

Water Well Information and Complaint Questionnaire Instructions

Warning: All data submitted becomes public information

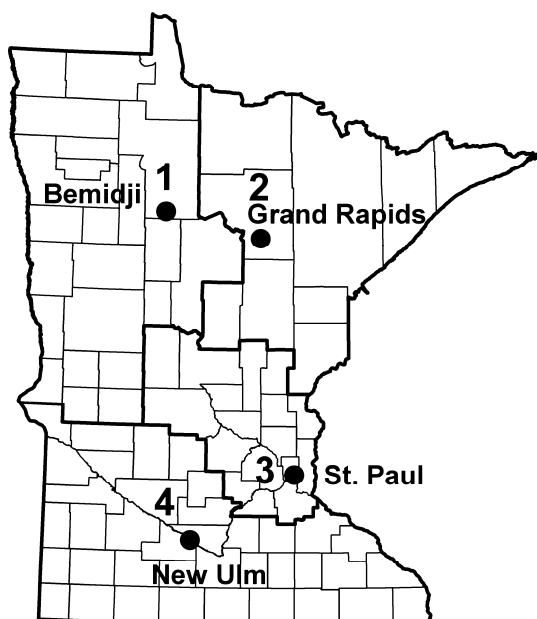
Parts B, C, and D must be completed by a licensed well driller or the complaint will not be validated and the questionnaire will be returned.

Part A: To be completed by the complainant.

Part B & C: To be completed by a licensed well driller.

Part D: To be completed by the complainant and a licensed well driller.

Part E: To be completed by the complainant.



NOTE: Omission of any data requested will delay the processing of the complaint and may result in its dismissal. Specific additional information on the complaint may be required upon notification.

MAILING: Submit the completed water well information and complaint questionnaire to the appropriate DNR Regional Office for your county.

REGION 1 - Northwest Minnesota 2115 Birchmont Beach Road Northeast Bemidji, MN 56601	Dan Lais - Acting Regional Manager Phone (218) 308-2621 Fax (218) 755-4066
REGION 2 - Northeast Minnesota 1201 East Highway 2 Grand Rapids, MN 55744	Mike Peloquin - Regional Manager Phone (218) 327-4417 Fax (218) 327-4263
REGION 3 - Central Minnesota 1200 Warner Road St. Paul, MN 55106	Dale Homuth - Regional Manager Phone (651) 259-5766 Fax (651) 772-7977
REGION 4 - Southern Minnesota 261 Highway 15 South New Ulm, MN 56073-8915	Skip Wright - Regional Manager Phone (507) 359-6050 Fax (507) 359-6018



WATER WELL INFORMATION

PART A WELL LOCATION										
<input type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent			Telephone Number Home () Work ()		<div style="display: flex; align-items: center; justify-content: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 100px; height: 100px;"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table> <div style="margin-left: 10px;"> <p>1/2 MILE</p> <p>1 MILE</p> </div> </div>		NW	NE	SW	SE
NW	NE									
SW	SE									
Mailing Address			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).							
County	Township Name	Township No.	Range	Section	Fraction					
						_____ 1/4 _____ 1/4 _____ 1/4 _____ 1 MILE _____				

PART B WELL CONSTRUCTION <small>(Submit a copy of original Water Well Record, if available)</small>							
Name of Company which drilled well:			Date Completed		Drilled Depth	Present Depth	
CASING	MATERIAL:	Height Above (Below) Land Surface:	Interval:	DRILLING METHOD: (if known)			
	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	ft.	from	<input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven	<input type="checkbox"/> Dug <input type="checkbox"/> Other		
	Diameter:	inches	_____ feet to	USE: Type & Amount in gallons per day (gpd)			
Length:	feet	_____ feet	<input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd				
SCREEN	SCREEN:	Or open hole	Original & Current Non-Pumping Water Level (Above) Land Surface:				
	Make _____	from _____ ft. to _____ ft.	Original		Current		
	Type _____ Dia.: _____		_____ feet				
Slot/Gage _____ Length: _____		_____ date measured					
Set between _____ ft. and _____ ft.	FITTINGS:		_____ method of measurement (steel tape, etc.)				
PUMP	TYPE:	Age:	Pumping Rate:	Original & Current Pumping Water Level Below Land Surface:			
	<input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	years	gpm	Original		Current	
	Pump Setting-submersible (Below Ground Level)	ft.		_____ feet			
Drop Pipe Length--non-submersible (Below Ground Level)	ft.		_____ date measured				
			_____ method of measurement (steel tape, etc.)				
			Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No				

PART C WELL CONDITION	
<small>NOTE: Attach additional sheets as needed.</small>	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines _____	Comment (Describe method of inspection):
OTHER (Describe method of inspection):	
Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent:	Date:	Driller: Address: Phone:	Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3) Suspected cause of the problem:

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (*provide their name, address and phone number*)

5) Past well problems? (*when and what was the problem?*):

6) Describe any maintenance that has been done on this well:

7) Have you corrected the problem? Explain:

8) How do you feel this problem can be fairly resolved? (*if possible, attach a list of work, materials, and costs needed to resolve the problem*)

9) Have you complained before? When? To whom?

10) General Comments: