**LOUISIANA DEPARTMENT OF NATURAL RESOURCES** OFFICE OF CONSERVATION, ENVIRONMENTAL DIVISION ***WATER WELL REGISTRATION SHORT FORM (DNR-GW-1S)***

**DNR WELLS ONLINE ACCESS:**

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

**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

gwater@la.gov or Fax (225) 242-3505

1. **USE OF WELL**:

 [ ] Domestic [ ]  Rig Supply [ ]  Heat Pump Hole

 [ ] Piezometer [ ]  Monitoring [ ]  Heat Pump Supply

 [ ]  Recovery [ ]  Relief [ ]  Abandoned Pilot Hole

 Please specify other:

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

 Latitude: ° ' “

Parish:

Physical Address:

Longitude: ° ' “

2. **WELL OWNER**:

 Phone:

miles from

(Crossroads, Railroad, any Landmark, etc.)

Approximately

Well is Near,

## 3.

**WELL OWNER’S ADDRESS**:

[x] Map Included:

Well Owner Email Address:

7. **REMARKS:**

Well Owner Phone Number:

## 4.

**OWNER’S WELL NUMBER OR NAME**:

Serial Number (Rig Supply Only):

### 5. WELL INFORMATION:

Date Completed: Depth of Hole: Depth of Well: Static Water Level: Date Measured:

 [ ] Metal

 [ ] Plastic

|  |
| --- |
| ***FOR MONITOR/PIEZO/RECOVERY WELLS ONLY*** |
| SECTION |  | TOWNSHIP |  | RANGE |  | ELEVATION |  | QUAD NO. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

ft. below ground surface

 ft.

ft. below ground surface

REGISTERED BY:

GWR-ID:

REMARKS:

DATE RECEIVED

GEOLOGIC UNIT

PARISH WELL NO.

REJECTED

DATE REGISTERED:

Length:

 [ ] Other

***FOR OFFICE USE ONLY***

Casing: Screen:

in.

Using:

[ ] Pump Down Method

in.

 [ ] Metal

Slot Size:

 [ ] Other

 [ ] Plastic

[ ] Gravity Method

Length:

ft. Cemented from:

ft. below ground surface

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***FOR OFFICE USE ONLY***

### DRILLER’S LOG: 9. FOR HEAT PUMP ONLY:

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

Avg. Depth:

ft.

Number of Hole(s):

[ ] Yes [ ] No

### DOES THE NEW WELL REPLACE AN EXISTING WELL?

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

[ ] Yes [ ] No

|  |  |  |
| --- | --- | --- |
| **FROM** | **TO** | **DESCRIPTION** |
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* 1. **NAME OF PERSON WHO DRILLED THE WELL**:

Email Address:

Phone Number:

***I certify that this work was done and completed in accordance with Rules and Regulations of the State of Louisiana, including Chapter XII of Title 51, Public Health – Sanitary Code, if applicable, 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:**