Louisiana Department of Natural Resources
Office of Conservation
Environmental Division
Area of Ground Water Concern
Monthly Ground Water Usage Report
(PRINT OR TYPE)

1. WELL OWNER CONTACT INFORMATION
Company/Individual: ___________________________________________ Facility: ____________________________
Mailing Address: _______________________________________________________________________________________
City: _____________________________________ State: _________ Zip Code: __________
Contact Person: __________________________________________________ Phone: (_____) ________________________
Fax: (_____) _____________________________ E-mail: ___________________________________________________________
Reporting Month: _________________________ Year: ______________

2. WELL USE REPORTING INFORMATION
Please provide a water well location map for each well with the first form submitted.

<table>
<thead>
<tr>
<th>DOTD WELL NO.</th>
<th>PARISH</th>
<th>TOTAL GALLONS PRODUCED</th>
<th>WELL USE</th>
<th>STATIC WATER LEVEL (MSL)</th>
<th>DATE LEVEL MEASURED</th>
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Reports are due to the Environmental Division within 60 days of the end of the reporting month. Electronic versions of this form in MS Word, Word Perfect, and Adobe PDF are available at our website, http://dnr.louisiana.gov/Cons/gwater . Reports may be faxed to (225) 242-3505, or mailed to:

Office of Conservation
Environmental Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

This form may be photocopied. If more room is needed, please use another copy of this form and indicate the page number in the heading. If you have any questions please call the Environmental Division at (225) 342-8244.

3. WELL OWNER OR AUTHORIZED REPRESENTATIVE CERTIFICATION
I, (print name) ______________________________________, the undersigned, certify that I am the well owner, or am authorized by the well owner, to report ground water use and other information for the abovementioned water well(s) as required by the Office of Conservation, Environmental Division. I hereby assure that all facts and documents submitted to the Division are true, correct and complete to the best of my knowledge.

Signature: ___________________________________________ Date: ____________________________

Form GWR-03 Rev. 12/08
Order AGC-1-05 issued August 15, 2005 requires that owners of all non-domestic water wells in an area of ground water concern submit a monthly report (within 60 days of the end of the report month) on forms to be provided by the Office of Conservation to the Commissioner showing the amount of water pumped on a monthly basis and the purpose for which it was used. In addition, static water level in the well shall be reported when such information is available to the owner.

Form GWR-03 is provided by the Office of Conservation to comply with the monthly reporting requirements of the Order.

Instructions for proper completion of Form GWR-03 are provided below.

1. **WELL OWNER CONTACT INFORMATION:** Items required to be completed on the form include the name of the company or individual, mailing address, contact person, and telephone number. Optional items include the name of the facility if different from the company, fax number and E-mail address. If items are not included, the appropriate spaces should be filled in with "N/A".

2. **WELL USE REPORTING INFORMATION:** Indicate the reporting month and year for which data is being provided.

   **DOTD WELL NO.:** Provide the DOTD Well Number for each well that is being reported.

   **PARISH:** Include the parish where each well is located.

   **TOTAL GALLONS PRODUCED:** Provide for each well the actual total volume of water pumped/produced for the entire month (in gallons).

   **WELL USE:** Indicate the purpose by which the water was used for each reported well.

   **STATIC WATER LEVEL:** If available, provide a current static water level (in feet, mean sea level (MSL)) and the date when that level was measured. If static water level information is unavailable for the current reporting period, the space should be filled in with "N/A".

3. **WELL OWNER OR AUTHORIZED REPRESENTATIVE CERTIFICATION:** The owner or owner’s representative should complete and sign the bottom portion of the form attesting to the completeness and accuracy of the data being provided.

   **NOTE:** A WATER WELL LOCATION MAP SHOULD BE PROVIDED WITH THE INITIAL FORM SUBMITTED.

   If more room is needed, another copy of this form should be used.

This form is available online in various formats on the Office of Conservation website, [http://dnr.louisiana.gov/Cons/gwater](http://dnr.louisiana.gov/Cons/gwater).

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