

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)
(601)961-5555 (601)961-5228 (fax)

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 (Check 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.)

I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.	
_____	_____
PRINT NAME	MS LICENSE NUMBER
_____	_____
SIGNATURE	DATE