CLICK SUBMIT 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

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/
- 2) Click on **Data Access** in the left hand panel.
- 3) Under the section labeled

Conservation, click on Ground Water Information.

1.	USE OF WELL:		LOCATION OF WELL (DD:MM:SS):		
	Mall Haar		Latitude: ° ' " Longitude: ° ' "		
	Well Use:		Desirals.		
	Please specify other:		Parish:		
			Physical Address:		
2.	WELL OWNER:				
_		Well is Near,Approximately mi			
3.	WELL OWNER'S ADDRESS:		Well is Near,Approximately miles from (Crossroads, Railroad, any Landmark, etc.)		
	Well Owner Email Address:				
			Map Included:		
	Well Owner Phone Number:	7.	REMARKS:		
4 OWNERS WELL WILLIAMS					
4.	OWNER'S WELL NUMBER OR NAME:				
	Serial Number (Rig Supply Only):				
_					
5.	WELL INFORMATION:		FOR MONITOR/PIEZO/RECOVERY WELLS ONLY		
	Date Completed:		SECTION TOWNSHIP RANGE ELEVATION QUAD NO.		
	Depth of Hole: ft. below ground surface		350100		
	Depth of Well: ft.				
	Static Water Level: ft. below ground surface	Γ	≥ PARISH WELL NO. GEOLOGIC UNIT DATE RECEIVED		
	Date Measured:		ONI		
	Casing: in. Length: ft.		REGISTERED BY: DATE REGISTERED: REJECTED GWR-ID: REMARKS:		
	Screen: in. Slot Size: in.		GWR-ID:		
	Length: ft. Cemented from: ft. below ground surface		REMARKS:		
	Using:		No.		
		IL.			

8. DRILLER'S LOG:

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

FROM	то	DESCRIPTION

Avg. Depth:	ft.	Number of Hole(s):				
	r been	REPLACE AN EXISTING WELL? informed of state regulations requiring plu	ugging of			
11. NAME OF PERS	ON WH	O 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						
by:	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 Sign	nature	:				
Date:						

9. FOR HEAT PUMP ONLY: