

About this form

The Department of Natural Resources is collecting information about this domestic well either in relation to a well interference complaint or to determine whether the well is at risk of a future water supply issue from nearby appropriation.

- This form is a “well health check” to represent the current condition of the well.
- You must visit and physically inspect this well and the water supply system.
 - This includes pressure tanks, pumps, casing, etc.
- By filling out this form, you are not determining the validity of a well interference complaint.

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.

Well information

1. Date of Visit: _____ 2. Unique Well ID: _____ 3. Well Log is attached: Yes No

4. Year drilled: _____ 5. Well depth (feet below ground surface-BGS): _____

6. Casing diameter (inches): _____

7. Type of pump: Submersible Shallow jet Deep jet Other

a. If "other," please explain: _____

b. Pump age: _____ c. Length of drop pipe (ft. BGS): _____

8. Is this a flowing well? Yes No

9. Water level measured today: _____ ft BGS.

Provide any past water level measurements and the approximate dates they were taken:

Water level: _____ Date: _____ Comments: _____

Water level: _____ Date: _____ Comments: _____

I have provided an attachment with additional water level measurements and dates.

10. Well Condition: Is there an issue with the casing, screen, pump, drop pipe, or distribution lines? (e.g., cracked casing or plugged screen?). If the well is not in good condition, describe the problem with the well.

11. Right now, is the well in good enough condition to provide an adequate water supply? Yes No

12. Does this well comply with the Minnesota Department of Health Water Well Construction Code?

Yes No Unsure

13. Contractor name: _____ I have visited and physically assessed this well

14. Contractor company: _____

15. Contractor email (if available): _____

16. Contractor phone: _____