



Well Management Section
625 North Robert Street, P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4600 or 800-383-9808
www.health.state.mn.us/divs/eh/wells

e-Well Disclosure Certificate

“What You Need Before You Begin”

Required Information:

- Name of **County** where the well is located.
- **Seller(s) name.**
- **Total number of wells** located on the property being transferred.
- **Property Legal description** where the well is located – may be typed or attached (acceptable forms for legal description attachments: bmp, jpg, jpeg, pdf, or txt). When saving this file, give it a unique name for this property transfer.
- Is this property transaction in fulfillment of a **Contract for Deed**?
- **Sketch map** showing well locations – **must be attached** (acceptable forms for sketch map attachments: bmp, jpg, jpeg, or pdf). When saving this file, give it a unique name for this property transfer.
- **Property Buyer(s) name** and complete **mailing address** (individual or company).
- **Well information** specific to each well:
 - **Legal description of well** location:
 - Platted land (Lot, Block, and Addition).
 - Unplatted land (One Quarter Section or Government Lot Number, Section Number, Township Number, and Range Number).
 - **Status of well** (“in use,” “not in use,” or “sealed” by a licensed well contractor).
 - For “**not in use**” wells:
 - Is there an MDH **variance** for this well?
 - Is there an MDH **maintenance permit** for this well?

Optional Information:

- Property Buyer(s) phone number.
- Attach Well and Boring (construction) Record(s) and/or Well and Boring Sealing Record(s). Only one file is allowed to be uploaded. If more than one well record, place in one file.
- Well information:
 - Unique Well Number.
 - Property Identification Number or Parcel Number.
 - Address where well is located (this may be different than the property buyer address).
NOTE: Extremely important to enter address if one exists. The “Address Search” is the number one search used to locate previously filed well disclosure certificates.
 - Date or year well constructed.
 - Date or year well sealed by licensed well contractor.
 - Name of licensed well contractor that constructed or sealed the well.
 - For “not in use” wells:
 - Provide maintenance permit number, if known.
 - Provide variance tracking number, if known.

e-Well Disclosure Filer Login (www.health.state.mn.us/divs/eh/wells/eDisclosures/euserlogin.cfm)

To request this document in another format, call 651-201-4600.