

LOUISIANA DEPARTMENT OF ENERGY AND NATURAL RESOURCES

OFFICE OF CONSERVATION

POST OFFICE BOX 94275 • BATON ROUGE, LA • 70804-9275 • Telephone (225) 342-8244 • Email Gwater@la.gov
For Office Use only

License No. WWC-_____

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(f) If previously licensed, has your drilling license ever been revoked or suspended by any State?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