

GW02812

Health # 080006-01

N Carrollton Quad
Near tank

WRD Exp. (GW)
April 1966

Well No. F25 JUL 25 1975

GPSd 9/26/96 Hornbeak

WELL SCHEDULE

E log # 41

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

OCT 09 1975

MASTER CARD

Record by WTF Source of data Bowc Obs. driller 11 Date 4/69 Map North Carrollton

State 28 County (or town) CARROLL 018

Latitude: 33° 31' 00" N Longitude: 089° 54' 20" W Sequential number: 1

Lat-long accuracy: 2 T. 19 S. 4 W. Sec 8 SW 1/4, SW 1/4, SW 1/4, SW 1/4 SW/NW/SW/SW

Local well number: F025CC0819N04E Other number: Town of

Local use: 064041 Owner or name: North Carrollton #1

Owner or name: N. CARROLLTON Address: Water Assoc.

Ownership: County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist. M

Use of water: (A) Air cond, (B) Bottling, (C) Comm, (D) Dewater, (E) Power, (F) Fire, (G) Dom, (H) Irr, (I) Med, (J) P S, (K) Rec, (L) Stock, (M) Instit, (N) Unused, (O) Repressure, (P) Recharge, (Q) Desal-P S, (R) Desal-other, (S) Other P

Use of well: (A) Anode, (B) Drain, (C) Seismic, (D) Heat Res, (E) Obs, (F) Oil-gas, (G) Recharge, (H) Test, (I) Unused, (J) Withdraw, (K) Waste, (L) Destroyed W

DATA AVAILABLE: Well data Freq. W/L meas.: Field aquifer char.

Hyd. lab. data:

Qual. water data; type:

Freq. sampling: Pumpage inventory: yes no; period:

Aperture cards: yes

Log data: E log to 1301 DE

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 736 ft Meas. rept accuracy 3

Depth cased: (first perf.) 696 ft Casing type: Steel; Diam. 10x6 in 10

Finish: (A) porous concrete, (B) gravel w. (perf.), (C) gravel w. (screen), (D) horiz. gallery, (E) open end, (F) perf., (G) screen, (H) sd. pt., (I) shored, (J) open hole, (K) other 5

Method Drilled: (A) air rot, (B) bored, (C) cable, (D) dug, (E) hyd, (F) jetted, (G) air rot., (H) reverse percussion, (I) rotary, (J) air, (K) reverse, (L) trenching, (M) driven, (N) wash, (O) drive, (P) other 4

Date Drilled: April 1969 969 Pump intake setting: 0 ft

Driller: Layne Central, Memphis Tenn.

Lift (type): (A) air, (B) bucket, (C) cent., (D) jet, (E) multiple (cent.), (F) multiple (turb.), (G) none, (H) piston, (I) rot, (J) submerg, (K) turb, (L) other 7 Deep Shallow

Power (type): (A) diesel, (B) elec, (C) gas, (D) gasoline, (E) hand, (F) gas, (G) wind; H.P. 20 Trans. or meter no. 0

Descrip. MP 251 ft above LSD, Alt. MP 3

Alt. LSD: 251 Accuracy: (source) topo 3

Water Level 26 ft above below MP; 28 ft above below LSD Accuracy: 219065# D

Date meas: 5/24/69 569 Yield: 250 gpm 250 Method determined 0

Drawdown: 0 ft Accuracy: 0 Pumping period 0 hrs 0

QUALITY OF WATER DATA: Iron 0 ppm Sulfate 0 ppm Chloride 0 ppm Hard. 0 ppm

Sp. Conduct 0 K x 10⁶ Temp. 0 °F Date sampled 0

Taste, color, etc.

FUNCTION and VERIFIED
ROLLA CUMMULATION BRANCH

Well No.

F25

Well No. F25

Latitude-longitude _____
 d m s d m s

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD
 Physiographic Province: _____ Section: 03
 Drainage Basin: D Subbasin: 15J

Topo of well site: (D) depression, stream channel, dunes, flat, hilltop, sink, swamp, (E) (F) (H) (K) (L) (P) (S) (T) (U) (V) offshore, pediment, hillside, terrace, undulating, valley flat _____

MAJOR AQUIFER: system _____ series TE aquifer, formation, group WLCXM TW
 Lithology: _____ Origin: 2 Aquifer Thickness: 49 ft

Length of well open to: 62 ft Depth to top of: 40 ft 672 ft

MINOR AQUIFER: system _____ series _____ aquifer, formation, group _____
 Lithology: _____ Origin: _____ Aquifer Thickness: _____ ft

Length of well open to: _____ ft Depth to top of: _____ ft

Intervals Screened: 696-736 6" shutter, S.S.

Depth to consolidated rock: _____ ft Source of data: _____

Depth to basement: _____ ft Source of data: _____

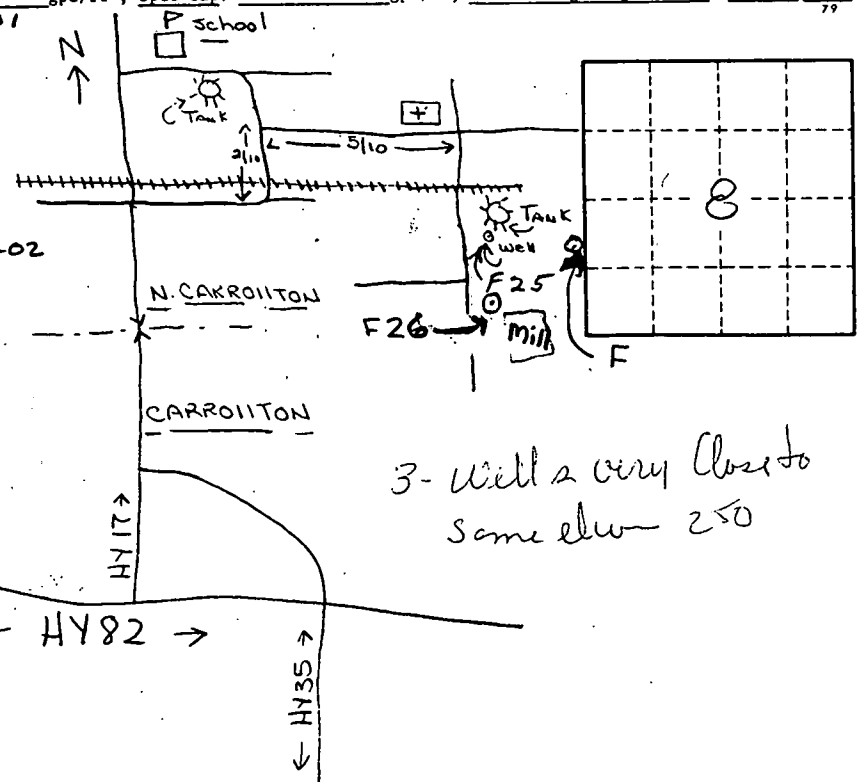
Surficial material: _____ Infiltration characteristics: _____

Coefficient Trans: 38,000 gpd/ft Coefficient Storage: _____

Coefficient Perm: 639 gpd/ft²; Spec cap: 14 gpm/ft; Number of geologic cards: _____

A-9-93: F25 80006-01
80.00 81.00
11.94 12.95
68.06 68.05
3.35
64.71

F26 80006-02
 Well nr Factory + Road
70.00 71.00
5.22 6.20
64.77
3.65
62.12



Well No. F25

Health # 080006-01

716/76
WL = 39'

WILCOX DATA SHEET-VERIFICATION CHECKLIST

COUNTY Carroll

North Carrollton Quad
U.S.G.S. E-log # 41

WELL OWNER N Carrollton Water Assoc #1 CHECKED
 U.S.G.S. NO. F25 9/19/94
 B.O.H. NO 080006-01 9/19/94
 OLWR NO. _____ _____

LOCATION:

MAP SW, NW, SW, SW S8, T19N, R4E 9/19/94
 GPS _____ _____

ELEV. (MSL) 251 9/19/94
 W.L. (L.S.) (1) 80.00 - 11.94 = 68.06 - 3.35 = 64.71 9/19/94
 (2) 75.00 - 6.94 = 68.06 - 3.35 = 64.71 9/19/94

HEAD (MSL) 251 - 64.71 = +186.29 9/19/94

SCREENED INTERVAL 696' - 736' (LS) / -445' - -485' (MSL) 9/19/94

AQUIFER VERIFIED Middle Wilcox 9/19/94

PREVIOUS W.L. -39' (1976) / -28' (1969) 9/19/94

DATA ENTERED _____ _____

Public Water Supply Annual Report

Name of Water Supply North Carrollton Water Department

Public Water Supply (PWS) ID Number

0	8	0	0	0	6
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 County Carroll

Official Public Water Supply Address (This is the address where all official correspondence is received)

Attention _____ Daytime Phone (601) 237 - 9268

Address P. O. Box 305, North Carrollton, MS 38947

Monthly Bacteriological Sample Results Should be Mailed to: (Complete if different from official water supply address in above section)

Attention _____ Daytime Phone (_____) _____ - _____

Address _____

Owner/Responsible Official of System (President, mayor, or owner of the water system)

Name Sarah W. Grantham - Mayor

Address P. O. Box 305, North Carrollton, MS 38947

Home Phone (601) 237 - 4343 Work Phone (601) 237 - 9232

Water Superintendent/Operator (To be completed by the person who directly supervises and is personally responsible for the daily operation and maintenance of this water system. Must be certified by Mississippi State Department of Health for a community water supply.)

Name John D. McClain

Address P. O. Box 52, No. Carrollton, MS 38947

Home Phone (601) 237 - 4319 Work Phone (601) 237 - 9268

Mississippi State Department of Health Certification Number

G	D	0	5	4	0
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 Expiration Date 06 / 01 / 93

I certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system and I do hold a valid Certificate of Competency as required by Sections 21-27-201 through 21-27-211, Mississippi Code of 1972, Annotated. Signed this 13 day of February 1992.

Signature of Operator John D. McClain

Secretary/Treasurer/Bookkeeper

Name Margaret E. Corder

Address P. O. Box 305, No. Carrollton, MS 38947

Home Phone (601) 237 - 4383 Work Phone (601) 237-9268

System Information

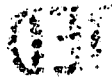
- How many usable sources of water (wells for groundwater systems, purchase points if buying water, etc.) does this system have?
Wells = 3 Purchase Points = _____ Surface Water = _____ Other = _____ (explain) _____
- How many active connections on this system? 793
- How many people does this system serve? 2414
- How many gallons of water did this system sell during the last calendar year (January-December)? 73,309,890
- What was the peak month for water sales during the last calendar year and how many gallons of water were sold during that month?
Month = July Gallons Sold = 7,936,090
- The charge to the customer for the 1st 3000 gallons of water is \$ 7.25.

This Annual Report is to be completed and returned to the Division of Water Supply no later than February 29, 1992. Information from this report will be used to update our files and for determining compliance with the laws and regulations governing public water supplies in Mississippi. Return the completed report to: Division of Water Supply; P. O. Box 1700; Jackson, Mississippi 39215-1700.

Who completed this report? Name Margaret E. Corder Title Municipal Clerk

Signature Margaret Corder Date 02 / 13 / 92

If well telescopes please sketch and show depths.



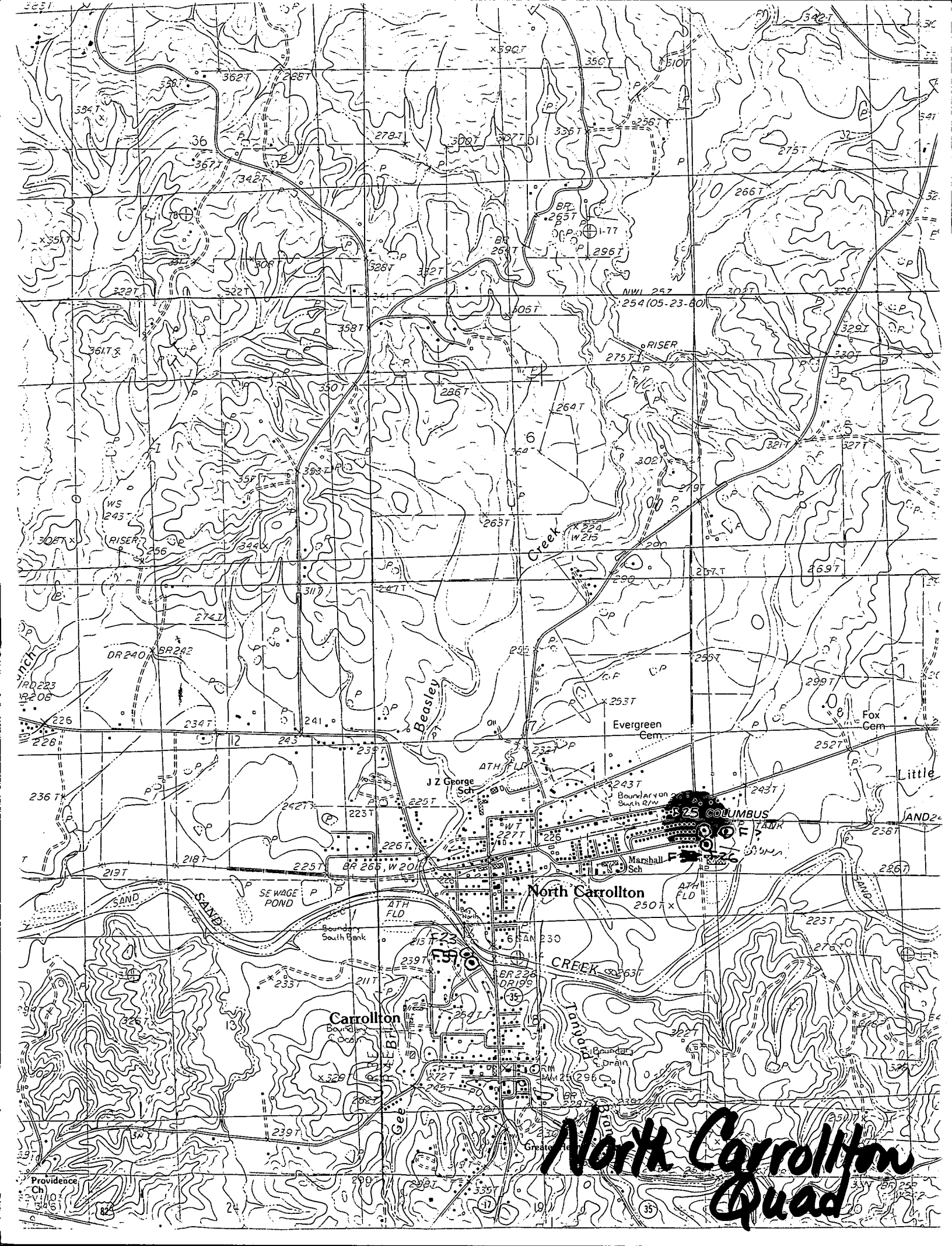
GROUND LEVEL

SECTION _____

Please indicate well location X.

ADDITIONAL INFORMATION

If more than one screen,
show locations of each on sketch.



North Carrollton
Quad

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

20
19 OF 64
COH

USER NAME(S): Hornbeak DATE: 9/26/96

UNIT DEQ #: 82859 FILE #: B092618A

HEALTH DEPT. #: 080006-01 ELEV. _____

USGS #: F25 OLWR #: GW02812

OWNER: Town of North Cartollton QUAD: North Cartollton

LOCATION: SW-5W S 8 T 19 R 4 E COUNTY: Cartoll

LOCATION DESCRIPTION: AT Elev. Tank on Industrial Park Rd. 10 mi.
South of Intersection with McCarley Rd.

CASING DIA: 10" PUMP TYPE & SIZE: 20 H.P. Elec. (North Cartollton)

GPS FIELD LOCATION: LAT. 33° 31' 11.3" LONG. 89° 54' 26.4"

GPS CORRECTED LOCATION: LAT. 33.51968128 LONG. 89.90738918

REMARKS: GPS at Well.

