

DISCLOSURE OF MATERIAL ADVERSE FACTS

I am a Wisconsin real estate licensee. Wisconsin law, per Wis. Stat. § 452.133 and Wis. Admin. Code § REEB 24.07(2), requires real estate licensees to make prompt written disclosure of material adverse facts to buyers and sellers. In other words, the law requires that I disclose to you in writing any material adverse facts of which I am aware and that you do not know or could not discover through reasonably vigilant observation.

This disclosure pertains to the real property located at: N11153 Oak Ln
_____, in the Town of Elcho,
County of Langlade, Wisconsin (the "Property").

An adverse fact is a condition or occurrence that is generally recognized by a competent real estate licensee as significantly and adversely affecting the value of the Property, significantly reducing the structural integrity of the Property, or presenting a significant health risk to the Property's occupants. An adverse fact also includes information that indicates that a party is not able or does not intend to fulfill his or her contractual obligations under the offer to purchase or other contract.

An adverse fact is material if a party indicates that it is significant to that party, or if a competent real estate licensee would generally recognize it as significant to a reasonable party, such that it would affect the party's decision to enter into a contract, such as an offer to purchase, or the party's decision regarding the terms and conditions of such a contract.

As a Wisconsin real estate licensee, I am required by law to disclose the following material adverse fact(s) of which I am aware: property being marketed as 4-bedroom home. The septic is sized for a 2-bedroom home (750 gallons tank).

(State only the facts. Do not draw conclusions or make predictions. Attach supporting reports or documentation, if any.)

It is recommended that the sellers and buyers in this transaction obtain professional assistance to conduct appropriate property inspections, testing and other investigations regarding this information. The licensees in this transaction will draft inspection, testing or investigation contingencies, amendments, notices and other documents pertaining to the offer to purchase according to the parties' instructions.

Sellers and buyers should contact their attorneys with any questions concerning their legal rights and obligations.

Angela Bingen

Licensee Signature ▲

Angela Bingen

Print Licensee Name Here ▲

B&B Real Estate Services LLC

Firm Name ▲

October 13, 2026

Date ▲

By initialing and dating below, I acknowledge that I have received and read this disclosure form.

Party Initials ▲

Date ▲

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No representation is made as to the legal validity of any provision or the adequacy of any provision in any specific transaction.

PLB67



State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 12851
County Permit # 3792
County Langlade

*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State If Required _____ State Plan I.D. # _____

A. OWNER OF PROPERTY

Theodore & Marlene Nardelli 1504 W. Granada St Milwaukee WI 53221

B. LOCATION:

Subdivision Name Govt 46th Section 14 T34N R11E (or) Lot # 10 City _____
nearest road, lake or landmark Blk # _____ Village _____
Plantation Acres Lower Post Lake Township Echigo

C. TYPE OF OCCUPANCY:

Commercial _____ Industrial _____ Other (specify) _____ Variance _____
Single family X Duplex _____ No. of Bedrooms 2 No. of Persons 2

D. TYPE OF APPLIANCES:

Dishwasher _____ YES X NO Food Waste Grinder _____ YES X NO # of Bathrooms 1
Automatic Washer _____ YES X NO Other (specify) _____

E. SEPTIC TANK CAPACITY

250 Total gallons No. of tanks 1
Holding tank capacity _____ Total gallons _____ No. of tanks _____

New Installation X Addition _____ Replacement _____ Prefab Concrete X
Poured in Place _____ Steel _____ Other (specify) _____

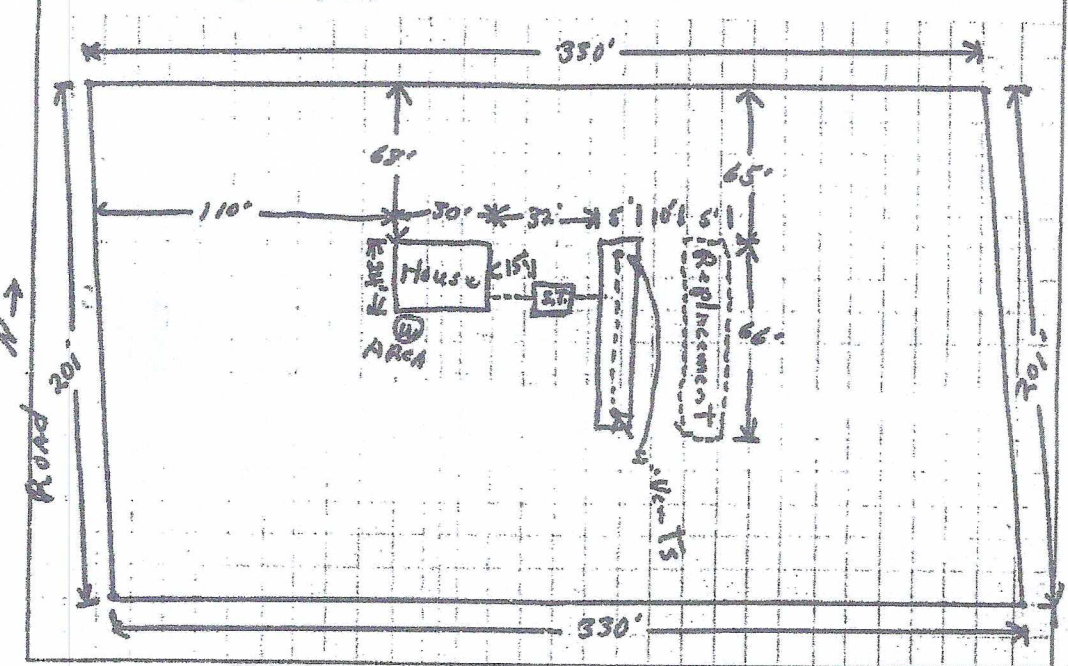
F. EFFLUENT DISPOSAL SYSTEM:

Percolation Rate 1) 1 2) 1 3) 1 Total Absorb Area 330 sq. ft.
New X Addition _____ Replacement _____ Fill System _____
Seepage Trench: No. Lin. Feet 66' Width 5" Depth 38" Tile Depth 26" No. of Trenches 1
Seepage Bed: Length _____ Width _____ Depth _____ Tile Depth _____ No. of Lines _____
Seepage Pit: Inside diameter _____ Liquid Depth _____ Tile Size 6"
Percent slope of land Level Distance from critical slope _____

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-118 prepared by the Certified Soil Tester.

NAME WARREN B. Johnson C.S.T. # 1149 and other information
obtained from Ed Nardelli (owner/builder)
owner's Signature Warren B. Johnson permit # 3792 Phone # 275-3965
owner's Address P.O. Box 205 Echigo WI 54428

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).



Do Not Write in Space Below - FOR DEPARTMENT USE ONLY
Date of Application 5/18/78 Fees Paid: State 10.00 County 12.00 Date 5/18/78
Permit Issued/Refused (date) 5/18/78 Issuing Agent Name James M. Smith
Inspection Yes X No _____ Valid # _____ Date Rec'd _____
1. county (white copy) Oct 25, 78 Owner (green copy) _____
2. state (pink copy) _____ Plumber (canary copy) _____
DIVISION OF HEALTH, P.O. BOX 308, MADISON, WI 53701
Revised Date 8/1/76

EH 115

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 300

MADISON, WISCONSIN 53701

REPORT ON SOIL BORINGS AND PERCOLATION TESTS

PT. Cont. Lot # 2
LOCATION: W. 14, Section 14, T. 21 N., R. 11 E. (or any Township or Municipality) Echo
Lot No. 10, Block No. Plantation Acres, County Lansdale
Owner's Name: Theodore & Marianna Subdivision Name Nandelli No. Aug 9, 78
Mailing Address: 1504 W. Granada St Milwaukee WI 53207
TYPE OF OCCUPANCY: Residence Single No. of Bedrooms 2 Other _____
EFFLUENT DISPOSAL SYSTEM: NEW X ADDITION _____ REPLACEMENT _____
DATES OBSERVATIONS MADE: SOIL BORINGS 8/1/78 PERCOLATION TESTS 8/1/78
SOIL MAP SHEET _____ SOIL TYPE _____

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	CHARACTER OF SOIL THICKNESS IN INCHES	HOURS SINCE HOLE 1ST WETTED	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL IN MINUTES	DROP IN WATER LEVEL, INCHES			RATE MIN/IN
						PERIOD 1	PERIOD 2	PERIOD 3	
1	38	see bone hole d.m.	1/2	No	3	3 1/4	3 1/8	3 1/8	1
2	38	" " " "	1/2	No	3	3 9/16	3 7/16	3 7/16	1
3	38	" " " "	1/2	No	3	3	2 7/8	2 7/8	1

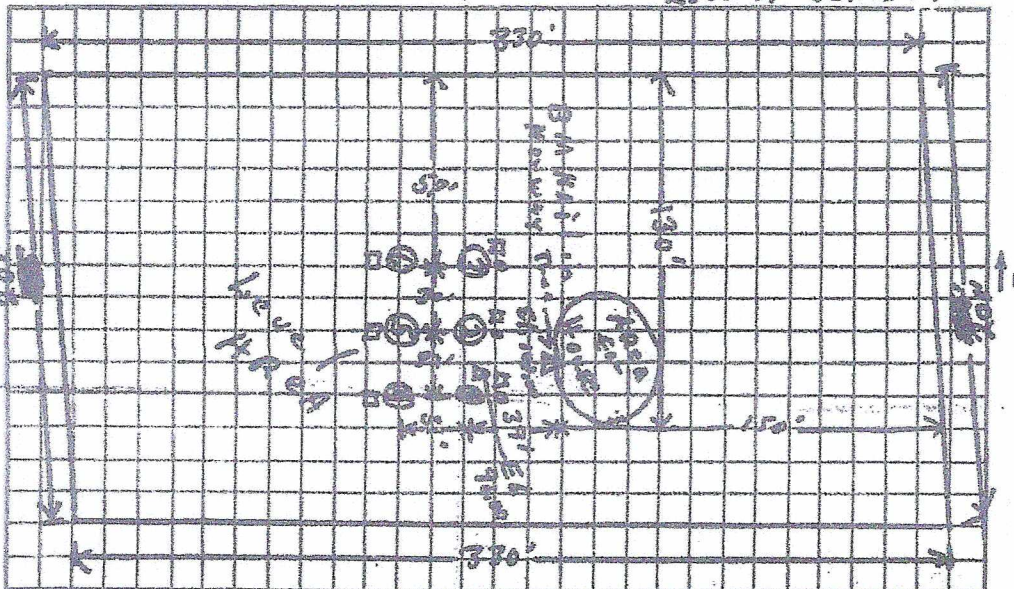
SITE WAS A plowed field SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, INCHES (DEPTH TO BEDROCK IF OBSERVED)
		OBSERVED	ESTIMATED HIGHEST	
1	74		> 74	7" to 18" Brs, 6" Brs, 41" Tan S
2	74		> 74	8" to 19" Brs, 4" Brs, 42" Brs
3	74		> 74	9" to 21" Brs, 2" Brs, 42" Brs
4	76		> 76	7" to 20" Brs, 3" Brs, 40" Tan S
5	76		> 76	7" to 13" Brs, 55" Brs, 3' Gr
6	76		> 76	8" to 16" Brs, 12" Brs

0.4
R 300
DEL.

PLAN VIEW (Locate percolation tests, soil bore holes and suitable soil areas.)

Indicate on the plan the location and square feet of suitable areas. Indicate number of square feet of absorption area needed for building type and occupancy. 410 sq. ft. and 330 sq. ft. trench Indicate slope or distances. Give horizontal and vertical reference points. Indicate slope. 2800 sq. ft. suitable area



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and location of test holes are correct to the best of my knowledge and belief.

Name (print) WARREN B. JOHNSON Certification No. 1149
Address P.O. Box 177 Echo WI 54426
Name of installer if known _____

COPY A — LOCAL AUTHORITY

CST Signature

Warren B. Johnson