

Michigan Department of Environment, Great Lakes, and Energy 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 costs incurred within 30 days prior to filing this complaint will be eligible for reimbursement per MCL 324.31707.

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:	-			
.atitude (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?				
If yes, attach the well record for this well.				
Impacted well information, if known:				
Well Depth (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 proble				
problem occurs (attach addition				
	1 0	,		
Attach a completed Water Supply Assessment form written by a well drilling contractor stating 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 Locati	on:			
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):	-			
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Complainant's Signature		Date		
Complainant's Printed name				
A 1 100 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Additional information on aquifer dispute resolution and the Water Use Program is available on the EGLE				
Water Use Program web page: http://www.michigan.gov/wateruse . If you have questions, please				
contact the EGLE Environmental As	ssistance Center	at 1-800-662-9278, or at the e-mail address below.		
Submit the complaint form to ECLE gither by				

Submit the complaint form to EGLE either by:

Mail Fa

EGLE - Water Resources Division Water Use Assessment Unit

PO Box 30458

Lansing, MI 48909-7958

anenig, iii 10000 1000

<u>E-mail</u>

wateruseprogram@michigan.gov

517-335-0894

This number will accept faxes only from within Michigan.

517-241-9003

Use this number if faxing from a different State.

EGLE 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 EGLE Office of Personnel Services, P.O. Box 30473, Lansing, MI 48909.