MINNESOTA POLLUTION CONTROL AGENCY

520 Lafayette Road North
St. Paul, MN 55155-4194

Compliance inspection report form

Existing Subsurface Sewage Treatment System (SSTS)

Doc Type: Compliance and Enforcement

Instructions: Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf.

Property information

Parcel ID# or Sec/Twp/Range: 111 N - 29 W - 14 SW 1/4 Reason for Inspection Prop transfer

Local tracking number:

Local regulatory authority info:

Property address: 36998 511th Av LafayeHe mn. 56054

Owner/representative: Mary Depuydt

Owner's phone:

Brief system description: 1500/2 septic 750 Pump mound

System status

System status on date (mm/dd/yyyy): 10-21-25

☒ **Compliant – Certificate of compliance***

*(**Valid for 3 years from report date** unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.

☐ **Noncompliant – Notice of noncompliance**

Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.

An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.

Reason(s) for noncompliance (check all applicable)

- ☐ Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- ☐ Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- ☐ Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- ☐ Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- ☐ System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- ☐ Soil separation (Compliance component #5) – *Failing to protect groundwater*
- ☐ Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

Comments or recommendations

Certification

I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.

***By typing my name below**, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Business name: LafayeHe Excavating

Inspector signature: Harold Rehbt

(This document has been electronically signed)

Certification number:

License number: 195

Phone:

Necessary or locally required supporting documentation (must be attached)

☒ Soil observation logs ☒ System/As-Built ☐ Locally required forms ☒ Tank Integrity Assessment ☐ Operating Permit

☐ Other information (list):

Property Address: 36998 511 Av. Lafayette Mn. 56054
Business Name: Lafayette Excavating Date: 10-21-25

1. Impact on public health – Compliance component #1 of 5

Compliance criteria:		Attached supporting documentation:
System discharges sewage to the ground surface	☐ Yes* ☒ No	☐ Other:
System discharges sewage to drain tile or surface waters.	☐ Yes* ☒ No	☐ Not applicable
System causes sewage backup into dwelling or establishment.	☐ Yes* ☒ No	

Any "yes" answer above indicates the system is an imminent threat to public health and safety.

Describe verification methods and results:

2. Tank integrity – Compliance component #2 of 5

Compliance criteria:		Attached supporting documentation:
System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	☐ Yes* ☒ No	☐ Empty tank(s) viewed by inspector
Sewage tank(s) leak below their designed operating depth?	☐ Yes* ☐ No	Name of maintenance business:
		License number of maintenance business:
		Date of maintenance:
If yes, which sewage tank(s) leaks:		☐ Existing tank integrity assessment (Attach)
		Date of maintenance (mm/dd/yyyy): (must be within three years)
		(See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))
		☐ Tank is Noncompliant (pumping not necessary – explain below)
		☐ Other:

Any "yes" answer above indicates the system is failing to protect groundwater.

Describe verification methods and results:

See Attached Pumpers Report

Property Address: 36998 511 Av, Lafayette Exc 56054
Business Name: Lafayette Excavating Date: 10-21-25

3. Other compliance conditions – Compliance component #3 of 5

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?
☐ Yes* ☒ No ☐ Unknown

3b. Other issues *(electrical hazards, etc.)* to immediately and adversely impact public health or safety? ☐ Yes* ☒ No ☐ Unknown

**Yes to 3a or 3b - System is an imminent threat to public health and safety.*

3c. System is non-protective of ground water for other conditions as determined by inspector? ☐ Yes* ☒ No

3d. System not abandoned in accordance with Minn. R. 7080.2500? ☐ Yes* ☐ No

**Yes to 3c or 3d - System is failing to protect groundwater.*

Describe verification methods and results:

Attached supporting documentation: ☐ Not applicable ☐

4. Operating permit and nitrogen BMP* – Compliance component #4 of 5 ☐ Not applicable

Is the system operated under an Operating Permit? ☐ Yes ☐ No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design? ☐ Yes ☐ No **If "yes", B below is required**

BMP = Best Management Practice(s) specified in the system design

If the answer to both questions is "no", this section does not need to be completed.

Compliance criteria:

a. Have the operating permit requirements been met? ☐ Yes ☐ No

b. Is the required nitrogen BMP in place and properly functioning? ☐ Yes ☐ No

Any "no" answer indicates noncompliance.

Describe verification methods and results:

Attached supporting documentation: ☐ Operating permit (Attach) ☐

Property Address: 36998 511 Ave Lafayette mn 56054
Business Name: Lafayette Excavating Date: 10-21-25

5. Soil separation – Compliance component #5 of 5

Date of installation 7-30-18 (mm/dd/yyyy) ☐ Unknown

Shoreland/Wellhead protection/Food beverage lodging? ☐ Yes ☐ No

Compliance criteria (select one):

5a. *For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:* Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*
5b. *Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:* Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.*	☒ Yes ☐ No*
5c. *"Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080. 2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)* Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.	☐ Yes ☐ No*

Attached supporting documentation:

☒ Soil observation logs completed for the report
☒ Two previous verifications of required vertical separation
☐ Not applicable (No soil treatment area)
☐ _____

Indicate depths or elevations

A. Bottom of distribution media	24" Sand
B. Periodically saturated soil/bedrock	12"
C. System separation	36"
D. Required compliance separation*	36"

*May be reduced up to 15 percent if allowed by Local Ordinance.

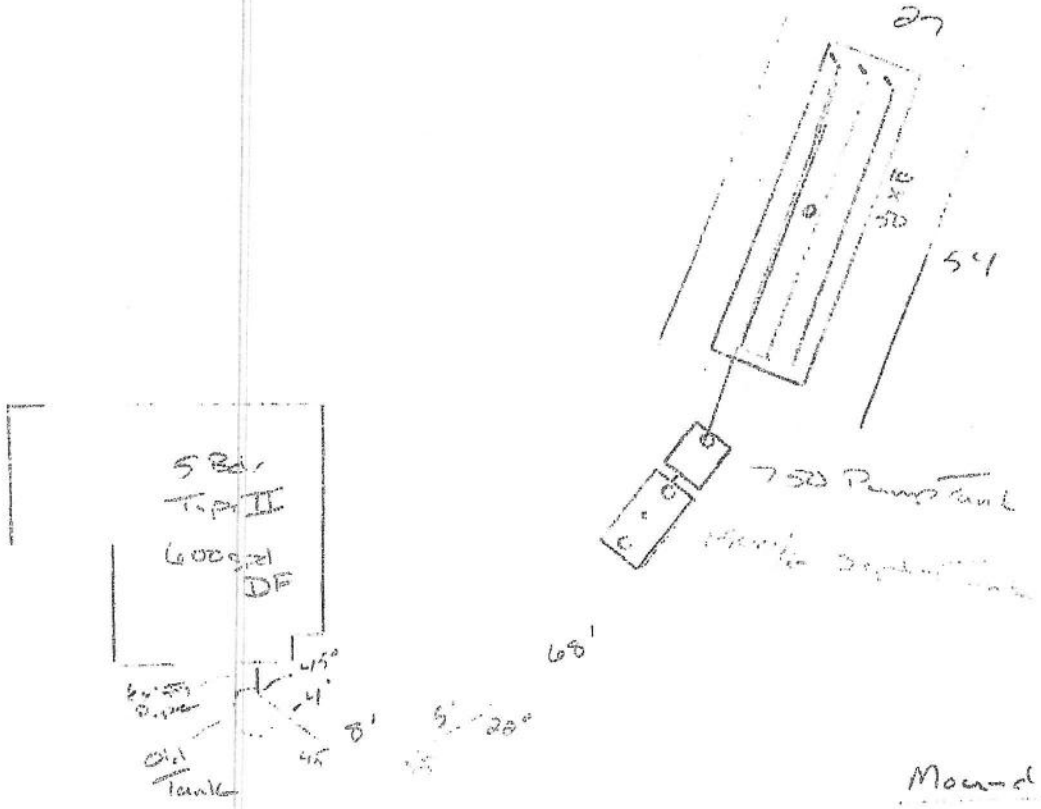
***Any "no" answer above indicates the system is failing to protect groundwater.*

Describe verification methods and results:

Upgrade requirements: *(Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.*

SUBSURFACE SOIL TREATMENT SYSTEM AS-BUILT DRAWING

Property Owner	DEPUYDT MARY T	Installer	Lafayette Excavating
Address	36998 511TH AVE	Installation Date	7/27/2018
ID #	0514300002	Designer	Lafayette Excavating



Event Counter Reading at Start Up: 999 x 3	Elevations Ref Point: Cistern Cover		100	ft
	Septic Tank	ft	Distribution BTM	100.5 ft
Pump to Drainfield Elevation: ~7' ft	Pump Tank	95.73 ft	Distribution BTM	- ft
	Sand Btm	98.5 ft	Distribution BTM	- ft

CERTIFICATION STATEMENT/AS-BUILT

I hereby certify as a State of Minnesota Licensed SSTS Installer that the individual sewage treatment system diagramed above was installed in accordance with all applicable requirements of Minnesota Rules Chapter 7080. The diagram of the installation and information is accurate as of the date of the installation. No determination of future hydraulic performance can be made due to the variability of future water usage and maintenance over the life of the system.

Installer Signature	License #	Date
	195	7-30-18

ADDITIONAL INFORMATION ON REVERSE

Nicollet County SSTS Site Evaluation Form - SOILS

Owner: DePuydt, Mary

Address: 36998 511th Ave

MAP # 05-14-300-002

SB#1 - Boring Pit Diameter:

Depth (in)	Texture	Matrix Color	Mottle Color	Redox Type	% Rock	Structure: Shape	Structure: Grade	Structure: Consistence	Comments
0-25	CL	10YR 2/1	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
25+	CL	2.5Y 4/2	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod. Strong Loose	Loose Friable Firm	

SB#2 - Boring Pit Diameter:

Depth (in)	Texture	Matrix Color	Mottle Color	Redox Type	% Rock	Structure: Shape	Structure: Grade	Structure: Consistence	Comments
0-37	CL	10YR 2/1	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
37+	CL	2.5Y 4/2	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod. Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod. Strong Loose	Loose Friable Firm	

SB#3 - Boring Pit Diameter:

Depth (in)	Texture	Matrix Color	Mottle Color	Redox Type	% Rock	Structure: Shape	Structure: Grade	Structure: Consistence	Comments
0-23	CL	10YR 2/1	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod. Strong Loose	Loose Friable Firm	
23+	CL	10YR 4/2	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod. Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	
		Y /	Y / Y /	None Concent Depletion Gleyed	<35% 35-50% >50%	Gr Pr Pl SGr Bk Ma	Weak Mod Strong Loose	Loose Friable Firm	

MINNESOTA POLLUTION CONTROL AGENCY
520 Lafayette Road North
St. Paul, MN 55155-4194

Sewage tank maintenance reporting form

Subsurface Sewage Treatment Systems (SSTS) Program

Doc Type: Compliance and Enforcement

Purpose: Management and maintenance of Subsurface Sewage Treatment Systems (SSTS) are important to ensure resource protection and long-term and cost-effective sewage treatment. Completion of this form complies with the sewage tank maintenance requirements under Minn. R. 7080.2450 and 7082.0600. This form *may* be used to certify the compliance status of the sewage tank components of the SSTS. **This form is not a complete SSTS inspection report, only a tank integrity assessment, and may only certify sewage tank compliance status when entirely completed and signed on page 3 by a qualified professional.**

Instructions: A copy of this information must be submitted to the system owner within 30 days of the maintenance date and be maintained by the licensed SSTS maintainer business for a period of five (5) years from the maintenance date. Maintenance reporting to the local unit of government *may* be required by local ordinance. Check with your local SSTS program for maintenance reporting protocol. **Page 3 is optional and not required to be completed on routine maintenance events.**

Secure maintenance hole covers

All maintenance hole covers must be returned to service in a sound and durable condition and be capable of withstanding the anticipated load.

Covers must be re-secured in accordance with Minn. R. 7080.2450, subp. 3, Items C or D:

a) Covers installed under local ordinances adopted after February 4, 2008 must be locked, bolted or screwed or must be 95 pounds in weight. They must be made of material suitable for outdoor use, resistant to ultraviolet degradation and leaks, and not susceptible to being slid or flipped. They must have a label warning of hazardous conditions inside the tank. All screw openings must be refastened.

b) Covers installed under local ordinances adopted before February 4, 2008 must either be buried with at least 12 inches of soil cover or be secured according to the local ordinance in effect before February 4, 2008.

c) Covers must meet item 'a' above when raised to the ground surface or less than 12 inches from the ground surface.

Reporting information

Date of maintenance (mm/dd/yyyy): 10/22/2025 **Reason for maintenance:** Compliance Inspection

Property address:	36998 511th Ave			Parcel ID:	
City:	Lafayette	State:	MN	Zip code:	56054

Property owner's name: Mary Depuydt Living Trust

Property-owner's address (*if different*): 7172 snowy owl ln.

City:	Lino Lakes	State:	mn	Zip code:	55014

Phone number: _____ Email address: _____

1. **Did you measure the accumulation of scum and sludge?** ☐ Yes ☒ No (tank(s) pumped without measuring)

Tank (check if present)	Scum	Sludge	Operating depth	Percent full
☐ Septic/holding tank #1				
☐ Septic/holding tank #2				
☐ Pretreatment tank				
☐ Pump tank				

2. **Access used to remove septage:** ☒ Maintenance hole ☐ Other (Unless a holding tank, go to #4 below)

3. **If the maintenance hole was used, were all covers secured in place?** ☒ Yes ☐ No If no, *please explain below:*

4. **If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.**

I, _____ (Print owner's name), refuse to allow the removal of the solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Owner's signature: _____ Date (mm/dd/yyyy): _____

Property address: _____ Parcel ID: _____

City: _____ State: _____ Zip code: _____

5. **Is the tank designed as a leaky tank?** *(Example: seepage pit, cesspool, drywell, leaching pit)*

Tank #1: ☐ Yes ☒ No Verification method used: Holds Water

Tank #2: ☐ Yes ☒ No Verification method used: Holds Water

6. **Is there evidence of the following?**

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
☒ Septic/holding Tank #1	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
☐ Septic/holding Tank #2	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Pretreatment Tank	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☒ Pump Tank	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Describe detail for any "Yes"			

7. **How many gallons of septage were removed?**

Tank #1: 1000 Tank #2: _____ Pretreatment Tank: _____ Pump Tank: 500

8. **Where was the septage taken?** ☒ Wastewater treatment facility ☐ Land application ☐ Other

Explanation (Facility name/Site #): 1911 South Valley St New Ulm

9. **Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?**

☐ Yes ☒ No If yes, identify tank and explain:

☐ Evidence of non-domestic waste ☐ Baffle(s) condition ☐ Effluent screen condition

☐ Maintenance hole and extensions condition ☐ Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation:

10. **List any troubleshooting and minor repairs completed or declined by owner:**

☐ Troubleshooting and repairs conducted:	☐ Repairs declined by owner:
N/A	N/A

Additional comments or suggestions for owner's consideration:

Pumping record

I personally conducted the work described above on behalf of a Minnesota-licensed SSTS Maintenance Business, in compliance with Minnesota Rules Chapters 7080 – 7083:

☒ As a noncertified individual who has received proper training, daily work review, and periodic observation, or

☐ As a designated certified individual of the business listed below.

By typing/signing my name below, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Company information

Company name: Schultz Plumbing

Business license number: L3477

Email: schultzplumbing@comcast.net

Employee's signature: Daniel Fischer

Employee information

Print name: Daniel Fischer

Certification number: (if applicable) C9219

Phone number: 507-354-6178

Date (mm/dd/yyyy): 10/23/2025

Property address: _____

City: _____ State: _____ Parcel ID: _____

Zip code: _____

Optional section: Sewage Tank Compliance Certification (Tank integrity assessment)

This form does not represent a complete system inspection report and only certifies sewage tank compliance status. i.e., this form, completed, may serve as a tank integrity assessment.

Instructions: This section of the form may be completed and signed by a Designated Certified Individual (DCI) of a licensed SSTS Maintenance Business who personally conducts the necessary procedures to assess the compliance status of each sewage tank in the system.

When this section of the form is signed by a qualified certified professional, it becomes *necessary supporting documentation* to an Existing System Compliance Inspection Report: Compliance inspection form - Existing system (wq-wwists4-31b). This form can be found on the MPCA website at https://www.pca.state.mn.us/water/service-and-maintenance.

The information and certified statement on this form is **required** when existing septic tank compliance status is determined by an individual other than the SSTS Inspector that submits an inspection report. This form represents a third party assessment of SSTS component compliance and is allowable under Minn. R. 7082.0700, subp. 4 Item (B) subitem (1). This form is valid for a period of three years beyond the signature date on this form unless a new evaluation is requested by the owner or owner's agent or is required according to local regulations. Additional Administrative Rule references for this activity can be found at Minn. R. 7082.0700, subp. 4 Items B, C, and D; 7083.0730 Item C.

Pages 1 and 2 are not required to accompany this form when the optional third page is completed and used to certify sewage tank compliance status.

System status

System status on date (mm/dd/yyyy): 10/23/2025

☑ **Certificate of sewage tank compliance** ☐ **Notice of sewage tank non-compliance**

Compliance criteria:

The SSTS has a seepage pit, cesspool, drywell, leaching pit, or other pit - "**Failure to Protect Groundwater.**"	☐ Yes* ☑ No
The SSTS has a sewage tank that leaks below the designed operating depth - "**Failure to Protect Groundwater.**"	☐ Yes* ☑ No
The SSTS presents a threat to public safety by reason of structurally unsound (damaged, cracked, or weak) maintenance hole cover(s) or lids or any other unsafe condition - "**Imminent Threat to Public Health or Safety.**"	☐ Yes* ☑ No

Any "yes" answer above indicates sewage tank non-compliance.

Company information

Company name: Schulte Plumbing

Business license number: L3477

Designated Certified Individual (DCI) information

Print name: Philip Kirschstein

Certification number: CA219

I personally conducted the work described above as a Designated Certified Individual of a Minnesota-licensed SSTS Maintenance Business. I personally conducted the necessary procedures to assess the compliance status of each sewage tank in this SSTS.

***By typing/signing my name below**, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.*

Designated Certified Individual's signature: _____ Date (mm/dd/yyyy): 10/23/2025

Lafayette Excavating, Inc.

"Quality Work at a Competitive Price"

PO Box 204
411 8th Street
Lafayette, MN 56054

Phone # 507-228-8902 Fax # 507-228-8092

Invoice

Invoice #
27866

Bill To
David Depuydt 7172 Snow Owl Lane Lino Lakes, MN 55014

Date	Qty / Hours	Description	Rate	Amount
10/24/2025		10/24/25 Septic system Compliance Inspection of existing system @ 36998 511th Ave Lafayette, MN 56054	0.00 300.00	0.00 300.00

	Total	$300.00

Accounts not paid within 30 days will be charged a 1 1/2 % per month FINANCE CHARGE which is an ANNUAL PERCENTAGE RATE of 18%

DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

1. Date 11/01/2025
2. Page 1 of 3 pages:
3. THE REQUIRED MAP IS ATTACHED AND MADE A
4. PART OF THIS DISCLOSURE.

5. Property located at 36998 511TH AVE,
6. City of Lafayette, County of ,
7. State of Minnesota, Zip Code 56054, legally described as follows or on attached sheet:
8. E 1/2 OF NW 1/4 ACRES 80.00 NW 1/4 OF NW 1/4 ACRES 40.00 SW 1/4 OF NW 1/4 ACRES 40.00 & E 1/2 OF SW 1/4 ACRES 80.00 ("Property").
9. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any party(ies) in
10. this transaction, and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.

11. **BUYER(S) AND SELLER(S) MAY WISH TO OBTAIN PROFESSIONAL ADVICE AND/OR INSPECTIONS OF THE**
12. **SUBSURFACE SEWAGE TREATMENT SYSTEM AND TO PROVIDE FOR APPROPRIATE PROVISIONS IN A**
13. **CONTRACT BETWEEN BUYER(S) AND SELLER(S) WITH RESPECT TO ANY ADVICE/INSPECTION/**
14. **DEFECTS.**

15. **SELLER'S INFORMATION:** The following Seller disclosure satisfies MN Statutes Chapter 115.55. Seller discloses
16. the following information with the knowledge that even though this is not a warranty, prospective Buyers may rely on
17. this information in deciding whether and on what terms to purchase the Property. The Seller(s) authorizes any
18. licensee(s) representing or assisting any party(ies) in this transaction to provide a copy of this statement to any person
19. or entity in connection with any actual or anticipated sale of the Property.

20. Unless Buyer and Seller agree to the contrary in writing before the closing of the sale, a Seller who fails to disclose
21. the existence or known status of a subsurface sewage treatment system at the time of sale, and who knew or had
22. reason to know of the existence or known status of the system, is liable to Buyer for costs relating to bringing the
23. system into compliance with subsurface sewage treatment system rules and for reasonable attorney fees for collection
24. of costs from Seller. An action under this subdivision must be commenced within two years after the date on which
25. Buyer closed the purchase of the real property where the system is located.

26. Legal requirements exist relating to various aspects of location and status of subsurface sewage treatment systems.
27. Buyer is advised to contact the local unit(s) of government, state agency, or qualified professional which regulates
28. subsurface sewage treatment systems for further information about these issues.

29. The following are representations made by Seller(s) to the extent of Seller(s) actual knowledge. This information is a
30. disclosure and is not intended to be part of any contract between Buyer and Seller.

31. **SUBSURFACE SEWAGE TREATMENT SYSTEM DISCLOSURE:** *(Check the appropriate boxes.)*

32. Seller certifies that the following subsurface sewage treatment system is on or serving the above-described Property.

33. TYPE: *(Check appropriate box(es) and indicate location on attached Disclosure Statement: Location Map.)*
34. ☒ Septic Tank: ☐ with drain field ☒ with mound system ☐ seepage tank ☐ with open end
35. Is this system a straight-pipe system? ☐ Yes ☒ No ☐ Unknown
36. ☐ Sealed System (holding tank)
37. ☐ Other (Describe.): _____
38. Is the subsurface sewage treatment system(s) currently in use? ☒ Yes ☐ No
39. Is the above-described Property served by a subsurface sewage treatment system
40. located entirely within the Property boundary lines, including setback requirements? ☒ Yes ☐ No
41. If "No," please explain: _____
42. _____
43. Comments: _____
44. _____

High Point Land Company - Wells, 28 S Broadway Wells MN 56097 Phone: (507) 382-6669 Fax: Mary T Depuydt
Bryce Brunz

DISCLOSURE STATEMENT: SUBSURFACE SEWAGE TREATMENT SYSTEM

Property located at **36998 511TH AVE , Lafayette, MN 56054**.

Is the subsurface sewage treatment system(s) a shared system? ☐ Yes ☒ No

If "Yes,"

(1) How many properties or residences does the subsurface sewage treatment system serve? _____

(2) Is there a maintenance agreement for the shared subsurface sewage treatment system? ☐ Yes ☐ No

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

NOTE: If any water use appliance, bedroom, or bathroom has been added to the Property, the system may no longer comply with applicable sewage treatment system laws and rules.

Seller or transferor shall disclose to Buyer or transferee what Seller or transferor has knowledge of relative to the compliance status of the subsurface sewage treatment system. System is understood to be Compliant. See Lafayette Excavating 10-21-25 Compliance inspection Forest report.

Any previous inspection report in Seller's possession must be attached to this Disclosure Statement.

When was the subsurface sewage treatment system installed? 2018

Installer Name/Phone Lafayette Excavating

Where is tank located? NE of the dwelling

What is tank size? ? 1,000 gal. ; Pump Tank is 750 Gal.?

When was tank last pumped? 10/23/2025

How often is tank pumped? The tank has only been pumped one time

Where is the drain field located? Mound is NE of Dwelling

What is the drain field size? Rock bed = 10'x50' ; Sand bed = 27'x52'

Describe work performed to the subsurface sewage treatment system since you have owned the Property.

Original Install only - 2018

Date work performed/by whom: See above

Approximate number of:

people using the subsurface sewage treatment system Less than 1 *

showers/baths taken per week 0

wash loads per week 0

NOTE: Changes in the number of people using the subsurface sewage treatment system or volume of water used may affect the subsurface sewage treatment system performance.

Distance between well and subsurface sewage treatment system? Approx. 225 feet

Have you received any notices from any government agencies relating to the subsurface sewage treatment system? (If **"Yes,"** see attached notice.) ☐ Yes ☒ No

Are there any known defects in the subsurface sewage treatment system? ☐ Yes ☒ No

If "Yes," please explain: _____

* System is in use but no permanent resident at this time.

87. Property located at **36998 511TH AVE , Lafayette, MN 56054**.

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

89. Seller(s) hereby states the facts as stated above are true and accurate and authorizes any licensee(s) representing or
90. assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity in
91. connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to a
92. real estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real
93. estate licensee representing or assisting a prospective buyer is considered to have been provided to the prospective
94. buyer. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective
95. buyer, the real estate licensee must provide a copy to the prospective buyer.

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

100. 11/01/2025
(Seller) **The Mary T Depuydt Living Trust Dated August 3,** (Date) (Seller) (Date)

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

102. I/We, the Buyer(s) of the Property, acknowledge receipt of this *Disclosure Statement: Subsurface Sewage Treatment*
103. *System* and *Disclosure Statement: Location Map* and agree that no representations regarding facts have been made
104. other than those made above.

105. (Buyer) (Date) (Buyer) (Date)

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

DISCLOSURE STATEMENT: WELL

This form is approved by the Minnesota Association of REALTORS®, which disclaims any liability arising out of use or misuse of this form.

1. Date 11/01/2025

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
6. disclose information in writing to Buyer about the status and location of all known wells on the property. This requirement
7. is satisfied by delivering to Buyer either a statement by Seller that Seller does not know of any wells on the property,
8. or a disclosure statement indicating the legal description and county, and a map showing the location of each well.
9. 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
11. 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
12. status of the well, is liable to Buyer for costs relating to sealing of the well and reasonable attorneys' fees for collection
13. of costs from Seller, if the action is commenced within six years after the date Buyer closed the purchase of the real
14. property where the well is located.

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

19. **Instructions for completion of this form are on page two (2).**

20. **PROPERTY DESCRIPTION:** Street Address: **36998 511TH AVE** ,

21. City of **Lafayette** , County of _____ ,

22. State of Minnesota, Zip Code **56054** .

23. **LEGAL DESCRIPTION:** **E 1/2 OF NW 1/4 ACRES 80.00 NW 1/4 OF NW 1/4 ACRES 40.00 SW 1/4 OF NW 1/4 ACRES**

24. **40.00 & E 1/2 OF SW 1/4 ACRES 80.00**

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. / 29.	MN Unique Well No.	Well Depth	Year of Const.	Well Type	IN USE	NOT IN USE	SHARED	SEALED
30. Well 1	N/A	?65'?	±1900?	Water	☒	☐	☐	☐
31. Well 2					☐	☐	☐	☐
32. Well 3					☐	☐	☐	☐

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 87-97. If a well is not in use, it**
37. **must be sealed by a licensed well contractor or a well owner must obtain a maintenance permit from**
38. **the Minnesota Department of Health and pay an annual maintenance fee. Maintenance permits are not**
39. **transferable. If a well is operable and properly maintained, a maintenance permit is not required.**

40. If the well is, "Shared": ~ Not 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? $ _____

High Point Land Company - Wells, 28 S Broadway Wells MN 56097 Phone: (507) 382-6669 Fax: Mary T Depuydt
Bryce Brunz

46. Property located at **36998 511TH AVE , Lafayette, MN 56054**.

47. **OTHER WELL INFORMATION:**

48. Date well water last tested for contaminants: ? 15+ Years Test results attached? ☐ Yes ☒ No

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

50. Comments: I did not personally review a test report. I understand

51. that it showed the presence of E. Coli. Note, there is an reverse

52. osmosis filter system under the kitchen sink.

53.

54.

55.

56.

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

58. When was the well sealed? N/A

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 *Disclosure Statement: Location Map* showing the location of each well on the**
62. **real Property.**

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

65. **INSTRUCTIONS FOR COMPLETING THE WELL DISCLOSURE STATEMENT**

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

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

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

74. **WATER WELL:** A water well is any type of well used to extract groundwater for private or public use.

75. Examples of water wells are: domestic wells, drive-point wells, dug wells, remedial wells, and municipal
76. wells.

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

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

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

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

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
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107. buyer, the real estate licensee must provide a copy to the prospective buyer.

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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. _____ _____
(Seller) **The Mary T Depuydt Living Trust Dated August 3, 2016** (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.**

MN-DS:W-3 (8/25)

HIGH POINT REALTY & AUCTION

LOCATION MAP

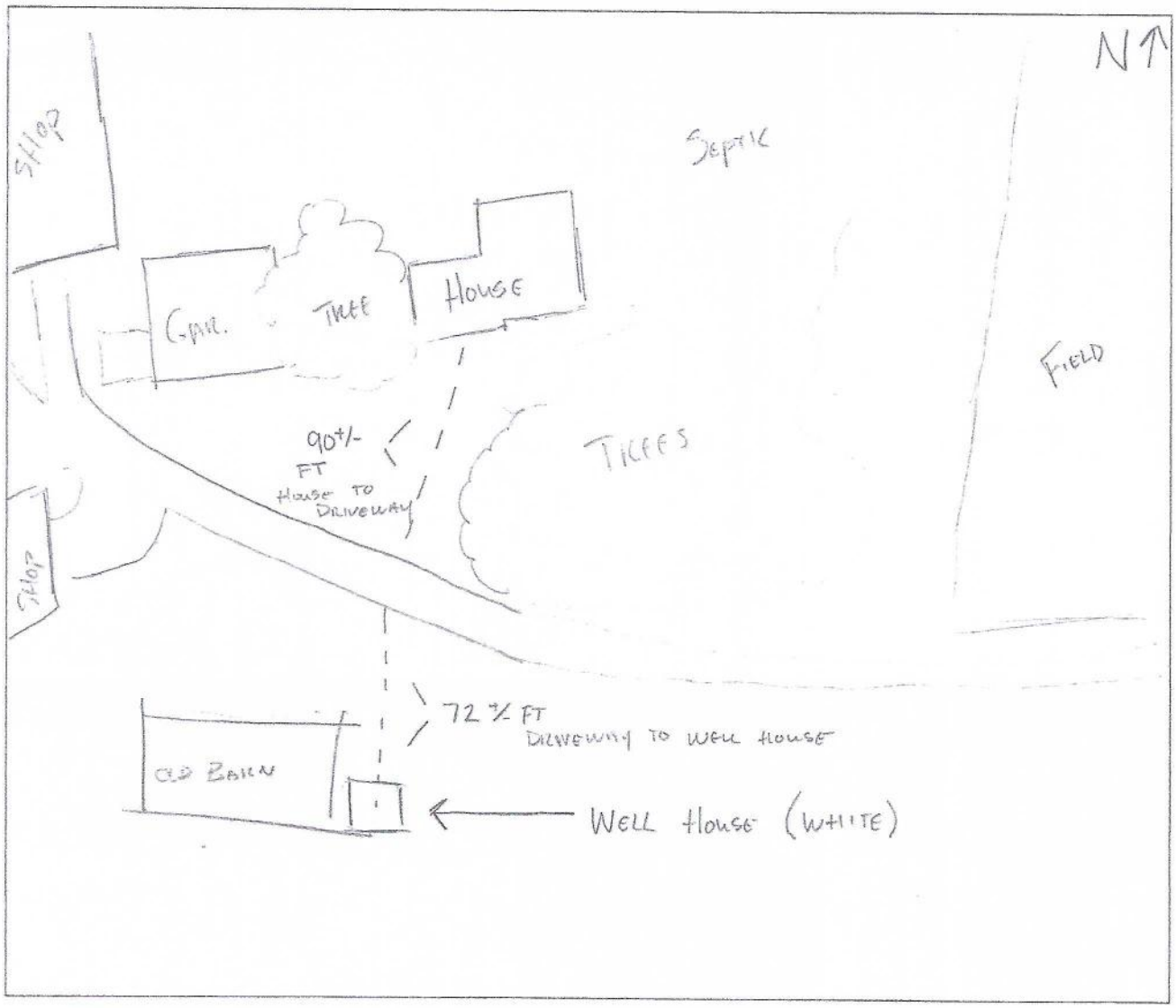
2. Please use the space below to sketch the real property being sold and, to Seller's knowledge, the approximate location of
3. any of the following on the property.

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 _____

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**