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



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

- <u>Well Disclosure/Property Transfer</u> (www.health.state.mn.us/communities/environment/water/wells/disclosures/index.html)
- <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>e-Well Disclosure County Login</u> (edisclosures.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 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 County Recorder Instructions 08/03/2021R

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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.

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 <u>e-Well Disclosure County Login</u> (https://edisclosures.web.health.state.mn.us/wells-disclosure-ssl/ecountylogin.cfm).

County Recorder Login Page

Minnesota	
Departme	nt of Health e-Well Disclosure Certificate Filing
Well Disclosure/Property Transfer	e-Well Disclosure County Login
Home	recorder page
Certificate Form (PDF)	
Look-up Disclosure Certificates	Username
Sale of Foreclosed Property	Password
What You Should Know About Wells at Property Transfer	Submit Forgot password?
Well Management	If you are a new county recorder, contact the Minnesota Department of Health, Well Management Section,
Home	to register at: health.welldisclosures@state.mn.us or 651-201-4587.
Contact Us	
	County Recorders may:
Division	 Validate an e-Well Disclosure Certificate.
EH Division Home	View pending e-Well Disclosure Certificates in their county.
	 Generate an invoice for e-vveir 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 <u>health.welldisclosures@state.mn.us</u> 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.

e-Well Disclosure County Login	L
Welcome to the Minnesota Department of Health recorder page.	n, Well Management Section e-Well Disclosure county
Username Password Submit Forgot password?	

The "Forgot Password?" screen appears.

	•	Login
Forgot Password?		
Required Information*		
To reset your password, type the username you use to login to e-Well Disclosure and your email address.		
Username:*		
Email.*		
Submit		

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 🛛 🛛 🔀
⚠	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 challenge question.

Click the "Submit" button.

	Login
Profile Challenge Question Required Information*	
What is your maternal grandfather's nick name?* Submit	

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.

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

e-Well Disclosure Certificate County Recorder Menu



- 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◆ Search		
Where can I get more information or help?		
If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Managem at <u>health.welldisclosures@state.mn.us</u> or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-	ent Sectior 201-5797.	n Central Office

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.



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. 100036	56 Validation			
To Validate: Match Well Disclos	ure Certificate Number On Deed and Review Summan	y Data.		
Well Disclosure Certificate Nu Submittal Date: May 3, 2012 Submittal Expiration Date: Aug	mber: 1000366 ust 31, 2012			
Property Buyer and Mailing A	ddress After Closing			
Property Buyer No. 1				
Name	JENNA M. SMITH			
Address	123 FAWN DRIVE ELY, MN 55716			
Well Information				
Well No. 1				
County	Anoka			
Property ID No.	123022340034			
Location	SE Qtr of SW Qtr of Section 12 Township 030 Rang	je 22		
Address	123 FAWN DR ELY 55716			
	Validate Reject			
Where can I get more	information or help?			
If you have any questions regardin at <u>health.welldisclosures@state.m</u>	ng Well Disclosure, contact the Minnesota Department n.us or at 651-201-4600 or 800-383-9808. Deaf and I	t of Health, Well Manager hard-of-hearing: TTY 65	ment Section 1-201-5797.	Central Office

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◆ Search		
Where can I get more information or help?		
If you have any questions regarding Well Disclosure, contact the Minnesota Department of Health, Well Manageme at <u>health welldisclosures@state.mn.us</u> or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-2	nt Sectio 201-5797	on Central Office

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.

The Well Disclosure Certificate information matches the deed.

County recorder clicks the Validation Box.

Message box appears stating – Validation for Well Disclosure Certificate No. XXXXXXXX has been recorded with the Minnesota Department of Health.



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
Certificate No. 10	00366 Rejection Docume	ntation		
Well Disclosure Certifica	ite Number: 1000366			
Submittal Date: May 3, 20	12			
Submittal Expiration Date	e: August 31, 2012			
Submitter Signature: KA	THY DUNAWAY			
Reason for Rejection: Pr	operty owners name and address do :	not match deed.		~
				v
Property Buyer and Mail	ing Address After Closing			
Property Buyer No. 1				
Name	JENNA M. SMITH			
Address	123 FAWN DRIVE			
Address	ELY, MN 55716			
Well Information				
Well No. 1				
County	Anoka			
Property ID No.	123022340034			
Location	SE Qtr of SW Qtr of Section 12 Townsh	ip 030 Range 22		
Address	123 FAWN DR ELY 55716			
	Print			
Where can I get n	nore information or help?			
If you have any questions re health.welldisclosures@stat	garding Well Disclosure, contact the Minne <u>e.mn.us</u> or at 651-201-4600 or 800-383-98	sota Department of He 308. Deaf and hard-of-	ealth, Well Management Sectio hearing: TTY 651-201-5797.	n Central Office at

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

				Menu Logo
	. 1			
Jertificate F	ending List			
Well Disclosure	Date You			
Certificate	Entered		Property	
Number	Data	County	Buyer	Seller
1000367	05/08/2012	ANOKA	SCOTT, CARRIE	JOHN WILLIAM HERMAN
1000366	05/03/2012	ANOKA	SMITH, JENNA M.	JOHN SMITH
			1.1.5	
Where can l	l get more info	rmation or	help?	
f you have any que nealth.welldisclosu	estions regarding Well D res@state.mn.us or at 6	isclosure, contact 351-201-4600 or 8	the Minnesota Department of 00-383-9808. Deaf and hard-	Health, Well Management Section Central Office at of-hearing: TTY 651-201-5797.

Click on the underlined Well Disclosure Certificate Number.

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

	Cert	tificate Pending List	Menu	Logout
Certificate No. 1000367 Per	ding Information			
Well Disclosure Certificate Number: 1000 Submittal Date: May 8, 2012	367			
The submitter must keep this well disclosure of	ertificate number and enter it on the deed.			
If the deed is not filed with the county recorde September 5, 2012.	er or registrar of titles within 120 days, this e-Well	Disclosure Certificate wil	ll be void and de	leted on
When the deed and the \$50 filing fee for the e disclosure certificate was filed online, the co deed. If an e-Well Disclosure Certificate is per	-Well Disclosure Certificate are submitted for reco inty recorder will confirm that the e-Well Disclosur ding, the county recorder will proceed with the re	ording and the submitter in re Certificate is pending fo ecording.	ndicates that the or the subject pr	well operty of the
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 Duwer and Mailing Address, After Cl	asing			
Property Buyer No. 1				
Name	CARRIE SCOTT			
Address	123 MY STREET			
Address	ELY, MN 55677			
Phone Number				
Well No. 1				
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 inform	nation or help?			
If you have any questions regarding Well Disc	losure, contact the Minnesota Department of Heal	th, Well Management Sec	tion Central Offi	ce at

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*		
Submit		

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 Hea	lth
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 Certficates):	
Print	

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.

Menu Logout
Profile Challenge Question
Required Information*
What is your maternal grandfather's nick name?*
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 or by telephone at 651-201-4587 or 800-383-9808. Deaf and hard-of-hearing: TTY 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	
5	
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	
Check here to change email address.	
Email Address*	kathy.dunaway@state.mn.us
Confirm New Email Address*	
Password Expiration Date	06-14-2013
Check here to change password.	
Enter New Password*	(at least 8 characters and case sensitive)
Confirm New Password*	(case sensitive)
	Submit
Where can I get more inform	ation or help?
If you have any questions regarding e-Well D Office, at <u>health.welldisclosures@state.mn.us</u> 5797.	Disclosure contact the Minnesota Department of Health, Well Management Section Central s 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.

Change Your 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*	kathy.dunaway@state.mn.us
Confirm New Email Address*	kathy.dunaway@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.



Click the "OK" button.

You will be returned to your user 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.

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)
	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.

Message from webpage		
1	The new password does not match the confirm new password. Please retype both.	
	ОК	

Click the "OK" button.

You will be returned to your user 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*	(case sensitive)

Password Change Successful

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

Message	e from webpage 🛛 🔀
⚠	You have successfully updated your profile information.
	ОК

Click the "OK" button.

You are returned to the County Recorder Profile page.

-	
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.	
Email Address*	kathy.dunaway@state.mn.us
Confirm New Email Address*	
Password Expiration Date	06-14-2013
Check here to change password.	
Enter New Password*	(at least 8 characters and case sensitive)
Confirm New Password*	(case sensitive)
	Submit
Where can I get more inform	ation or help?

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

	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 (at <u>health.welldisclosures@state.mn.us</u> or at 651-201-4600 or 800-383-9808. Deaf and hard-of-hearing: TTY 651-201-5797.	Central Office

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

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

Well Disclosure/Property Transfer	e-Well Disclosure County Login You have successfully logged-out.			
Home	Welcome to the Minnesota Department of Health, Well Management Section, e-Well Disclosure county			
Certificate Form (PDF)	recorder page.			
Look-up Disclosure Certificates				
Well Management	Username			
Home	Password			
Contact Us	Submit			
Environmental Health	Forgot password?			
Environmental Health Home	 County Recorders may: Validate an e-Well Disclosure Certificate. View pending e-Well Disclosure Certificates in their county. Conserte an invice for a Well Disclosure Certificates 			
Topic Index				
Emerging Issues				
Contact us	 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: <u>health.welldisclosures@state.mn.us</u> or 651-201-4587.			