

BY: OLMR

JUN 24 2009

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### State Well Report Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: P0004  
L. S. Elevation: \_\_\_\_\_  
E-log #: \_\_\_\_\_

County: Monroe  
Permit #: \_\_\_\_\_  
Driller: Tom Rossi  
Rossi Drilling Co. 509  
Date drilling completed: 7-27-09

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

<b>Well Owner Information</b>		<b>Well Location</b>	
Owner Name: <u>RONALD K BOOTH</u>		Latitude: <u>34.122988</u>	Longitude: <u>88.254983</u>
Mailing Address: <u>383 FREEMAN DR.</u>		Method of Lat/Long (circle one): Conventional Survey,	
<u>GEORGE TOWN SC. 29440</u>		USGS quad, Hand-held GPS, Survey-grade GPS	
City: _____ State: _____ Zip Code: _____		<u>NE</u> <u>SW</u> <u>S</u> 1/4 <u>SW</u> 1/4 Sec <u>16</u> Twn <u>11S</u> Rng <u>10E</u>	
Telephone No. <u>(843) 527 4917</u>		Distance _____ Miles	Direction _____ of Nearest Town _____

#### Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: \_\_\_\_\_

Date well drilling started: 7/27/09 Date well drilling completed: 7/27/09

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 53 feet above or below (circle one) land surface Date measured: 7-27-09

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 71' Well depth: 71' Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 61 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 0.13 inches Setting depth: From Bottom feet to 10 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Thomas Rossi 0509  
Print Name of Water Well Contractor and License No.

Thomas Rossi  
Signature of Water Well Contractor

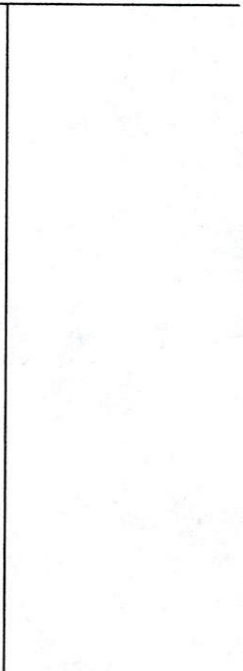


The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

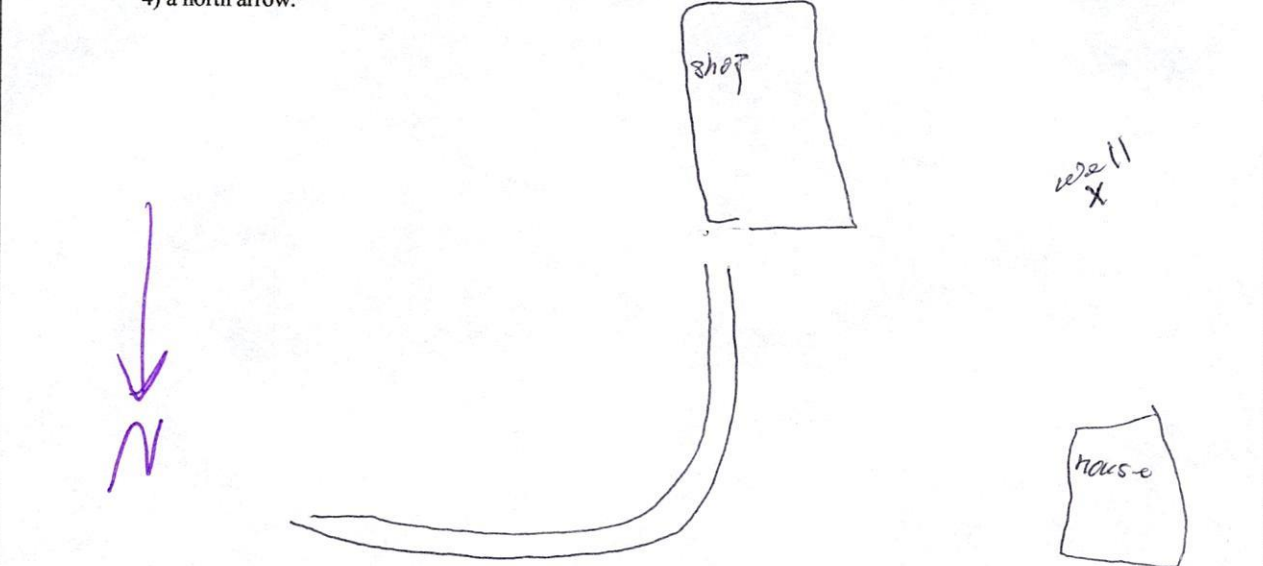
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Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
0 - 42	42	42
42 - 71	71	71

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: Ronald Booth

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Thomas Rossi    0-509    9-27-09    Thomas Rossi  
Print Name of Responsible Licensee and License No.    Date    Signature of Licensee

*Itaumabg*

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

For Office Use Only:

Aquifer: \_\_\_\_\_

Well #: P4

Elevation: \_\_\_\_\_

County: Monroe

Permit #: \_\_\_\_\_

Driller: Tom Rossi 0-509

*Rossi Drilling*  
Date completed: 7-27-09

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>Ronald K Both</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>383 Freeman Dr.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>George Town SC 29440</u>	<i>NE</i> USGS quad, Hand-held GPS, Survey-grade GPS <i>SW</i> <u>1/4 4</u> <u>1/4 Sec 16</u> <u>Twn 11 S</u> <u>Rng 10 E</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ( ) _____	_____ Miles _____ of _____

Pump Type Circle one	Power Type Circle one
Air Lift Jet <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: _____
Date Pump Installed: _____	Setting Depth: _____ feet
Rated Pump Capacity: _____ Gallons Per Minute	Number of Stages: _____

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: _____ Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Thomas Rossi 0-509  
Print Name of Pump Installer and License No. (if applicable)

Thomas Rossi  
Signature of Pump Installer

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BY: OLWR



(TREMONT)



DETROIT QUADRANGLE  
MISSISSIPPI  
TOPOGRAPHIC SERIES (Outdoor Contour Map)

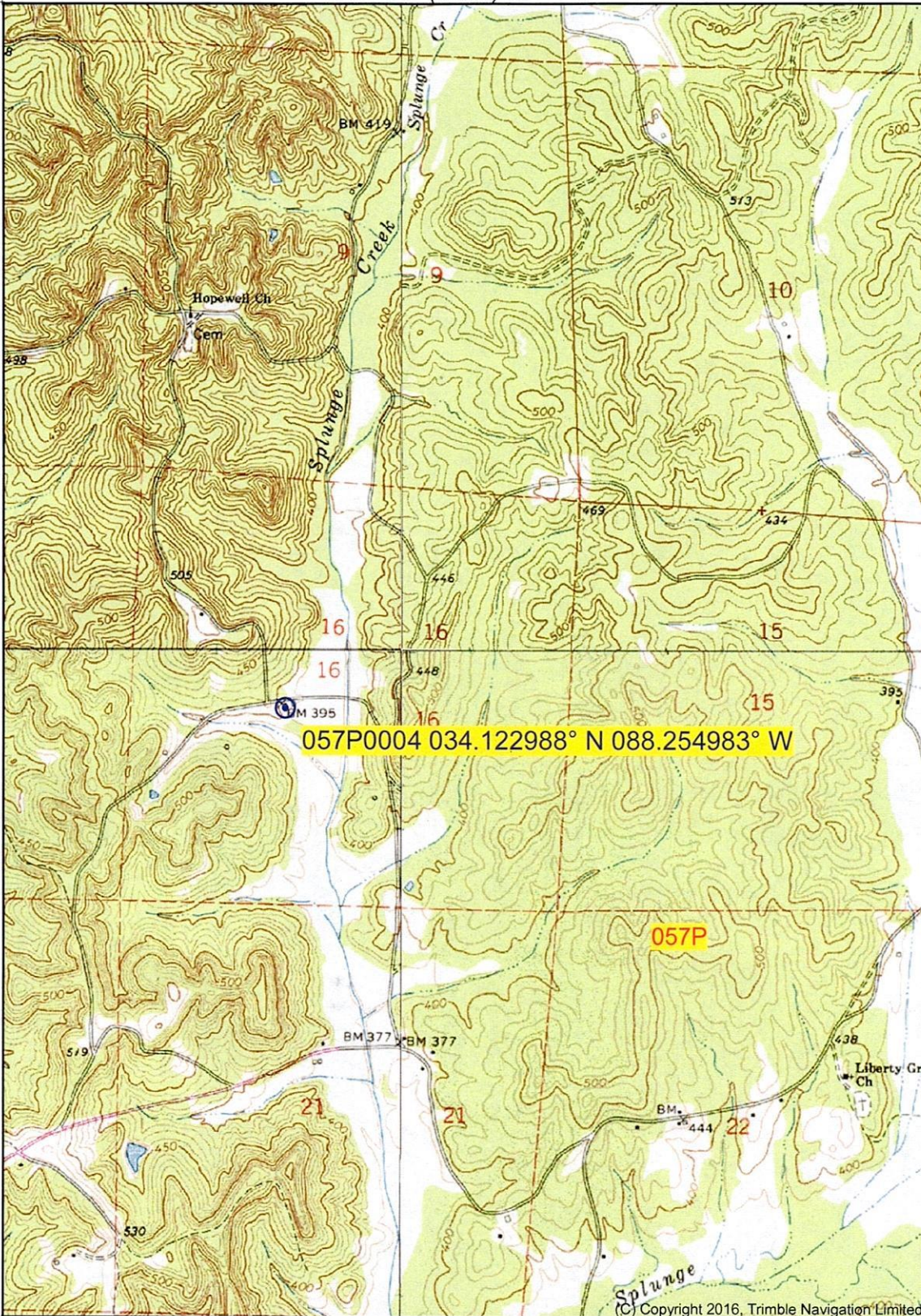
088° 16' 01.4336" W  
034° 08' 52.4434" N

(BEXAR)

088° 13' 38.5070" W  
034° 08' 52.4434" N

(TURON)

(Outdoor Contour Map)



034° 06' 04.8408" N  
088° 16' 01.4336" W

Printed: Wed Jul 17, 2019

088° 13' 38.5070" W  
034° 06' 04.8408" N

(GREENWOOD SPRINGS)

Produced by Trimble Terrain Navigator Pro  
Topography based on USGS 1:24,000  
Maps

North American 1983 Datum (NAD83)

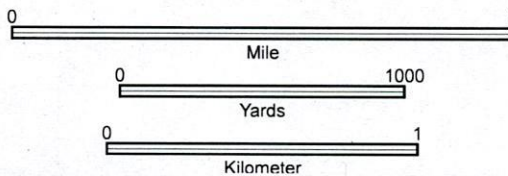
To place on the predicted North American  
1927 move the projection lines 12M N and  
4M W

Declination



GN 0.70° W  
MN 2.52° W

(SULLIGENT)  
SCALE 1:24000



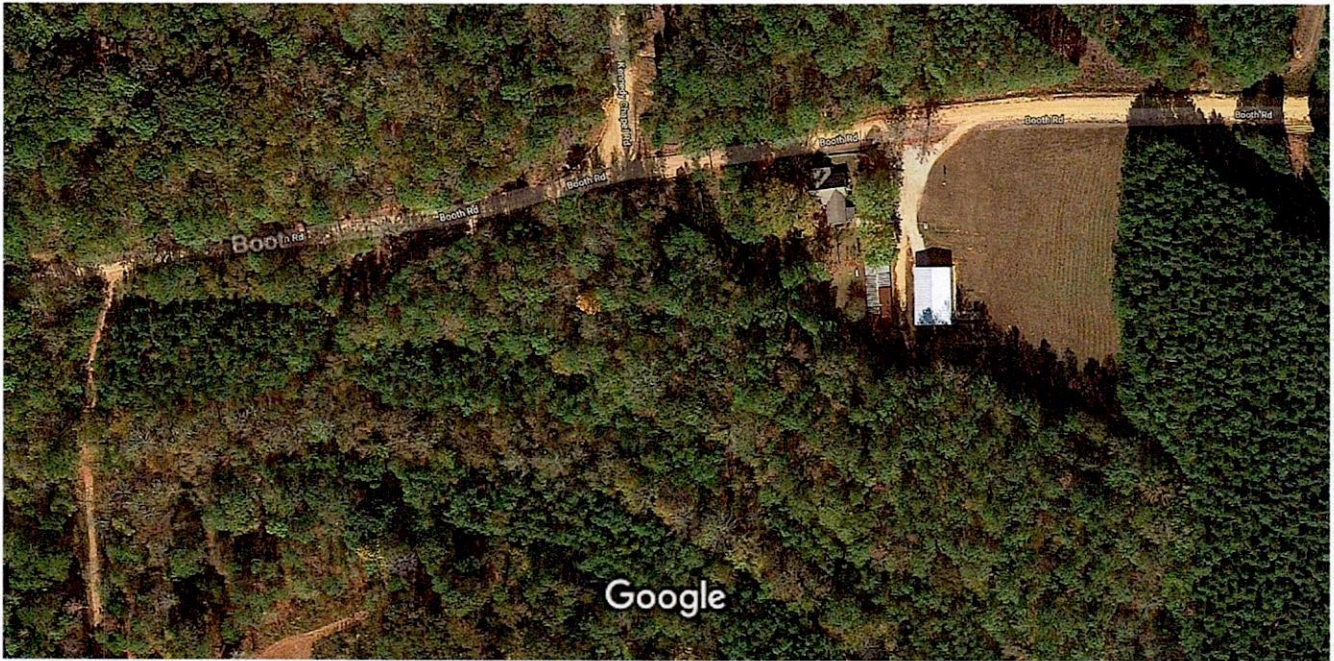
CONTOUR INTERVAL 20 FT

(Outdoor Contour Map)

34088-A2-TM-024  
DETROIT, MS  
DEC 31, 1969



Google Maps 34°07'23.4"N 88°14'58.6"W









Imagery ©2019 Google, Map data ©2019 50 ft



34°07'23.4"N 88°14'58.6"W

34.123153, -88.249600

-  Directions
-  Save
-  Nearby
-  Send to your phone
-  Share

 205-0016-003.00, MS  
4QF2+75 Tremont, Mississippi