



by Close-Converse, Inc.
 521 Charles St. Suite 201
 Brainerd MN 56401
 218-828-3334

DISCLOSURE STATEMENT: WELL

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1. Date April 26, 2022
2. Page 1 of 3 pages: THE REQUIRED MAP
3. IS ATTACHED HERE AND MADE A PART OF THIS
4. DISCLOSURE

5. Minnesota Statute 103I.235 requires that, before signing an agreement to sell or transfer real property, Seller must disclose information in writing to Buyer about the status and location of all known wells on the property. This requirement is satisfied by delivering to Buyer either a statement by Seller that Seller does not know of any wells on the property, or a disclosure statement indicating the legal description and county, and a map showing the location of each well. In the disclosure statement Seller must indicate, for each well, whether the well is in use, not in use or sealed.

10. Unless 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 Buyer for costs relating to sealing of the well and reasonable attorneys' fees for collection of costs from Seller, if the action is commenced within six years after the date Buyer closed the purchase of the real property where the well is located.

15. Legal requirements exist relating to various aspects of location and status of wells. Buyer is advised to contact the local unit(s) of government, state agency, or qualified professional which regulates wells for further information about these issues. For additional information on wells, please visit the Minnesota Department of Health's website at www.health.state.mn.us.

19. **Instructions for completion of this form are on page three (3).**

20. **PROPERTY DESCRIPTION:** Street Address: 7508 350th St.

21. City of Cushing, County of Morrison

22. State of Minnesota, Zip Code 56443

23. **LEGAL DESCRIPTION:** PID#'s: 25.0007.002,25.0002.005, 25.0002.004, 28.0084.001

24. See Exhibit A "Summarized Legal Description"

25. _____ ("Property").

26. **WELL DISCLOSURE STATEMENT:** (Check appropriate boxes.)

27. Seller certifies that the following wells are located on the above-described real Property.

	MN Unique Well No.	Well Depth	Year of Const.	Well Type	IN USE	NOT IN USE	SHARED	SEALED
30. Well 1	<u>807031</u>	<u>1575</u>	<u>2014</u>	<u>water well</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Well 2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Well 3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Is this property served by a well not located on the Property? Yes No

34. If "Yes," please explain: _____

35. _____

36. **NOTE: See definition of terms "IN USE," "NOT IN USE," and "SEALED" on lines 102-113. If a well is not in use, it must be sealed by a licensed well contractor or a well owner must obtain a maintenance permit from the Minnesota Department of Health and pay an annual maintenance fee. Maintenance permits are not transferable. If a well is operable and properly maintained, a maintenance permit is not required.**

40. If the well is, "Shared":

41. (1) How many properties or residences does the shared well serve? _____

42. (2) Who manages the shared well? _____

43. (3) Is there a maintenance agreement for the shared well? Yes No

44. If "Yes," what is the annual maintenance fee? \$ _____

DISCLOSURE STATEMENT: WELL

45. Page 2
Cushing

56443

46. Property located at 7508 350th St.

47. OTHER WELL INFORMATION:

48. Date well water last tested for contaminants: 11-13-2015 Test results attached? Yes No

49. Contaminated Well: Is there a well on the Property containing contaminated water? Yes No

50. Comments: _____

51. _____

52. _____

53. _____

54. _____

55. _____

56. _____

57. SEALED WELL INFORMATION: For each well designated as sealed above, complete this section.

58. When was the well sealed? _____

59. Who sealed the well? _____

60. Was a Sealed Well Report filed with the Minnesota Department of Health? Yes No

61. MAP: Complete the attached Location Map showing the location of each well on the real Property.

62. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any part(ies) in
63. this transaction and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.

64. SELLER'S STATEMENT: (To be signed at time of listing.)

65. Seller(s) hereby states that the facts as stated above are true and accurate and authorizes any licensee(s) representing
66. or assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity
67. in connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to
68. a real estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real
69. estate licensee representing or assisting a prospective buyer is considered to have been provided to the prospective
70. buyer. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective
71. buyer, the real estate licensee must provide a copy to the prospective buyer.

72. Seller is obligated to continue to notify Buyer in writing of any facts that differ from the facts disclosed here
73. (new or changed) of which Seller is aware that could adversely and significantly affect the Buyer's use or
74. enjoyment of the Property or any intended use of the Property that occur up to the time of closing. To disclose
75. new or changed facts, please use the Amendment to Disclosure Statement form.

76. Steve Letner 5-4-2022 _____
(Seller) (Date) (Seller) (Date)

77. BUYER'S ACKNOWLEDGEMENT: (To be signed at time of purchase agreement.)

78. I/We, the Buyer(s) of the Property, acknowledge receipt of this Disclosure Statement: Well and Location Map and
79. agree that no representations regarding facts have been made other than those made above.

80. _____
(Buyer) (Date) (Buyer) (Date)

81. LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS HERE AND ARE
82. NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.

DISCLOSURE STATEMENT: WELL

83. Page 3

84. INSTRUCTIONS FOR COMPLETING THE WELL DISCLOSURE STATEMENT

85. **DEFINITION:** A "well" means an excavation that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise
86. constructed if the excavation is intended for the location, diversion, artificial recharge, or acquisition of groundwater.

87. **MINNESOTA UNIQUE WELL NUMBER:** All new wells constructed AFTER January 1, 1975, should have been
88. assigned a Minnesota unique well number by the person constructing the well. If the well was constructed after this
89. date, you should have the unique well number in your property records. If you are unable to locate your unique well
90. number and the well was constructed AFTER January 1, 1975, contact your well contractor. If no unique well number
91. is available, please indicate the depth and year of construction for each well.

92. **WELL TYPE:** Use one of the following terms to describe the well type.

93. **WATER WELL:** A water well is any type of well used to extract groundwater for private or public use. Examples
94. of water wells are: domestic wells, drive-point wells, dug wells, remedial wells, and municipal wells.

95. **IRRIGATION WELL:** An irrigation well is a well used to irrigate agricultural lands. These are typically
96. large-diameter wells connected to a large pressure distribution system.

97. **MONITORING WELL:** A monitoring well is a well used to monitor groundwater contamination. The well is
98. typically used to access groundwater for the extraction of samples.

99. **DEWATERING WELL:** A dewatering well is a well used to lower groundwater levels to allow for construction
100. or use of underground spaces.

101. **INDUSTRIAL/COMMERCIAL WELL:** An industrial/commercial well is a nonpotable well used to extract
102. groundwater for any nonpotable use, including groundwater thermal exchange wells (heat pumps and heat
103. loops).

104. **WELL USE STATUS:** Indicate the use status of each well. CHECK ONLY ONE (1) BOX PER WELL.

105. **IN USE:** A well is "in use" if the well is operated on a daily, regular, or seasonal basis. A well in use includes
106. a well that operates for the purpose of irrigation, fire protection, or emergency pumping.

107. **NOT IN USE:** A well is "not in use" if the well does not meet the definition of "in use" above and has not been
108. sealed by a licensed well contractor.

109. **SEALED:** A well is "sealed" if a licensed contractor has completely filled a well by pumping grout material
110. throughout the entire bore hole after removal of any obstructions from the well. A well is "capped" if it has
111. a metal or plastic cap or cover which is threaded, bolted or welded into the top of the well to prevent entry
112. into the well. A "capped" well is not a "sealed" well.

113. If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing
114. contractor, check the well status as "not in use."

115. If you have any questions, please contact the Minnesota Department of Health, Well Management Section,
116. at (651) 201-4587 (metropolitan Minneapolis--St. Paul) or 1-800-383-9808 (greater Minnesota).

MN-DS:W-3 (8/19)



by Close-Converse, Inc.
521 Charles St. Suite 201
Brainerd MN 56401
218-828-3334

LOCATION MAP

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1. Page 1 of 1 pages

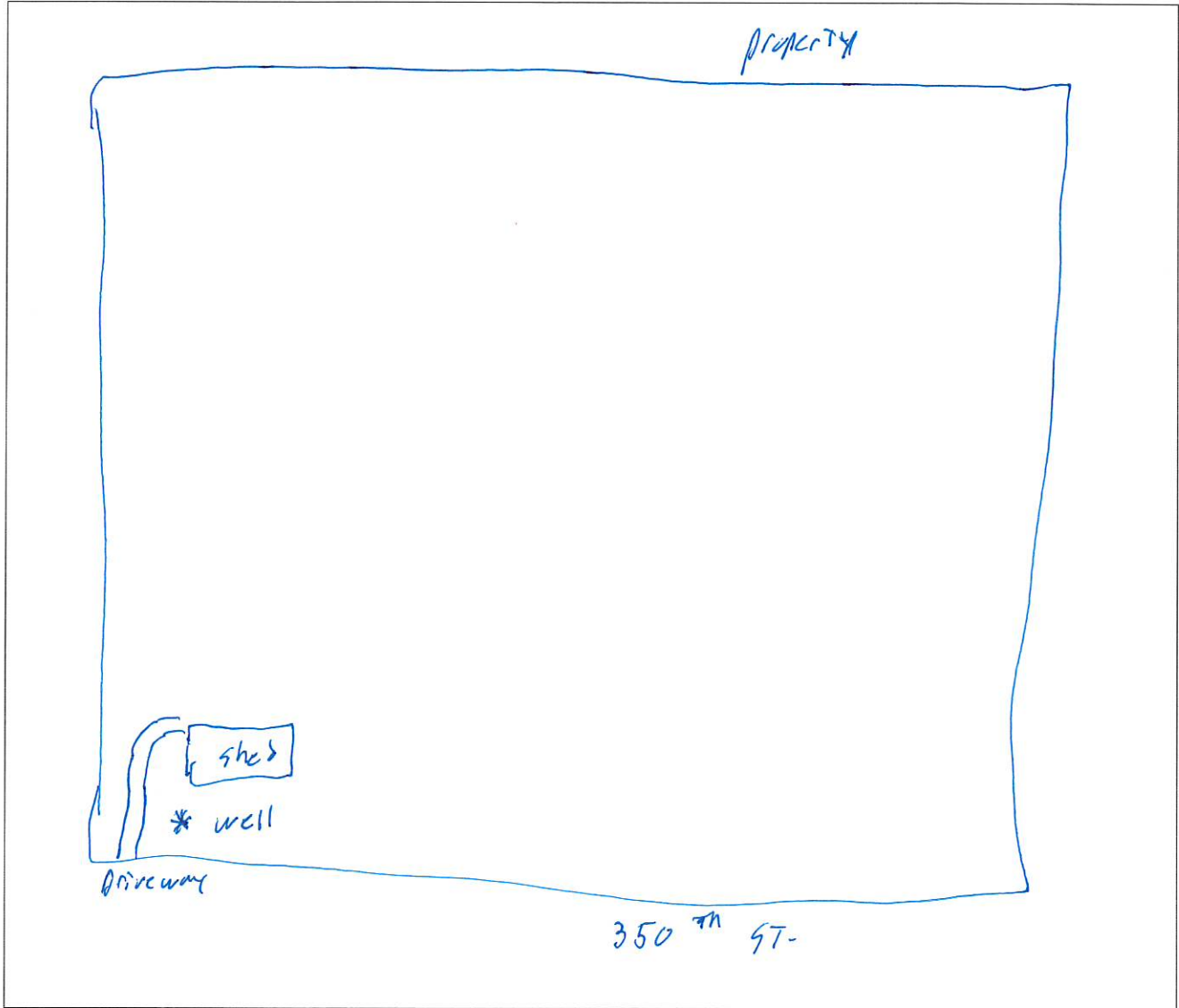
2. Please use the space below to sketch the real property being sold and, to Seller's knowledge, the approximate location of any of the following on the property.

4. SUBSURFACE SEWAGE TREATMENT SYSTEM WELL METHAMPHETAMINE PRODUCTION AREA
(Check all that apply.)

5. Include approximate distances from fixed reference points such as streets, buildings and landmarks.

6. Property located at 7508 350th St. Cushing, MN 56443

7. _____



8. ATTACH ADDITIONAL SHEETS AS NEEDED.

9. Seller and Buyer initial: _____ (Seller) _____ (Date) _____ (Buyer) _____ (Date)

10. _____ (Seller) _____ (Date) _____ (Buyer) _____ (Date)

11. ORIGINAL COPY TO LISTING BROKER; COPIES TO SELLER, BUYER, SELLING BROKER

MN-IM (8/09)





Randall 320-749-2695
 Brainerd 218-828-1719
 Cross Lake 218-692-2696
 Toll Free 1-888-300-9355

Northland Drilling Inc.

9214 Highway 115
 Randall, MN 56475

We accept



WU# 807031

- * Residential
- * Irrigation
- * Lake Cabins
- * Commercial
- * Test Drilling

Name SAND RIDGE FARM & TIMBER CO Date 7-29-14
 Address 137 SOUTH 2ND AVE Phone # 320-267-2968
 City, State, Zip WAITE PARK MN 56387 Site Address 350TH ST - CUSHING

WELL DRILLING

1. 4 Inch Diameter well at 21.00 per ft. X 75 ft. Depth\$ 1575.00
2. 3 Inch Telescoping, Stainless Screen X 4 ft. Length with Fittings\$ 490.00
3. Additional 4 ft. Screen (if needed)\$ 425.00 \$ 425.00
4. Test Hole Charge _____ per ft. (if applicable)\$ _____
5. State Well Permit and Code Requirements\$ 885.00
 Well Permit 235.00; Pressure Grouting of Casing 350.00;
 Well Chlorination, Water Sample, & Well Log 300.00

Please do not use this water for potable use until the sample results are returned stating it meets MN Dept. of Health Standards.
 WELL DRILLING TOTAL \$ 3375.00

WATER SYSTEM

1. _____ hp submersible pump\$ _____
2. _____ Pressure tank\$ _____
3. _____ Size ft. Bury Pitless Adapter _____ Inch Discharge\$ _____
4. Pressure tank fittings\$ _____
5. Miscellaneous pump and pitless fittings\$ _____
6. _____ Drop pipe _____ per ft.\$ _____
7. _____ Waterline to the building _____ per ft.\$ _____
8. _____ Submersible Wire in the well _____ UF Wire to the building _____ per ft.\$ _____
9. Installation charge up to 4 hours (over 4 hours add _____ per hour)\$ _____
10. Alternates or additions\$ _____

..... WATER SYSTEM TOTAL \$
GRAND TOTAL \$ 3375.00

TERMS: Net due upon receipt unless otherwise noted.

PLEASE DO NOT DRINK THE WATER UNTIL YOU RECEIVE A GOOD WATER TEST. PLEASE LET US KNOW WHEN WE CAN DO ANOTHER WATER TEST. ALSO PLEASE LET US KNOW WHEN YOU ARE READY FOR YOUR WATER SYSTEM.

Thank you!

pd - 8-11-2014

CENTRAL WATER TESTING LABORATORY

18511 STATE HWY. 371 • BRAINERD, MN 56401 • (218) 828-2118

MINNESOTA DEPARTMENT OF HEALTH LAB# 027-035-273

CWTL guarantees the accuracy of the analysis done on the sample submitted for testing. It is not possible for CWTL to guarantee that a test result obtained on a particular sample will be the same on any other sample unless all conditions affecting the sample are the same, including sampling by CWTL. As mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.

Sample Description: Sand Ridge Farm & Timber CO
137 South 2nd Ave
Waite Park MN 56387
Well Site: 350th Street
Cushing MN

Report Date: 11/13/2015
Lab Number: 15-3102
Date/Time Sampled: 11/12/2015 8:30 AM
Date/Time Received: 11/12/2015 1:23 PM
Temperature at Receipt: 11.1 C

Well Unique #: 807031

Sampled By: Northland Well Drilling 1933

FINAL REPORT

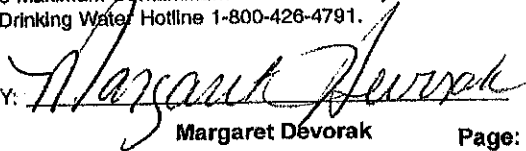
Analyte	Results	MCL	Method	Analyzed Time	Analyst	Notes
Total Coliform Bacteria	ABSENT	ABSENT	COLISURE Presence/Absence Retest	1:30 PM 11/13/15	MJD	
E Coli Bacteria	ABSENT	ABSENT	COLISURE Presence/Absence Retest	1:30 PM 11/13/15	MJD	
Nitrate Nitrogen	< 1.0 mg/L	10.0 mg/L	SM 4500-NO3-D-97 Refer to Lab # 60456	16:38 7/25/14	MJD	

Reference to the Note Column:

1. The sample submitted for Total Coliform Bacteria testing was received and analyzed after the 30 hour holding time.
2. The sample submitted for Nitrate Nitrogen testing was received and analyzed after the 48 hour holding time.
3. Client notified that the sample was received in a non-approved container as specified in MN Rule 4740.2087 Subpart 3.B.
4. The sample submitted exceeds the acceptable temperature range as specified in MN Rule 4740.2087 Subpart 2.A.

MCL is defined as the Maximum Contaminant Level allowed by the Safe Drinking Water Act. For further information, contact your state or local health department or call the EPA Safe Drinking Water Hotline 1-800-426-4791.

APPROVED BY:


Margaret Devorak

TITLE:

Laboratory Manager