

E-MAIL UPON COMPLETION TO:
 gwater@la.gov
OR MAIL ORIGINAL TO:
 LA Dept. of Energy & Natural Resources
 Attn: Ground Water Resources
 P.O. Box 94275
 Baton Rouge, LA 70804-9275

**LOUISIANA DEPARTMENT OF ENERGY & NATURAL RESOURCES
 OFFICE OF CONSERVATION, ENVIRONMENTAL DIVISION
WATER WELL PLUGGING AND ABANDONMENT FORM (DENR-GW-2)**

DENR WELLS ONLINE ACCESS:
 1) Go to <http://sonris.com/>
 2) Click on **Document Access**
 3) Under the section labeled **Regulatory**, click the **GWR Water Well Plugging and Abandonment** option and enter the well search criteria

1. WELL OWNER: (Denote in remarks if different than original owner)

Well Owner Name:
 Well Owner Mailing Address:
 City: State: Zip Code:
 Well Owner Phone Number:
 Well Owner E-mail Address:
 Owner's Well Number or Name:
 Legacy (OC) or AI # (MW only):

2. LOCATION OF WELL (DD:MM:SS)

Latitude: Longitude:
 Parish: Map Included
 Physical Address:
 Well is Near,
 Approximately miles from (Crossroads, Railroad, Landmark, etc.):

(Attach a map or sketch or registered permit plat if Rig Supply with form)

3. WELL INFORMATION:

Well Use:
 Date Drilled:
 Local Well No.: Date Plugged:
 Casing Material: Casing Diameter: in.
 Depth of Well: ft.
 Name of the Person Who Plugged the Well:

4. PLUGGING PROCEDURE:

Describe in detail how well or hole was plugged: (materials used, amount of casing and/or screen removed, or left in hole, etc.):

5. REMARKS: *(If possible, please provide a photo of the plugged and abandoned well, and a map of the well location)*

FOR MONITOR/PIEZO/RECOVERY WELLS ONLY									
SECTION		TOWNSHIP		RANGE		ELEVATION		QUAD NO.	

I certify that this work was done and completed in accordance with Regulations of the State of Louisiana for Water Wells, LAC56:I,

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 Signature:

Date:

FOR OFFICE USE ONLY				
PARISH	WELL NO.	DATE RECEIVED	DATE PROCESSED	BY