

E-MAIL UPON COMPLETION**OR MAIL ORIGINAL TO:**

Louisiana Dept. of Natural Resources
Attn: Ground Water Resources
P.O. Box 94275
Baton Rouge, LA 70804-9275
Email: gwater@la.gov

LOUISIANA DEPARTMENT OF NATURAL RESOURCES
OFFICE OF CONSERVATION, ENVIRONMENTAL DIVISION
WATER WELL NOTIFICATION FORM (GWR-01)

FOR OFFICE USE ONLY

GWR ID:

SEQUENCE NUMBER:

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

LDNR License No. (WWC):

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 Permit 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:**