

E-MAIL UPON COMPLETION TO:

gwater@la.gov

OR MAIL ORIGINAL TO:

LA Dept. of Conservation & Energy
Attn: Groundwater Resources
P.O. Box 94275
Baton Rouge, LA 70804-9275

LOUISIANA DEPARTMENT OF CONSERVATION & ENERGY

OFFICE OF PERMITTING & COMPLIANCE, GEOLOGY DIVISION

WATER WELL REGISTRATION SHORT FORM (C&E-GW-1S)

To submit: e-mail the completed form, required photo(s)/map, and supporting documentation to gwater@la.gov

Forms with missing or incomplete information may be rejected back to the submitter*C&E WELLS ONLINE ACCESS:**

- 1) Go to <http://sonris.com/>
- 2) Click on Document Access
- 3) Under the section labeled Document Types, click the GWR Water Wells option and enter the well search criteria

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 DEQ 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 WellDate Measured: GWV-ID (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 CasingCementing Method Used: *(Pump Down Method is required for all wells except Domestic and Irrigation; LAC56:I.329.C)***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: (Required)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
	PROCESSED BY:		DATE REGISTERED:	
	REMARKS:			

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

[illegible]

Average Depth: ft.

Number of Holes:

Does this well replace an existing well? ☐

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

10. Well Photo Requirement: Two (2) Required Photos Attached? ☐

(2 photos are required per well installation showing the **Sanitary Seal, Cement Surface Seal, and Immediate Surroundings**; see 06/23/2026 Photo Requirement Memo for more details)

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*

LSLBC License No. -

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: _____

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