

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 PLUGGING AND ABANDONMENT FORM (C&E-GW-2)

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. WELL OWNER: (Denote in remarks if different than original owner)Well Owner Name: Well Owner Mailing Address: City: State: Zip Code: Well Owner Phone Number: Well Owner E-mail Address: Owner's Well Number or Name: Variance Request, Legacy (OC) or DEQ AI #: **2. LOCATION OF WELL (DD:MM:SS)**Latitude: ° ' " Longitude: ° ' "Parish: ☐ Map & 1 Plugged Well PhotoPhysical Address: Well is Near, Approximately miles from (Crossroads, Railroad, Landmark, etc.):

(Required - Attach a map and 1 photo depicting a plugged or destroyed well; see 06/23/2026 Photo Requirement Memo for more details. Rig Supply Wells also require a permit plat)

3. WELL INFORMATION:Well Use: Date Drilled: Local Well No.: Date Plugged: Casing Material: Casing Diameter: in.Depth of Well: ft.Name of the Person Who Plugged the Well: **4. PLUGGING PROCEDURE:**

Describe in detail how well or hole was plugged: (materials used, amount of casing and/or screen removed, or left in hole, etc.):

5. REMARKS: (If well was destroyed through excavation or other means and is not locatable, provide details below)
FOR MONITOR/PIEZO/RECOVERY WELLS ONLY

SECTION	TOWNSHIP	RANGE	ELEVATION	QUAD NO.

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: **FOR OFFICE USE ONLY**

PARISH	WELL NO.	DATE RECEIVED	DATE PROCESSED	BY