



Minnesota Department of Health
Well Management Section
P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4587 or 800-383-9808
www.health.state.mn.us/divs/eh/wells

Well Disclosure Requirements

Well Disclosure Statement

Prior to signing an agreement to sell or transfer real property, the seller must **always** disclose in writing (well disclosure statement) the location and status (well status defined below) of all wells on the property to the buyer, along with the legal description and county of the property, and a sketch map showing the location of each well or indicate there are no wells on the property.

Well Disclosure Certificate

A Well Disclosure Certificate is required to be filed when there are wells on the property.

- At the time of closing, the well disclosure statement information, along with the property buyer's name and mailing address, must be provided on a Well Disclosure Certificate (WDC) form. When recording a deed or other instrument of conveyance requiring a Certificate of Real Estate Value (CRV), a completed WDC must be filed with the county recorder, including a \$50 fee payable to the county recorder.
- If there is a previously filed WDC and the number of wells and/or the well status has changed, a new WDC must be filed. You may search for previously filed WDCs at: [Well Disclosure Look-up](https://www.health.state.mn.us/divs/eh/wells/apps/disclosures/disclaimer.cfm) (<https://www.health.state.mn.us/divs/eh/wells/apps/disclosures/disclaimer.cfm>).
- If the number and status of wells on the property remain unchanged since the previously filed WDC, a statement must be placed on the deed or other instrument of conveyance that reads *"I am familiar with the property described in this instrument and I certify that the status and number of wells on the described real property have not changed since the last previously filed well disclosure certificate."* This statement must be certified by the buyer or seller and no WDC is required.

If there are no wells on the property, a Well Disclosure Certificate is not required to be filed. However, the Seller must certify a statement on the deed or other instrument of conveyance that reads *"The Seller certifies that the Seller does not know of any wells on the described real property."*

Instructions for Completing the Well Disclosure Certificate

A \$50 fee must be included when submitting this form to the county recorder's office. The fee is to be paid by the buyer or person filing the deed. Please make the check payable to the County Recorder. A copy of this WDC should be provided to the property buyer at the time of closing.

Property, Buyer, and Seller Information

- Property Location Legal Description** – Provide the county name; "unplatted" a metes and bounds description (quartile [one quarter section is required] or government lot, section, township, and range number); and/or "platted" (lot number and/or block number, and addition name); property street address (if applicable), and city (this is the physical location of the property not the mailing address); property ID number or parcel number (optional). Attach a complete legal description of the property.
- Property Buyer Mailing Address After Closing** – Provide the buyer's full name (or company name if buyer is a company), full address, and phone number (including area code). Be sure to include a complete mailing address. If the property is jointly owned, provide the name and complete mailing address of the contact person.

Seller's Name – Please provide the name of the seller in space provided (please print).

- C. Certification by Seller** – The seller (or designated representative) should sign this certificate before it is submitted to the county recorder’s office. If the seller is unable to sign the document, the buyer (or designated representative) may sign the certificate before it is submitted to the county recorder’s office.
- D. Certification by Buyer** – If the seller is unable to sign the document, the buyer (or designated representative) may sign the certificate before it is submitted to the county recorder’s office. Where deeds are given in fulfillment of a **Contract for Deed** the WDC **must** be signed by the **buyer** or the person authorized to act on behalf of the buyer.

Signature Required – There must be at least one signature on the certificate.

Well Information

- E. Well Location Legal Description** – For each well being disclosed the following physical location information is required:
- county name, quartile (one quarter section is required), section, township, and range number; **and/or**
 - county name, government lot, section, township, and range number; **and/or**
 - county name, lot number and/or block number, and addition name

Well Status Information – Indicate the status of each well. **Check only one box.**

In Use – A well is “in use” if the well is operated on a daily, regular, or seasonal basis. A well “in use” includes a well that operates for the purpose of irrigation, fire protection, or emergency pumping.

Not In Use – A well is “not in use” if the well does not meet the definition of “in use” above and has not been sealed by a licensed well contractor.

- If the well is “not in use,” is there a Minnesota Department of Health (MDH) variance for this well? Please provide the variance tracking number (TN), if known.
- If the well is “not in use,” is there an MDH maintenance permit for this well? Please provide the permit number, if known.

Sealed – A well is “sealed” if a licensed well contractor has completely filled a well by pumping grout material throughout the entire well after removal of any obstructions from the well. A Well and Boring Sealing Record must be on file with MDH. Contact MDH to verify if a sealing record is on file. A well is “capped” if it has a metal or plastic cap or cover which is threaded, bolted, or welded onto the top of the well to prevent entry into the well.

A “capped” well is not a “sealed” well.

Important Well Status Information:

- MDH will follow-up with the property buyer regarding any wells disclosed as “not in use.” If a well is “not in use,” the property owner must either return the well to “in use,” have the well “sealed” by a licensed well contractor, or obtain an annual maintenance permit from MDH for \$175.
- Maintenance permits are not transferable. If a well is “in use,” a maintenance permit is not required.
- If the well has been “sealed” by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as “not in use.”

Additional Well Information – Provide the following information, if known: Minnesota Unique Well Number or Sealing Record Number, date of well construction or sealing, and name of licensed well contractor.

Sketch Map

Complete the sketch map as instructed on the WDC. The location of each well must be indicated. If the location of a well is not known, have the well located by a person qualified to locate wells, such as a licensed well contractor.

Additional Information

If you have questions, please contact MDH Well Management Section at 651-201-4587 or 800-383-9808.

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

MDH Well Management Section, Well Disclosure/Property Transfer (www.health.state.mn.us/divs/eh/wells/disclosures).

COUNTY USE ONLY

Well Disclosure Certificate

MDH USE ONLY

Please Type Or Print All Information
Person filing deed must include a \$50 fee payable to the county recorder.

Minnesota Department Of Health
Well Management Section, P.O. Box 64975, St. Paul, Minnesota 55164-0975
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A. Property Location Legal Description

Attach a legal description of the property.

County <u>Houston</u>		Section No. <u>34</u>	Township No. <u>103</u>	Range No. <u>006</u>	Quarter (or Government Lot) <u>SE</u>	
Lot No(s).	Block No.	Addition Name			Outlot	Tract
Property Street Address <u>15117 Prairie Ridge Rd</u>						
City/Township <u>Caledonia</u>			ZIP Code <u>55921</u>	Property ID No./Parcel No. (optional) <u>120320000</u>		

B. Property Buyer Mailing Address After Closing

First Name	Middle Initial	Last Name	
Company Name (if applicable)			
Mailing Address			
Mailing Address			
City	State/Province	ZIP Code	Telephone No. (including area code)

Provide Name of Seller (please print): RONALD C. FRUCATE

C. Certification by Seller

I certify that the information provided on this certificate is accurate and complete to the best of my knowledge.

Ronald Frucate

Signature of Seller or Designated Representative of Seller

Date

D. Certification by Buyer

For fulfillment of a contract for deed, the buyer or person authorized to act on behalf of the buyer, must sign a Well Disclosure Certificate if there is a well on the property.

In the absence of a seller's signature, the buyer, or person authorized to act on behalf of the buyer may sign this Well Disclosure Certificate. No signature is required by the buyer if the seller has signed above.

Based on disclosure information provided to me by the seller or other available information, I certify that the information on this certificate is accurate and complete to the best of my knowledge.

Signature of Buyer or Designated Representative of Buyer

Date

Important Note: Minnesota Department of Health (MDH) will follow-up with the property buyer regarding any wells disclosed as not in use. If a well is not in use, the property owner must either return the well to use, have the well sealed by a licensed well contractor, or obtain an annual maintenance permit from MDH for \$175. A copy of this Well Disclosure Certificate should be provided to the property buyer at the time of closing.



Minnesota Department of Health
Well Disclosure Certificate
Please Type or Print all Information

Total Number of Wells on Property: _____

Fill out a separate well information page if more than two wells are located on the property.

E. Well Location Legal Description					
Well No. 1 – If the property legal description has more than one section, township, or range number; quarter (or government lot); or lot or block number; provide specific legal description information regarding the physical location of this well.					
County <i>HOUSTON</i>		Section No. <i>34</i>	Township No. <i>103</i>	Range No. <i>006</i>	Quarter (or Government Lot) <i>SE</i>
Lot No.	Block No.	Addition Name		Outlot	Tract
Well Status (Check only one box.) Well Is: <input checked="" type="checkbox"/> In Use (1) <input type="checkbox"/> Not in Use (2) <input type="checkbox"/> Sealed by Licensed Well Contractor (3)* <small>*Call MDH to verify sealing record is on file.</small>					Date of Well Construction or Sealing <i>UNKNOWN</i>
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use. Also see "Important Note" on page 1.					Name of Licensed Well Contractor <i>GARY'S PUMP & WELL 507-896-3330</i>
If well is not in use, is there an MDH variance for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the variance tracking number (TN): _____			If the well is not in use, is there an MDH maintenance permit for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the permit number: _____		
Well No. 2 – If the property legal description has more than one section, township, or range number; quarter (or government lot); or lot or block number; provide specific legal description information regarding the physical location of this well.					
County		Section No.	Township No.	Range No.	Quarter (or Government Lot)
Lot No.	Block No.	Addition Name		Outlot	Tract
Well Status (Check only one box.) Well Is: <input type="checkbox"/> In Use (1) <input type="checkbox"/> Not in Use (2) <input type="checkbox"/> Sealed by Licensed Well Contractor (3)* <small>*Call MDH to verify sealing record is on file.</small>					Date of Well Construction or Sealing
If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing contractor, check the well status as not in use. Also see "Important Note" on page 1.					Name of Licensed Well Contractor
If well is not in use, is there an MDH variance for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the variance tracking number (TN): _____			If the well is not in use, is there an MDH maintenance permit for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the permit number: _____		
Sketch Map – Sketch the location of the well(s) and include estimated distances from roads, streets, and buildings. If more than one well on property, use the well location number above to identify each well. The location of the well(s) must be provided. If the location of a well is not known, have the well located by a person qualified to locate wells, such as a licensed well contractor. <i>SEE ATTACHED PHOTO AND DESCRIPTION:</i>					
<u>Well Contractor</u> <i>GARY'S PUMP & WELL</i> <i>GARY FEUERKRON</i> <i>507-896-3330</i>					

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.

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

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Stearns DHIA Laboratories

MN Lab ID# 027-145-378

Page: 1
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Sauk Centre, MN 56378-0227
320.352.2028 Phone
800.369.2697 Toll Free
320.352.6163 Fax
Email:
stearnsdhiab@stearnsdhiab.com

Report of Analysis

Name: FRUECHTE, RONALD
13117 PRAIRIE RIDGE RD
PO BOX 148
CALEDONIA, MN 55921

Sample ID/Invoice #: 313940
Account #: 014188
Internal ID#: 59239
Sample Type: Water
Client Sample ID: 13117 PRAIRIE RIDGE RD
CALEDONIA MN

Price: \$32.00
Report Date: 2/8/2017 4:10:13 PM
Date: 2/8/2017

Sample Date: 2/7/2017 4:15 PM
Sampler: RON
Receipt Date: 2/7/2017 10:37 AM
Receipt Temp: 10°C**

Analyte	Sample Prep Date/Time	Analysis Date/Time	Analyst	RL	MDH Recommended Limit	Sample Result	Units	Meet MDH and EPA Guidelines?	
								DOES	DOES NOT
Nitrate Nitrogen	1	2/07/2017 13:29	cm	0.022	10	13.30	mg/L		X
Coliform, Total	2	2/07/2017 10:45	cm	1	<1	<1	CFU/100mL	X	

**The receipt temperature was outside the requirements (less than 6°C) by MN Statute 4740.2087 Subpart 2.A.

Key	Method
1	SM 4500-NO3- F-00 (calc)
2	SM 9222 B (M-Endo)-97

Comments:

RL = Reporting Limit

Report Approved by

Angela Scherping, Environmental Chemist

Sample analyses completed under our Minnesota Department of Health Accreditation comply with the current TNI standards.

Note: The results listed within the report relate only to the sample received on the dates indicated. We do not accept any liability for use of these results. This report must not be reproduced, except in full, without the written approval from Stearns DHIA Laboratories.