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 Filer Instructions

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

# Resources

- <u>Well Disclosure/Property Transfer</u> (www.health.state.mn.us/communities/environment/water/wells/disclosures)
- <u>e-Well Disclosure Certificate Process from Filer to County to the Minnesota Department of Health (PDF)</u> (www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/eprocess.pdf)
- <u>Well Disclosure Certificate Form (PDF)</u> (www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/certificateform.pdf)
- <u>Well Disclosure Certificate Search</u> (www.health.state.mn.us/wdclookup)
- <u>What You Need Before You Begin (PDF)</u> (www.health.state.mn.us/communities/environment/water/docs/wells/disclosures/whatyouneed.pdf)
- <u>e-Well Disclosure Certificate Filer Login</u> (edisclosures.web.health.state.mn.us/wells-disclosure-ssl/euserlogin.cfm).

# **Contact Us**

If you have questions regarding e-Well Disclosure Certificates contact the Minnesota Department of Health, Well Management Section Central Office, at <u>health.welldisclosures@state.mn.us</u> or 651-201-4600 or 800-383-9808.

To obtain this information in a different format call 651-201-4600. Publications\e-WDC Filer Instructions 08/03/2021R

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# **Filer Login**

MDH Minnesota Department <i>of</i> Health					
		e-Well Disclosure Certificate Filing			
Well Disclosure/Property Transfer		losure Filer Login			
Home	Welcome to the Minnesota Department of Health, Well Management Section internet e-Well Disclosure Certificate filing application. This application is for those transferring property that has a well and requires a Certificate of Real Estate Value (CRV).				
Certificate Form (PDF)					
Look-up Disclosure Certificates					
Sale of Foreclosed Property	Username				
What You Should Know About Wells at Property Transfer	Forgot pa	Submit			
Well Management					
Home	First Time Filer? Register				
Contact Us					
Environmental Health Division	e-Well Disclosure	Certificate Filers may:			
EH Division Home	<ul> <li>Enter e-Well Disclosure Certificate.</li> <li>Edit or add to a pending e-Well Disclosure Certificate.</li> <li>Edit/Review user profile.</li> <li>e-Well Disclosure Certificate information is available for additions and changes as soon as they are submitted. Once the deed for the property has been presented to the county recorder, the county recorder will confirm that the e-Well Disclosure Certificate is available and validate the e-Well Disclosure Certificate. After the e-Well Disclosure Certificate has been validated it will be <u>available to the public</u> within 2 to 3 business days.</li> </ul>				
	What You Nee	re Certificate Information ed Before You Begin (PDF: 27KB/1 page) sure Certificate Filer Instructions (PDF: 1.25MB/66 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 <u>health.welldisclosures@state.mn.us</u> or by telephone at 651-201- 4587 or 800-383-9808.				

<u>e-Well Disclosure Certificate Filer Login</u> (edisclosures.web.health.state.mn.us/wells-disclosure-ssl/euserlogin.cfm).

**Note:** To prepare for entering your e-Well Disclosure Certificate, review the *"What You Need Before You Begin"* PDF document listed on the e-Well Disclosure Filer Login webpage.

If you have already registered, enter your username and password.

# **First Time Filer Registration**

Note: Each person filing e-Well Disclosure Certificates should create their own personal user account.

Click "Register" located in the First Time Filer? box.

# **Filer User Profile**

Minnesota Department of	
DEPARTMENTOTHEALTH Health	e-Well Disclosure - Well Management Section, Environmental Health Division
	► Login
Filer Registration	
Ũ	
Required Information*	
Username*	(e.g. marysmith and case sensitive)
Password*	(8 to 10 characters and case sensitive)
Security Question*	
Security Answer*	
First Name*	
Middle Name	
Last Name*	
Company Name	
Your Working Title	
Phone Number*	
Extension	
Email Address*	
°	e requested as your signature when you submit a well disclosure certificate.
Submit	
Where can I get more inform	ation or help?
	Disclosure contact the Minnesota Department of Health, Well Management Section Central $\underline{s}$ or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-

# Fields marked with red asterisk (\*) are required.

Click the "Submit" button when finished.

**Note:** After all the property information, property buyer(s), and well(s) have been entered, you must sign the disclosure by typing in **your** name EXACTLY as registered in your filer registration. See Submit the e-Well Disclosure Certificate section on page 25.

After successfully registering you will receive the following message and be returned to the login page.



# **Forgot Password?**

Username
Password
Submit
Forgot password?

If you have forgotten your password, click the "Forgot password?" located in the Username and Password login box.

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

Forgot Password?
Required Information*
To reset your password, type the username you use to login to e-Well Disclosure and your e-mail address.
Username:* Email:* 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 <u>health.welldisclosures@state.mn.us</u> or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201- 5797.

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.

Message	from webpage
1	The username or email address is invalid.
	ОК

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 Profile Challenge Question.

Click the "Submit" button.

Minnesota Department of Health	e-Well Disclosure - Well Management Section, Environmental Health Division
	▶ <u>Menu</u> ▶ <u>Logout</u>
Profile Challenge Question Required Information* What street did your best friend in hig	h school live on?*
Where can I get more informa	ation or help?
	isclosure contact the Minnesota Department of Health, Well Management Section Central or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-

If you have correctly answered the profile 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**

	🞽 e-Well Disclosure Account - Message (Plain Text)		
	<u>Eile Edit View Insert Format Tools Actions Help Adobe PDF</u>		
1	🛿 😂 Reply   🖓 Reply to All   🙈 For <u>w</u> ard   🎒 🗈   😼   🔻   🍅   🎦 🗙   🔺 - 💎 - A <sup>*</sup>   🔞 💂		
	From: Health.Welldisclosures@state.mn.us Sent: Mon 9/14/2009 3:58 PM		
	To: Kathy Dunaway (MDH)		
	Cc: Subject: e-Well Disclosure Account		
	Cc:		

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

# e-Well Disclosure Certificate Filer Menu



Click a menu item to proceed.

# Menu Option: Enter e-Well Disclosure Certificate

Fields marked with red asterisk (\*) are required.

If known, provide information in optional fields.

Note: Extremely important to enter well location address if one exists. The "Address Search" is the number one search used to locate previously filed well disclosure certificates.

# **Property Information**

Menu Logout
e-Well Disclosure Certificate Form
Required Information*
Property Information
County of Property*
Number of Wells on Property <sup>+</sup> (1 through 20)
Is this property transaction in fulfillment of a contract for deed?* No 🔽
This Well Disclosure Certificate is filed on behalf of* Buyer
Seller's Name*
One of the following Property Legal Description options is required*
1. Attach Property Legal Description (file types allowed: bmp, jpg, jpeg, pdf, txt) Browse
2. Type or Cut and Paste Decription Here
Sketch Map of Well Locations. The number of wells declared on this disclosure must be reflected on the sketch map.
Attach Sketch Map (file types allowed: bmp, jpg, jpeg, pdf)* Browse
Well Documents (if available)
Attach Well and Boring Construction and Sealing Records (file types allowed: bmp, jpg, jpeg, pdf) Browse

The "County" field is a drop down list of the 87 counties in Minnesota. Enter or select the "County" from the drop down list.

"Number of Wells on Property." Enter the total number of well(s) located on this property.

"Is this property transaction in fulfillment of a contract for deed?" Select Yes or No from drop down list.

**Note:** If yes, because the property transfer is in fulfillment of a contract for deed, the disclosure must be signed by the buyer of the property or an agent for the buyer.

"This Well Disclosure Certificate is filed on behalf of" select Buyer, Seller, or Both Buyer and Seller from the drop down list.

"Seller's Name." Enter in the box provided.

# **Property Legal Description**

There are two options for providing a legal description of the property.

#### **Option Number 1**

Is to attach a file with one of the following extensions: "bmp," "jpg," "jpeg," "pdf," or "txt."

Click the "Browse" button following "1. Attach Property Legal Description."



The "File Upload" dialog box will appear.

File Upload				<u>? ×</u>
Look in: 🗀 e-Well Disclosure Documents to Upload 🛛 🔽 🔇 🏂 📂 🛄 🗸				
	Name	Size	Туре 🔻	Date Mod
	Property Description.txt	35 KB	Text Document	4/14/200
My Recent	Sketch Map.bmp	35 KB	Bitmap Image	4/14/200
Documents	File Containing One Well's Doc	35 KB	Bitmap Image	4/14/200
Desktop Ø My Documents				
My Computer				
	•			
My Network Places	File name:		•	Open
	Files of type: All Files		<b>•</b>	Cancel

Select **your** document by clicking the document name.

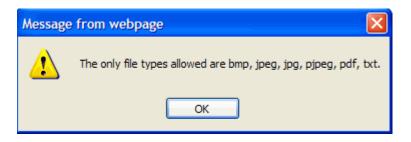
Click the "Open" button.

The document's directory and file path name will appear in the field next to the "Browse" button.

1. Attach Property Legal Description (file types allowed: bmp, jpg, jpeg, pdf, txt) C:\e-Well Disclosure Dc Browse\_ Clear

#### Attachment Error Message

The following error message occurs when the file selected is not acceptable. Select a file with an allowed file extension.



### **Option Number 2**

Is to type or cut and paste a text description (no picture files) into the text box.

Click "2. Type or Cut and Paste Description Here" statement.

One of the following Property Legal Description options is required*	
1. Attach Property Legal Description (file types allowed: bmp, jpg, jpeg, pdf, txt)	Browse Clear
2. Type or Cut and Paste Decription Here	

Type the property legal description or cut and paste a text block up to 4000 characters.

# Sketch Map of Well Location(s)

Note: The number of wells declared on this disclosure must be reflected on the sketch map.

You **MUST attach a sketch** (not text) of where the well(s) are located on the property.

To attach a sketch map file use one of the following extensions: "bmp," "jpg," "jpeg," or "pdf."

Click the "Browse" button following "Attach Sketch Map."

Sketch Map of Well Locations. The number of wells you declare on this disclosure should be reflected on the sketch map you provide.			
Attach Sketch Map (file types allowed: bmp, jpg, jpeg, pdf)*	Browse_		

The "File Upload" dialog box will appear.

File Upload				? ×
Look in:	🗀 e-Well Disclosure Documents to	Upload 💌	G 🔌 🖻 🖽 -	
	Name	Size	Туре 🔻	Date Mod
	Property Description.txt	35 KB	Text Document	4/14/200
My Recent	Sketch Map.bmp	35 KB	Bitmap Image	4/14/200
Documents Desktop My Documents My Computer	File Containing One Well's Doc	35 KB	Bitmap Image	4/14/200
<b></b>				
My Network	File name:		<b>•</b>	Open
Places	Files of type: All Files		-	Cancel

Select **your** document by clicking the document name.

Click the "Open" button.

The document's directory and file path name will appear in the field next to the "Browse" button.

Attach Sketch Map (file types allowed: bmp, jpg, jpeg, pdf)\* C:\e-Well Disclosure Dc Browse\_

# Well Documents – Attach Well and Boring Construction and/or Sealing Record(s)

This is not required, but helpful.

Only one file is allowed to be uploaded. If you have more than one well record for this property transaction, place all well records in one file.

When preparing this file to upload, make sure to give it a recognizable name for this property transaction.

To attach a well record file use one of the following extensions: "bmp," "jpg," "jpeg." or "pdf."

Click the "Browse" button following "Attach Well and Boring Construction and Sealing Record(s)."

Well Documents (if available)	
Attach Well and Boring Construction and Sealing Records (file types allowed: bmp, jpg, jpeg, pdf)	Browse

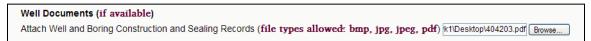
The "File Upload" dialog box will appear.

File Upload				? ×
Look in:	e-Well Disclosure Documents to	Upload 💌	G 👂 📂 🖽-	
	Name	Size	Туре 🔻	Date Mod
	Property Description.txt	35 KB	Text Document	4/14/200
My Recent	Sketch Map.bmp	35 KB	Bitmap Image	4/14/200
Documents Desktop	S File Containing One Well's Doc	35 KB	Bitmap Image	4/14/200
My Documents				
My Computer				
	•			·
My Network Places	File name:		-	Open
- Haces	Files of type: All Files		-	Cancel

Select **your** document by clicking the document name.

Click the "Open" button.

The document's directory and file path name will appear in the field next to the "Browse" button.



# **Property Buyer**

Select whether the property buyer is an "Individual" or a "Company."

Do not use abbreviations. Spell out complete address.

# Individual

Property Buy	er No. 1						
Select Buyer T	ype* 💽 Individu	al 🔘 Company	r				
	~						~
Courtesy	First Name <sup>4</sup>	•	Middle Name		Last Name*	Title	_
Mailing Addre	ss After Closing						
Select Country	/* ⊙ USA ◯ Othe	er					
Address 1*			Address 2				
			*				
City*		State*	Z	IP Code*			
Phone							
Phone Number	r Extension						

# Company

roperty Buyer No. 1 elect Buyer Type* 〇	Individual Company		
Company Name*			Company Contact*
Mailing Address After Select Country* () US/	-		
Address 1*		Address 2	
City*	State*	ZIP Code*	
Phone Phone Number Exten	sion		

### Additional Property Buyer(s)

To add additional property buyer(s), decide whether the next property buyer should have the same address.

If address is the same, after the question "Use Same Address?," click "Yes."

Add a Property Buyer	Add Buyer	
Delete Property Buyer No.	Deiete	

Click the "Add a Property Buyer" button.

The following screen indicates a company was the last property buyer entered, and "Use Same Address?" was "Yes."

Property Buyer No. 1 Select Buyer Type* O Indiv	idual 💿 Company			
Company Name*			Company Contact*	
Mailing Address After Closi	ng			
Select Country*  OUSA  O	Other			
650 ROBERT STREET NORTH		PO BOX 64975		
Address 1*		Address 2	,	
ST. PAUL	MINNESOTA	✓ 55164-0975		
City*	State*	ZIP Code*		
Phone				
651-201-4600	]			
Phone Number Extension	•			

Select whether the additional property buyer(s) is an "Individual" or a "Company."

If you answered "Yes" to "Use Same Address?" the address fields will be prefilled.

The following screen indicates an individual was the last property buyer entered, and "Use Same Address?" was "No."

rioperty Days	r No. 1					
Select Buyer Ty	pe* 💿 Individua	al 🔘 Company				
	*					×
Courtesy	First Name*	r	Middle Name		Last Name*	Title
Address 1*			Address 2			
Address 1*			Address 2			
		1	~			
City*		State*		ZIP Code*		
Phone						
Phone Number	Extension					

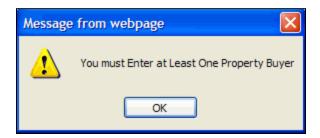
### **Delete the Last Property Buyer Entered**

While entering the e-Well Disclosure Certificate information, you may delete the added property buyer rows.

Click the "Delete Last Row" button.

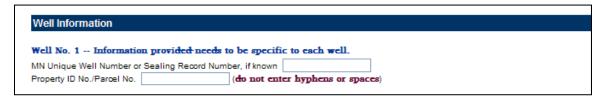
Property Buye	r No. 1				
Select Buyer Ty	pe* 💿 Individu:	al 🔘 Company			
	V MARY		JANE	SMITH	×
Courtesy	First Name*	ŧ	Middle Name	Last Name*	Title
Mailing Addres	s After Closing				
Select Country	* ⊙ USA ◯ Othe	er i i i i i i i i i i i i i i i i i i i			
123 MY STREET	NE				
Address 1*			Address 2		
ELY		MINNESOTA	✓ 55731		
City*		State*	ZIP Cod	-	
				e*	
Phone		0.012	211 000	e-	
851-201-4800 Phone Number Property Buye	rr No. 2		211 000	e*	
Phone 851-201-4800 Phone Number <b>Property Baye</b> Select Buyer Ty	<b>r No. 2</b> rpe* ⊙Individu			e-	
851-201-4800 Phone Number Property Buye	rr No. 2	al 🔿 Company	LEE Middle Name	_	Title
851-201-4800 Phone Number Property Baye Select Bayer Ty Courtesy	rr No. 2 rpe* () Individua THOMAS	al 🔿 Company	LEE	SMITH	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Mailing Addres	rpe* () Individua THOMAS First Name*	al O Company	LEE	SMITH	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Mailing Addres	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al O Company	LEE	SMITH	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Vailing Addres Select Country <sup>1</sup>	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al O Company	LEE	SMITH	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Mailing Addres Select Country <sup>1</sup> 123 MY STREET	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al O Company	LEE Middle Name	SMITH	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Mailing Addres Select Country <sup>1</sup> 123 MY STREET Address 1*	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al () Company r	LEE Middle Name	SMITH Last Name*	
851-201-4800 Phone Number Property Baye Select Buyer Ty Courtesy Mailing Addres Select Country <sup>1</sup> 123 MY STREET Address 1* ELY City*	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al O Company r	LEE Middle Name Address 2	SMITH Last Name*	
851-201-4800 Phone Number Property Buye Select Buyer Ty Courtesy Mailing Addres Select Country <sup>1</sup> 123 MY STREET Address 1* ELY	rr No. 2 rpe* Individual THOMAS First Name* s After Closing INDA O Other	al O Company r	LEE Middle Name Address 2	SMITH Last Name*	

If you try to delete the only property buyer, you will receive the following message. The first property buyer record cannot be deleted; however, you may change the owner's type and the information.



# **Well Information**

Fill in the requested information, if it is available, for THIS well.



# Well Location Legal Description – Platted or Unplatted

Select plat type where THIS well is located.

### **Platted Land**

Click "Platted Land" if the addition name, lot and block numbers is available to you.

Select plat type where well is located	* (i) Platted Land (lot, bloc	k, addition) or 🕕	Unplatted Land (section, township, range)
Well Location Legal Description on P	latted Land		
And	{	Or	· <b></b> }
Addition Name, etc.*	Lot Number* Block Number	Tract	Outlot*

There are two options for providing "Platted Land" descriptions.

You must select one of the following options.

Option Number 1 – Enter Addition Name and Lot Number.

If available, enter the Block Number and/or Tract – but NOT Outlot.

Well Location Legal Description on Platted Land							
MY LAND	And {1			Or	}		
Addition Name, etc.*	Lot Number*	Block Number	Tract		Outlot*		

### OR

**Option Number 2** – Enter Addition Name and Outlot.

Do NOT enter the Lot Number, Block Number, or Tract.

Well Location Legal Description on Platted Land						
MY LAND	And				Or	в }
Addition Name, etc.*		Lot Number*	Block Number	Tract		Outlot*

### **Unplatted Land**

Click "Unplatted Land" if the Section, Township, and Range Numbers are available to you.



If you did not enter or select a county in the Property Information section, you will receive the following message.

Select plat type where well is located* <ul> <li>Platted Lar</li> </ul>	nd (lot, block, addition) or OUnplatted L	and (section, township, range)
Well Location Legal Description on Platted Land	Message from webpage 🛛 🔀	
And { Lot Number* E	Please select a county first.	_}
Address where well is located (this may be differen	ОК	1C65).
Building No. Direction Street Type Street Name		ZIP Code

Click the "OK" button.

The cursor will return to the "County of Property" box.

Property Information				
County of Property*				
Number of Wells on Property* (1 through 20)				
Is this property transaction in fulfillment of a contract for deed?* No 💟				

Enter or select county name from the drop down list.

Scroll to the Well Location section and click "Unplatted Land."

Select plat type where well is located* 🔘 P	latted Land (lot, block,	addition) or 🛞 Unplatted Land (section, township, range)
Well Location Legal Description on Unplatte	d Land	
{ 💌 💌 💌 💌 or	And	
Quarter 1 Quarter 2 Quarter 3 Quarter 4*	Gov't Lot No.*	Section* Township*Range*

When the county is chosen, the assigned county township and range numbers appear in the respective drop down list.

Well Location	n Legal De	scription on l	Inplatted	I Land					
{	~	~	✓ Or		}	And	~	×	· ·
Quarter 1 Q	luarter 2 Qu	arter 3 Quart	er 4*	Gov't Lot No.*			Section		*Range*
								030	
Address whe	re well is l	located (this	may be	different that	n the	e pro	perty b	032	ing a <del>ddr</del> ess).
	~		~				~	033	
Building No.	Direction	Street Type	Stree	et Name	Str	eet T	ype	Direction	City

There are two options for providing "Unplatted Land" descriptions.

You must select one of the following options.

**Option Number 1** – Enter Quarter 4, Section Number, Township Number, and Range Number.

If available, enter Quarters 1 through 3 – but NOT Government Lot Number.

	escription on Unplatted				
{ • •	▼ NE ▼ or	} And	31 💌	030 💌	22 💌
Quarter 1 Quarter 2	2 Quarter 3 Quarter 4*	Gov't Lot No.*	Section*	Township*	Range*

### OR

**Option Number 2** – Enter Government Lot Number, Section Number, Township Number, and Range Number.

Do NOT enter Quarters 1 through 4.

Well Location Legal Description on Unplatted Land				
	• • Or	5 } And	31 💌	030 💌 22 💌
Quarter 1 Quarter 2	Quarter 3 Quarter 4*	Gov't Lot No.*	Section*	* Township* Range*

# Well Location Address

**Note:** If available, it is **extremely important to enter the address where the well is located**. The "Address Search" is the number one search used to locate previously filed well disclosure certificates.

The "City" field is a drop down list of the known cities in Minnesota.

Enter or select the "Direction," "Street Type," and "City" from the drop down lists.

Address where well is located (this may be different than the property buyer mailing address).							
	~	~		×	×	N 100	1
Building No.	Direction	Street Type	Street Name	Street Type	Direction	City	ZIP Code

Some addresses may have no direction or up to two directions.

The screen below shows an address that has both a FIRST and SECOND "Street Direction."

Address where well is located (this may be different than the property buyer mailing address).					
1234	Ν 🝷	County Rd	• 12		SE 💌
Building No.	Direction	Street Type	Street Name	Street Type	Direction

"Street Type" fields are provided before and after the "Street Name" field for data entry ease. The "Street Type" shown above comes before the "Street Name."

The screen below shows an address with one "Street Direction" and a "Street Type" that comes after the "Street Name" field.

Address where well is located (this may be different than the property buyer mailing address).					
1234	<b>•</b>	<b>v</b>	DRILLER	Boulevard 💌	NE 💌
Building No.	Direction	Street Type	Street Name	Street Type	Direction

# Status of Well - In Use, Not in Use, or Sealed by a Licensed Well Contractor

Select the current physical status of THIS well.

Select Well Status\* O In Use O Not In Use O Sealed

## In Use

Click "In Use."

Select Well Status* 💿 In Use 🔿 Not In Use 🔿 Sealed	
If in use: O Date Constructed (mm/dd/yyyy)	or OYear Constructed ( <b>уууу</b> )
Name of License Well Contractor Who Constructed the Well	

#### Well Construction Date

Click "Date Constructed."

Enter the date, if known.

Select Well Status*	⊙ In Use O Not In Use O Sealed	
If in use: • Date Cons	tructed (mm/dd/yyyy) 06/12/1991	or C Year Constructed (уууу)

### Well Construction Year

Click "Year Constructed."

Enter the year, if known.

Select Well Status*	⊙ In Use C Not In Use	C Sealed	
If in use: O Date Con	structed (mm/dd/yyyy)		or © Year Constructed (уууу) 2006

### License Well Contractor Name

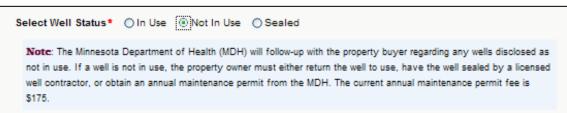
Enter the name of the licensed well contractor who constructed the well, if known.

Name of License Well Contractor Who Constructed the Well THE WELL DRILLING COMPANY

## Not In Use

Click "Not In Use."

When well status "Not In Use" is selected you will receive the following message.



After reading the message, click the "OK" button to proceed.

#### Variance or Maintenance Permit

You are required to answer the variance and maintenance permit questions.

Select Well Status* O In Use O Not In Use O Sealed
If not in use: Is there an MDH variance for this well?*
If yes, provide the variance tracking number if known:
Is there an MDH maintenance permit for this well?*
If yes, provide the maintenance permit number if known:

If your answer is "No" to either of the questions, the variance tracking number/maintenance permit number box remains disabled.

Select Well Status* C In Use O Not In Use C Sealed
If not in use: Is there an MDH variance for this well?* No 🔽
If yes, provide the variance tracking number if known:
Is there an MDH maintenance permit for this well?* No 💌
If yes, provide the maintenance permit number if known:

If your answer is "YES" to either of the questions, the variance tracking number/maintenance permit number box becomes enabled. You are NOT required to fill these in, but if you have the information, please provide it.

Select Well Status* O In Use O Not In Use O Sealed
If not in use: Is there an MDH variance for this well?* Yes 🔽
If yes, provide the variance tracking number if known: 99999
Is there an MDH maintenance permit for this well?* Yes 🔽
If yes, provide the maintenance permit number if known: 9999999

# Sealed

Click "Sealed."

Select Well Status* 🔘	) In Use 🔿 Not In Use 💽 Sealed	
If sealed: O Date Sealed	d ( <b>mm/dd/yyyy</b> )	or OYear Sealed ( <b>yyyy</b> )
Name of License Well Co	ontractor Who Sealed the Well	

### Well Sealing Date

Click "Date Sealed."

Enter the date, if known.

Select Well Status*	O In Use	C Not In Use	⊙ Sealed		
If sealed: O Date Sea	led (mm/dd,	( <sub>УУУУУ</sub> ) 06/12/19	91	or C Year Sealed (yyyy)	

### Well Sealed Year

Click "Year Sealed."

Enter the year, if known.

Select Well Status*	C In Use	C Not In Use	⊙ Sealed		
If sealed: O Date Sea	led (mm/dd,	/уууу)		or 💿 Year Sealed	(уууу) 1999

### License Well Contractor Name

Enter the name of the licensed well contractor who sealed the well, if known.

Name of License Well Contractor Who Sealed the Well	THE WELL SEALING COMPANY

### Add Additional Well(s)

To add additional well(s), decide whether the next well should have the same location information.

If well location is the same, after the question "Use Same Well Location Information?" click "Yes."

Click the "Add Well" button.



The following screen indicates last well entered was located on "Unplatted Land," and "Use Same Well Location Information?" was "Yes."

Also note that this well is designated as Well No. 2.

MN Unique We	ell Number or Seali	ng Record Number, if kn	own		
Property ID No	./Parcel No.	(do not	enter hyphens or a	spaces)	
	e where well is lo	on Unplatted Land		n) or ③ Unplatted Land ()	ection, township, range)
Quarter 1 Q	uarter 2 Quarter 3 Q		J And L	n*Township*Range*	
		his may be different	than the property	buyer mailing a <del>ddr</del> es	4
Address whe				puller maning and co	sj.
Address when 1234	re well is located (1	→ DRILLER	Boulevard	V NE V ELY	✓ 55731

The following screen indicates "Use Same Well Location Information?" was "No."

Address fields will not be prefilled.

Well No. 2	Inform	ation	provided	needs	to be spec						
MN Unique W	ell Numbe	r or Se	aling Rec	ord Num	ber, if know	n					
Property ID N	o./Parcel I	NO.			(do not e	nter hyph	iens of	spaces)			
			ia la sata		offed Land	(1-4 1-1		) or (		Land (ti	
Select plat t	ype wher	e well	is locate		alleo Lano	(lot, bloc	k, add	<b>ition</b> ) of (	Junplatted	Lanu (sech	on, township, range
Well Locatio	on Legal D	Descrip	otion on I	Platted I	Land						
			And {					Or		]}	
Addition Nam			in the term							,	
	e etc ±		1	of Numbe	er* Block N	lumber Tr	act		outlot*		
/loanon ham	e, etc.*		L	ot Numb	er* Block N	lumber Tr	ract	Ċ	outlot*		
Addition Hum	e, etc.*		L	ot Numbe	er* Block N	lumber Ti	act	C	outlot*		
Address who		s locat	_					-		dress).	
		s locat	_	may be				-		dress).	~
	ere well i		ted (this	may be	different		prope	ty buyer	mailing ad	dress).	ZIP Code
Address who	ere well i		ted (this	may be	different	than the	prope	ty buyer	mailing ad	dress).	
Address whe	ere well i	Street	ted (this V Type	may be Street N	different lame	than the	prope	ty buyer	mailing ad	ldress).	
Address who	ere well i	Street	ted (this V Type	may be Street N	different lame	than the	prope	ty buyer	mailing ad	ldress).	
Address whe	ere well i	Street	ted (this V Type	may be Street N	different lame	than the	prope	ty buyer	mailing ad	ktress).	
Address whe	ere well i	Street	ted (this V Type	may be Street N	different lame	than the	prope	ty buyer	mailing ad	ktress).	
Address who Building No. Select Well	ere well i Direction Status*	Street	ted (this Type Se ONot	may be Street N In Use	different lame O Sealed	than the Street Ty	prope	ty buyer : Direction	mailing ad	łdress).	

#### **Delete the Last Well Entered**

While entering the e-Well Disclosure Certificate information, you may delete the added well rows.

Click the "Delete Last Row" button.

Well Information
Well No. 1 Information provided needs to be specific to each well.
MN Unique Well Number or Sealing Record Number, if known
Property ID No./Parcel No. (do not enter hyphens or spaces)
Select plat type where well is located* 💿 Platted Land (lot, block, addition) or 🕕 Unplatted Land (section, township, range)
Well Location Legal Description on Platted Land
MY LAND And {1 2 Or }
Addition Name, etc.* Lot Number* Block Number Tract Outlot*
Address where well is located (this may be different than the property buyer mailing address).
123 V MY Street V V ELY V 55731
Building No. Direction Street Type Street Name Street Type Direction City ZIP Code
Name of License Well Contractor Who Constructed the Well  Well No. 2 Information provided needs to be specific to each well.  MN Unique Well Number or Sealing Record Number, if known  Property ID No./Parcel No.  (do not enter hyphens or spaces)  Select plat type where well is located*  Platted Land (lot, block, addition) or  Unplatted Land (section, township, range)
Well Location Legal Description on Platted Land
MY LAND And { 1 2 0r }
Addition Name, etc.* Lot Number* Block Number Tract Outlot*
Address where well is located (this may be different than the property buyer mailing address).
123 MY Street M ELY 55731
Building No. Direction Street Type Street Name Street Type Direction City ZIP Code
Select Well Status* O In Use O Not In Use O Sealed
Use Same Well Location Information?   Yes No Add Well Delete Last Row

If you try to delete the only well, you will receive the following message. The first well record cannot be deleted; however, you may change the well information.



# Submit the e-Well Disclosure Certificate

The last section of the e-Well Disclosure Certificate is the submittal of the record. After all the property information, property buyer(s), and well(s) have been entered, sign the disclosure by typing in **your** name.

#### Note: Enter your name EXACTLY as registered in your filer profile.

Type in the scrambled code.

Click the "Submit" button.

Submit the Well Dis	closure Certificate					
I understand that I am completing this well disclosure certificate by electronic means. By entering my name and clicking on the "Submit" button, I am signing this well disclosure certificate.						
Note: Enter your name	as registered in your filer profi	e.				
KATHY		DUNAWAY				
First Name*	Middle Name	Last Name*				
In order to prevent abus	First Name* Middle Name Last Name* In order to prevent abuse of this form, enter this code ( <b>without spaces</b> ): 6 T J G K A W N* [8TJGKAWN] [Submit] [Reset Form]					

### Submit Error

If the signature or scrambled code is invalid, you will receive the following message.

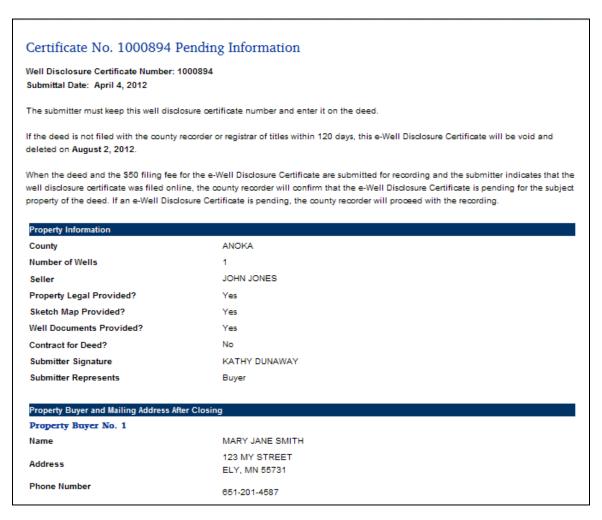


Click the "OK" button.

Reenter your signature and the scrambled code.

Click the "Submit" button when finished.

A printable page is generated with the well disclosure data that you provided.



Also included:

- Well Disclosure Certificate Number to be placed on the deed before filing.
- Submittal Date.
- Submitters Name.
- Expiration date this e-Well Disclosure Certificate will be void and deleted from the county's pending file.

Example of statement placed on deed:

A Well Disclosure Certificate has been electronically filed.

Well Disclosure Certificate Number: XXXXXXX

### (printable page continued)

Well Information	
Well No. 1	
Minnesota Unique Well Number or Sealing Record Number	-
County	ANOKA
Property ID No.	123456789
Location	Lot 1 Block 2 WOLF RIDGE
Address	123 MY STREET ELY 55731
Well Status	In Use
Date or Year Constructed	1985
	Print
Where can I get more info	rmation or help?
	II Disclosure, contact the Minnesota Department of Health, Well Management Section Central Office r at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

Print this page by clicking the "Print" button.

To enter another Well Disclosure Certificate, click the "Enter Additional Disclosure" shortcut in the upper right-hand corner of the screen.

Print

DIFFARTMENT OF REALTH	Minnesota Department of Health	e-Well Disclosure - Well Management Section	n, Environmental Health Division	
		Enter Additional Disclosure	Certificate Pending List Menu Logo	out

Additional shortcuts located in the upper right-hand corner of the screen allow you to:

- "Certificate Pending List" View e-Well Disclosure Certificates in your pending list.
- "Menu" returns you to the Filer Menu.
- "Logout" exit the e-Well Disclosure Certificate application.

### **Automatic Confirmation Email After Submittal**

An **automatic confirmation email** is sent to the email address you provided in your filer profile when you registered.

The email contains the Well Disclosure Certificate (WDC) data that you provided; the Minnesota Department of Health, Well Management Section-issued Well Disclosure Certificate Number; and the expiration date of the e-filing. The confirmation email does not include your attachments.

1 🖬 🔊 () 🛧 💎 1	,		eWellDisclosure (	Confirmation - N	/lessage (HTML)			
File Message								۵ (
Junk + Delete Reply	Reply Forwa	ard	音 Work Hours 🗟 To Manager 🛐 Team E-mail	- Move	Rules *     Mark Unread       OneNote     Categorize *       Actions *     * Follow Up *	Translate ↓ Select ▼	Zoom	
Delete	Respon	d	Quick Steps	G Mo	ve Tags 🖓	Editing	Zoom	
If there are problems wi rom: *MDH_wells Dunaway, Ka : ubject: eWellDisclo:			ick here to view it in a	a web browser.		2	Sent: Thu 5/3/2012	2 4:24 PI
Well Disclosure Ce Submittal Date: 3-N The submitter must 1	<b>rtificate Nun</b> May-2012 keep this well ed with the c	<b>aber: 1000366</b> disclosure certi ounty recorder o	or registrar of title		it on the deed. lays, this e-Well Disclosu	re Certificate		
When the deed is su filed online, the reco	bmitted for r order will veri Disclosure Cer e e-Well Disc	ecording and th fy that the certi tificate is on file losure Certificat	e submitter indica ficate is filed wit e, the recorder wi	h the MDH for	ell disclosure certificate w the property subject of t recording and will colle	he		
County Number o Wells	f Seller	Prop Legal Provided?	Sketch Map Provided?	Well Docur Provided?	nents e-Well Disclosur Submitted by	e Contract for Deed?	Submitter Represents	
ANOKA 1	JOHN SMITH	Yes	Yes	Yes	KATHY DUNAWAY	Ν	BUYR	
Property Buyer	and Mailing .	Address After O	losing					
Name	Address	Phon	ie Number					
	123 FAW	N DRIVE						
JENNA M. SMITH	ELY MN,	55716						
		Well Infor	mation					
Well No. 1								
Minnesota Unique or Sealing Record I		H122389						
County		ANOKA	ANOKA					
Property ID No.		123022340034						
Location	SE Qtr of SW Qtr of Section 12 Township 030 Range 22							
Address 123 FAWN DR ELY 55716								
Well Status		Sealed						
Date of Tear Sealed	1	05/22/2011						

# Menu Option: Edit or Add to a Pending e-Well Disclosure Certificate

When you select this menu option, a list of all pending e-Well Disclosure Certificates entered by you will be listed.

If you wish to edit the e-Well Disclosure Certificate, click once on the underlined Well Disclosure Certificate Number.

**Note:** Once the county recorder validates an e-Well Disclosure Certificate it will no longer appear on your pending list.

MINNESOTA MDH DEPARTMENT OF HEALTH	Minnesota Departme Health		e-Well Disclosure - we	11 Management Section, Environment	al Health Div	ision
					Menu	Logout
Certificat	e Pending	List				
Well Disclosure	Date You Entered		Property			
Number	Data	County	Buyer	Seller		
1000367 1000366	05/08/2012 05/03/2012	Anoka Anoka	SCOTT, CARRIE SMITH, JENNA M.	JOHN WILLIAM HERMAN JOHN SMITH		
Where ca	Where can I get more information or help?					
				a Department of Health, Well Manage 8. Deaf and hard-of-hearing: TTY 65		Central Office

The following screen allows you to add or edit pending information. You may edit, add, or delete a property buyer or a well.

			Certificate Pending List	Menu	Logout
Certificat	e No. 1000894 Pending Form				
County					
Edit	County	ANOKA			
_	-				
Property In	formation				
Edit	Number of Wells	1			
	Is this property transaction in fulfillment of a contract for deed?	No			
	Seller	JOHN JONES			
	Property Legal Provided?	Yes			
	Sketch Map Provided?	Yes			
	Well Documents Provided?	Yes			
	Submitter Signature	KATHY DUNAWAY			
	Submitter Represents	Buyer			
Property B	IIVer				
r roporty b	ajo.				
Edit 1	Property Buyer No. 1				
	Name	MARY JANE SMITH			
	Address	123 MY STREET ELY MN, 55731			
	Phone Number	651-201-4587			
Add a Proper	ty Buyer Add Buyer				
Delete Proper	ty Buyer No. Delete				
Well Inform	ation				
_					
Edit 1	Well No. 1 Minnesota Unique Well Number				
	or Sealing Record Number	-			
	Property ID No.	123456789			
	Location	Lot 1 Block 2 WOLF RIDGE			
	Address Well Status	123 MY STREET ELY 55731 In Use			
	Date or Year Constructed	1985			
Add a Well					
Add a Well Delete Well N	Add Well     Delete				
		Print			

# County

## **Change the County**

Click the "Edit" button.

County		
Edit	County	ANOKA

The county edit screen will appear.

			Certificate Per	iding Form	Certificate Pendi	ng List	Menu	Logout
Certificate No.	1000894 Edit Count m*	ty						
	county may affect the location info will have to enter the new informati he county.		-					
WCH NO. 1	ANOKA V WOLF RIDGE Addition Name Submit	1 Lot Number	2 Block Number	Tract	Outlot			

Select the new county from the drop down list.

**Note:** When a new county is selected for **platted land** (addition, lot, block, etc.) verify information for each disclosed well.

Require <del>d</del> Informati	01*				
	county may affect the location info will have to enter the new informati the county.				
County of Property*	Aitkin 💌 WOLF RIDGE	1	2		
	Addition Name	Lot Number	Block Number	Tract	Outlot

Click the "Submit" button.

Back on the Certificate No. (1000894) Pending Form page, it shows that the county name has been changed.

Certificat	Certificate No. 1000894 Pending Form			
County				
Edit	County	AITKIN		

The county drop down list and a row for each well will appear if the locations of the disclosed well(s) are **on unplatted land** (section, township, and range numbers).

Required Informati	on*
	county may affect the location information for the well. If you entered Section, Township, and will have to enter the new information below. If you entered Lot, Block, Addition information, you the county.
County of Property* Well No. 1	Aitkin         Image: Constraint of the section of the

When a new county is selected, the township and range numbers will be cleared.

County of Property* Aitkin
Well No. 1 { 🛛 🔍 🔍 NE 🔍 Or
Quarter 1 Quarter 2 Quarter 3 Quarter 4* Gov't Lot No.* Section*Township*Range*
(Submit)

Select the correct township and range numbers for the new county.

County of Property*	Aitkin 💌
Well No. 1	
	Quarter 1 Quarter 2 Quarter 3 Quarter 4* Gov't Lot No.* Section*Township*Range*
	Submit

Click the "Submit" button.

# **Property Information**

### **Edit Property Information**

#### Click the "Edit" button.

Property	Property Information				
Edit	Number of Wells	1			
	Is this property transaction in fulfillment of a contract for deed?	No			
	Seller	JOHN JONES			
	Property Legal Provided?	Yes			
	Sketch Map Provided?	Yes			
	Well Documents Provided?	Yes			
	Submitter Signature	KATHY DUNAWAY			
	Submitter Represents	Buyer			

You may change the data, attach a legal description, sketch map, or well documents. If you wish to replace a previously attached document or attach a document for the first time, follow the same steps from the initial data entry instructions on page 9 for legal description, page 11 for sketch map, and page 12 for well documents.

	Certificate Pending Form	Certificate Pending List	Menu Logout
Certificate No. 1000894 Edit Property			
Required Information*			
le it is seen a far an air a fa if it is a far an a far de a de a de a	No. ad		
Is this property transaction in fulfillment of a contract for deed?*			
Submitter Represents* Buyer 💌			
Seller* JOHN JONES			
Property Legal Description Provided? Yes			
To replace the property description, attach a new file or enter	a new description.		
1. Attach Property Legal Description (file types allowed: bmg	, jpg, jpeg, pdf, txt)	Brows	se
2. Type or Cut and Paste Decription Here			
Sketch Map Provided? Yes			
To replace the sketch map you provided, attach a new file. Th	e number of wells declared o	on this disclosure must	be reflected on the
sketch map.			
Attach Sketch Map (file types allowed: bmp, jpg, jpeg, pd	f) Bro	owse	
Well Documents Provided? Yes			
Click here if you wish to delete the attached document.			
Click here if you wish to replace the attached			
Well and Boring Construction and/or Sealing Record(s).	Browse		
Update Property	Information Reset Form		

Well documents were provided for this well. You have the opportunity to delete the previous document and NOT replace it or you may choose to replace the document.

Click here if you wish to delete the attached document.     Click here if you wish to replace the attached     Woll and Parisa Construction and (a Section Parisa)	
Well and Boring Construction and/or Sealing Record(s). Browse	

If documents were not initially provided, you may attach a file.

Well Documents Provided? No		
Attach Well and Boring Construction and/or Sealing Record(s)	Browse	)
(file types allowed: bmp, jpg, jpeg, pdf, txt)		

Click the "Update Property Information" button.

# **Property Buyer Information**

## **Edit Property Buyer Information**

Click the "Edit" button next to the owner record you wish to edit.

Edit 1	Property Buyer No. 1	
	Name	MARY JANE SMITH
	Address	123 MY STREET ELY MN, 55731
	Phone Number	651-201-4587

You may edit or add any data field or change the property buyer type to or from an "Individual" or a "Company."

		Cert	ficate Pending Form	Certificate Pending List	Menu Logout			
Certificate No. 1000894 Edit Property Buyer No. 1								
Required Informat	ion*							
	er Type* 💿 Individual	Company	SMITH					
	First Name*	Middle Name	Last Nan		Fitle			
Mailing Address After Select Country <sup>®</sup> ()	-							
Address 1*		Address 2						
ELY	MINNESOT	A 😼 5573'						
City*	State*	ZIP C	ode*					
Phone								
651-201-4587								
Phone Number Ext	ension							
		Update Property Buyer Inform	ation Reset Form	I				
Where can I ge	et more informa	tion or help?						

The screen below indicates that information was added to the "Address 2" field.

				Certificate P	ending Form	Certificate Pending Li	<u>st Menu</u>	Logout
Certificate No	b. 100089	4 Edit Prop	erty Buyer	No. 1				
Required Inform	ation*							
Select Property Bu	ıyer Type* 💿	Individual 🔘	Company					
8	MARY MARY		JANE		SMITH			
Courtesy	First Name*		Middle Name		Last Nam	e*	Title	
Address 1*		MINNESOTA	Address 2	55731	]			
		MINNESOTA		55731	1			
City*		State*		ZIP Code*				
Phone								
851-201-4587 Phone Number E	vtension							
Frome Number E	Xiension	Upda	ate Property Buyer	Information	Reset Form			
Where can I g	get more i	nformation	or help?					
	-					th, Well Managemen earing: TTY 651-201		entral Office

Click the "Update Property Buyer Information" button if no further edits or additions are needed to the property buyer information.

The screen below indicates that the property buyer type was changed from "Individual" to a "Company." The company's name and company contact information was filled in. The address from the previous "Individual" property buyer's information remained filled in. You may change the property buyer's information, if needed.

			Certificate Pending Form	Certificate Pending List	<u>Menu</u>	Logout		
Certificate No. 1000894 Edit Property Buyer No. 1 Required Information*								
Select Property Buyer Type*	🕽 Individual 💿 Comp	any						
MN DEPARTMENT OF HEALTH			M	ARY JANE SMITH				
Company Name*			c	ompany Contact*				
Select Country*  USA  Ot  123 MY STREET  Address 1*	her	PO BOX 17 Address 2	-					
ELY	MINNESOTA	~	55731					
City*	State*		ZIP Code*					
Phone 851-201-4587 Phone Number Extension	Update Pro	perty Buyer	Information Reset Form					
Where can I get more	information or	help?						
If you have any questions regardi at <u>health.welldisclosures@state.n</u>	-			-		entral Office		

Click the "Update Property Buyer Information" button if no further edits or additions are needed to the property buyer information.

#### Add a Property Buyer

Click the "Add Buyer" button.

Property E	Property Buyer		
Edit 1	Property Buyer No. 1		
	Name	MN DEPARTMENT OF HEALTH Contact: MARY JANE SMITH	
	Address	123 MY STREET PO BOX 1776 ELY MN, 55731	
	Phone Number	651-201-4587	
Add a Prope Delete Prope	rty Buyer (Add Buyer) erty Buyer No. Delete		

A blank property buyer screen is displayed.

				Certificate Pending Form	Certificate Pending List	Menu	<u>Logout</u>
Certificate	No. 10008	394 Add I	Property Buyer	No. 2			
Required Info			1 0 0				
Select Propert	y Buyer Type*	Individua	al 🔘 Company				
	*						*
Courtesy	First Name	*	Middle Name	Last Name*	Title		
Select Country	/* ⊙ USA () (	Junei					
Address 1*			Address 2				
			~				
City*		State*	ZIP	Code*			
Phone							
Phone							
Phone Phone Number	Extension						

Complete the property buyer information fields per procedures on page 13.

Click the "Add Property Buyer Information" button.

You are returned to the "Certificate No. XXXXXX Edit" page. Each buyer is displayed. The "Delete" button is enabled for multiple buyers. If there is only one buyer, you may not delete the record, but you may edit the information.

Edit 1	Property Buyer No. 1		
	Name	MN DEPARTMENT OF HEALTH	
	hane	Contact: MARY JANE SMITH	
		123 MY STREET	
	Address	PO BOX 1778	
		ELY MN, 55731	
	Phone Number	651-201-4587	
Edit 2	Property Buyer No. 2		
	Name	MARY HOMEOWNER	
		123 AMERICAN DRIVE	
	Address	PO BOX 1776	
		HER CITY DC, 01776	
	Phone Number	Ext. 999	

To delete a buyer, enter the "Property Buyer No." in the field next to "Delete Property Buyer No."

Click the "Delete" button.

Add a Property Buyer	Add Buyer	
Delete Property Buyer No.		Delete

Note: Property Buyer No. 2 is now Property Buyer No. 1.

Since there is currently only one buyer, the "Delete" button has been disabled.

Property	Buyer	
Edit 1	Property Buyer No. 1	
	Name	MARY HOMEOWNER
	Address	123 AMERICAN DRIVE PO BOX 1776 HER CITY DC, 01776
	Phone Number	Ext. 999
Add a Prope Delete Prop	erty Buyer Add Buyer erty Buyer No. Delete	

### **Well Information**

### **Edit Well Information**

Click the "Edit" button next to the well number you wish to edit.

Well Infor	mation		
Edit 1	Well No. 1 Minnesota Unique Well Number or Sealing Record Number Property ID No. Location Address Well Status	 123456789 NE Qtr of Section 31 Township 043 Range 22 123 MY STREET ELY 55731 In Use	
Add a Well Delete Wel		Print	

You may edit or add to any current data, change the well location type and description, well status, or address where the well is located.

The screen below indicates a well on unplatted land, with an address, and "in use" status.

	Certificate Pending Form	Certificate Pending List	Menu Logout		
Certificate No. 1000894 Edit Well No. 1	Certificate No. 1000894 Edit Well No. 1				
Required Information*					
Note: Information provided needs to be specific to each well.					
MN Unique Well Number or Sealing Record Number, if known					
Property ID No./Parcel No. 123456789 (do not enter hy	yphens or spaces)				
Quarter 1 Quarter 2 Quarter 3 Quarter 4* Gov't Lot No.* Address where well is located (this may be different than the	Section* Township*i	ig address).			
123 CSAH VMY ST			55731		
Building No. Direction Street Type Street Name Street Type Direction City ZIP Code					
Select Well Status* <ul> <li>In Use</li> <li>Not In Use</li> <li>Sealed</li> </ul>					
If in use: O Date Constructed (mm/dd/yyyy) or O Year Constructed (yyyy)					
Name of License Well Contractor Who Constructed the Well					
Update Well Information Reset Form					

Click the "Update Well Information" when you have completed your changes. You will be returned to the "Certificate No. XXXXXXX Edit Property" page.

If you do not wish to make or save the changes you have made, you may click "Certificate Pending List" or "Logout" shortcuts in the upper right-hand corner of the screen.

Minnesota				
Department of Health	e-Well Disclosure - Well Management Section, Environmental Bratth Division			
	Certificate Pending Form Certificate Pending List Menu Logout			
Certificate No. 1000894 Edit Property				

### Add a Well

Click the "Add Well" button.

Well Info	Well Information			
Edit 1	Well No. 1 Minnesota Unique Well Number or Sealing Record Number Property ID No. Location Address Well Status	 123456789 NE Qtr of Section 31 Township 043 Range 22 123 MY STREET ELY 55731 In Use		
Add a Well Delete Wel				

### A blank well screen is displayed.

Certificate No. 1000894 Add Well No. 2
Required Information*
Note: Information provided needs to be specific to each well.
MN Unique Well Number or Sealing Record Number, if known
Property ID No./Paroel No. (do not enter hyphens or spaces)
Select plat type where well is located:* <ul> <li>Platted Land (lot, block, addition) or          <ul> <li>Unplatted Land (section, township, range)</li> </ul>            Well Location Legal Description on Platted Land              <ul> <li>And {</li> <li>Lot Number* Block Number Tract</li> <li>Outlot*</li> </ul>            Address where well is located (this may be different than the property buyer mailing address).         </li></ul>
Building No. Direction Street Type Street Name Street Type Direction City ZIP Code
building no. Direction object type - object name - object type - Direction only
Select Well Status* O In Use O Not In Use O Sealed
Add Well Information Reset Form

Complete the well information fields per procedures on page 16.

Click the "Add Well Information" button.

You are returned to the "Certificate No. XXXXXX Edit" page. Each well is displayed. The "Delete" feature is enabled for multiple wells. If there is only one well, you may not delete the record, but you may edit the information.

Minnesota Unique Well Number       -         or Sealing Record Number       -         Property ID No.       123456789         Location       NE Qtr of Section 31 Township 043 Range 22         Address       123 MY STREET ELY 55731         Well Status       In Use         dit 2       Well No. 2         Minnesota Unique Well Number       +         or Sealing Record Number       +         Property ID No.       123456789         Location       NW Qtr of Section 31 Township 043 Range 22         Address       -         Well Status       Sealed         Date or Year Sealed       06/15/2005         Name of License Well Contractor       MN WELL DRILLER	dit 1	Well No. 1	
or Sealing Record Number Property ID No. 123456789 Location NE Qtr of Section 31 Township 043 Range 22 Address 123 MY STREET ELY 55731 Well Status In Use Well No. 2 Minnesota Unique Well Number or Sealing Record Number Property ID No. 123456789 Location NW Qtr of Section 31 Township 043 Range 22 Address Well Status Sealed Date or Year Sealed 06/15/2005		Minnesota Unique Well Number	
Location NE Qtr of Section 31 Township 043 Range 22 Address 123 MY STREET ELY 55731 Well Status In Use Well No. 2 Minnesota Unique Well Number or Sealing Record Number Property ID No. 123456789 Location NW Qtr of Section 31 Township 043 Range 22 Address Well Status Sealed Date or Year Sealed 06/15/2005		or Sealing Record Number	-
Address     123 MY STREET ELY 55731       Well Status     In Use       Minnesota Unique Well Number     H123456       or Sealing Record Number     H123456789       Property ID No.     123456789       Location     NW Qtr of Section 31 Township 043 Range 22       Address     Well Status       Well Status     Sealed       Date or Year Sealed     06/15/2005		Property ID No.	123456789
Well Status     In Use       iit 2     Well No. 2       Minnesota Unique Well Number     H123458       or Sealing Record Number     H123458       Property ID No.     123456789       Location     NW Qtr of Section 31 Township 043 Range 22       Address     Well Status       Well Status     Sealed       Date or Year Sealed     06/15/2005		Location	NE Qtr of Section 31 Township 043 Range 22
it 2     Well No. 2       Minnesota Unique Well Number     H123458       or Sealing Record Number     H123456789       Property ID No.     123456789       Location     NW Qtr of Section 31 Township 043 Range 22       Address     Well Status       Well Status     Sealed       Date or Year Sealed     06/15/2005		Address	123 MY STREET ELY 55731
Minnesota Unique Well Number     H123456       or Sealing Record Number     H123456789       Property ID No.     123456789       Location     NW Qtr of Section 31 Township 043 Range 22       Address     Well Status       Well Status     Sealed       Date or Year Sealed     08/15/2005		Well Status	In Use
or Sealing Record Number     H123456       Property ID No.     123456789       Location     NW Qtr of Section 31 Township 043 Range 22       Address     Well Status       Well Status     Sealed       Date or Year Sealed     06/15/2005	lit 2	Well No. 2	
Location     NW Qtr of Section 31 Township 043 Range 22       Address       Well Status     Sealed       Date or Year Sealed     08/15/2005		•	H123456
Address Well Status Sealed Date or Year Sealed 08/15/2005		Property ID No.	123456789
Well Status     Sealed       Date or Year Sealed     08/15/2005		Location	NW Qtr of Section 31 Township 043 Range 22
Date or Year Sealed 06/15/2005		Address	
		Well Status	Sealed
Name of License Well Contractor MN WELL DRILLER		Date or Year Sealed	06/15/2005
		Name of License Well Contractor	MN WELL DRILLER

To delete a well, enter the "Well No." in the field next to "Delete Well No."

#### Click the "Delete" button.



#### Note: Well No. 2 has been deleted.

Since there is currently only one well, the "Delete" button has been disabled.

Well Infor	mation	
Edit 1	Well No. 1 Minnesota Unique Well Number or Sealing Record Number Property ID No. Location Address Well Status	 123456789 NE Qtr of Section 31 Township 043 Range 22 123 MY STREET ELY 55731 In Use
Add a Well Delete Wel		

# Menu Option: Edit/Review User Profile

Enter the answer to the Profile Challenge Question.

Click the "Submit" button.

	▶ <u>Menu</u>	Logout
Profile Challenge Question		
Required Information*		
What street did your best friend in high school live on?* Submit		

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

Message	from webpage	
⚠	Sorry, the answer is invalid.	Try again.
	ОК	

Click the "OK" button.

# **Filer Profile**

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

Minnesota Department of		
DEPARTMENT OF HEALTH Health	e-Well Disclosure - Well Management Section, Environmental Health Division	
	Menu Logout	
Filer Profile		
Required Information*		
Username*	kathy (e.g. marysmith and case sensitive)	
Security Question*	CHIEF	
Security Answer*		
First Name*		
Middle Name Last Name*	DUNAWAY	
Company Name	MDH OAS SR	
Your Working Title		
Phone Number*		
Extension		
Check here to change email address.	kathy.dunaway@state.mn.us	
Email Address*	kany.dunaway@state.mn.us	
Confirm New Email Address*		
Password Expiration Date	05-03-2013	
Check here to change password.	(of logat 9 sharesters and sage consitive)	
Enter New Password*	(at least 8 characters and case sensitive)	
Confirm New Password*		
	Submit	
Where can I get more information or help?		
	isclosure contact the Minnesota Department of Health, Well Management Section Central or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-	

You may edit any field.

Click the "Submit" button to save changes.

A confirmation message is received when changes have been saved.

		Menu	•	Logout
Filer Profile				
Required Information*	Your changes have been saved.			
Username*	kathy (e.g. marysmith and case sensitive)			
Security Question*	What was the name of your first pet?			

## **Change Email Address**

Check the box after "Check here to change email address."

Check here to change email address.	
Email Address*	kathy.dunaway@state.mn.us
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*	kathy.dunaway@state.mn.us
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*	dunawayk@state.mn.us
Confirm New Email Address*	dunawayk@state.mn.us

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.

Message	from webpage
⚠	The new email address does not match the confirmation email address. Please retype both.
	ОК

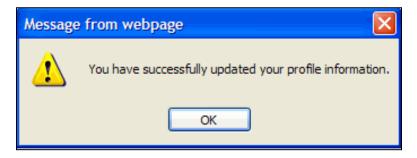
You will be returned to your Filer Profile page, without the email address being changed.

Please retype both.

Check here to change email address.	
Email Address*	kathy.dunaway@state.mn.us
Confirm New Email Address*	

#### **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.

## **Password Expired**



### **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*		]
	Submit	

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*		
	Submit	

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*	•••••	
	Submit	

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 Filer Profile page, without the password being changed.

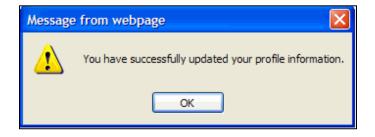
Please retype both.

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

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

#### Password Change Successful

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



Click the "OK" button.

# Logging Out of the Filer Profile

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

		M	lenu	Logout
Filer Profile				
Required Information*	Your changes have been saved.			
Username*	kathy (e.g. marysmith and case sensitive)			
Security Question*	What was the name of your first pet?			

# Logging Out of the e-Well Disclosure Certificate Application

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

Minnesota Department of Health	e-Well Disclosure - Well Management Section, Environmental Health Division
	Logout
Filer Menu	
Enter e-Well Disclosure Certificate	
Edit or Add to a Pending e-Well Disclosure C	ertificate
Edit/Review User Profile	
Where can I get more informa	ation or help?
	closure, contact the Minnesota Department of Health, Well Management Section Central Office 151-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.

## Logout Successful Message

A confirmation message is received when logging out is successful.

Well Disclosure/Property Transfer	e-Well Disclosure Filer Login You have successfully logged out.
Home	Welcome to the Minnesota Department of Health, Well Management Section internet e-Well Disclosure
Certificate Form (PDF)	Certificate filing application. This application is for those transferring property that has a well and
Look-up Disclosure Certificates	requires a Certificate of Real Estate Value (CRV).
Well Management	Username
Home	Password
Contact Us	Submit
Environmental Health	Forgot password?
Environmental Health Home	First Time Filer? Register
Topic Index	
Emerging Issues	e-Well Disclosure Certificate Filers may:
Contact us	e-weil Disclosure Gertificate Filers may.