Michigan Department of Environmental Quality
Water Resources Division

GROUNDWATER DISPUTE COMPLAINT

(For filing complaints pursuant to Part 317, Aquifer Protection And Dispute Resolution, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended, alleging that a small quantity well [less than 70 gpm pump capacity] has failed to furnish the well's normal supply of water or the well has failed to furnish potable water and the owner has credible reason to believe the well's problems have been caused by a high-capacity well [70 gpm or greater pump capacity.])

Note: This form is to be completed by the well owner. Only eligible cost (per MCL 324.31707) incurred within 30 days prior to filing this complaint will be eligible for reimbursement.

Small Quantity well owner data		
Name:		**Address:**
E-mail:		
Home Phone:		
Work Phone:		
Cell Phone:		
Location of small quantity well		
Address:		
City:		**Zip:**
Nearest Crossroads:		
County:	**Township:**	**Section:**
GPS Coordinates: **Latitude (decimal degrees)**		**Longitude (decimal degrees)**
Year this impacted well was drilled:		
Date the impacted well stopped functioning:		
Is the water well record for the impacted well available? ☐ **Yes** ☐ **No** **If yes, attach the well record for this well.**		
Impacted well information, if known: **Well Depth (ft)**	**Pump Depth (ft)**	**Well Screen Interval (ft)**
Has the above listed well been replaced? ☐ **Yes** ☐ **No** **If yes, what is the date the replacement well was drilled?**		
Is the water well record for the replacement well available? ☐ **Yes** ☐ **No** **If yes, attach the well record for this well.**		
Nature of well problem		
☐ **Reduced well yield** ☐ **No water** ☐ **Water quality change** ☐ **Other (please describe)**		
Note: It is important to fill out this section as accurately and completely as possible. Describe the details of the problem(s). This should include the frequency, times, and dates the problem occurs (attach additional pages if needed).		
Attach form EQP 5881, Water Supply Assessment, a written assessment by a well drilling contractor that the small quantity well failure was not the result of well damage or equipment failure. The assessment shall include a determination of the static water level in the well at the time of the assessment and, if readily available, the type of pump and equipment.		

Contact information for well drilling contractor who performed the well assessment		
Name:		
Company Name:		
Company Address:		
Phone Number(s):		
E-mail:		
Suspected high capacity well causing the impact		
Owner:		
Address:		
Phone Number:		
E-mail:		
Nearest Crossroads:		
County:	**Township:**	**Section:**
GPS Coordinates for Well Location: **Latitude (decimal degrees)**	**Longitude (decimal degrees)**	
Type of Well ☐ **Agricultural** ☐ **Industrial** ☐ **Public Water Supply** ☐ **Other (please describe)**		
Evidence to support the problem is caused by the high-capacity well (attach additional page if needed):		

Complainant's Signature **Sign here when finished** Date _____

Complainant's Printed name _____

Additional information on aquifer dispute resolution and the Water Use Program is available on the MDEQ's Water Use Program's Web page: http://www.michigan.gov/wateruse. If you have questions, please contact the MDEQ Environmental Assistance Center at 1-800-662-9278, or at the e-mail address above.

Submit the complaint form to:

Mail
MDEQ, WRD
GREAT LAKES SHORELANDS UNIT
PO BOX 30458
LANSING MI 48909-7958

Fax
855-629-4337
This number will accept faxes only from within Michigan.

517-373-9958
Use this number if faxing from a different State.

E-mail
deq-assist@michigan.gov

The MDEQ will not discriminate against any individual or group on the basis of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. Questions or concerns should be directed to the MDEQ Office of Personnel Services, P.O. Box 30473, Lansing, MI 48909.