

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: Desoto		WELL NUMBER: 2 E GRID	
PERMIT NUMBER: MS-GW-16745		DATE WELL PLUGGED: 3-31-2011	
NAME OF FIRM PLUGGING WELL: Chris Hill Construction Company LLC.		TELEPHONE NUMBER: 901-767-6312	
NAME AND ADDRESS OF CURRENT LANDOWNER: Desoto County Regional Utility Authority			
WELL LOCATION: sw1/4 of the sw1/4 SECTION: 08 TOWNSHIP: 02S RANGE: 09W			
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.): Dewatering for a construction project.			
NAME OF WELL CONTRACTOR WHO DRILLED THE WELL: Mersino Dewatering			
NAME OF LANDOWNER WHEN WELL WAS DRILLED: Desoto County Regional Utility Authority			

WELL DATA			
WELL DEPTH: 100 feet		HOLE DEPTH: 100 feet	
CASING DIAMETER (IN.): 12	CASING LENGTH (FT.): 100	TYPE OF CASING: Steel	
DEPTH TO STATIC WATER LEVEL: 15 feet		DATE WELL COMPLETED: 8-9-2010	
WHY IS THE WELL BEING ABANDONED? The dewatering portion of the project is finished.			

<p>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.)</p> <p>The well casing and screen was removed by using a vibratory hammer and a crane. The hammer vibrated the casing while the crane pulled the casing vertically out of the ground.</p> <p>The casing and screen was completely removed.</p> <p>Natural ground had filled the casing hole to approximately 2 to 3 feet below the existing ground. This hole was filled with Bentonite and compacted.</p>
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I CERTIFY THAT THE WELL WAS PLUGGED OR ABANDONED IN ACCORDANCE WITH THE STATE OF MISSISSIPPI REGULATIONS.	
Shannon McCarley	
_____ PRINT NAME	_____ MS LICENSE NUMBER
<i>Shannon McCarley</i> SIGNATURE	9-12-2011 DATE

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SEP 16 2011
BY: OLWR

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Land and Water Resources
711 Box 2000
Jackson, MS 39202
Water Well Permit Application Form
CLASS OF 1980

R (MSD)

COUNTY WHERE LOCATED: <input type="text"/>	PERMIT NUMBER: <input type="text"/>	DATE WELL PERMIT: <input type="text"/>	DATE WELL IN PROGRESS: <input type="text"/>
NAME OF WELL: <input type="text"/>	NAME OF APPLICANT: <input type="text"/>	CITY: <input type="text"/>	STATE: <input type="text"/>
LOCATION OF WELL: <input type="text"/>	DISTRICT: <input type="text"/>	COUNTY: <input type="text"/>	TOWNSHIP: <input type="text"/>
WELL DEPTH: <input type="text"/>	WELL TYPE: <input type="text"/>	WELL PURPOSE: <input type="text"/>	WELL CLASSIFICATION: <input type="text"/>
NEAREST TOWN: <input type="text"/>	NEAREST ROAD: <input type="text"/>	NEAREST RAILROAD: <input type="text"/>	NEAREST AIRPORT: <input type="text"/>
WELL CONSTRUCTION: <input type="text"/>	WELL PROTECTION: <input type="text"/>	WELL RECORDING: <input type="text"/>	WELL INSPECTION: <input type="text"/>
WELL RECORDING NUMBER: <input type="text"/>	WELL RECORDING DATE: <input type="text"/>	WELL RECORDING OFFICE: <input type="text"/>	WELL RECORDING AGENT: <input type="text"/>

WELL DEPTH: <input type="text"/>	WELL CLASSIFICATION: <input type="text"/>
WELL TYPE: <input type="text"/>	WELL PURPOSE: <input type="text"/>
WELL RECORDING NUMBER: <input type="text"/>	WELL RECORDING DATE: <input type="text"/>
WELL RECORDING OFFICE: <input type="text"/>	WELL RECORDING AGENT: <input type="text"/>

I hereby certify that the well described herein is for the purpose stated and that the well is being drilled in accordance with the provisions of the Mississippi Water Well Act. I further certify that the well is being drilled in accordance with the provisions of the Mississippi Water Well Act.

The well depth and casing are as shown on the attached plans and the well is being drilled in accordance with the provisions of the Mississippi Water Well Act.

The casing and screen are as shown on the attached plans and the well is being drilled in accordance with the provisions of the Mississippi Water Well Act.

I hereby certify that the well described herein is for the purpose stated and that the well is being drilled in accordance with the provisions of the Mississippi Water Well Act.

COUNTY: <input type="text"/>	PERMIT NUMBER: <input type="text"/>	DATE WELL PERMIT: <input type="text"/>
NAME OF APPLICANT: <input type="text"/>	NAME OF APPLICANT: <input type="text"/>	NAME OF APPLICANT: <input type="text"/>
CITY: <input type="text"/>	CITY: <input type="text"/>	CITY: <input type="text"/>
STATE: <input type="text"/>	STATE: <input type="text"/>	STATE: <input type="text"/>

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 8-1-81