



Michigan Department of Environmental Quality
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].)

Small quantity well owner data:

Name: _____ Phone (Home): _____
 E-mail: _____ (Work): _____
 Address: _____ (Cell): _____

Location of small quantity well:

Address: _____
 City: _____ ZIP: _____
 Nearest Crossroads: _____
 County: _____ Township: _____ Section: _____
 GPS Coordinates:
 Latitude (decimal degrees) _____ Longitude (decimal degrees) _____

Complaint on: Existing Well Previously Replaced Well

WELL FEATURES:

Previous Well: Well Screen Depths _____ ft. or Bottom of Casing Depth _____

Existing Well: Well Screen Depths _____ ft. or Bottom of Casing Depth _____

Water well record(s) available? Yes No

Year Drilled: Existing _____ Previous _____

Nature of well problem:

Reduced well yield No water Water quality change
 Other (please describe) _____

Details (Frequency of problem, dates of occurrence, etc.): _____

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:

Owner: _____

Address: _____ Phone number(s): _____

E-mail: _____

Nearest Crossroads: _____

County: _____ Township: _____ Section: _____

GPS Coordinates for Well Location

(decimal degrees): Latitude _____ Longitude _____

Type of Well: Agricultural Industrial Public Water Supply Other: _____

Evidence that problem is caused by high-capacity well: _____

Complainant's Signature _____ Date _____

Submit the complaint form to:

By e-mail: deq-assist@michigan.gov

By fax: 517-373-9958

By mail: MDEQ, WRD
Great Lakes Shorelands Unit
P.O. Box 30458
Lansing, Michigan 48909-7958

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.

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.