**E-MAIL UPON COMPLETION TO:**
**gwater@la.gov**
**OR MAIL ORIGINAL TO:**
LA Dept. of Energy & Natural Resources
Attn: Ground Water Resources
P.O. Box 94275
Baton Rouge, LA 70804-9275

# LOUISIANA DEPARTMENT OF ENERGY & NATURAL RESOURCES
## OFFICE OF CONSERVATION, ENVIRONMENTAL DIVISION
## WATER WELL REGISTRATION SHORT FORM (DENR-GW-1S)

**DENR WELLS ONLINE ACCESS:**
1) Go to http://sonris.com/
2) Click on **Data Access** in the left hand panel.
3) Under the section labeled **Conservation**, click on **Ground Water Information**.

**1. USE OF WELL:**

Well Use:

Please specify other:

**2. WELL OWNER:**

Well Owner Mailing Address:

City: State: Zip Code:

Well Owner Phone Number:

Well Owner E-mail Address:

Owner's Well Number or Name:

Serial Number (Rig Supply Only):

Legacy (OC) or AI # (MW only):

**3. WELL INFORMATION:**

Date Completed: Depth of Hole: ft. Depth of Well: ft.

Static Water Level: ft. below ground surface Free-Flowing Well

Date Measured: GWV Number (Variance Request):

Name of the Person Who Drilled the Well:

**4. CASING AND SCREEN INFORMATION:**

Casing Type: Screen Type:

in. from ft. to ft. in. from ft. to ft.

in. from ft. to ft. in. from ft. to ft.

Slot Size: in. Screen Length: ft.

Cemented From: ft. to ground surface Inside Outside of Casing

Cementing Method Used:

**5. LOCATION OF WELL (DD:MM:SS.SS):**

Latitude: ° ' " Longitude: ° ' "

Parish:

Physical Address:

Well is in a FEMA Flood Zone: Base Flood Elevation: ft.

Ground Elevation (GPS): ft. Map Included:

Well is Near, Approximately miles from,

**6. REMARKS:**

***FOR MONITOR/PIEZO/RECOVERY WELLS ONLY***

| SECTION | TOWNSHIP | RANGE | ELEVATION | QUAD NO. |
|---|---|---|---|---|
| | | | | |

***FOR OFFICE USE ONLY***

| PARISH | WELL NO. | GEOLOGIC UNIT | DATE RECEIVED |
|---|---|---|---|
| | | | |

REGISTERED BY: DATE REGISTERED:

REMARKS:

FOR OFFICE USE ONLY

**7. DRILLER'S LOG:**

(Description and color of cuttings, such as shale, sand, etc. in feet below ground surface)

| FROM | TO | DESCRIPTION |
|---|---|---|
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**8. FOR HEAT PUMP ONLY**:

Average Depth: _____ ft.

Number of Holes: _____

**9. ABANDONMENT INFORMATION:**

Does this well replace an existing well? _____

If **yes**, has owner been informed of state regulations requiring plugging of abandoned wells? _____

***I certify that this work was done and completed in accordance with Regulations of the State of Louisiana for Water Wells, LAC56:I,***

***on:*** _____ ***Date***

***by:*** _____ ***Name of Water Well Contractor***

***License No. WWC -*** _____

*I further acknowledge and agree that by typing my name or placing my mark in the signature space on this document it is my intention to electronically sign the document. Further, the electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.*

**Authorized Signature:** _____

**Date:** _____

**Submit**