

Water Well Information and Complaint Questionnaire

Instructions

Note: All data submitted becomes public information.

If a new well is drilled, do NOT seal the old well until investigation is complete.

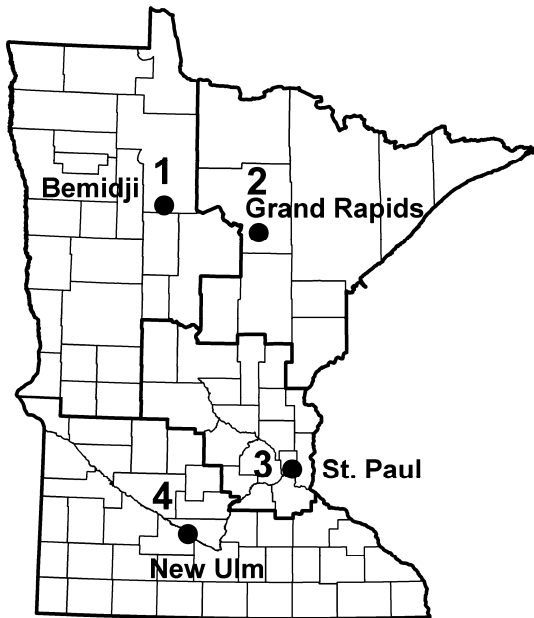
Parts B, C, and D must be completed by a licensed well driller or the complaint will not be validated and the questionnaire will be returned.

Part A: To be completed by the complainant.

Part B & C: To be completed by a licensed well driller. Information should describe the well for which the complaint is being made.

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.

m DEPARTMENT OF
NATURAL RESOURCES

REGION 1 - Northwest Minnesota
2115 Birchmont Beach Rd NE
Bemidji, MN 56601

Nathan Kestner - Regional Manager
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Email: Nathan.Kestner@state.mn.us

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1201 East Highway 2
Grand Rapids, MN 55744

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Phone: 218-328-8822
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REGION 3 - Central Minnesota
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St. Paul, MN 55106

Dan Lais - Regional Manager
Phone: (651) 259-5766
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REGION 4 - Southern Minnesota
261 Highway 15 South
New Ulm, MN 56073-8915

Korey Woodley - Regional Manager
Phone: 507-884-8791
Email: Korey.Woodley@state.mn.us

PART A WELL LOCATION GPS Coordinates:						
<input type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent			Telephone Number Home () Work () Cell ()			
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). <i>Attach a map or aerial photograph indicating the location of well(s).</i>			
Email Address						
County	Township Name	Township No.	Range	Section	Fraction _____ 1/4 _____ 1/4 _____ 1/4	

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)																
Name of Company which drilled well:			Date Completed		Drilled Depth	Present Depth										
CASING	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven												
	SCREEN	SCREEN: Make _____ Or open hole from _____ ft. to _____ ft. Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft. FITTINGS: _____		USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Other _____ gpd <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd												
	PUMP	TYPE: <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	Age: _____ years	Pumping Rate: _____ gpm	Original & Current Non-Pumping Water Level (Above) Land Surface: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Original</td> <td style="width:50%; text-align: center;">Current</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">_____ feet</td> <td style="text-align: right;">_____ feet</td> </tr> <tr> <td colspan="2" style="text-align: right;">date measured</td> </tr> <tr> <td colspan="2" style="text-align: right;">method of measurement (steel tape, etc.)</td> </tr> </table>			Original	Current			_____ feet	_____ feet	date measured		method of measurement (steel tape, etc.)
Original		Current														
_____ feet	_____ feet															
date measured																
method of measurement (steel tape, etc.)																
Pump Setting-submersible (Below Ground Level)n _____ ft. Drop Pipe Length--non-submersible (Below Ground Level) _____ ft.	Original & Current Pumping Water Level Below Land Surface: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Original</td> <td style="width:50%; text-align: center;">Current</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: right;">_____ feet</td> <td style="text-align: right;">_____ feet</td> </tr> <tr> <td colspan="2" style="text-align: right;">date measured</td> </tr> <tr> <td colspan="2" style="text-align: right;">method of measurement (steel tape, etc.)</td> </tr> </table>			Original	Current			_____ feet	_____ feet	date measured		method of measurement (steel tape, etc.)				
Original	Current															
_____ feet	_____ feet															
date measured																
method of measurement (steel tape, etc.)																
Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No																

PART C WELL CONDITION	
<i>NOTE: Attach additional sheets as needed.</i>	
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: