



PRIVATE SEWAGE TREATMENT SYSTEM DISCLOSURE

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1 **DATE:** 7/18/2026

2 Street Address: 104 GOLDEN SPIKE RD

3 City: WEST FARGO State: ND Zip Code: 58078 County: CASS

4 This disclosure is not a warranty of any kind by the Seller(s) or any Broker(s) or Agent(s) representing or
5 assisting any party(s) in this transaction and is not a substitute for any inspections or warranties the party(s)
6 may wish to obtain.

7 **LOCATION MAP:** ☒ **IS ATTACHED** ☐ **IS NOT ATTACHED**

8 **SELLER(S) INFORMATION:**

9 The Seller(s) discloses the following information with the knowledge that even though this is not a warranty,
10 prospective Buyer(s) may rely on this information in deciding whether, and on what terms, to purchase the
11 Property. The Seller(s) authorizes any Broker(s) or Agent(s) representing any party in this transaction to
12 provide a copy of this Statement to any person or entity in connection with any actual or anticipated sale of
13 the Property. Unless the Buyer(s) or Seller(s) agree to the contrary in writing before the closing of the sale, a
14 Seller(s) who fails to disclose the existence of known status or an individual sewage treatment system at the
15 time of the sale, and who knew or had reason to know of the existence or known status of the system, is liable
16 to the Buyer(s) for costs relating to bringing the system into compliance with individual sewage treatment
17 system rules and for reasonable attorney's fees or collection of costs from the Seller(s). Legal action by the
18 Buyer(s) must be commenced within two years after the date on which the Buyer(s) closed the purchase of the
19 Property where the system is located, and if no legal action is timely commenced, the right of Buyer(s) is
20 waived. Legal requirements may exist relating to various aspects of location and status of individual sewage
21 treatment systems. Buyer(s) is advised to contact the local unit(s) of government, state agency or qualified
22 professional which regulates individual sewage treatment systems for further information about these issues.
23 The following representation is made by the Seller(s) to the extent of the Seller's actual knowledge.

24 **This information is a disclosure and not intended to be part of any contract between the Buyer(s)**
25 **and Seller(s).**

26 **PRIVATE SEWAGE SYSTEM DISCLOSURE:**

27 The Seller(s) certifies that the following type of private sewage system is on or serving the above-described
28 Property.

29 Check appropriate sewage system and indicate on LOCATION MAP.

30 ☒ **Septic Tank:** ☒ **with Drain Field** ☐ **with Mound System** ☐ **Seepage Tank** ☐ **with Open End**

31 ☐ **Sealed System (holding tank)** ☐ **Straight-Pipe System**

32 ☐ **Other (describe):** _____

33 _____

34 Is the sewage system(s) currently in use? ☒ **Yes** ☐ **No**

35 **NOTE: If any water-using appliances, bedrooms or bathrooms have been added to the Property**
36 **since the current system was installed, the system may no longer comply with sewage treatment**
37 **system laws and regulations. Describe:** _____

38 _____

39 Is the sewage system(s) in compliance with applicable sewage system laws and rules?

40 ☐ **Yes** ☐ **No** ☒ **Unknown**

41 Date system installed: _____ Installer Name/Phone: _____

Buyer(s) Initials _____

Seller(s) Initials YH GX



42 **ADDRESS:** 104 GOLDEN SPIKE RD WEST FARGO ND 58078

43 **TANK:** Size: _____ Last Pumped: Aug 2025 How Often Pumped: annually

44 **DRAIN FIELD:** Size: _____ **LOCATION:** See LOCATION MAP.

45 Describe work performed to the system since you have owned the Property:

46 **None, works perfectly**

47

48 Date work performed/by whom: _____

49 Is the sewage system entirely within Property boundary lines including set back requirements?

50 ☒ **Yes** ☐ **No** – Location: _____ ☐ **Unknown**

51 Is the system shared? ☐ **Yes** # of units on system: _____ ☒ **No** ☐ **Unknown**

52 If Yes, is there an easement for the location/shared system? ☐ **Yes** ☐ **No**

53 Any fees associated with the sewage system? ☐ **Yes** Amount: _____ ☒ **No**

54 If Yes, Explain: _____

55 Approximate number of people using the system regularly: 4; Showers/baths taken per

56 week: 20; Laundry loads per week: 4.

57 Distance between well and sewage treatment systems: _____.

58 Have you received any notices from any government agencies relating to the subsurface sewage treatment

59 system? ☐ **Yes** (Attach notices) ☒ **No**

60 Any known defects in the sewage treatment system? ☐ **Yes** ☒ **No**

61 If Yes, Explain: _____

SELLER'S STATEMENT: (TO BE SIGNED AT THE TIME OF LISTING)

Seller(s) hereby acknowledges that the information provided in this document is true and accurate to the best of the Seller's knowledge as of the date listed below. If any of the information becomes inaccurate after it is delivered to the Buyer(s) and before closing, the Seller(s) shall notify Buyer(s) and any Broker(s)/Agent(s) representing any party(s) to the transaction in writing of such change.

<u>YING HUANG</u>	<u>07/18/2026</u>	<u>Gongyi Xia</u>	<u>07/18/2026</u>
Seller Signature	YING HUANG	Date	
		Seller Signature	GONGYI XIA
			Date

BUYER'S ACKNOWLEDGMENT (TO BE SIGNED AT THE TIME OF THE PURCHASE AGREEMENT)

Buyer(s) acknowledges receipt of this Seller's Disclosure. Buyer(s) acknowledges that Broker(s) and Agent(s) representing the sale of this Property have not made statements concerning the condition of the Property other than those listed in this Seller's Disclosure. Buyer(s) acknowledges that Buyer(s) has been advised to verify the information listed in this statement independently. **Buyer(s) acknowledges and understands that this document is not intended to be a warranty or any kind or a substitute for any inspections of the Property Buyer(s) may wish to obtain.**

_____	_____	_____	_____
Buyer Signature	Date	Buyer Signature	Date

LOCATION MAP

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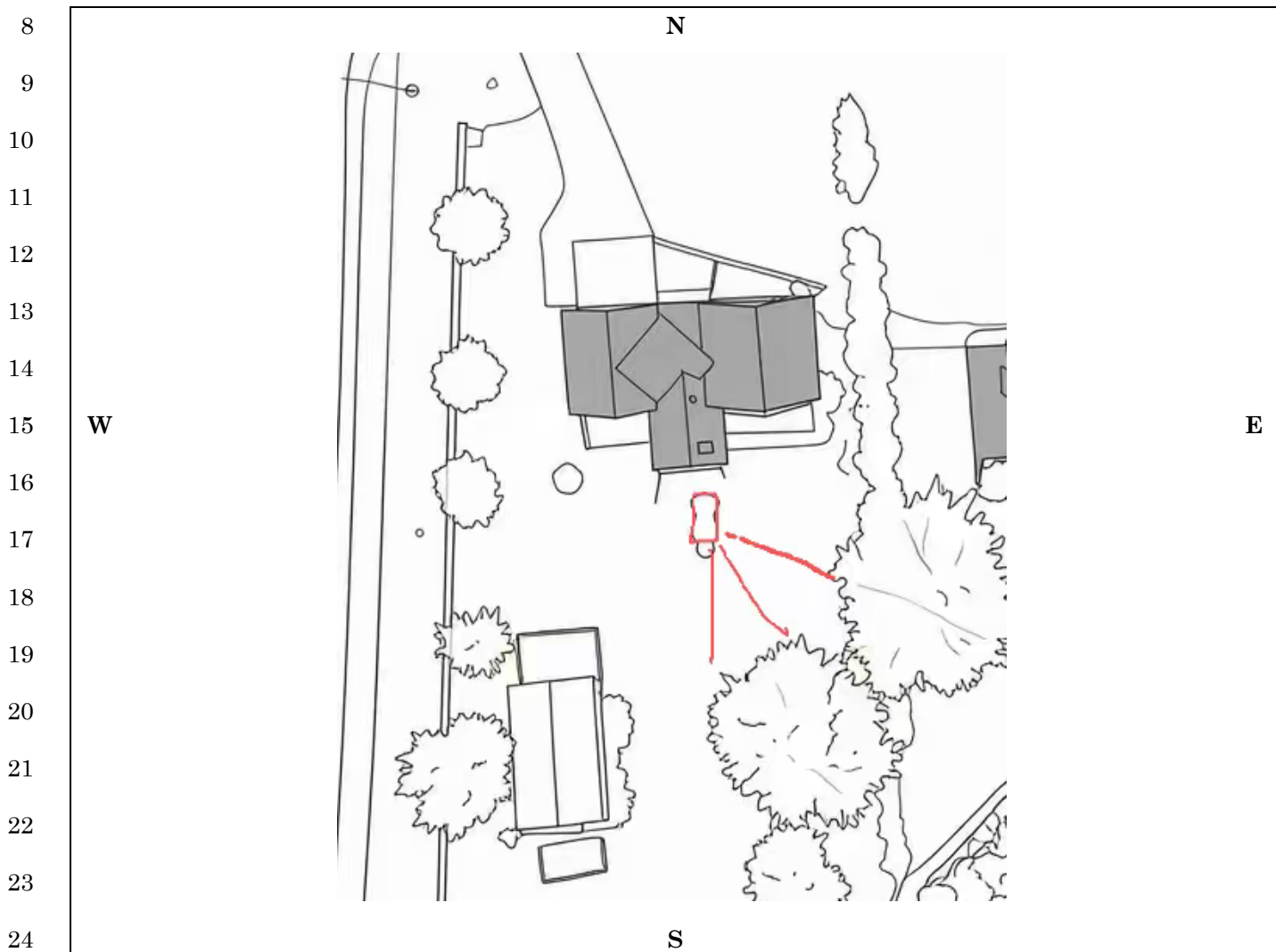
3 **City:** WEST FARGO **State:** ND **Zip Code:** 58078 **County:** CASS

4 Use the space below to sketch the property lines of the Property being sold and indicate the location of any

5 buildings as well as the approximate location of any of the following (Check all that apply):

6 ☒ Subsurface Sewage Treatment System ☐ Well ☐ Methamphetamine Production area

7 **Note approximate distances between landmarks, buildings, and property lines as precisely as possible.**



Buyer(s) Initials _____

NDAR: Location Map Rev. 3/2023

Seller(s) Initials

 YH

 GX

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