

WELL DISCLOSURE STATEMENT

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This document, dated _____, concerns the real property located at:
[street address] 22050 Pillsbury Ave., Lakeville, MN 55044
and legally described as: see attached Exhibit A

_____ County, Minnesota [the "Property"].

Minnesota Statutes Section 1031.235 Real property sale; disclosure of location of wells. Subdivision 1. Disclosure of wells to buyer. (a) Before signing an agreement to sell or transfer real property, the seller must disclose in writing to the buyer information about the status and location of all known wells on the property, by delivering to the buyer either a statement by the seller that the seller does not know of any wells on the property, or a disclosure statement indicating the legal description and county, and a map drawn from available information showing the location of each well to the extent practicable. In the disclosure statement, the seller must indicate, for each well, whether the well is in use, not in use, or sealed.

The sealing of a well must be done in accordance with the rules adopted by the Minnesota Commissioner of Health. Minn. Stat. Section 1031.301, Subdivision 4.

Seller discloses that there are _____ Wells on the Property.

For each well on the Property, check the appropriate columns:		In use	Not in use	Sealed
Well No. 1		✓		
Well No. 2				
Well No. 3				
Well No. 4				

All wells on the Property, known to Seller, are depicted on this map:

See attached map

At closing, Seller shall provide a Well Disclosure Certificate that complies with the requirements of Minnesota Statutes Section 1031.235.

Minnesota Statutes Section 1031.235 Subd. 2. Liability for failure to disclose. Unless the buyer and seller agree to the contrary, in writing, before the closing of the sale, a seller who fails to disclose the existence or known status of a well at the time of sale and knew or had reason to know of the existence or known status of the well, is liable to the buyer for costs relating to sealing of the well and reasonable attorney fees for collection of costs from the seller, if the action is commenced within six years after the date the buyer closed the purchase of the real property where the well is located.

Seller(s) signatures: _____

Buyer received this Disclosure on [date]: _____
Buyer(s) signatures: _____

DISCLOSURE OF SEWAGE TREATMENT SYSTEM. © Copyright 1997, 1998, by Minnesota State Bar Association, Minneapolis, Minnesota. [Use with "Minnesota Standard Residential Purchase Agreement," M.S.B.A. Real Property Form No. 1 (Rev. Aug. 1997); "Minnesota Vacant Lot Purchase Agreement - Single Dwelling," M.S.B.A. Real Property Form No. 30 (Rev. Aug. 1997); "Minnesota Vacant Land Purchase Agreement - Multiple Dwelling," M.S.B.A. Real Property Form No. 31 (Rev. Aug. 1997); or, "Minnesota Vacant Land Purchase Agreement - Residential Development Tract," M.S.B.A. Real Property Form No. 32 (Rev. Aug. 1997).]

[Complete this next paragraph if this form is used as an addendum to a Purchase Agreement:]

This addendum is a continuation of the Purchase Agreement dated _____ by and between Ritchie Bros. Properties Inc., as Sellers, and _____, as Buyers, for property described below in Section A.

The Disclosure Law. Pursuant to MINNESOTA STATUTES §115.55, Subdivision 6, (1997 Minn. Sess. Laws, Chapter 235) on or after June 3, 1997, before signing an agreement to sell or to transfer real property, the seller or transferor must disclose in writing to the buyer or transferee information on how sewage generated at the property is managed. Unless the buyer/transferee and seller/transferor agree to the contrary in writing before the closing of the sale, a seller/transferor who fails to disclose the existence or known status of an individual sewage treatment system at the time of sale, and who knew or had reason to know of the existence or known status of the system is liable to the buyer/transferee for costs relating to bringing the system into compliance with the individual sewage treatment system rules and for reasonable attorney fees for collection of costs from the seller/transferor. An action under this subdivision must be commenced within two years after the date on which the buyer/transferee closed the purchase or transfer of the real property where the system is located.

IF YOU DO NOT UNDERSTAND THIS LAW, CONSULT YOUR LAWYER.

A. PROPERTY DESCRIPTION.
Property Identification Number (Tax Parcel No.): 08-901015-1
Quarter: NW Section: 1 Township: 112 Range: 21 County: SCOTT
Legal Description: Lot _____, Block _____, (plat name) See Exhibit A
(If metes-and-bounds description, attach legal description on separate sheet.)
Street Address: 22050 Pillsbury Ave., Lakeville, MN 55044
B. STATUTORY DISCLOSURE OF SEWAGE SYSTEM.
<i>[Seller/Transferor must complete this section.]</i>
M.P.C.A. PERMITTED FACILITY: <i>[check only one from 1, 2, and 3:]</i>
<input type="checkbox"/> 1. Seller/Transferor states that sewage generated at the property goes to a facility permitted by the Minnesota Pollution Control Agency (for example, the sewer lines on the property are connected to a municipal sewer system or public sewage treatment system).
<input checked="" type="checkbox"/> 2. Seller/Transferor states that sewage generated at the property does not go to a facility permitted by the Minnesota Pollution Control Agency.
<input type="checkbox"/> 3. Seller/Transferor states that no sewage is generated at the property.
IN-USE INDIVIDUAL ON-SITE SEWAGE TREATMENT SYSTEM:
<i>[Check either 4 or 5:]</i>
<input type="checkbox"/> 4. Seller/Transferor has no knowledge whether there is an individual sewage treatment system <u>in use</u> on the property.
<input checked="" type="checkbox"/> 5. Seller/Transferor knows that there are are no individual sewage treatment systems <u>in use</u> on the property. If Seller/Transferor discloses the existence of an individual sewage treatment system on the property, then Minnesota law requires that the location of the system be disclosed to Buyer/Transferee with a map. <i>[Complete the map below in Section C.]</i>

ABANDONED INDIVIDUAL ON-SITE SEWAGE TREATMENT SYSTEM:

[Check either 6 or 7:]

6. Seller/Transferor has no knowledge whether there is an abandoned individual sewage treatment system on the property.
7. Seller/Transferor knows that there [~~strike one:~~] **are / are no abandoned** individual sewage treatment systems on the property. If Seller/Transferor discloses the existence of an abandoned individual sewage treatment system on the property, then Minnesota law requires that the location of the system be disclosed to Buyer/Transferee with a map. [Complete the map below in Section C.]

C. INDIVIDUAL SEWAGE TREATMENT SYSTEMS (IN-USE OR ABANDONED) ON THE PROPERTY. Describe all in-use and abandoned systems on the property.

1	For each sewage treatment system in use, state the type of System: <input checked="" type="checkbox"/> Septic Tank with: <input type="checkbox"/> standard drainfield <input checked="" type="checkbox"/> mound system drainfield <input checked="" type="checkbox"/> Sealed System (holding tank or contained cesspool) <input type="checkbox"/> Other (describe) <input type="checkbox"/> seepage tank <input type="checkbox"/> cesspool <input type="checkbox"/> dry well <input type="checkbox"/> leaching pit
2	<p>SKETCH MAP</p> Sketch the location of the house, garage, accessory buildings, well, septic tank, drainfield, mound, or other components of the sewer system. Also show the location of the components of any abandoned sewage treatment systems (tanks, pipes, drainfields, pits, etc.) Include estimated distances from all roads, streets and buildings. Use additional sheets of paper, if necessary. see attached map
3	<p>STATEMENT BY SELLER/TRANSFEROR: To my knowledge, the property [is not <i>strike one</i>] is in compliance with all applicable sewage treatment laws and rules.</p> <p>_____</p> <p>Signature of Seller/Transferor Print Name of Seller/Transferor Date</p> <p>_____</p> <p>Signature of Seller/Transferor Print Name of Seller/Transferor Date</p>
4	<p>ACKNOWLEDGMENT AND RECEIPT BY BUYER/TRANSFEE: I have received this disclosure on [date] _____.</p> <p>_____</p> <p>Signature of Buyer/Transferee Signature of Buyer/Transferee</p>

COUNTY USE ONLY

MDH USE ONLY

MINNESOTA DEPARTMENT OF HEALTH
 Well Management Section, P.O. Box 64975, St. Paul, Minnesota 55164-0975
 651/201-4587 or 800/383-9808
WELL DISCLOSURE CERTIFICATE
PLEASE TYPE OR PRINT ALL INFORMATION
 Person filing deed must attach a \$40 fee payable to the county recorder.

A. PROPERTY DESCRIPTION

Attach a legal description of the property.

COUNTY Scott	LOT NUMBER	BLOCK NUMBER	ADDITION NAME
STREET NUMBER 22050 Pillsbury Avenue			
CITY Lakeville	STATE MN	ZIP CODE 55044	P.I.N. (OPTIONAL) 08-901015-1

B. PROPERTY BUYER MAILING ADDRESS AFTER CLOSING

FIRST NAME	MIDDLE INITIAL	LAST NAME	
COMPANY NAME (IF APPLICABLE)			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

C. CERTIFICATION BY SELLER

I certify that the information provided on this certificate is accurate and complete to the best of my knowledge.

 Name of Seller (Please Print) Signature of Seller or Designated Representative of Seller Date

D. CERTIFICATION BY BUYER

The buyer or person authorized to act on behalf of the buyer, must sign a Well Disclosure Certificate for all deeds given in fulfillment of a contract for deed if there is a well on the property.

In the absence of a seller's signature, the buyer, or person authorized to act on behalf of the buyer may sign this Well Disclosure Certificate. No signature is required by the buyer if the seller has signed above.

Based on disclosure information provided to me by the seller or other available information, I certify that the information on this certificate is accurate and complete to the best of my knowledge.

 Signature of Buyer or Designated Representative of Buyer Date

IMPORTANT NOTE: The Minnesota Department of Health (MDH) will follow-up with the property buyer regarding any wells disclosed as not in use. If a well is not in use, the property owner must either return the well to use, have the well sealed by a licensed well contractor, or obtain an annual maintenance permit from the MDH for \$150. A copy of this Well Disclosure Certificate should be provided to the property buyer at the time of closing.



**MINNESOTA DEPARTMENT OF HEALTH
WELL DISCLOSURE CERTIFICATE**
PLEASE TYPE OR PRINT ALL INFORMATION

Fill out a separate well information page if more than **three** wells are located on the property.

WELL #1				
COUNTY Scott	QUARTER (OR GOVERNMENT LOT) NW	SECTION NUMBER 1	TOWNSHIP NUMBER 112	RANGE NUMBER 21
WELL STATUS (Check only one box) WELL IS: <input checked="" type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR Jerry's Well Drilling	

WELL #2				
COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
WELL STATUS (Check only one box) WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR	

WELL #3				
COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
WELL STATUS (Check only one box) WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3) <small>(Call MDH to verify sealing record is on file.)</small>			YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)	
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use.			NAME OF LICENSED WELL CONTRACTOR	

<p>SKETCH MAP – Sketch the location of the well(s) and include estimated distances from roads, streets, and buildings. IF MORE THAN ONE WELL ON PROPERTY, USE THE WELL LOCATION NUMBER ABOVE TO IDENTIFY EACH WELL. The location of the well(s) must be provided. If the location of a well is not known, have the well located by a person qualified to locate wells, such as a licensed well contractor.</p> <p style="margin-left: 20px;">See attached map</p>

Information provided on this form is classified as public information under Minnesota Statutes, Chapter 13. To request this document in another format call 651/201-4600 or TDD through the Minnesota Relay Service at 800/627-3529 and ask for 651/201-4600. Visit the MDH Well Management Section, Well Disclosure Program web site at: www.health.state.mn.us/divs/eh/wells/disclosures/

HE-01387-10
IC# 140-0385

origs/well disclosure certificate 7/06R

Elevations:
 1st Floor
 Bldg. Outli
 Tank # 1.1
 Tank # 1
 Tank # 2
 Tank # 3
 Tank # 3

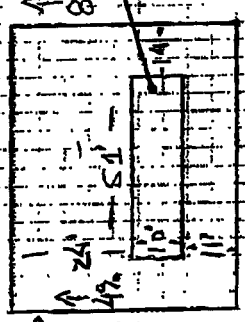
SEWER TREATMENT LOCATION
 Septic Design
 Fee: Met Cons Const.
 By: Gar, Stalor
 1" SD
 Date: Feb. 21, 1991
 Site Revised June 23, 1991

ALTERNATE SITE

PROPERTY LINES

1" = 40' HORIZONTAL SCALE

TREATMENT MOUND



1,500 Gallon Pump Chamber

4 1/2" Pump Line

4" Solid Line

1,500 Gallon Septic Tank

Two 1,000 Gallon Tanks

4" SxL 40 Line with 4" of Foam Insulation

PRIMARY SETTLING TANK
 CONC. WASH PAD
 SANDBLAST & PAINT BLDG

GENERATOR

1,500 Gallon Hauling Tank

BUILDING

