

# LOUISIANA DEPARTMENT OF ENERGY AND NATURAL RESOURCES

## OFFICE OF CONSERVATION

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### APPLICATION FOR LOUISIANA WATER WELL CONTRACTOR'S (DRILLER'S) LICENSE

**PLEASE PRINT IN INK OR TYPE WHEN COMPLETING THIS FORM**

**APPLICANT:** Applicant's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone No. ( ) \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

**BUSINESS:** Business Name \_\_\_\_\_  
Business Mailing Address \_\_\_\_\_  
Business Street Address \_\_\_\_\_  
Business Telephone No. ( ) \_\_\_\_\_ Business FAX No. ( ) \_\_\_\_\_  
Are you the owner / co-owner of this business? YES \_\_\_\_\_ NO \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF BUSINESS:** Drilling and Installing Water Wells \_\_\_\_\_, Monitoring Wells \_\_\_\_\_, Heat Pump Wells or Holes \_\_\_\_\_,  
Geotechnical Boreholes \_\_\_\_\_, Dewatering Wells \_\_\_\_\_, Other (Please Specify) \_\_\_\_\_  
My business does does not\* include plugging and abandoning wells or boreholes. (Circle Correct Response)

\*I certify that should my company encounter a drilling situation requiring well or borehole abandonment, proper plugging protocol will be implemented in accordance with applicable Louisiana regulations.

#### EXPERIENCE RECORD:

- (a) Date started drilling: \_\_\_\_\_  
(b) Approximate number of wells or holes drilled during the last calendar year: \_\_\_\_\_  
(c) Depth of deepest well or hole actually drilled during career, in feet: \_\_\_\_\_  
(d) Largest well or hole drilled during career, in inches: \_\_\_\_\_  
(e) Are you presently licensed by another state? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, name State(s): \_\_\_\_\_  
(f) If previously licensed, has your drilling license ever been revoked or suspended by any State? YES \_\_\_\_\_, NO \_\_\_\_\_,  
Not Applicable \_\_\_\_\_. If Yes, please explain the details on a separate sheet.

#### DESCRIPTION OF DRILLING EQUIPMENT:

Drilling Rig Make	Capacity (depth in feet)	Owned or Leased
_____	_____	_____

**INTENDED AREA(S) OF OPERATION IN LA:** \_\_\_\_\_

#### REFERENCES: List two licensed drillers familiar with your work experience:

- 1) \_\_\_\_\_  
(Name) (Mailing Address) (Telephone No.) (License No.)  
2) \_\_\_\_\_  
(Name) (Mailing Address) (Telephone No.) (License No.)

Do you or your company have liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, in what amount? \$ \_\_\_\_\_. Name of Insurer \_\_\_\_\_  
\_\_\_\_\_. Date insurance expires \_\_\_\_\_, 20 \_\_\_\_\_. .

I affirm that I have two years of drilling experience under the supervision of a licensed water well contractor or other comparable drilling experience acceptable to the Department. My drilling experience was with \_\_\_\_\_.  
(Name)

Mailing Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ from the time period \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_. Additional experience may be listed on the second page of this form.

I hereby grant my references and insurer the authority to provide the Louisiana Department of Energy and Natural Resources with information necessary to establish my qualification for a driller's license. Yes \_\_\_\_\_ No \_\_\_\_\_.  
I also affirm that I meet the qualifications for a license as spelled out in R.S.38:3098 through 38:3098.8 and that I will fully comply with all rules and regulations for wells and holes promulgated, and to be promulgated, by the Louisiana Department of Energy and Natural Resources. Yes \_\_\_\_\_ No \_\_\_\_\_.  
Enclosed is a check or money order, number \_\_\_\_\_ and dated \_\_\_\_\_, 20 \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the license fee, made payable to the Department of Energy and Natural Resources (DENR).

CERTIFICATE STATE OF \_\_\_\_\_  
PARISH / COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public duly commissioned and qualified within and for the State and Parish / County aforesaid, personally came and appeared \_\_\_\_\_, who being by me first duly sworn, did depose and say: That the information contained and set forth in the above and foregoing APPLICATION FOR LOUISIANA WATER WELL CONTRACTOR'S LICENSE is true and correct, to the best of my knowledge, as stated herein.

\_\_\_\_\_  
APPLICANT'S NAME  
Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
at \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
NOTARY PUBLIC