

**MINNESOTA DEPARTMENT OF HEALTH**

Well Management Unit, 925 Delaware Street Southeast, P.O. Box 59040, Minneapolis, Minnesota 55459-0040 (612) 627-5408 or 1-800-383-9808

**WELL DISCLOSURE CERTIFICATE**

PLEASE TYPE OR PRINT ALL INFORMATION

**Person filing deed must attach a \$20 fee payable to the county recorder.**

188951

**A. PROPERTY DESCRIPTION**

Attach a legal description of the property if the property does not have a lot number, block number, and addition name.

COUNTY Washington	LOT NUMBER 1,2,3,4	BLOCK NUMBER 4	ADDITION NAME Cloverdale
STREET ADDRESS 3585 Laverne Avenue			
CITY Lake Elmo	STATE MN	ZIP CODE 55042	

**B. PROPERTY BUYER MAILING ADDRESS AFTER CLOSING**

FIRST NAME Charles	MIDDLE INITIAL H	LAST NAME Siedow	
COMPANY NAME (IF APPLICABLE)			
ADDRESS			
ADDRESS 3585 Laverne Avenue			
CITY Lake Elmo	STATE MN	ZIP CODE 55042	TELEPHONE NUMBER ( 612 )

**C. CERTIFICATION BY SELLER**

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

\_\_\_\_\_  
Signature of Seller or Designated Representative of Seller\_\_\_\_\_  
Date**D. CERTIFICATION BY BUYER**

The buyer or person authorized to act on behalf of the buyer, must sign a Well Disclosure Certificate for all deeds given in fulfillment of a contract for deed 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 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

(OVER)



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**WELL DISCLOSURE CERTIFICATE**  
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\* Fill out a separate well information page if more than three wells are located on the property.

<b>WELL #1</b>				
COUNTY	QUARTER	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
Washington	NW 1/4	13	29	21 W
<b>WELL STATUS</b>			YEAR WELL WAS SEALED (IF KNOWN)	
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)				

<b>WELL #2</b>				
COUNTY	QUARTER	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
<b>WELL STATUS</b>			YEAR WELL WAS SEALED (IF KNOWN)	
WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3)				

<b>WELL #3</b>				
COUNTY	QUARTER	SECTION NUMBER	TOWNSHIP NUMBER	RANGE NUMBER
<b>WELL STATUS</b>			YEAR WELL WAS SEALED (IF KNOWN)	
WELL IS: <input type="checkbox"/> IN USE (1) <input type="checkbox"/> NOT IN USE (2) <input type="checkbox"/> SEALED BY LICENSED WELL CONTRACTOR (3)				

**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.

Laurens av. N.

N

well is under family Room in well pit

#1

Family Room

Information provided on this form is classified as public information under Minnesota Statutes, Chapter 13.  
To request this document in another format call 627-5100 or TDD through Minnesota Relay Service at (612) 297-5353 or toll free 1-800-627-3529 (Greater Minnesota).