

Instructions

Your responsibility:

- Fill out the *Well Interference Complaint Form*
- Sign the *Well Interference Complaint Form*
- Have a licensed well contractor visit your well and fill out the *Well Contractor Information Form*
- Attach completed *Well Contractor Information Form*
- Attach any receipts for work done on the well and any water supply expenses (e.g., bottled water)
- Attach well log if available
- Send the form to DNR via email at well.interference.dnr@state.mn.us or United States Postal Service:

Well Interference Coordinator
Department of Natural Resources
500 Lafayette Road – Box 25
Saint Paul, MN 55155

The DNR will:

- Acknowledge receipt of your complaint
- Provide next steps

Contact

Reach out to the DNR with questions:

- Phone: 651-259-5034
- Email: well.interference.dnr@state.mn.us

Find licensed well contractors in your county at: <https://ewells.web.health.state.mn.us/searchCounty.jsf>

Privacy notice

The information provided through the well interference complaint form will be used to investigate the complainant's out of water situation and determine whether a high-volume appropriator(s) caused it and is responsible for reimbursing the complainant for work done to restore their water supply. Completing this form is voluntary; complainants are not legally required to provide DNR with the information requested, but only complaints with complete information will be investigated. While much of the information applicants provide is classified by Minnesota law as public, some of the information may be classified by law as private or nonpublic at Minnesota DNR. Data classified as private or nonpublic will be accessible only to DNR employees that have a work assignment that requires access to the data, and to other entities authorized by law to receive the data. The DNR may be obligated to provide the data to law enforcement agencies, the Minnesota Department of Administration, Minnesota Management and Budget, the Office of the State Auditor, or the Office of the Legislative Auditor. If necessary to commence or defend a legal proceeding, the data may be shared with the Minnesota Attorney General's Office and Minnesota or federal courts. Finally, private data about you or nonpublic data about your business may be released to third parties through your informed consent, or pursuant to a valid court order or subpoena that requires such disclosure.

Contact information

1. Unique well ID (found on the blue tag on your well): _____
2. Well owner: _____
3. Who should we contact about this complaint? _____
4. Best contact phone number: _____ 5. Best email address: _____
6. Well address: _____
 - a. This is also my mailing address: Yes No
 - b. If no, what is your mailing address? _____
 - c. What county is the well in? _____
 - d. If this is a large property, you may attach a picture showing the area of the well. A picture showing the well is attached: Yes No

Description of problem

1. Do you have enough water for your household right now? Yes No Not sure- see question 3 below.
2. How many people and livestock does this well supply? _____
 - a. Does this well have any other uses? _____
3. Describe the problem, including the date it began:
4. Do you suspect another well owner's well(s) might be affecting yours? Yes No
 - a. Who? _____
 - b. Have you contacted them? Yes No

Well history

1. Who drilled this well or most recently serviced it? _____

2. Please describe any maintenance or repairs done on this well including month and year of the work:

Maintenance or repair: _____

Month and year: _____

Maintenance or repair: _____

Month and year: _____

- I have attached an additional page describing maintenance or repairs done on this well.
- I have attached copies of all available receipts for maintenance or repairs done on this well, including work done to remedy a well interference situation.

3. Is there anything else we should know?

Signature

- I understand that if I seal my well before the DNR's investigation is complete, the DNR will be required to dismiss my complaint
- I understand that if my complaint is found valid, the responsible party will only need to reimburse me up to the amount of the eligible expenses for which I've submitted the receipts.

By signing this form, I affirm that I have answered these questions completely and honestly to the best of my ability.

Well owner/user signature

Date