

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 NOTIFICATION FORM (C&E-GWR-01)**

To submit: e-mail the completed form and supporting documentation to gwater@la.gov

Forms with missing or incomplete information may be rejected back to the submitter*FOR OFFICE USE ONLY**

GWR ID:

VARIANCE REQUEST:

RECEIVED:

REVIEWED:

BY:

AQUIFER:

1. WATER WELL NOTIFICATION TYPE (Check the Box for A, B, C or D)☐ **A. 60-Day Prior Well Installation Notification:**Well Use: Public Supply Primary Use: Industrial Primary Use: Please Specify Other: ☐ **B. Change of Information:** GWR-ID No. ☐ **C. Cancellation of Existing Notification:** GWR-ID No. ☐ **D. 60-Day Post Well Installation Notification (Identify Well Use Below):**☐ **1) Drilling Rig Supply (Oil or Gas) Well:** Well Serial No.

(Attach location description if not available)

☐ **2) Drought Relief Well:** Drought Relief Emergency Order No.: ☐ **3) Replacement Well:** GWR-ID No. Local Well No. Well Use: **Replacement Well Requirements:***The replacement well is within 1,000 feet of the well it replaced; is within the same property boundary; is installed in the same aquifer and is screened at the same interval; it has the same pumping rate as the well it replaced and is used for the same purpose; the well it has replaced was or will be plugged and abandoned within 30 days of this submittal.*☐ **4) Domestic Well****2. OWNER INFORMATION**Owner's Name (Company Name if Owner): Contact Name (Print): Mailing Address: City: State: Zip Code: Phone Number: Email Address: **3. DRILLER INFORMATION**LSLBC License No.: Company Name: Contact Name (Print): Phone Number: Email Address: **4. WELL LOCATION (DD:MM:SS)**Latitude: ° ′ ″ Longitude: ° ′ ″Parish: **5. WELL CONSTRUCTION DETAILS**Casing Diameter (Inches): Screen Diameter (Inches): Screen Top Depth (Feet): Screen Bottom Depth (Feet): Total Depth (Feet): Aquifer Screened: Well Owners Name or Number: OPH Well Number (PS Wells): **6. WATER WITHDRAWAL (attach comments if needed)**Pumping Rate (Gallons Per Day): Number of Pumping Days Per Year: **7. COMPLETION DATE or ESTIMATED COMPLETION DATE:**Date: (*Estimated Completion Date MUST be 60 days from signature date*)**8. CERTIFICATION STATEMENT*****"I hereby certify that the information provided herein is true and accurate"****"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."***OWNER OR AUTHORIZED AGENT'S SIGNATURE:**Date: Print Name: