

**BUILDING DATA SHEET "D"**  
**Parcel 32 (14-910-32)**

The Building Removal Item D shall include all costs incidental thereto, including but not limited to, labor, equipment, hauling and disposal cost for the removal of all items including but not limited to the following in Building Site D:

Address: 11651 Douglas Drive North  
Age 60 years

Foundation: Full basement w/crawl space, 2-car garage

Frame: 1story – wood frame w/vinyl and brick exterior  
1,224 sf

Mechanical Equipment: Gas water heater, central air conditioning, gas furnace

Interior Furnishings: Kitchen, cabinets, 3-bedrooms 1 bath, living room and dining room

Other Buildings: Deck in front, fireplace in living room, old storage building behind garage

Other Facilities: Well, water and sanitary sewer service will need to be removed to street. Chain link fence  
Gas, electric

Bidders are hereby further advised that condition surveys for the existence of asbestos and other hazardous materials have been performed on the buildings to be removed. The reports are available on the County's plan room web site (Access setup required).

The Contractor shall remove any items other than trees or shrubs outside of the road construction limits. He shall shape the area of the house foundation to drain to the street plus grades shall allow for future mowing and shall seed with seed mixture #150 all areas outside of construction limits.

The site contains a well as shown on the attached well disclosure record.

The item 2103.501 Remove Building D shall consist of removal from the parcel the existing 1 story house located at 11651 Douglas Drive North along with all other improvements.

COUNTY USE ONLY

MDH USE ONLY

MINNESOTA DEPARTMENT OF HEALTH  
Well Management Section, P.O. Box 64975, St. Paul, Minnesota 55164-0975  
651/201-4587 or 800/383-9808

**WELL DISCLOSURE CERTIFICATE**

PLEASE TYPE OR PRINT ALL INFORMATION

Person filing deed must include a \$45 fee payable to the county recorder.

**A. PROPERTY LOCATION LEGAL DESCRIPTION**

Attach a legal description of the property.

County Hennepin		Section No.	Township No.	Range No.	Quarter (or Government Lot)	
Lot No(s) 1	Block No. 4	Addition Name Fairview Gardens			Outlot	Tract
Property Street Address 11651 Douglas Dr. N						
City/Township Champlin			ZIP Code 55316	Property ID No./Parcel No. (optional)		

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

First Name		Middle Initial	Last Name	
Company Name (if applicable) Hennepin County Public Works				
Mailing Address 1600 Prairie Dr.				
Mailing Address				
City Medina	State/Province MN	ZIP Code 55340	Telephone No. (including area code) (612) 596-0321	

Provide Name of Seller (please print) Hennepin County**C. CERTIFICATION BY SELLER**

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

Roger J. Saba 20 Nov 09  
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:** The 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 the 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**

Indicate Total Number of Wells on Property \_\_\_\_\_

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

<b>E. WELL LOCATION LEGAL DESCRIPTION</b>					
<b>WELL #1</b> – 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 Hennepin	Section No.	Township No.	Range No.	Quarter (or Government Lot)	
Lot No. 1	Block No. 4	Addition Name Fairview Gardens	Outlot	Tract	MN Unique Well No. or Sealing Record No.
<b>WELL STATUS</b> (Check only one box) WELL IS: <input type="checkbox"/> In Use (1) <input checked="" 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
<small>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.</small>					Name of Licensed Well Contractor
<small>If well is not in use, is there an MDH variance for this well?</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, provide the variance tracking number (TN) _____</small>			<small>If the well is not in use, is there an MDH maintenance permit for this well?</small> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, provide the permit number _____</small>		

<b>WELL #2</b> – 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	MN Unique Well No. or Sealing Record No.
<b>WELL STATUS</b> (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
<small>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.</small>					Name of Licensed Well Contractor
<small>If well is not in use, is there an MDH variance for this well?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, provide the variance tracking number (TN) _____</small>			<small>If the well is not in use, is there an MDH maintenance permit for this well?</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, provide the permit number _____</small>		

**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.

Douglas Dr.



## Hennepin County

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Housing, Community Works & Transit Department  
Land Acquisition Group  
1600 Prairie Drive  
Medina MN 55340-5421

Phone: 612-596-0321  
Fax: 763-478-4000

May 14, 2010

Minnesota Department of Health  
Well Management Section  
P.O. Box 64975  
St. Paul, MN 55164-0975

RE: 11651 Douglas Drive North, Champlin MN 55316  
Lot Location: None  
Plat Location: Lot Block 4 Addition FAIRVIEW GARDENS  
Location IDs: Property ID No. 3212021110041

To Whom It May Concern:

This property was purchased for the Hennepin County Transportation Department as part of the County State Aid Highway 14 road project. The house on this property will be put up for sale and removal, with the inclusion that the Awardee remove the foundation and abandon any well(s) located on the property. Should the house not sell, the contractor awarded the road project will be responsible for demolish of the house and abandonment of the well. The house, if sold, would need to be removed by late August (with well abandoned) and if it does not sell the project is currently scheduled to begin in September and the contractor would then be responsible for demolition and well abandonment.

If you have any questions please feel free to contact Jane Heins at [jane.heins@co.hennepin.mn.us](mailto:jane.heins@co.hennepin.mn.us) or 612-596-0321.

Sincerely,

Ia Xiong  
Administrative Manager  
Hennepin County  
Land Acquisition Group

cc: file (14-9410-32)



Letter Type: H

Identification Number: 461826-1

Minnesota Unique Well No.: Not Known

*Protecting, maintaining and improving the health of all Minnesotans*

**DATE:** June 14, 2010

**TO:** HENNEPIN COUNTY PUBLIC WORKS  
1600 PRAIRIE DRIVE

MEDINA MN 55340

**FROM:** Well Management Section

**SUBJECT:** Wells Located in Hennepin County:  
11651 DOUGLAAS DRIVE N CHAMPLIN 55316  
Lot Location : None  
Plat Location: Lot 1 Block 4 Addition FAIRVIEW GARDENS  
Location ID(s): None

This letter is in response to your request for an extension for action regarding the unsealed, unused well on the subject property. You have requested more time to complete appropriate action regarding the well. The Minnesota Department of Health has reviewed your request and grants an extension until 12/1/2010, for you to complete one of the following options regarding this well.

1. The well may be put back into use.
2. The well may be sealed. **If the well is sealed, the work must be done by a licensed well contractor or a licensed well sealing contractor.**
3. You may apply for a water well maintenance permit.

**Please inform the Well Management Section as soon as any work has been completed on the well.** A self-addressed envelope is enclosed for your reply. Also include the identification number noted above in any correspondence sent to this office.

**If you have the well put back into use,** please send this office a photocopy of the well contractor's invoice, equipment receipts, or a description of the work performed.

**If you have the well sealed by a licensed well contractor or a licensed well sealing contractor,** please send this office a photocopy of the Well and Boring Sealing Record.

**If you decide to apply for a water well maintenance permit,** please contact this office and an application will be sent to you. The application must be returned with a \$175 fee made payable to the Minnesota Department of Health. If approved, the permit must be renewed annually and will require an annual fee.

If you have any questions, you may contact the Well Management Section at 651/201-4600 or 800/383-9808. Thank you for your cooperation.

Enclosures

7/08R



Letter Type: A

*Protecting, maintaining and improving the health of all Minnesotans*

**TO:** Property Owner

**FROM:** Well Management Section

**SUBJECT:** Request for Updates on Status of Well(s) on Your Property

A Well Disclosure Certificate was sent to this office when you or a previous property owner purchased the property indicated on the enclosed form(s). The certificate indicated the number of wells on the property and the status of each of the wells. One or more wells were reported as "not in use" or the status was not reported. For each of these wells, a **Water Well Status Report** form is enclosed. The previously reported status of the well is indicated on the form after the identification number at the top of the page.

*If you no longer own this property, please indicate date of sale and current owner's name(s) and address (if known) on the enclosed form(s) along with your signature, and return the form(s) to this office in the enclosed self-addressed envelope within 30 days.*

**Please indicate the current status of the well(s) under Item 2 of the enclosed form(s), and return the completed form(s) together with any other requested information to this office in the enclosed self-addressed envelope within 60 days.**

If a well is "not in use," one of the following options must be completed within 60 days:

1. **Have the well put back into service.** After the well has been put back into service, complete and return the Water Well Status Report form together with a copy of the well contractor's invoice, equipment receipts, or a description of the work performed, or
2. **Have the well sealed by a licensed well contractor or a licensed well sealing contractor.** Do not attempt to pull, fill, or seal the well yourself. State law requires that a well must be sealed only by a licensed well contractor or a licensed well sealing contractor. After the well is sealed, complete and return the Water Well Status Report form, including a photocopy of the Well and Boring Sealing Record; which you should receive directly from the licensed contractor. Please be sure to keep your copy of this record with your important papers. If the well appears to have already been sealed, please contact this office to check for a Well and Boring Sealing Record, or
3. **Apply for a Water Well Maintenance Permit for the well.** Please complete and return the Water Well Maintenance Permit Application which is on the back of the Water Well Status Report form, with the \$175 application fee. If the maintenance permit is approved, it must be renewed annually with a fee until the well is either sealed by a licensed well contractor or put back into use.

*Minnesota state law requires that a well must be sealed by a licensed well contractor if it is not in use, unless the property owner has a maintenance permit for the well (Minnesota Statutes, Chapter 103I). Unused wells can be a significant threat to public health and the environment. As the well casing deteriorates, the well provides a path for surface contamination to reach the groundwater. Sealing an unused well protects the groundwater from possible contamination.*

If you have any questions, you may contact this office at 651/201-4600 or 800/383-9808. Thank you for your cooperation.

NRM:kad  
Enclosures

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14-9410-32 (Shaw)

**WATER WELL STATUS REPORT**

Minnesota Department of Health  
Well Management Section, P.O. Box 64975, St. Paul, Minnesota 55164-0975  
651/201-4600 or 800/383-9808

Identification No. **461826-1**

Status of Well: NOT IN USE  
Total Number of Wells Disclosed: 1

Letter Type: A  
Date: May 11, 2010

Minnesota Unique Well No.: Not Known

**LEGAL DESCRIPTION OF WELL LOCATION** County: Hennepin

11651 DOUGLAAS DRIVE N CHAMPLIN 55316  
Lot Location : None  
Plat Location: Lot 1 Block 4 Addition FAIRVIEW GARDENS  
Location ID(s): None

**PROPERTY OWNER MAILING ADDRESS**

HENNEPIN COUNTY PUBLIC WORKS  
1600 PRAIRIE DRIVE  
  
MEDINA MN 55340

Daytime Telephone Number  
612/596-0321

- Please review the legal description of well location and property owner mailing address printed above, make any corrections or changes that are necessary, and provide a daytime telephone number. The legal description includes the section and township and is available from the county recorder or assessor.
- Please check the present status of the well and then continue to Items 3 and 4 below.
  - Well is "in use." If the well was in use when you purchased the property, check here .  
The well is operated on a daily, regular, or seasonal basis which may include a well that operates for the purpose of irrigation, fire protection, or emergency pumping.
  - Well is "not in use."  
The well does not meet the definition of "in use" above and has not been sealed by a licensed well contractor or a licensed well sealing contractor.
  - Well is "sealed."  
A licensed well contractor or a licensed well sealing contractor has pumped grout material throughout the entire bore hole after removal of the pump and any obstructions from the well. 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. If the well is not in use and has not been sealed by a licensed well contractor or a licensed well sealing contractor, check the well status as "not in use."
- Please follow the instructions that apply to the status of the well.
 

If you checked "in use" above, and the well was placed back in use after you purchased the property, please attach a copy of the well contractor's invoice, equipment receipts, or a description of the work performed.

If you checked "not in use" above, you can either:

  - A. Have the well put back into service within 60 days. After the work is completed, check the status of the well as "in use" and send in this form with a copy of the well contractor's invoice, equipment receipts, or a description of the work performed.
  - B. Have the well sealed by a licensed well contractor or a licensed well sealing contractor within 60 days. After the well has been sealed, check the status as "sealed" and send in this form along with the Well and Boring Sealing Record.
  - C. Apply for a maintenance permit by completing the MAINTENANCE PERMIT APPLICATION on the back of this form and returning it with a check or money order for \$175 made payable to the Minnesota Department of Health. If approved, the maintenance permit must be renewed annually and will require an annual fee.

If you checked "sealed" above, attach a photocopy of the Well and Boring Sealing Record or Abandoned Well Record, which you should receive directly from the licensed contractor. Please be sure to keep your copy of this record with your important papers.
- Please sign the form and return it to the Minnesota Department of Health within 60 days.  
I certify that the information provided on this form is true to the best of my knowledge.



Property Owner Signature

Date