

**DISCLOSURE STATEMENT: WELL**

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- 1. Date \_\_\_\_\_
- 2. Page 1 of \_\_\_\_\_ 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: 221 MN Hwy 78 N,  
21. City of Ottertail, County of COOT OTTERTAIL,  
22. State of Minnesota, Zip Code 56571.

23. **LEGAL DESCRIPTION:**  
24. see Attached  
25. \_\_\_\_\_ ("Property").

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

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

28.	MN Unique	Well	Year of	Well	IN USE	NOT IN	SHARED	SEALED
29.	Well No.	Depth	Const.	Type		USE		
30.	Well 1	<u>√ 525039</u>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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. \_\_\_\_\_

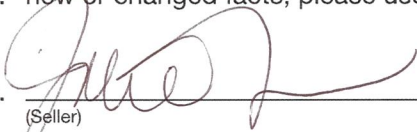
36. **NOTE: See definition of terms "IN USE," "NOT IN USE," and "SEALED" on lines 102-113. If a well is not in use, it must be sealed by a licensed well contractor or a well owner must obtain a maintenance permit from the Minnesota Department of Health and pay an annual maintenance fee. Maintenance permits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

- 87. **WELL USE STATUS:** Indicate the use status of each well. CHECK ONLY ONE (1) BOX PER WELL.
- 88. **IN USE:** A well is "in use" if the well is operated on a daily, regular, or seasonal basis. A well in use includes
- 89. a well that operates for the purpose of irrigation, fire protection, or emergency pumping.
- 90. **NOT IN USE:** A well is "not in use" if the well does not meet the definition of "in use" above and has not
- 91. been sealed by a licensed well contractor.
- 92. **SEALED:** A well is "sealed" if a licensed contractor has completely filled a well by pumping grout material
- 93. throughout the entire bore hole after removal of any obstructions from the well. A well is "capped" if it has
- 94. a metal or plastic cap or cover which is threaded, bolted or welded into the top of the well to prevent entry
- 95. into the well. A "capped" well is not a "sealed" well.
- 96. If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing
- 97. contractor, check the well status as "not in use."
- 98. If you have any questions, please contact the Minnesota Department of Health, Well Management Section,
- 99. at (651) 201-4587 (metropolitan Minneapolis–St. Paul) or 1-800-383-9808 (greater Minnesota).

- 100. **SELLER'S STATEMENT:** *(To be signed at time of listing.)*
- 101. Seller(s) hereby states that the facts as stated above are true and accurate and authorizes any licensee(s) representing
- 102. or assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity
- 103. in connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to
- 104. a real estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real
- 105. estate licensee representing or assisting a prospective buyer is considered to have been provided to the prospective
- 106. buyer. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective
- 107. buyer, the real estate licensee must provide a copy to the prospective buyer.
- 108. **Seller is obligated to continue to notify Buyer in writing of any facts that differ from the facts disclosed here**
- 109. **(new or changed) of which Seller is aware that could adversely and significantly affect the Buyer's use or**
- 110. **enjoyment of the Property or any intended use of the Property that occur up to the time of closing.** To disclose
- 111. new or changed facts, please use the *Amendment to Disclosure Statement* form.

112.  11/23/21 \_\_\_\_\_  
 (Seller) (Date) (Seller) (Date)

- 113. **BUYER'S ACKNOWLEDGEMENT:** *(To be signed at time of purchase agreement.)*
- 114. I/We, the Buyer(s) of the Property, acknowledge receipt of this *Disclosure Statement: Well and Disclosure Statement:*
- 115. *Location Map* and agree that no representations regarding facts have been made other than those made above.

116. \_\_\_\_\_  
 (Buyer) (Date) (Buyer) (Date)

117. **LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS HERE AND ARE**  
 118. **NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**



# 525039

MINNESOTA DEPARTMENT OF HEALTH  
**WELL RECORD**  
Minnesota Statutes Chapter 1031

MINNESOTA UNIQUE WELL NO.

525039

WELL LOCATION  
County Name  
**OTTERTAIL**

Township Name  
**OTTERTAIL**  
Township No. **134<sup>th</sup>**  
Range No. **39<sup>th</sup>**  
Section No. **10**  
Fraction **SW 1/4 SE 1/4 NE 1/4**

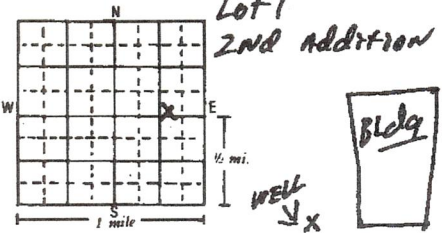
WELL DEPTH (completed) **76** ft.  
Date Work Completed **NOV. 1, 1993**

Numerical Street Address and City of Well Location  
**Box 145 OTTERTAIL MN. 56571**

DRILLING METHOD  
 Cable Tool  
 Auger  
 Driven  
 Rotary  
 Dug  
 Jetted

Show exact location of well in section grid with "X".  
Sketch map of well location. Showing property lines, roads and buildings.

DRILLING FLUID  
**SUPER GEL X**



USE  
 Domestic  
 Irrigation  
 Test Well  
 Monitoring  
 Public  
 Dewatering  
 Heating/Cooling  
 Industry/Commercial  
 Remedial

PROPERTY OWNER'S NAME  
**EUGENE L. PIER**

CASING Drive Shoe?  Yes  No  
 Steel  
 Plastic  
 Threaded  
 Welded

Mailing address if different than property address indicated above.

HOLE DIAM.  
Casing Diameter **4** in. to **72** ft. **WEIGHT 200 psi**  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. \_\_\_\_\_ lbs./ft.  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. \_\_\_\_\_ lbs./ft.  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. \_\_\_\_\_ lbs./ft.

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
top Soil	black	SOFT	0	2
Sand - coarse	BROWN	SOFT	2	25
Sand	GRAY	SOFT	25	50
Clay	GRAY	SOFT	50	645
WATER-BEARING				
Sand #10-12	GRAY	SOFT	645	845

SCREEN Make **COOK** Type **STAINLESS STEEL** Slot/Blauze **#12 M X F** Set between **72** ft. and **76** ft. FITTINGS: **3X4 K-PACKER**

OPEN HOLE from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Diam. **5 1/4** Length **4**

STATIC WATER LEVEL **8** ft. below  above land surface Date measured **NOV. 1, 1993**

PUMPING LEVEL (below land surface) **8** ft. after **1** hrs. pumping **75** g.p.m.

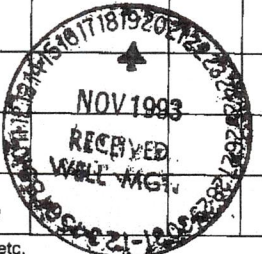
WELL HEAD COMPLETION  Pileless adapter manufacturer **MONITOR** Model **4X1**  
 Casing Protection  12 in. above grade

GROUTING INFORMATION  
Well grouted?  Yes  No  
Grout Material  Neat cement  Bentonite  
from **0** to **30** ft. \_\_\_\_\_ yds. \_\_\_\_\_ bags  
from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ yds. \_\_\_\_\_ bags  
from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ yds. \_\_\_\_\_ bags

NEAREST KNOWN SOURCE OF CONTAMINATION **60+** feet **W** direction **SEPTIC TANK** type  
Well disinfected upon completion?  Yes  No

NOTE: NOT THROUGH VEIN YET.

PUMP  
 Not installed Date installed **11-16-93**  
Manufacturer's name **AEROMOTOR**  
Model number **A12B50** HP **1/2** Volts **230**  
Length of drop pipe **44 ft** gpm. Pipe ft. Capacity **15** g.p.m.  
Pressure Tap Capacity **WX-202 EXTROL**  
Type:  Submersible  L.S. Turbine  Reciprocating  Jet



ABANDONED WELLS  
Does property have any not in use and not sealed well(s)?  Yes  No

REMARKS, ELEVATION, SOURCE OF DATA, etc.

WELL CONTRACTOR CERTIFICATION  
This well was drilled under my supervision and in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.

**Eldon Cichy WELL DRILLING 56467**  
Licensee Business Name Lic or Reg. No.  
**Eldon Cichy** **11-3-93**  
Authorized Representative Signature Date  
**Eldon Cichy** **11-3-93**  
Name of Driller Date

MINN. DEPT. OF HEALTH COPY 525039