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651-201-4600 or 800-383-9808  
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## e-Well Disclosure Certificate County Recorder Instructions

Effective July 1, 2009, the Minnesota Department of Health (MDH), Well Management Section, started accepting Well Disclosure Certificates filed electronically.

### Resources

- [Well Disclosure/Property Transfer](http://www.health.state.mn.us/communities/environment/water/wells/disclosures/index.html)  
([www.health.state.mn.us/communities/environment/water/wells/disclosures/index.html](http://www.health.state.mn.us/communities/environment/water/wells/disclosures/index.html))
- [e-Well Disclosure Certificate Process from Filer to County to the Minnesota Department of Health \(PDF\)](http://www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/eprocess.pdf)  
([www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/eprocess.pdf](http://www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/eprocess.pdf))
- [Well Disclosure Certificate Form \(PDF\)](http://www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/certificateform.pdf)  
([www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/certificateform.pdf](http://www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/certificateform.pdf))
- [Well Disclosure Certificate Search](http://www.health.state.mn.us/wdcllookup) ([www.health.state.mn.us/wdcllookup](http://www.health.state.mn.us/wdcllookup))
- [e-Well Disclosure County Login](http://edislosures.web.health.state.mn.us/wells-disclosure-ssl/ecountylogin.cfm) ([edislosures.web.health.state.mn.us/wells-disclosure-ssl/ecountylogin.cfm](http://edislosures.web.health.state.mn.us/wells-disclosure-ssl/ecountylogin.cfm))

### Contact Us

If you have questions regarding e-Well Disclosure Certificates contact the Minnesota Department of Health, Well Management Section Central District Office, at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or 651-201-4600 or 800-383-9808.

- |                  |              |  |
|------------------|--------------|--|
| ▪ Kathy Dunaway  | 651-201-4587 | <a href="mailto:kathy.dunaway@state.mn.us">kathy.dunaway@state.mn.us</a>   |
| ▪ Norman Mofjeld | 651-201-4593 | <a href="mailto:norman.mofjeld@state.mn.us">norman.mofjeld@state.mn.us</a> |

To obtain this information in a different format call 651-201-4600.  
Publications\e-WDC County Recorder Instructions 10/24/2019R

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## New County Recorder

If you are a new county recorder, contact the Minnesota Department of Health, Well Management Section to register at: [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or 651-201-4587.

Initially, all county recorders were sent a “pre-registered” email with login information including username, password, and security question answer.

**If you are a new county recorder, please contact the Minnesota Department of Health to receive your login information.**

Example of initial email sent to the 87 county recorders pertaining to login information.

```
-----Original Message-----
From: Health.Wells@state.mn.us [mailto:Health.Wells@state.mn.us]
Sent: Tuesday, June 30, 2009 3:57 PM
To:
Subject: e-Well Disclosure Account

The Minnesota Department of Health, Well Management Section will go live
with the e-Well Disclosure Certificate website July 1, 2009.

The website address is:
https://www.health.state.mn.us/divs/eh/wells/eDisclosures/ecountylogin.cfm

We have decided to pre-register all county recorders.

On July 1, 2009, your county recorder user account will be accessible.

Please log in and update your user profile on or after July 1, 2009.

To do this, use the username and password given in this e-mail to log in.

Then, by selecting the menu option 'Edit Profile,' answer the security
question.

The security question answer is:

Your username is:          Your password is:

If you have any questions regarding e-Well Disclosure contact the Minnesota
Department of Health, Well Management Section Central Office, at
health.welldisclosures@state.mn.us or by telephone at 651-201-4587 or
800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.
```

**Note:** Website address has changed for e-Well Disclosure County Login  
(<https://edisclosures.web.health.state.mn.us/wells-disclosure-ssl/ecountylogin.cfm>).

# County Recorder Login Page

**MDH** Minnesota  
Department of Health

e-Well Disclosure Certificate Filing

**Well Disclosure/Property Transfer**  
[Home](#)  
[Certificate Form \(PDF\)](#)  
[Look-up Disclosure Certificates](#)  
[Sale of Foreclosed Property](#)  
[What You Should Know About Wells at Property Transfer](#)

**Well Management**  
[Home](#)  
[Contact Us](#)

**Environmental Health Division**  
[EH Division Home](#)

## e-Well Disclosure County Login

Welcome to the Minnesota Department of Health, Well Management Section e-Well Disclosure county recorder page.

Username

Password

Submit

[Forgot password?](#)

If you are a new county recorder, contact the Minnesota Department of Health, Well Management Section, to register at: [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or 651-201-4587.

County Recorders may:

- ▶ Validate an e-Well Disclosure Certificate.
- ▶ View pending e-Well Disclosure Certificates in their county.
- ▶ Generate an invoice for e-Well Disclosure Certificates.
- ▶ Edit/Review user profile.

An e-Well Disclosure Certificate is available for county validation as soon as it is submitted. After an e-Well Disclosure Certificate has been validated it will be available for public viewing within 2 to 3 business days.

[e-Well Disclosure County Instructions \(PDF: 477KB/23 pages\)](#)

### Where can I get more information or help?

If you have any questions regarding e-Well Disclosure contact the Minnesota Department of Health, Well Management Section Central Office, at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or by telephone at 651-201-4587 or 800-383-9808.

Enter your username and password.

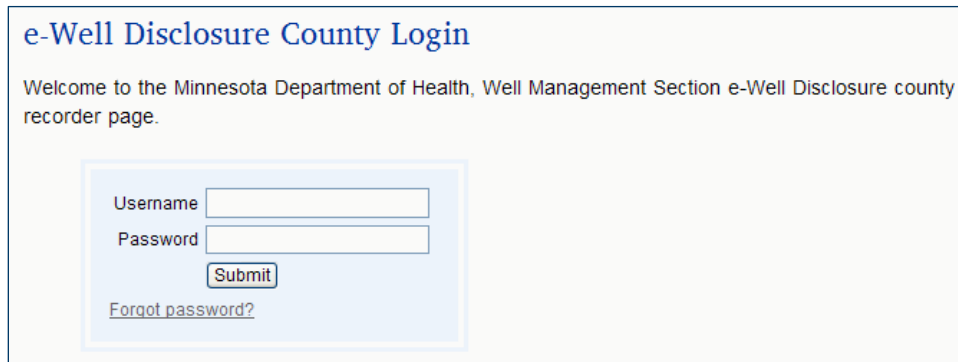
**Note:** Each county has one user account, but more than one user can be logged in at the same time.

**Note:** If you are a new county recorder, see page 3 for login instructions.

## Forgot Password

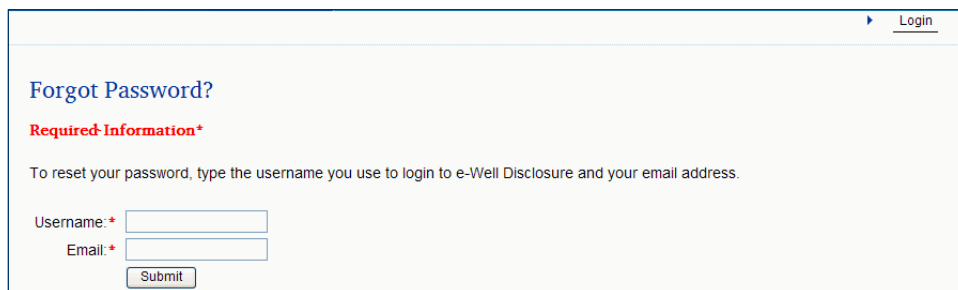
If you have forgotten your password, click “Forgot password?” located on the e-Well Disclosure County Login page in the Username and Password login box.

**Note:** Only the owner/administrator of the account will be able to obtain the password.



The screenshot shows the 'e-Well Disclosure County Login' page. At the top, it says 'Welcome to the Minnesota Department of Health, Well Management Section e-Well Disclosure county recorder page.' Below this is a login box containing two input fields: 'Username' and 'Password'. A 'Submit' button is located below the password field. A link labeled 'Forgot password?' is positioned below the 'Submit' button.

The “Forgot Password?” screen appears.



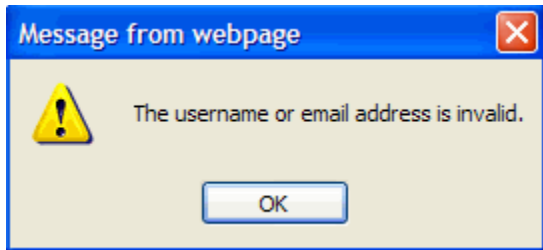
The screenshot shows the 'Forgot Password?' screen. At the top right, there is a 'Login' link. The main heading is 'Forgot Password?'. Below it, in red, is the text 'Required Information\*'. A message states: 'To reset your password, type the username you use to login to e-Well Disclosure and your email address.' There are two input fields: 'Username:\*' and 'Email:\*'. A 'Submit' button is located below the email field.

Enter your username and email address.

Click the “Submit” button.

## Username or Email Address is Invalid

If the username or email address is invalid, you will receive the following message and be returned to the login page.



Click the "OK" button.

## Username or Email Address is Correct

If the username and email address have been entered correctly, you will be directed to a challenge question. This is to ensure that only the owner/administrator of the account has requested a new password.

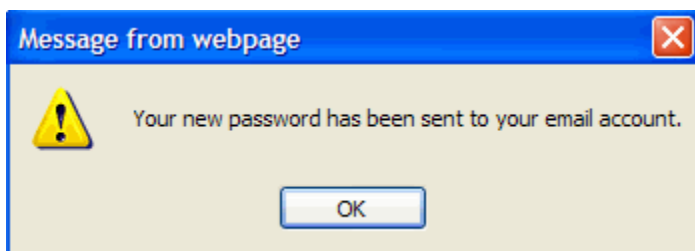
Answer the challenge question.

Click the "Submit" button.

A screenshot of a web form titled "Profile Challenge Question". In the top right corner, there is a "Login" link. Below the title, it says "Required Information\*". The main question is "What is your maternal grandfather's nick name?\*", followed by a text input field and a small square icon. At the bottom right of the form is a "Submit" button.

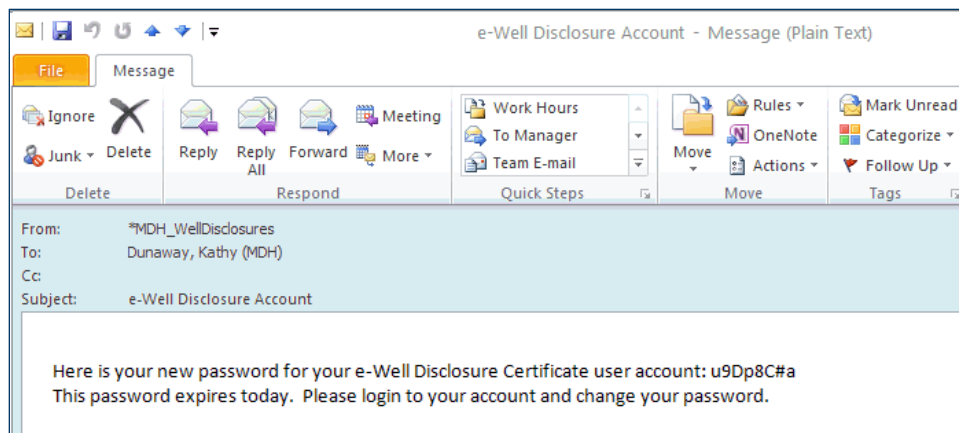
If you have correctly answered the challenge question, you will be given a new password generated by the e-Well Disclosure Certificate application.

Your new password will be emailed to you at the email address listed in your user profile. You will receive the following message.



Click the "OK" button.

## Check Your Email for the New Password



If you didn't receive the email with your new password, look in your Spam or Junk folder. The email is sent from [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us).

You **must login** and change your password today to something meaningful to you.

## e-Well Disclosure Certificate County Recorder Menu

A screenshot of a web application titled "County Recorder Menu". In the top right corner, there is a "Logout" link. The main content area lists four menu items, each with a horizontal line underneath: "Validate an e-Well Disclosure Certificate", "View a Pending e-Well Disclosure Certificate", "Generate an Estimated Invoice", and "Edit/Review User Profile". Below these items is a section titled "Where can I get more information or help?". At the bottom, there is a paragraph of text: "If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797."

### County Recorder Menu

- Validate an e-Well Disclosure Certificate
- View a Pending e-Well Disclosure Certificate
- Generate an Estimated Invoice
- Edit/Review User Profile

Click on an option to proceed.

## Menu Option: Validate an e-Well Disclosure Certificate

[Menu](#)[Logout](#)

Search to Validate Well Disclosure Data on Deed

**Required Information\***

e-Well Disclosure Certificate  
Number\*

Where can I get more information or help?

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health\\_welldisclosures@state.mn.us](mailto:health_welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Enter the Well Disclosure Certificate number given on the deed.

Click the “Search” button.

## Well Disclosure Certificate Number Not Found

If the Well Disclosure Certificate number has already been validated or is not in the system at all, you will receive the following message.

[Search to Validate](#)[Menu](#)[Logout](#)

e-Well Disclosure Certificate No. 123456 NOT FOUND.

Click the "Return to Search" button to try again.

Where can I get more information or help?

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health\\_welldisclosures@state.mn.us](mailto:health_welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Click the “Return to Search” button to try again.



# Well Disclosure Certificate Number Found

## Validate an e-Well Disclosure Certificate

[Search to Validate](#) [Menu](#) [Logout](#)

**Certificate No. 1000366 Validation**

**To Validate:** Match Well Disclosure Certificate Number On Deed and Review Summary Data.

**Well Disclosure Certificate Number:** 1000366  
**Submittal Date:** May 3, 2012  
**Submittal Expiration Date:** August 31, 2012

**Property Buyer and Mailing Address After Closing**

**Property Buyer No. 1**

<b>Name</b>	JENNA M. SMITH
<b>Address</b>	123 FAWN DRIVE ELY, MN 55716

**Well Information**

**Well No. 1**

<b>County</b>	Anoka
<b>Property ID No.</b>	123022340034
<b>Location</b>	SE Qtr of SW Qtr of Section 12 Township 030 Range 22
<b>Address</b>	123 FAWN DR ELY 55716

[Where can I get more information or help?](#)

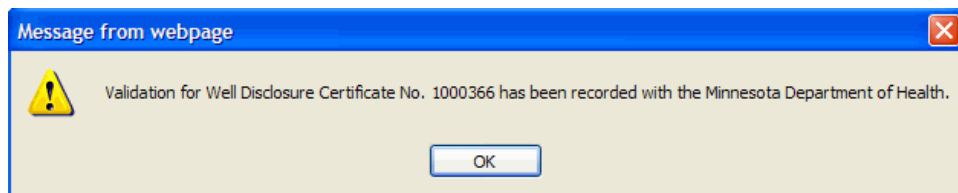
If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Compare Property Buyer and Well Information to that on the deed. Summary data matches deed.

Click the “Validate” button.

## Validate an e-Well Disclosure Certificate (continued)

If the submittal of the validation is successful, you will receive the following message.



Click the “OK” button.



Menu Logout

### Search to Validate Well Disclosure Data on Deed

**Required Information\***

e-Well Disclosure Certificate  
Number\*

#### Where can I get more information or help?

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health\\_welldisclosures@state.mn.us](mailto:health_welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

You are returned to validate another e-Well Disclosure Certificate.

Enter the Well Disclosure Certificate number given on the deed.

**OR**

Click “Menu” or “Logout” shortcuts in the upper right-hand corner of the screen to proceed.

## Reject an e-Well Disclosure Certificate

If the Well Disclosure Certificate number is found, summary data will be listed for you to match the deed.

[Search to Validate](#) [Menu](#) [Logout](#)

---

### Certificate No. 1000366 Validation

**To Validate:** Match Well Disclosure Certificate Number On Deed and Review Summary Data.

**Well Disclosure Certificate Number:** 1000366  
**Submittal Date:** May 3, 2012  
**Submittal Expiration Date:** August 31, 2012

**Property Buyer and Mailing Address After Closing**

**Property Buyer No. 1**

<b>Name</b>	JENNA M. SMITH
<b>Address</b>	123 FAWN DRIVE ELY, MN 55716

**Well Information**

**Well No. 1**

<b>County</b>	Anoka
<b>Property ID No.</b>	123022340034
<b>Location</b>	SE Qtr of SW Qtr of Section 12 Township 030 Range 22
<b>Address</b>	123 FAWN DR ELY 55716

[Where can I get more information or help?](#)

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health\\_welldisclosures@state.mn.us](mailto:health_welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Summary data does not match or is not sufficient for you to make the match.

Click the “Reject” button.

## Reason for Rejection Documentation

Validation	Search to Validate	Menu	Logout												
<h3>Certificate No. 1000366 Rejection Documentation</h3> <p>Well Disclosure Certificate Number: 1000366 Submittal Date: May 3, 2012 Submittal Expiration Date: August 31, 2012 Submitter Signature: KATHY DUNAWAY</p> <p>Reason for Rejection: <input type="text" value="Property owners name and address do not match deed."/></p> <div><b>Property Buyer and Mailing Address After Closing</b></div> <p><b>Property Buyer No. 1</b></p> <table><tr><td>Name</td><td>JENNA M. SMITH</td></tr><tr><td>Address</td><td>123 FAWN DRIVE ELY, MN 55716</td></tr></table> <div><b>Well Information</b></div> <p><b>Well No. 1</b></p> <table><tr><td>County</td><td>Anoka</td></tr><tr><td>Property ID No.</td><td>123022340034</td></tr><tr><td>Location</td><td>SE Qtr of SW Qtr of Section 12 Township 030 Range 22</td></tr><tr><td>Address</td><td>123 FAWN DR ELY 55716</td></tr></table> <p><input type="button" value="Print"/></p> <p><b>Where can I get more information or help?</b></p> <p>If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at <a href="mailto:health.welldisclosures@state.mn.us">health.welldisclosures@state.mn.us</a> or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.</p>				Name	JENNA M. SMITH	Address	123 FAWN DRIVE ELY, MN 55716	County	Anoka	Property ID No.	123022340034	Location	SE Qtr of SW Qtr of Section 12 Township 030 Range 22	Address	123 FAWN DR ELY 55716
Name	JENNA M. SMITH														
Address	123 FAWN DRIVE ELY, MN 55716														
County	Anoka														
Property ID No.	123022340034														
Location	SE Qtr of SW Qtr of Section 12 Township 030 Range 22														
Address	123 FAWN DR ELY 55716														

The “Reason for Rejection” box is a tool for your use. Type in the space provided. This data is not kept on the e-Well Disclosure Certificate site.

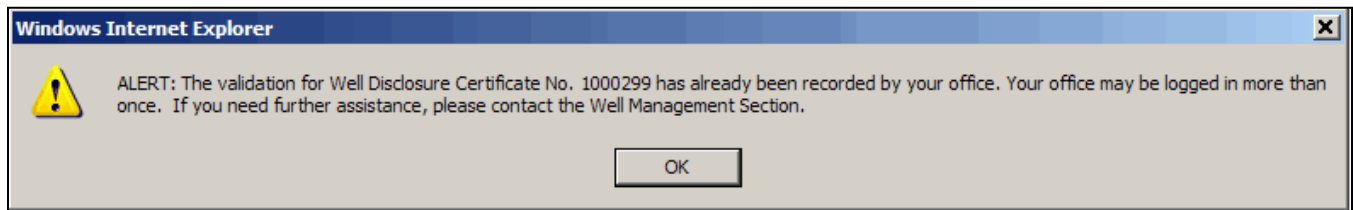
To keep a copy of the rejection document for your records.

Click the “Print” button.

Click “Validation,” “Return to Validate,” “Menu,” or “Logout” shortcuts in the upper right-hand corner of the screen to proceed.

## e-Well Disclosure Certificate Already Recorded

Each county has **one user account**, but more than one user can be logged in at the same time. You will receive the following message if more than one person tries to verify the same e-Well Disclosure Certificate number at the same time.



Click the “OK” button.

## Menu Option: View a Pending e-Well Disclosure Certificate

Click on the underlined Well Disclosure Certificate Number.

Certificate Pending List				
Well Disclosure Certificate Number	Date You Entered Data	County	Property Buyer	Seller
<u>1000367</u>	05/08/2012	ANOKA	SCOTT, CARRIE	JOHN WILLIAM HERMAN
<u>1000366</u>	05/03/2012	ANOKA	SMITH, JENNA M.	JOHN SMITH

[Where can I get more information or help?](#)

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

**Note:** If the deed is not filed with the county recorder or registrar of titles within 120 days, the e-Well Disclosure Certificate will be void and deleted from the pending file.

## View Pending Information

Certificate Pending List	Menu	Logout
--------------------------	------	--------

### Certificate No. 1000367 Pending Information

**Well Disclosure Certificate Number: 1000367**  
**Submittal Date: May 8, 2012**

The submitter must keep this well disclosure certificate number and enter it on the deed.

If the deed is not filed with the county recorder or registrar of titles within 120 days, this e-Well Disclosure Certificate will be void and deleted on **September 5, 2012**.

When the deed and the \$50 filing fee for the e-Well Disclosure Certificate are submitted for recording and the submitter indicates that the well disclosure certificate was filed online, the county recorder will confirm that the e-Well Disclosure Certificate is pending for the subject property of the deed. If an e-Well Disclosure Certificate is pending, the county recorder will proceed with the recording.

Property Information	
County	ANOKA
Number of Wells	1
Seller	JOHN WILLIAM HERMAN
Property Legal Provided?	Yes
Sketch Map Provided?	Yes
Well Documents Provided?	Yes
Contract for Deed?	No
Submitter Signature	KATHY DUNAWAY
Submitter Represents	Seller

Property Buyer and Mailing Address After Closing	
<b>Property Buyer No. 1</b>	
Name	CARRIE SCOTT
Address	123 MY STREET ELY, MN 55677
Phone Number	

Well Information	
<b>Well No. 1</b>	
Minnesota Unique Well Number or Sealing Record Number	--
County	ANOKA
Property ID No.	--
Location	Lot 2 Block 1776 FREEDOM
Address	123 FREEDOM STREET ELY 55766
Well Status	In Use

[Print](#)

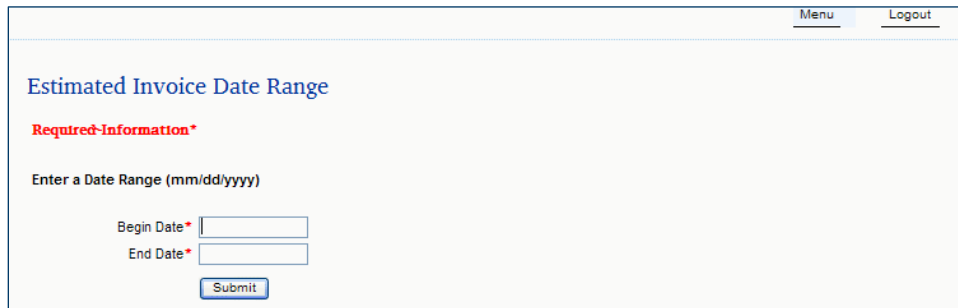
### Where can I get more information or help?

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Data being viewed was entered by the submitter.

Click the "Print" button to print.

## Menu Option: Generate Estimated Invoice



Menu Logout

Estimated Invoice Date Range

**Required Information\***

Enter a Date Range (mm/dd/yyyy)

Begin Date\*

End Date\*

Enter a date range to get the count of how many e-Well Disclosure Certificates have been filed. If you wish one day's estimate, enter the same date in both date fields.

Click the "Submit" button.

The following page will be generated for you to print.

Add the number of paper certificates you have collected over the same time period. Add the two together. Multiply by the current fee payable to the Minnesota Department of Health.



Invoice Date Range Menu Logout

MDH USE ONLY

Date Received

Amount Received

Check No.

Deposit No.

Source Code 4920

Well Disclosure Certificate Fee

Well Management Section

Estimated Payment Invoice to the Minnesota Department of Health

County Recorder/Registrar: 02ANOKA COUNTY

Contact Person: KATHY DUNAWAY

Contact Phone Number: (651) 201-4587

Time Period: July 1, 2009 to June 18, 2012

Number of e-Well Disclosures Certificates Validated by County: 1

Number of Paper Well Disclosure Certificates Received by County: \_\_\_\_\_

Total Well Disclosure Certificates: \_\_\_\_\_

Amount Due (\$42.50 x Total Number of Well Disclosures Certificates): \_\_\_\_\_

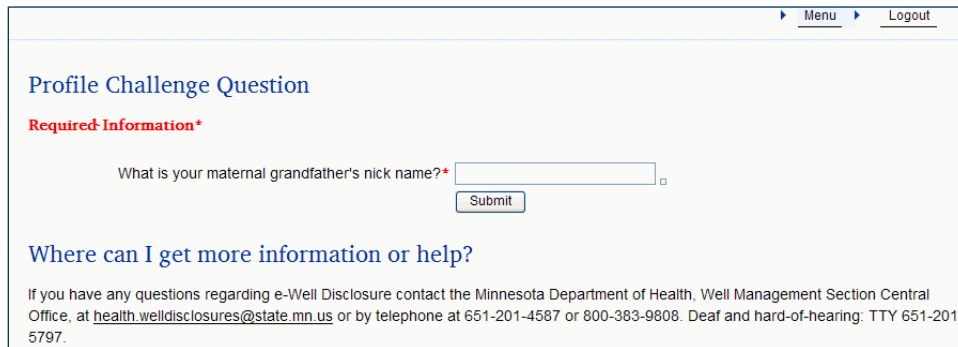
Click the "Print" button to print.

Click "Invoice Date Range," "Menu," or "Logout" shortcuts in the upper right-hand corner of the screen to proceed.

## Menu Option: Update User Profile

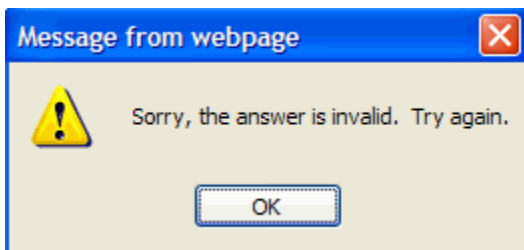
Enter the answer to the challenge question.

Click the “Submit” button.



The screenshot shows a web form titled "Profile Challenge Question". At the top right, there are links for "Menu" and "Logout". Below the title, it says "Required Information\*". The main question is "What is your maternal grandfather's nick name?\*", followed by a text input field and a "Submit" button. Below the form, there is a link "Where can I get more information or help?". At the bottom, there is contact information for the Minnesota Department of Health, Well Management Section Central Office, including an email address ([health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us)) and phone numbers (651-201-4587 or 800-383-9808), as well as TTY information (651-201-5797).

If the answer given is invalid, you will receive the following message and be returned to the main menu.



Click the “OK” button.



## County Recorder User Profile

If you answer the challenge question correctly, your profile information will be displayed.

Menu Logout

### County Recorder Profile

**Required Information\***

Account Status	Active
Username*	KDcounty (e.g., marysmith - case sensitive)
Security Question*	What is your maternal grandfather's nick name?
Security Answer*	GRANDPAED
First Name*	KATHY
Last Name*	DUNAWAY
Agency Name*	ANOKA COUNTY
County	Anoka
Phone Number*	(651) 201-4587
Extension	
<b>Check here to change email address.</b> <input type="checkbox"/>	
Email Address*	kathy.dunaway@state.mn.us
Confirm New Email Address*	
Password Expiration Date	06-14-2013
<b>Check here to change password.</b> <input type="checkbox"/>	
Enter New Password*	(at least 8 characters and case sensitive)
Confirm New Password*	(case sensitive)
<input type="submit" value="Submit"/>	

### Where can I get more information or help?

If you have any questions regarding e-Well Disclosure contact the Minnesota Department of Health, Well Management Section Central Office, at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

You may edit any field.

Click the “Submit” button to save changes.

## Change Your Email Address

Check the box after “Check here to change email address.”

**Check here to change email address.** ☐

Email Address\*

Confirm New Email Address\*

After checking the box, the “Email Address” and “Confirm New Email Address” boxes are enabled.

**Check here to change email address.** ☒

Email Address\*

Confirm New Email Address\*

Enter the new email address in the “Email Address” box and retype it in the “Confirm New Email Address” box.

**Check here to change email address.** ☒

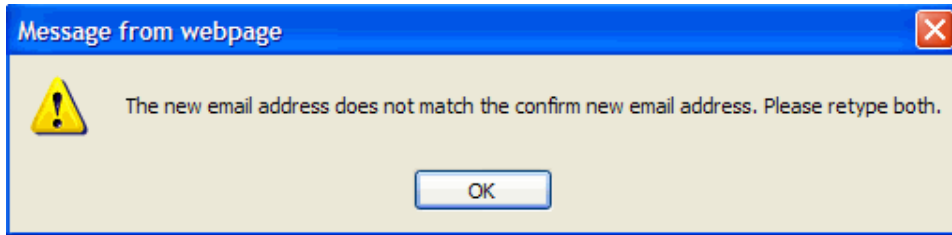
Email Address\*

Confirm New Email Address\*

Click the “Submit” button when all of your edits are complete.

## Email Address Did Not Change

If you changed your email address and it did not pass the validation check, you will receive the following message.



Click the "OK" button.

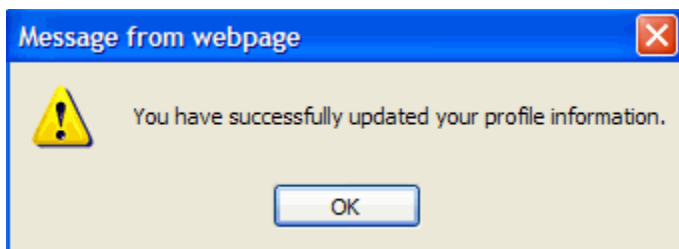
You will be returned to your user profile page, without the email address being changed.

Please retype both.

<b>Check here to change email address.</b>	<input type="checkbox"/>
Email Address*	<input type="text" value="kathy.dunaway@state.mn.us"/>
Confirm New Email Address*	<input type="text"/>

## Email Address Changed

If you changed your email address and it passed the validation check, you will receive the following message.



Click the "OK" button.

## Change Your Current Password

Check the box after “Check here to change password.”

**Check here to change password.** ☐  
Enter New Password\*  (at least 8 characters and case sensitive)  
Confirm New Password\*  (case sensitive)

After checking the box, the “Enter New Password” and “Confirm New Password” boxes are enabled.

**Check here to change password.** ☒  
Enter New Password\*  (at least 8 characters and case sensitive)  
Confirm New Password\*  (case sensitive)

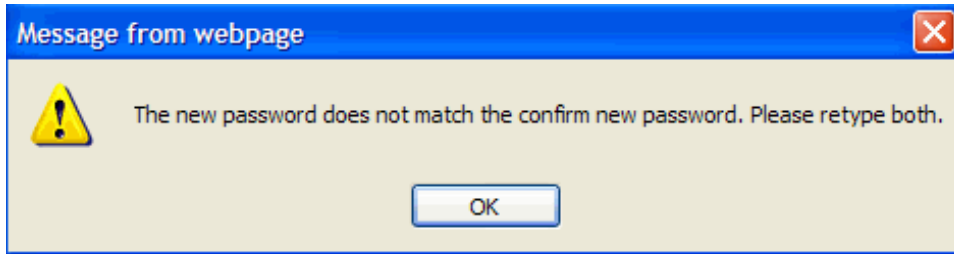
Enter the new password in the “Enter New Password” box and retype it in the “Confirm New Password” box.

**Check here to change password.** ☒  
Enter New Password\*  (at least 8 characters and case sensitive)  
Confirm New Password\*  (case sensitive)

Click the “Submit” button when all of your edits are complete.

## Password Change Failed

If you changed your password and it did not pass the validation check, you will receive the following message.



Click the “OK” button.

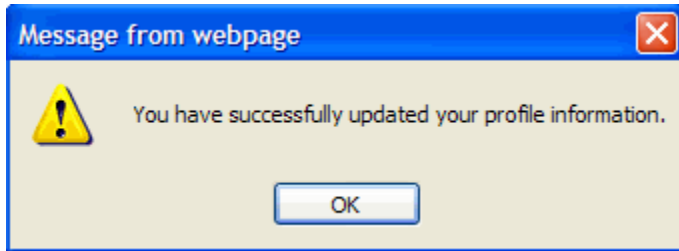
You will be returned to your user profile page, without the password being changed.

Please retype both.

<b>Check here to change password.</b>	<input type="checkbox"/>
Enter New Password*	<input type="password"/> (at least 8 characters and case sensitive)
Confirm New Password*	<input type="password"/> (case sensitive)

## Password Change Successful

If you changed your password and it passed the validation check, you will receive the following message.



Click the “OK” button.

You are returned to the County Recorder Profile page.

Menu Logout

### County Recorder Profile

**Required Information\*** **Your changes have been saved.**

Account Status	Active
Username*	KDcounty (e.g., marysmith - case sensitive)
Security Question*	What is your maternal grandfather's nick name?
Security Answer*	GRANDPA
First Name*	KATHY
Last Name*	DUNAWAY
Agency Name*	ANOKA COUNTY
County	Anoka
Phone Number*	(651) 201-4587
Extension	
Check here to change email address.	<input type="checkbox"/>
Email Address*	kathy.dunaway@state.mn.us
Confirm New Email Address*	
Password Expiration Date	06-14-2013
Check here to change password.	<input type="checkbox"/>
Enter New Password*	(at least 8 characters and case sensitive)
Confirm New Password*	(case sensitive)
<input type="button" value="Submit"/>	

**Where can I get more information or help?**

If you have any questions regarding e-Well Disclosure contact the Minnesota Department of Health, Well Management Section Central Office, at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

A confirmation message “Your changes have been saved.” is received when changes are successful.

Click “Menu” or “Logout” shortcuts in the upper right-hand corner of the screen to proceed.

# Logging Out of the e-Well Disclosure Certificate Application

Click “Logout” shortcut in the upper right-hand corner of the screen.

[Logout](#)

## County Recorder Menu

[Validate an e-Well Disclosure Certificate](#)

[View a Pending e-Well Disclosure Certificate](#)

[Generate an Estimated Invoice](#)

[Edit/Review User Profile](#)

## Where can I get more information or help?

If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office at [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

A confirmation message “You have successfully logged out.” is received when logging out is successful.

### Well Disclosure/Property Transfer

[Home](#)

[Certificate Form \(PDF\)](#)

[Look-up Disclosure Certificates](#)

### Well Management

[Home](#)

[Contact Us](#)

### Environmental Health

[Environmental Health Home](#)

[Topic Index](#)

[Emerging Issues](#)

[Contact us](#)

## e-Well Disclosure County Login

**You have successfully logged out.**

Welcome to the Minnesota Department of Health, Well Management Section, e-Well Disclosure county recorder page.

Username

Password

[Forgot password?](#)

County Recorders may:

- ▶ [Validate an e-Well Disclosure Certificate.](#)
- ▶ [View pending e-Well Disclosure Certificates in their county.](#)
- ▶ [Generate an invoice for e-Well Disclosure Certificates.](#)
- ▶ [Update user profile.](#)

An e-Well Disclosure Certificate is available for county validation as soon as it is submitted. After an e-Well Disclosure Certificate has been validated it will be available for public viewing within 2 to 3 business days.

[e-Well Disclosure County Instructions \(PDF: 477KB/23 pages\)](#)

**If you are a new county recorder,** contact the Minnesota Department of Health, Well Management Section, to register at: [health.welldisclosures@state.mn.us](mailto:health.welldisclosures@state.mn.us) or 651-201-4587.