar Alarm & Security System             |                                     |                                     |      |              |                          |
| 7.  | Ceiling Fan                                 | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 8.  | Central Air - Electric                      | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 9.  | Central Air – Water Cooled                  |                                     |                                     |      |              |                          |
| 10. | Cistern                                     |                                     |                                     |      |              |                          |
| 11. | Dishwasher                                  | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 12. | Disposal                                    | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 13. | Doorbell                                    |                                     | <input checked="" type="checkbox"/> |      |              |                          |
| 14. | Fireplace                                   | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 15. | Fireplace Insert                            | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 16. | Garage Door(s)                              | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 17. | Garage Door Opener(s)                       | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 18. | Garage Door Control(s)                      | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 19. | Garage Wiring                               | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 20. | Home Heating System(s) Type: <i>propane</i> | <input checked="" type="checkbox"/> |                                     |      |              | Age of System, if known: |
| 21. | Hot Tub and Controls                        |                                     |                                     |      |              |                          |
| 22. | Humidifier                                  |                                     |                                     |      |              |                          |
| 23. | In Floor Heat                               |                                     |                                     |      |              |                          |
| 24. | Intercom                                    |                                     |                                     |      |              |                          |
| 25. | Light Fixtures                              | <input checked="" type="checkbox"/> |                                     |      |              |                          |
| 26. | Microwave                                   | <input checked="" type="checkbox"/> |                                     |      |              |                          |

Seller *204* / Seller *QdH*

Buyer \_\_\_\_\_ / Buyer \_\_\_\_\_

|     | LOT OR TITLE INFORMATION                                                                                                                                                                                                                                                                                                            | Yes | No                                  | Do Not Know                         | N/A                                 | Comments                                                                                                                                                          |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. | Is the property currently part of a property tax freeze for any reason?                                                                                                                                                                                                                                                             |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 13. | Is the property leased?                                                                                                                                                                                                                                                                                                             |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 14. | If leased, does the property use comply with applicable local ordinances?                                                                                                                                                                                                                                                           |     |                                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                                                                                                                                                   |
| 15. | Does this property or any portion of this property receive rent?                                                                                                                                                                                                                                                                    |     | <input checked="" type="checkbox"/> |                                     |                                     | If yes, how much \$ _____ and how often _____                                                                                                                     |
| 16. | Do you pay any mandatory fees or special assessments to a homeowners' or condominium association?                                                                                                                                                                                                                                   |     | <input checked="" type="checkbox"/> |                                     |                                     | If yes, what are the fees or assessments? \$ _____ per _____ (i.e. annually, semi-annually, monthly)<br><br>Payable to whom: _____<br><br>For what purpose: _____ |
| 17. | Are you aware if the property has ever had water in either the front, rear, or side yard more than forty-eight hours?                                                                                                                                                                                                               |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 18. | Is the property located in a flood plain?                                                                                                                                                                                                                                                                                           |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 19. | Are federally protected wetlands located upon any part of the property?                                                                                                                                                                                                                                                             |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 20. | Has the property been designated as a historic property by a local governing body pursuant to SDCL 1-19B-20?                                                                                                                                                                                                                        |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 21. | Is the property located within an established historic district?                                                                                                                                                                                                                                                                    |     | <input checked="" type="checkbox"/> |                                     |                                     |                                                                                                                                                                   |
| 22. | Are you aware of any private transfer fee obligations, as defined pursuant to SDCL 43-4-48, that would require a buyer or seller of the property to pay a fee or charge upon the transfer of the property, regardless of whether the fee or charge is a fixed amount or is determined as a percentage of the value of the property? |     | <input checked="" type="checkbox"/> |                                     |                                     | If yes, what are the fees or charges? \$ _____ per _____ (i.e. annually, semi-annually, monthly)                                                                  |

Additional Comments

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**II. STRUCTURAL INFORMATION**

|     | STRUCTURAL INFORMATION                                                                                                                                       | Yes                                 | No                                  | Do Not Know                         | N/A | Comments          |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|-------------------|
| 1.  | Are you aware of any water penetration in the walls, windows, doors, basement, or crawl space?                                                               |                                     | <input checked="" type="checkbox"/> |                                     |     |                   |
| 2.  | Have any water damage related repairs been made?                                                                                                             |                                     | <input checked="" type="checkbox"/> |                                     |     |                   |
| 3.  | Are there any unrepaired water-related damages that remain?                                                                                                  |                                     | <input checked="" type="checkbox"/> |                                     |     |                   |
| 4.  | Are you aware if drain tile is installed on the property?                                                                                                    |                                     | <input checked="" type="checkbox"/> |                                     |     |                   |
| 5.  | Are you aware of any interior cracked walls, ceilings or floors, or cracks or defects in exterior driveways, sidewalks, patios, or other hard surface areas? |                                     |                                     | <input checked="" type="checkbox"/> |     |                   |
| 6.  | Type of roof covering: <u>asph/ft</u>                                                                                                                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |     |                   |
| 7.  | Age of roof covering, if known: <u>2026</u>                                                                                                                  |                                     |                                     |                                     |     |                   |
| 8.  | Are you aware of any roof leakage, past or present?                                                                                                          | <input checked="" type="checkbox"/> |                                     |                                     |     | <u>in the den</u> |
| 9.  | Have any roof repairs been made, when and by whom?                                                                                                           |                                     | <input checked="" type="checkbox"/> |                                     |     | <u>Sam</u>        |
| 10. | Is there any existing unrepaired damage to the roof?                                                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |     |                   |
| 11. | Are you aware of insulation in ceiling/attic?                                                                                                                | <input checked="" type="checkbox"/> |                                     |                                     |     |                   |
| 12. | Are you aware of insulation in walls?                                                                                                                        |                                     |                                     | <input checked="" type="checkbox"/> |     |                   |
| 13. | Are you aware of insulation in the floors?                                                                                                                   |                                     |                                     | <input checked="" type="checkbox"/> |     |                   |
| 14. | Are you aware of any pest infestation or damage, either past or present?                                                                                     |                                     | <input checked="" type="checkbox"/> |                                     |     |                   |

Seller JAH / Seller GAH

Buyer \_\_\_\_\_ / Buyer \_\_\_\_\_

|     | SYSTEMS/UTILITIES INFORMATION                   | Working | Not Working | None | Not Included | Comments                    |
|-----|-------------------------------------------------|---------|-------------|------|--------------|-----------------------------|
| 27. | Microwave Hood                                  |         |             |      |              |                             |
| 28. | Plumbing and Fixtures                           | X       |             |      |              |                             |
| 29. | Pool and Equipment                              |         |             |      |              |                             |
| 30. | Propane Tank – Select One: Leased <u>Owned</u>  |         |             |      |              |                             |
| 31. | Radon System                                    |         |             |      |              |                             |
| 32. | Sauna                                           |         |             |      |              |                             |
| 33. | Septic/Leaching Field                           |         |             |      |              |                             |
| 34. | Sewer Systems/Drains                            |         |             |      |              |                             |
| 35. | Smart Home System                               |         |             |      |              | Smart Home System includes: |
| 36. | Smoke/Fire Alarm                                | X       |             |      |              |                             |
| 37. | Solar House – Heating                           |         |             |      |              |                             |
| 38. | Sump Pump(s)                                    |         |             |      |              |                             |
| 39. | Switches and Outlets                            | X       |             |      |              |                             |
| 40. | Underground Sprinkler and Heads                 | X       |             |      |              |                             |
| 41. | Vent Fan – Kitchen                              | X       |             |      |              |                             |
| 42. | Vent Fan – Bathroom                             | X       |             |      |              |                             |
| 43. | Water Heater, Select One: Electric <u>Gas</u>   |         |             |      |              | Age of System, if known:    |
| 44. | Water Purifier, Select One: Leased <u>Owned</u> |         |             |      |              |                             |
| 45. | Water Softener, Select One: Leased <u>Owned</u> |         |             |      |              |                             |
| 46. | Well and Pump                                   |         |             |      |              |                             |
| 47. | Wood Burning Stove                              |         |             |      |              |                             |

Additional Comments

#### IV. HAZARDOUS CONDITIONS

Are you aware of any existing hazardous conditions of the property and are you aware of any tests having been performed?  
If the answer is yes to any of the questions below, please explain in additional comments or on an attached separate sheet.

| HAZARDOUS CONDITIONS                   | Existing Conditions |    | Tests Performed |    | Comments |
|----------------------------------------|---------------------|----|-----------------|----|----------|
|                                        | Yes                 | No | Yes             | No |          |
| 1. Methane Gas                         |                     |    |                 |    |          |
| 2. Lead Paint                          |                     |    |                 |    |          |
| 3. Radon Gas (House)                   |                     |    |                 |    |          |
| 4. Radon Gas (Well)                    |                     |    |                 |    |          |
| 5. Radioactive Materials               |                     |    |                 |    |          |
| 6. Landfill, Mineshaft                 |                     |    |                 |    |          |
| 7. Expansive Soil                      |                     |    |                 |    |          |
| 8. Mold                                |                     |    |                 |    |          |
| 9. Toxic Materials                     |                     |    |                 |    |          |
| 10. Urea Formaldehyde Foam Insulations |                     |    |                 |    |          |
| 11. Asbestos Insulation                |                     |    |                 |    |          |
| 12. Buried Fuel Tanks                  |                     |    |                 |    |          |
| 13. Chemical Storage Tanks             |                     |    |                 |    |          |
| 14. Fire Retardant Treated Plywood     |                     |    |                 |    |          |
| 15. Production of Methamphetamines     |                     |    |                 |    |          |
| 16. Use of Methamphetamines            |                     |    |                 |    |          |

#### V. MISCELLANEOUS INFORMATION

|    | MISCELLANEOUS INFORMATION                                                                                  | Yes | No | Do Not Know | NA | Comments |
|----|------------------------------------------------------------------------------------------------------------|-----|----|-------------|----|----------|
| 1. | Is the street or road located at the end of the driveway to the property public or private? Public Private |     |    |             |    |          |

Seller 204 / Seller GA

Buyer \_\_\_\_\_ / Buyer \_\_\_\_\_

|    | MISCELLANEOUS INFORMATION                                                                                                                                                                                                                                                        | Yes | No | Do Not Know | NA | Comments                                                              |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-------------|----|-----------------------------------------------------------------------|
| 2. | Is there a written road maintenance agreement?<br>If yes, attach a copy of the maintenance agreement.                                                                                                                                                                            |     | X  |             |    |                                                                       |
| 3. | Has the fireplace/wood stove/chimney flue been cleaned?<br>If yes, please provide date of service.                                                                                                                                                                               |     | X  |             |    |                                                                       |
| 4. | Since you have owned the property, are you aware of a human death by homicide or suicide occurring on the property?                                                                                                                                                              |     | X  |             |    |                                                                       |
| 5. | Is the water source (select one)<br><input checked="" type="checkbox"/> public or <input checked="" type="checkbox"/> private                                                                                                                                                    |     |    |             |    | If private, what is the date and result of the last water test?       |
| 6. | Is the sewer system (select one)<br>public or <input checked="" type="checkbox"/> private                                                                                                                                                                                        |     |    |             |    | If private, what is the date of the last time septic tank was pumped? |
| 7. | Are there broken window panes or seals?                                                                                                                                                                                                                                          |     | X  |             |    |                                                                       |
| 8. | Are there any items <b>attached</b> to the property that <b>will not</b> be left, such as: towel bars, mirrors, curtain rods, window coverings, light fixtures, clothes lines, swing sets, storage sheds, ceiling fans, basketball hoops, mail boxes, tv mounts, speakers, etc.? |     | X  |             |    | If yes, please list:                                                  |
| 9. | Are you aware of any other material facts which have not been disclosed on this form?                                                                                                                                                                                            |     | X  |             |    | If yes, please explain:                                               |

### Additional Comments

## VI. ADDITIONAL COMMENTS (ATTACH ADDITIONAL PAGES IF NECESSARY)

## CLOSING SECTION

The Seller hereby certifies that the information contained herein is true and correct to the best of the Seller's information, knowledge, and belief as of the date of the Seller's signature below. If any of these conditions change before conveyance of title to this property, the change will be disclosed in a written amendment to this disclosure statement.

Seller Shenay Heath Date 7/20/2026 Seller Shenay Heath Date 7-20-26

THE SELLER AND THE BUYER MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO OBTAIN A TRUE REPORT AS TO THE CONDITION OF THE PROPERTY AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN ANY CONTRACT OF SALE AS NEGOTIATED BETWEEN THE SELLER AND THE BUYER WITH RESPECT TO SUCH PROFESSIONAL ADVICE AND INSPECTIONS.

I/We acknowledge receipt of a copy of this statement on the date appearing beside my/our signature(s) below. Any agent representing any party to this transaction makes no representations and is not responsible for any conditions existing in the property.

|       |      |
|-------|------|
| Buyer | Date |
|-------|------|

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

Seller Ir H / Seller P H

Buyer / Buyer

## Bill of Sale/Personal Property Agreement

This agreement is attached to an offer to purchase real property. Upon the successful completion of the attached contract dated \_\_\_\_\_ this contract will become legally binding.

For good and valuable consideration, we, the seller(s), agree to sell the following items of personal property left in "AS IS" condition and without warranty:

|                                   | Included<br>Working | Included<br>Not<br>Working | Not<br>included |                                | Included<br>Working | Included<br>Not<br>Working | Not<br>included |
|-----------------------------------|---------------------|----------------------------|-----------------|--------------------------------|---------------------|----------------------------|-----------------|
| Refrigerator                      | X                   |                            |                 | Freezer                        | X                   |                            |                 |
| Wall Oven                         |                     |                            | X               | Ceiling Fans #                 | X                   |                            |                 |
| Dishwasher                        | X                   |                            |                 | Propane Tank-<br>leased/owned  | X                   |                            |                 |
| Microwave                         | X                   |                            |                 | Smoke/Fire<br>alarms #         | X                   |                            |                 |
| Range Hood                        | X                   |                            |                 | Sump Pump #                    | X                   |                            | X               |
| Range - Gas or Electric           | X                   |                            |                 | Fireplace Insert               | X                   |                            |                 |
| Disposal                          | X                   |                            |                 | Water Purifier<br>leased/owned |                     |                            | X               |
| Washer                            | X                   |                            |                 | Wood Burning<br>Stove          |                     |                            | X               |
| Dryer                             | X                   |                            |                 | Hot Tub                        |                     |                            | X               |
| Garage Door Opener #              | X                   |                            |                 | Basketball Hoop<br>& Backboard |                     |                            | X               |
| Curtains/Drapes                   | X                   |                            |                 | Pool &<br>Equipment            |                     |                            | X               |
| Blinds/Shades                     | X                   |                            |                 | Solar Htg<br>Panels            |                     |                            | X               |
| Water Softener<br>Leased/Owned    |                     |                            | X               | Well Pump                      |                     |                            |                 |
| Heating System<br>Owned or Leased | X                   |                            |                 |                                |                     |                            |                 |
| A/C System<br>Owned or Leased     | X                   |                            |                 |                                |                     |                            |                 |

Comments: \_\_\_\_\_

This agreement is subject to the Seller(s) and Buyer(s) closing the sale of Seller(s) Property located at:

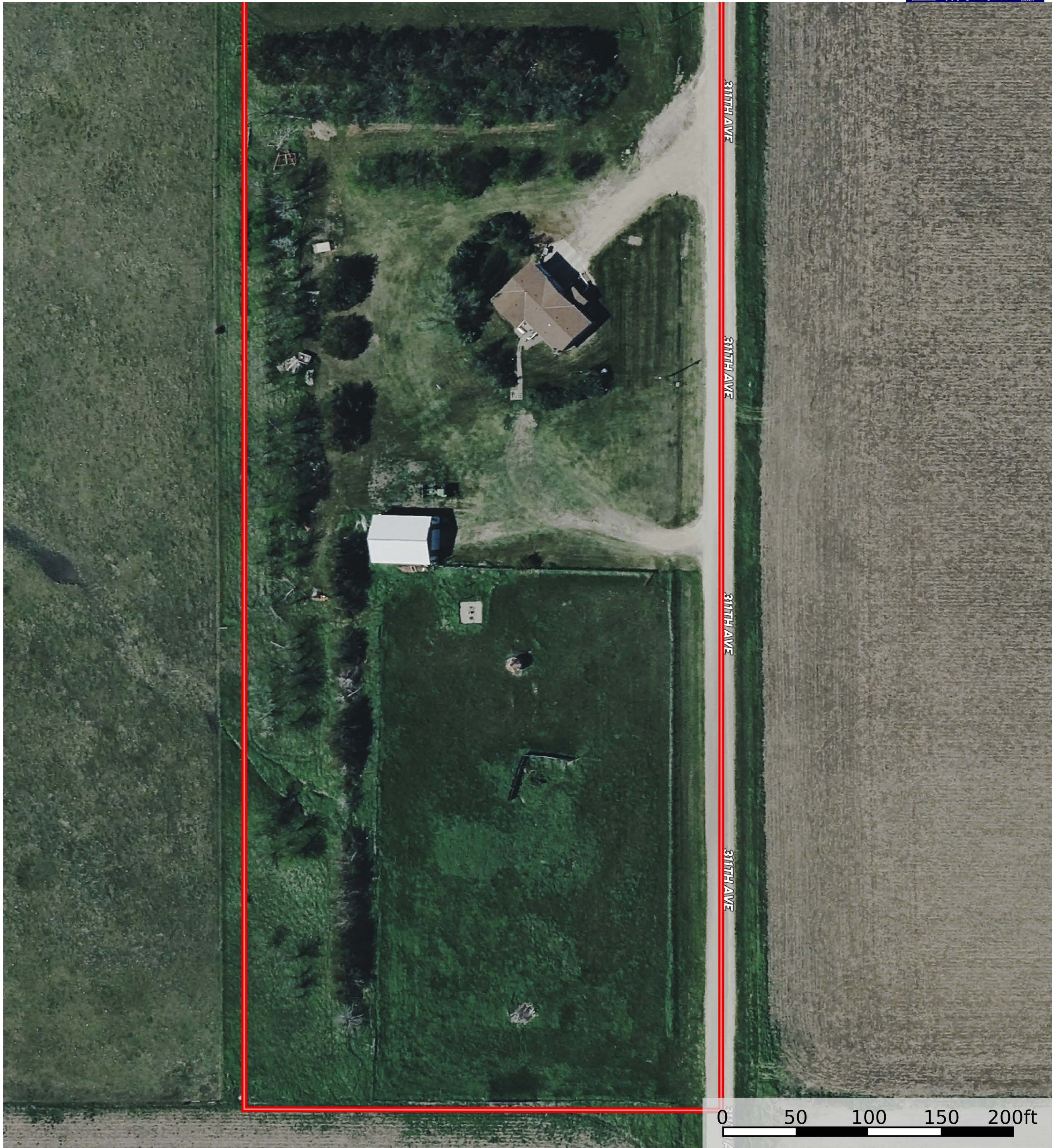
27737 311th Ave Winner, SD 57580

On or before \_\_\_\_\_

Seller: Melody Hecker Date: 7/20/24 Seller: Robert Hecker Date: 7-20-24

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





Boundary

Wetlands

Riparian

Stream, Intermittent

River/Creek

Water Body

Aerodrome

Heliport

Seaport

Glider Port

Ultra Light

Ballon Port

