COUNTY USE ONLY

Houston Co.
Doc #
255615

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 include a $45 fee payable to the county recorder.

MDH USE ONLY

453234 KM

A. PROPERTY LOCATION LEGAL DESCRIPTION

Attach a legal description of the property.

County	Section No.	Township No.	Range No.	Quarter (or Government Lot)
Houston	26 & 27	104N	4W	

Lot No(s).	Block No.	Addition Name	Outlot	Tract

Property Street Address

See Attached Exhibit "A"

City/Township	ZIP Code	Property ID No./Parcel No. (optional)
		See Attached for Listing

B. PROPERTY BUYER MAILING ADDRESS AFTER CLOSING

First Name	Middle Initial	Last Name

Company Name (if applicable)

National Decorated Products, Inc., a Wisconsin corporation

Mailing Address

C/o Northern Engraving Corporation

Mailing Address

803 South Black River Street, P.O. Box 377

City	State/Province	ZIP Code	Telephone No. (including area code)
Sparta	WI	54656	(608) 269-6911

Provide Name of Seller (please print) National Decorated Products, Inc., a Wisconsin corporation

C. CERTIFICATION BY SELLER

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

✓ Ira Forbes, Vice President — ✓ February 18, 2009

Signature of Seller or Designated Representative of Seller — Date

D. CERTIFICATION BY BUYER

For fulfillment of a contract for deed, the buyer or person authorized to act on behalf of the buyer, must sign a Well Disclosure Certificate 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 $175. A copy of this Well Disclosure Certificate should be provided to the property buyer at the time of closing.

453234

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

Indicate Total Number of Wells on Property _____

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

E. WELL LOCATION LEGAL DESCRIPTION

WELL #1 – If the property legal description has more than one section, township, or range number; quarter (or government lot); or lot or block number; provide specific legal description information regarding the physical location of this well.

County	Section No.	Township No.	Range No.	Quarter (or Government Lot)
Houston	26	104N	4W	SW¼

Lot No.	Block No.	Addition Name	Outlot	Tract	MN Unique Well No. or Sealing Record No.

WELL STATUS (Check only one box)
WELL IS: ■ In Use (1) ☐ Not in Use (2) ☐ Sealed by Licensed Well Contractor (3)*
***Call MDH to verify sealing record is on file.**

Date of Well Construction or Sealing

Name of Licensed Well Contractor

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. Also see "IMPORTANT NOTE" on page 1.

If well is not in use, is there an MDH variance for this well? ☐ Yes ☐ No
If yes, provide the variance tracking number (TN) _____

If the well is not in use, is there an MDH maintenance permit for this well? ☐ Yes ☐ No
If yes, provide the permit number _____

WELL #2 – If the property legal description has more than one section, township, or range number; quarter (or government lot); or lot or block number; provide specific legal description information regarding the physical location of this well.

County	Section No.	Township No.	Range No.	Quarter (or Government Lot)
Houston	27	104N	4W	SE¼

Lot No.	Block No.	Addition Name	Outlot	Tract	MN Unique Well No. or Sealing Record No.
					H187278 ✓

WELL STATUS (Check only one box)
WELL IS: ☐ In Use (1) ☐ Not in Use (2) ■ Sealed by Licensed Well Contractor (3)*
***Call MDH to verify sealing record is on file.**

Date of Well Construction or Sealing 5/30/2003

Name of Licensed Well Contractor Gary's Pump & Well Service

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. Also see "IMPORTANT NOTE" on page 1.

If well is not in use, is there an MDH variance for this well? ☐ Yes ☐ No
If yes, provide the variance tracking number (TN) _____

If the well is not in use, is there an MDH maintenance permit for this well? ☐ Yes ☐ No
If yes, provide the permit number _____

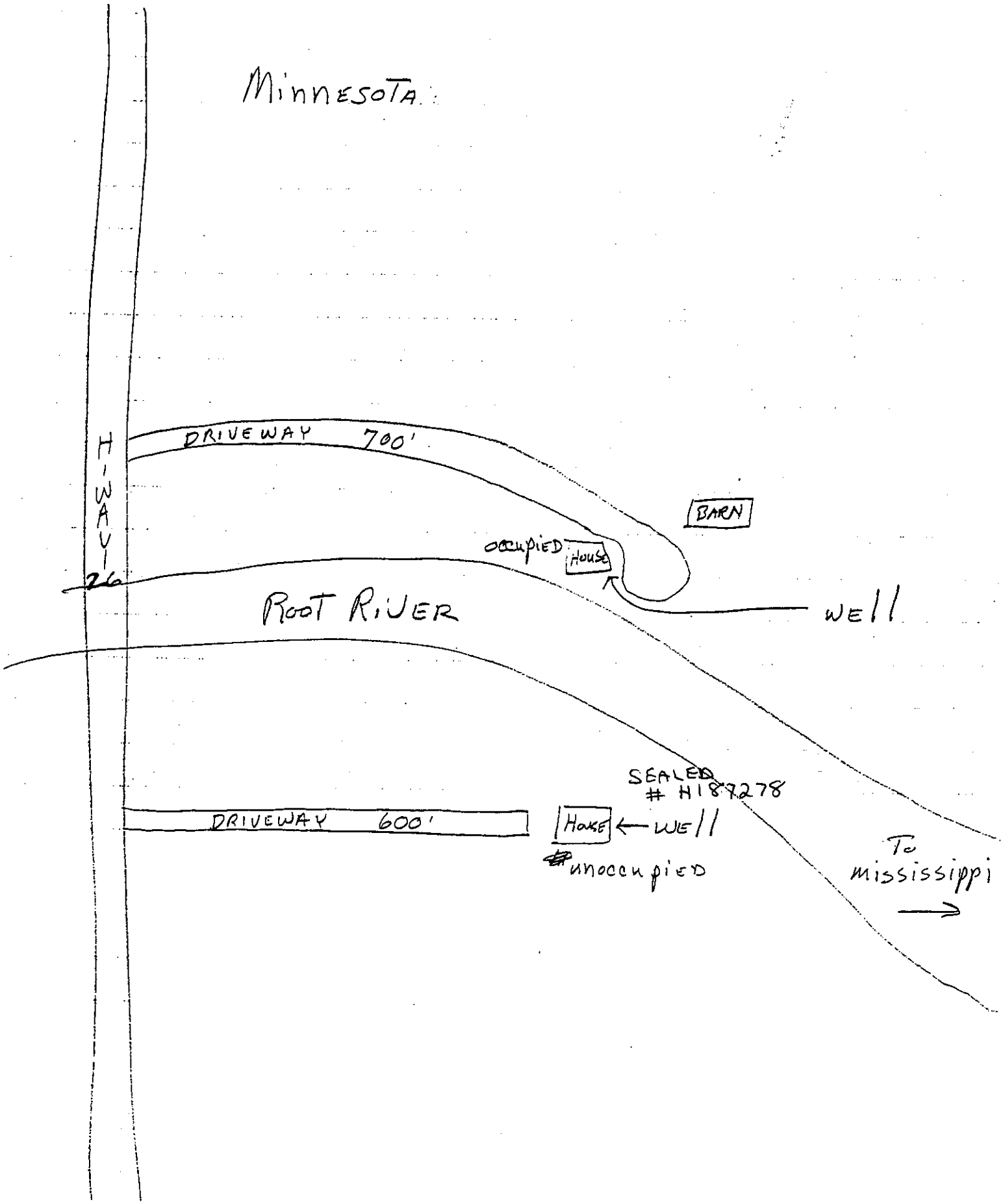
SKETCH MAP – Sketch the location of the well(s) and include estimated distances from roads, streets, and buildings. **If more than one well on property, use the well location number above to identify each well.** The location of the well(s) must be provided. If the location of a well is not known, have the well located by a person qualified to locate wells, such as a licensed well contractor.

See Drawing Attached
EXHIBIT "B"

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. Deaf and hard-of-hearing: TTY 651/201-5797.
Visit the MDH Well Management Section, Well Disclosure Program web site at: www.health.state.mn.us/divs/eh/wells/disclosures

EXHIBIT "B"

453234



453234

EXHIBIT "A"

The SW 1/4 of the SE 1/4 of Section 26, Township 104 North, Range 4 West, Hokah Township, Houston County, Minnesota.

That part of the SW 1/4 of the SW 1/4 of Section 26, Township 104 North, Range 4 West, Hokah Township, Houston County, Minnesota, lying West of Root River. Also the SE 1/4 of the SE 1/4 of Section 27, Township 104 North of Range 4 West, Hokah Township, Houston County, Minnesota, EXCEPT that part thereof lying North of Root River, including that part of the SE 1/4 of the SE 1/4 of Section 27, Township 104 North of Range 4 West, Hokah Township, Houston County, Minnesota, described as follows: Beginning at a point on the East side of the LaCrescent and Brownsville Highway and on the South Bank of Root River, also known as Judicial Ditch No. 1 of Houston County; thence running along said South bank of said river 36 rods to the East line of said Section 27; thence South at right angles 3 rods; thence West 36 rods to the said public highway; thence North along the East side of said highway 3 rods to place of beginning. That part of the NW 1/4 of the NW 1/4 of Section 35, Township 104 North of Range 4 West lying West of the Root River.

All that part of the NE 1/4 of the NE 1/4 lying East of the Rail Road right-of-way, in Section 34, Township 104 North, Range 4 West, Hokah Township, Houston County, Minnesota.

The SW 1/4 of the NE 1/4 and the NW 1/4 of the SE 1/4 EXCEPT that part thereof owned by U.S. Government in Section 26, Township 104 North of Range 4 West, Hokah Township, Houston County, Minnesota.

The SE 1/4 of the NE 1/4 of Section 26, Township 104 North of Range 4 West, Hokah Township, Houston County, Minnesota, EXCEPT that portion thereof described as follows: That part lying North of a line beginning at a point on the East line of said SE 1/4 of the NE 1/4, 847.5 feet North of the Southeast corner thereof; thence North 70 degrees 35 minutes West 459.2 feet; thence South 23 degrees 45 minutes West 559.2 feet; thence North 79 degrees 32 minutes West 662.7 feet, more or less, to a point on the West line of said SE 1/4 of the NE 1/4 616.0 feet North of the Southwest corner thereof.

The SW 1/4 EXCEPT that part thereof lying Southerly and Westerly of Root River as presently located and the South 1/2 of the NW 1/4, all in Section 26;

The South 36 rods of the SE 1/4 of the NE 1/4 and that part of the East 1/2 of the SE 1/4 lying Northerly of Root River as presently located and Easterly of the Easterly right-of-way line of the Chicago, Milwaukee, St. Paul and Pacific Railroad Company;

The South 36 rods of the SW 1/4 of the NE 1/4 and the NW 1/4 of the SE 1/4 lying Easterly of the Easterly right-of-way line of said railroad, all in Section 27;

The North 1/2 of the NW 1/4 lying Easterly of Root River as presently located;

453234

EXHIBIT "A" (continued)

The South 1/2 of the NW 1/4 lying Northerly of Root River as presently located;

The West 1/2 of the NE 1/4 lying Northerly of Root River as presently located;

The SE 1/4 of the NE 1/4 lying Northerly of Root River EXCEPT that part of said SE 1/4 of the NE 1/4 lying Northerly of a line described as follows: Beginning at a point on the East line of said SE 1/4 of the NE 1/4 855.4 feet North of the Southeast corner thereof; thence North 89 degrees 21 minutes West 888.1 feet; thence North 43 degrees 42 minutes West 629.7 feet to the Northwest corner of the said SE 1/4 of the NE 1/4, all in Section 35; all of the above described land lying and being in Township 104 North of Range 4 West.

EXCEPTING railroad lands from the above described parcels

(Tax Parcel Nos. 05.0153.000, 05.0154.000, 05.0165.000, 05.0313.000, 05.0293.000, 05.0150.000, 05.0164.000, 05.0155.000, and 05.0308.000).

COUNTY 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.

MDH USE ONLY

KM

440038

523155 9-28-07

A. PROPERTY DESCRIPTION

Attach a legal description of the property.

COUNTY	LOT NUMBER	BLOCK NUMBER	ADDITION NAME
Winona			

STREET NUMBER
Forgotten Lane

CITY	STATE	ZIP CODE	P.I.N. (OPTIONAL)
Minnesota City	MN	55959	

B. PROPERTY BUYER MAILING ADDRESS AFTER CLOSING

FIRST NAME	MIDDLE INITIAL	LAST NAME

COMPANY NAME (IF APPLICABLE)
Mathy Construction Company

ADDRESS
920 10th Ave. North , P. O. Box 189

ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE NUMBER
Onalaska	WI	54650	(608) 783-6411

C. CERTIFICATION BY SELLER

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

Edwin L. Maus
Name of Seller (Please Print)

x Edwin L. Maus
Signature of Seller or Designated Representative of Seller

9/20/07
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	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
Winona	NE¼ of SW¼	2	107	8

WELL STATUS (Check only one box)

WELL IS: ☐ IN USE (1) ☒ NOT IN USE (2) ☐ SEALED BY LICENSED WELL CONTRACTOR (3) (Call MDH to verify sealing record is on file.)

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.

YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)

NAME OF LICENSED WELL CONTRACTOR

WELL #2

COUNTY	QUARTER (OR GOVERNMENT LOT)	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER

WELL STATUS (Check only one box)

WELL IS: ☐ IN USE (1) ☐ NOT IN USE (2) ☐ SEALED BY LICENSED WELL CONTRACTOR (3) (Call MDH to verify sealing record is on file.)

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.

YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)

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: ☐ IN USE (1) ☐ NOT IN USE (2) ☐ SEALED BY LICENSED WELL CONTRACTOR (3) (Call MDH to verify sealing record is on file.)

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.

YEAR WELL WAS SEALED OR SEALING RECORD NUMBER (IF KNOWN)

NAME OF LICENSED WELL CONTRACTOR

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.

See map attached

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 our Web site at: www.health.state.mn.us/divs/eh/wells/disclosures.

440038

LOCATION MAP

This form approved by the Minnesota Association of REALTORS®, which disclaims any liability arising out of use or misuse of this form.
© 2006 Minnesota Association of REALTORS®, Edina, MN

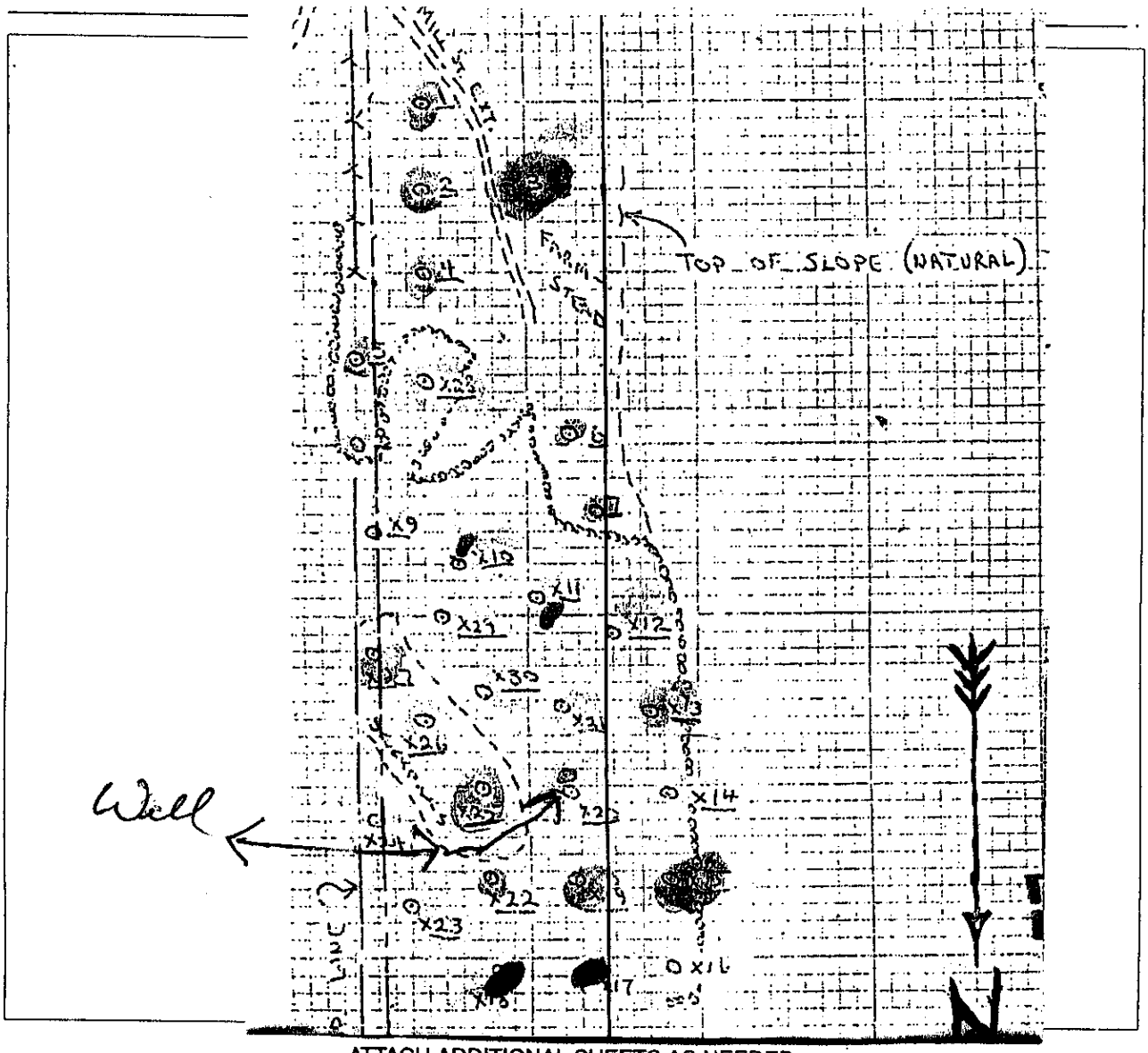
2. Please use the space below to sketch the real property being sold and, to Seller's knowledge, the approximate location of
3. any of the following on the property.

4. ☐ PRIVATE SEWER 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 16698 FORGOTTEN LANE, MN CITY, MN 55959

7.



8. ATTACH ADDITIONAL SHEETS AS NEEDED.

9. *Seller and Buyer initial:* G.R.M. 9-5-07 _____
(Seller) (Date) (Buyer) (Date)

10. Jam 9-5-07 _____
(Seller) (Date) (Buyer) (Date)

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

MN-IM (8/06)

440038

That part of the east 279.51 feet of the NE¼ of the SW¼ of Section 2, Tp. 107, Rg. 8, Winona County, Minnesota lying northerly of the following described line: Beginning at the Southeast corner of the NE¼ of the SW¼ of said Section 2, thence north 38° 40' west a distance of 175 feet; thence north 63° 50' west a distance of 198 feet, more or less, to a point, said point being 279.51 feet west of the east line of the NE¼ of the SW¼ of said Section 2 and there terminating, subject to a flowage easement over a portion of the above described property as described in Book 174 of Deeds, page 632, in the office of the County Recorder in and for Winona County, Minnesota.

Also subject to a driveway easement over and across the following described property, to-wit:

A strip of land 6 feet on each side of the following line: commencing at the Southeast corner of the NE¼ of the SW¼ of Section 2, Tp. 107, Rg. 8 from the point of beginning; thence north 38° 40' west 175 feet and there terminating.

Excepting therefrom the following:

That part of the Northeast Quarter of the Southwest Quarter (NE¼ of SW¼) of Section Two (2), Township One Hundred Seven (107), Range Eight (8), described as follows, to-wit: Beginning at the Southeast corner of the Northeast Quarter of the Southwest Quarter (NE¼ of SW¼) of said Section Two (2); thence running North 38° 40' West a distance of 175 feet to the point of beginning; thence North 63° 50' West a distance of 189.60 feet more or less to a point, said point being 279.51 feet from the West line of said Northeast Quarter of the Southwest Quarter (NE¼ of SW¼) of Section Two (2); thence North 0° 6' West and parallel with said East line of the Northeast Quarter of the Southwest Quarter (NE¼ of SW¼) of Section 2 275 feet; thence North 89° 54' East 125.35 ft; thence South 90° a distance of 235.60 feet; thence South 20° 10' East 131.15 feet to the point of beginning.

Also a driveway easement over and across the following described property, to-wit: A strip of land 6 feet on the Southerly side and 12 feet on the Northerly side of the following described line:

Commencing at the Southeast corner of the Northeast Quarter of the Southwest Quarter (NE¼ of SW¼) of Section Two (2), Township One Hundred Seven (107), Range Eight (8); thence North 38° 40' West 175 feet and there terminating.

MINNESOTA DEPARTMENT OF HEALTH
Well Management Section
625 North Robert Street, P.O. Box 64975, St. Paul, Minnesota 55164-0975

Communication Memorandum

Check Document Type:

- ☐ Disclosure
- ☒ Water Well Maintenance Permit
- ☐ Monitoring Well Maintenance Permit
- ☐ Well Record/Sealing Record
- ☐ Other _____

440038 - 1
Identification Number

Date	MDH Staff Name
8/6/2010	Kimberly Kay Benson-Johnson

Communication Type: ☐ Phone Call (Incoming/Return) ☐ Visit (Walk-in)
☐ Phone Call (Outgoing) ☐ Visit (On-site)
☐ Other _____

Name of Person Contacted

Street Address

City	State	ZIP Code	Telephone Number ( )

Copy of Well Disclosure Certificate Sent? ☐ Yes ☐ No Date Sent _____

Summary of Discussion

Delegated Program has issued Maintenance Permit for Well.

Delegated Program Winona

Follow-up Action

AC 318

E

MINNESOTA DEPARTMENT OF HEALTH

WELL AND BORING SEALING RECORD

Minnesota Statutes, Chapter 103I

Minnesota Well and Boring Sealing No.
Minnesota Unique Well No. or W-series No.
(Leave blank if not known)

H 187278

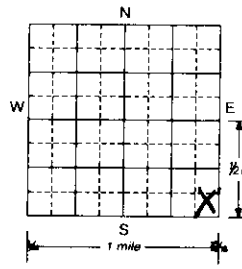
WELL OR BORING LOCATION

County Name: Houston

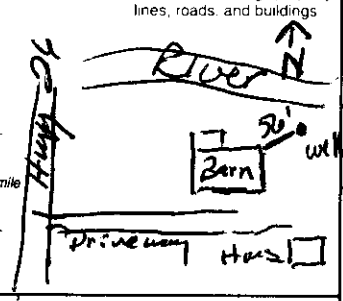
Township Name	Township No.	Range No.	Section No.	Fraction (sm → lg.)
Hokah	104	4	27	SE SE SE

Numerical Street Address or Fire Number and City of Well or Boring Location: State Hwy 26, LaCrescent 55947

Show exact location of well or boring in section grid with "X"



Sketch map of well or boring location, showing property lines, roads, and buildings



Date Sealed: 5/30/03

Date Well or Boring Constructed:

Depth Before Sealing: 253 ft.

Original Depth: ft.

AQUIFER(S): ☐ Single Aquifer ☒ Multiaquifer

WELL/BORING: ☒ Water Supply Well ☐ Monit. Well ☐ Env. Bore Hole ☐ Other

STATIC WATER LEVEL: ☐ Measured ☐ Estimated ft. ☐ below ☒ above land surface

CASING TYPE(S): ☒ Steel ☐ Plastic ☐ Tile ☐ Other

CASING(S)

Diameter	Depth	Set in oversize hole?	Annular space initially grouted?
4 in. from 0 to 112 ft.		☐ Yes ☒ No	☐ Yes ☐ No ☐ Unknown
in. from to ft.		☐ Yes ☐ No	☐ Yes ☐ No ☐ Unknown
in. from to ft.		☐ Yes ☐ No	☐ Yes ☐ No ☐ Unknown

SCREEN/OPEN HOLE: Screen from to ft. Open Hole from to ft.

OBSTRUCTIONS: ☐ Rods/Drop Pipe ☐ Check Valve(s) ☐ Debris ☐ Fill ☒ No Obstruction

Type of Obstructions (Describe):

Obstructions removed? ☐ Yes ☐ No Describe:

PUMP

Type:

☐ Removed ☒ Not Present ☐ Other:

METHOD USED TO SEAL ANNULAR SPACE BETWEEN 2 CASINGS, OR CASING AND BORE HOLE:

☒ No Annular Space Exists

☐ Annular space grouted with tremie pipe

☐ Casing Perforation/Removal

in. from to ft. ☐ Perforated ☐ Removed

in. from to ft. ☐ Perforated ☐ Removed

Type of perforator:

☐ Other:

GROUTING MATERIAL(S) (One bag of cement = 94 lbs., one bag of bentonite = 50 lbs.)

Grouting Material: Neat Cement from 253 to 0 ft. 2¼ yards bags

from to ft. yards bags

from to ft. yards bags

from to ft. yards bags

PROPERTY OWNER'S NAME: Northern Decorative Products

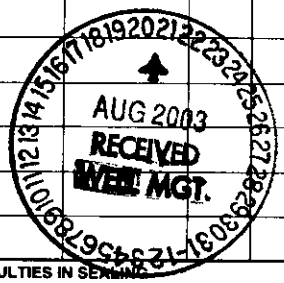
Property owner's mailing address if different than well location address indicated above.

P.O. Box 377
Sparta, WI 54656

WELL OWNER'S NAME

Well owner's mailing address if different than property owner's address indicated above.

GEOLOGICAL MATERIAL	COLOR	HARDNESS OF FORMATION	FROM	TO
If not known, indicate estimated formation log from nearby well or boring.				



REMARKS, SOURCE OF DATA, DIFFICULTIES IN SEALING

OTHER WELLS AND BORINGS

Other unsealed and unused well or boring on property? ☐ Yes ☒ No How many?

LICENSED OR REGISTERED CONTRACTOR CERTIFICATION

This well or boring was sealed in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.

Gary's Pump & Well Service — 28582
Contractor Business Name — *License or Registration No.*

Gary Smith — 6/21/03
Authorized Representative Signature — *Date*

Byron Frauenkron
Name of Person Sealing Well or Boring

MINN. DEPT. OF HEALTH COPY H 187278

HE-01434-06 IC# 140-0423

12/99 R