

**E-MAIL UPON COMPLETION**To: [gwater@la.gov](mailto:gwater@la.gov)**OR MAIL ORIGINAL TO:**

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

**LOUISIANA DEPARTMENT OF NATURAL RESOURCES**  
**OFFICE OF CONSERVATION, ENVIRONMENTAL DIVISION**  
**INACTIVE WATER WELL CHECKLIST (DNR-GW-5)**

**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. WATER WELL REGISTRATION NUMBER:**

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**2. WELL OWNER CONTACT INFORMATION**

Company/Individual: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. INACTIVE WELL CHECKLIST**

The well and the annular space between the hole and casing are free of defects that will permit the seepage of surface water into the well.

The well is clearly marked and is not a safety hazard

The well is adequately capped in such a manner as to prevent easy entry by other than the owner?

The area surrounding the well is kept clear of waste and debris.

The well is not used for the disposal or injection of trash, garbage, sewage, waste water, and / or stormrunoff

If the pump and/or motor have been removed for repair, replacement, etc., the well is adequately capped to prevent injury to people and to prevent the entrance of any contamination or other objectionable material.

The well is easily accessible for routine maintenance and periodic inspection.

**4. CONDITIONS FOR AN INACTIVE WELL**

- Review the relevant sections in Title 56 regarding Inactive wells and Inactive status.
- Provide our office with annual documentation/updates on the inactive well.
- The owner must give evidence of their intentions for continued use.
- If at any time the ownership of this well changes, a transfer form should be submitted to our office with the new information (attached).
- When the well will be brought back into service, a change of information notification should be submitted to this office (attached).

**5. 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 provide updated information regarding water well \_\_\_\_\_ - \_\_\_\_\_, as required by the Office of Conservation, Environmental Division. I hereby assure that all facts and documentation submitted to the Division are true, correct, and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_