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

(edisclosures.web.health.state.mn.us/wells-disclosure-ssl/euserlogin.cfm)