MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Geologic Resources Management 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: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Work Phone: _____

Cell Phone: _____

Location of Small Quantity Well

Address (if different than property address listed above): _____

City: _____ State: _____ Zip: _____

Nearest Crossroads: _____

County: _____ Township: _____ Section: _____

GPS Coordinates

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Year this impacted well was drilled: _____

Date of 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 was the date the replacement 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 below):

_____

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 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email Address: _____

Cell Phone: _____

Suspected high capacity well causing impact

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email Address: _____

Cell Phone: _____

Nearest Crossroads: _____

County: _____ Township: _____ Section: _____

GPS Coordinates

Latitude (decimal degrees): _____ Longitude (decimal degrees): _____

Type of well

- ☐ Agriculture
- ☐ Industrial
- ☐ Public Water Supply
- ☐ Other (please describe below):

_____

Evidence to support the problem is caused by the high capacity well (attach additional page if needed):

Complaint's Signature: _____ Date: _____

Complaint's Printed Name: _____

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 Assistance Center at 1-800-662-9278, or at the e-mail address below.

Submit the complaint form to EGLE either by:

Mail to: EGLE, Geologic Resources Management Division
Water Use Assessment Unit
PO Box 30458
Lansing, Michigan 48909-7958

Email: WaterUseProgram@Michigan.Gov

Fax: 517-335-0894 (This number will accept faxes only from within Michigan)
517-241-9003 (Use this number if faxing from a different state)

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.