

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**Office of Land and Water Resources**  
**P. O. Box 2309**  
**Jackson, MS 39225**  
**Water Well Plugging/Decommissioning Form**  
**OLWR-DF-1 (04/08)**

COUNTY WELL LOCATED:		WELL NUMBER:	
PERMIT NUMBER:		DATE WELL PLUGGED:	
NAME OF FIRM PLUGGING WELL:		TELEPHONE NUMBER:	
NAME AND ADDRESS OF CURRENT LANDOWNER:			
WELL LOCATION:	SECTION:	TOWNSHIP:	RANGE:
WELL LOCATION:	LATITUDE:	LONGITUDE:	METHOD (CIRCLE ONE): (1) USGS QUAD (2) CONVENTIONAL SURVEY (3) GPS – HAND HELD OR SURVEY GRADE
DISTANCE:	DIRECTION:	NEAREST TOWN:	OTHER LANDMARK:
WELL PURPOSE (HOME, IRRIGATION, MUNICIPAL, ETC.):			
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL:			
NAME OF LANDOWNER WHEN WELL WAS DRILLED:			

WELL DATA			
WELL DEPTH:		HOLE DEPTH:	
CASING DIAMETER (IN.):	CASING LENGTH (FT.):	TYPE OF CASING:	
DEPTH TO STATIC WATER LEVEL:		DATE WELL COMPLETED:	
WHY IS THE WELL BEING ABANDONED?			

DESCRIBE HOW THE WELL OR HOLE WAS PLUGGED (AMOUNT OF CASING AND/OR SCREEN THAT WAS REMOVED OR LEFT IN HOLE, MATERIAL AND AMOUNT USED IN PLUGGING, METHOD OF PLACING MATERIAL, ETC.)                    
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I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.	
_____	_____
PRINT NAME	MS LICENSE NUMBER
_____	_____
SIGNATURE	DATE