The Human Service	MAINE WATER WELL COMMISSION DEPARTMENT OF HEALTH & HUMAN SERVICES 286 Water Street, 3 rd Floor 11 State House Station Augusta, ME 04333-0011 Phone (207) 287-5699 Fax (207) 287-4172	MEMBERS Dwight Doughty, Chair, DOT Hydrogeologist Daniel Locke, ME Geological Survey Frank Hegarty, Master Well Driller Joe Gallant, Master Well Driller Glenn Dyer, Master Well Driller Mike Otley, Public Member
		Mike Otley, Public Member
Complaint Form		
		Log #:
NAME:		
ADDRESS:		
E-MAIL:		
TELEPHONE: ()-		
DATE SERVICE PERFOR	RMED ON:	
SERVICE PERFORMED BY (Licensee Name):		
COMPANY NAME:		
Please include the followin	g information if available:	
1. Copy of contract.		

- **2.** Copy of invoice.
- **3.** Copy of any water test results taken.
- **4.** A description of the work performed and any other information that you feel is pertinent to the complaint.

Complaint:

Property drawing:

Once the Commission has received your written complaint, along with the supporting documentation requested above, the Commission shall initiate an investigation.

Please note the following:

- The above named licensee will be notified of the complaint.
- The complaint will be discussed at the next regularly scheduled Commission meeting.
- If required, the Commission will send out an independent inspector to perform a video inspection of the site and may take water samples.
- The independent inspector's report will be reviewed at a subsequent meeting.
- Based on information provided throughout the process, the Commission may make a final conclusion and determine corrective action, including repairs or alterations, be made.
- By state law, (144A CMR 232 Page 30, Chapter 9, Section 900.5), corrective action is required to be completed within 60 days.
- The inspector shall perform a final inspection to ensure the corrective action has been successful.
- You are encouraged to participate in the process by calling the Commission at 287-5699.