

G W 04973
DOT # 140002-02

FORM 9-1642
(1-68)

Well No.

J55

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR GEOLOGICAL SURVEY WATER RESOURCES DIVISION

PUNCHED and VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by M. Smith Source of data _____ Date 7/70 Map _____

State _____ County 28 (or town) Cookson Sequential number: 14

Latitude: 34 12 28 N Longitude: 09 03 30 W Sequential number: 7

Lat-long accuracy: 3 T. 27 S. R. 4 Sec. 13 SE SE

Local well number: 7065 DD 1327 NO 04 W Other number: City Dist #5

Local use: 064 Owner or name: W.S.T.

Owner or name: CLARKSDALE Address: Lyon Ave.

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

Use of Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, water: (S) (T) (U) (V) (W) (X) (Y) (Z) P

Use of well: (A) (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) W

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

Hyd. lab. data: _____

Qual. water data; type: MSBH

Freq. sampling: _____ Pumpage inventory: _____

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: _____ ft 681 Meas. rept accuracy 6

Depth cased; (first perf.) _____ ft 611 Casing type: _____; Diam. 16X10 in 16

Finish: (C) porous concrete, (F) gravel w. (perf.), (G) gravel w. (screen), (H) horiz. (gallery), (I) open end, (J) open perf., (K) screen, (L) sd. pt., (M) shored, (N) open hole, (O) other S

Method: (A) air bored, (B) cable, (C) dug, (D) hyd. rot., (E) jetted, (F) air percussion, (G) reverse, (H) trenching, (I) driven, (J) wash, (K) other H

Date Drilled: 951 Pump intake setting: _____ ft _____

Driller: Layne C.

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

Power: (type): diesel, elec, gas, gasoline, hand, gas, wind; H.P. 100 Trans. or meter no. _____

Descrip. MP _____ ft above _____ below LSD, Alt. MP _____

Alt. LSD: _____ Accuracy: (source) 3

Water Level: _____ ft above _____ above _____ below MP; Ft below LSD _____ Accuracy: _____

Date meas: _____ Yield: _____ gpm 1000 Method determined _____

Drawdown: _____ ft _____ Accuracy: _____ Pumping period _____ hrs _____

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

Sp. Conduct _____ K x 10 _____ Temp. _____ °F Date sampled _____

Taste, color, etc. _____

Well No.

J55

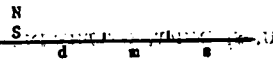
Well No. _____

J55

STATE OF MICHIGAN
(60-11)

WELL SCHEDULE

Latitude-longitude _____



HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD Physiographic Province: 03 Section: _____

Drainage Basin: E Subbasin: 154

Topo of well site: (D) depression, stream channel, dunes, flat, hilltop, sink, swamp, (E) offshore, pediment, hillside, terrace, undulating, valley flat

MAJOR AQUIFER: system _____ series US aquifer, formation, group WS

Lithology: _____ Origin: 6 Aquifer Thickness: _____ ft

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

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

Depth to basement: _____ ft Source of data: _____

Surficial material: _____ Infiltration characteristics: _____

Coefficient Trans: _____ gpd/ft Coefficient Storage: _____

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

Geologic column chart with columns for rock types and depth markers.

Flow direction indicators and other hydrologic data fields.

Driller: _____ and other well construction details.

Additional data fields at the bottom of the card.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Grant Law DATE: 9-6-96
UNIT DEQ #: _____ FILE #: A090615A
HEALTH DEPT. #: 140002-02 ELEV. 170'
USGS #: J-055 OLWR #: MS-GW-04973
OWNER: City of Clarksdale Ms #5
LOCATION: SE SE SE S 13 T 27N R 4W COUNTY: Coahoma
LOCATION DESCRIPTION: on W side of Tenn Ave NE of City
well 100' S of GPS Loc
CASING DIA: 16" PUMP TYPE & SIZE: _____
GPS FIELD LOCATION: LAT. 34 12 370 LONG. 90 33 327
GPS CORRECTED LOCATION: LAT. 34.20579817 LONG. 90.55500421
REMARKS: clarksdale quad

RECEIVED

APPLICATION FOR PERMIT TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI JUN 29 1998

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES, 1000 STATE ST., JACKSON, MS 39289-0631; (601) 961-5202

This box is for office use only.

9-8-98 AGN

FORM OLWR-AP-2 (REV 9/94)

Table with 4 columns: Issued, Expires, Fee Paid, Permit No.; Lat, Long, Elev, USGS No.; Quad, ASCS Farm No, STAC, MSDOH No.; Aquifer, Tract No, Basin No.; Remarks, Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. GW-04973

THIS APPLICATION IS FOR (Circle one): GROUNDWATER - COMPLETE A,B,E SURFACE WATER - COMPLETE A,C,D,E

BENEFICIAL USE (Circle one or more): 1) Public Supply (Municipal), Rural Water, or Private Water 2) Irrigation 3) Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, Restaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: City of Clarksdale, Mississippi (Name) P.O. Box 940 (Address) Clarksdale, MS 38614 (City) (State & Zip) (601) 627-8100 (Telephone No.)

APPLICANT, AGENT, OR LESSEE (if different from Landowner): Clarksdale Public Utilities (Name) P.O. Box 70 (Address) Clarksdale MS 38614 (City) (State & Zip) (601) 627-8403 (Telephone)

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application): SE 1/4 of the SE 1/4 of Section 13, Township 27N, Range 4W, County Coahoma

Does the land to which this application pertains have any source(s) of water other than that for which you are now applying (circle one)? YES NO If yes, describe the nature and amount of any additional supply and, if applicable, list permit number.

SECTION B (to be completed for GROUNDWATER SOURCE)

1. AQUIFER: 675 foot aquifer MISSISSIPPI DEPARTMENT OF HEALTH NO.: 0140002-02

2. Proposed work will begin on 1907 and will be completed by 1951. If well has already been drilled, when was well completed (date)? 1907. Under whose name was well originally drilled (if known)? City of Clarksdale

3. Description of proposed or completed well: (a) DEPTH OF WELL: 675 Feet. DRILLER: Layne Central (b) SURFACE CASING: Length 597 feet; Diameter 16 inches; Type steel, grouted in plac (c) SCREEN: Length 70 feet; Diameter 10 inches; Type stainless steel shutter (d) PUMP: Type WMC, Size 14", Capacity 1200 gallons per minute; Setting depth 129 feet (e) POWER UNIT: Type G.E. (electric), Size 100 horsepower

4. PERMITTED VOLUME: (a) 0.62 million gallons per year at a maximum rate of 1200 gallons per minute (b) 0.576 million gallons per day at a maximum rate of 1200 gallons per minute

(CONTINUED ON BACK)

MAP 4/98

1200

SECTION C (to be completed for SURFACE WATER SOURCE)

1. Source of water is from _____ which drains into _____
 which drains into _____ (major stream or river)
2. Description of pump/diversion works:
 Pump (size & type): _____ Power Unit (size & type): _____
 Lift: _____ feet Maximum capacity: _____ gallons per minute
 3. _____ acre-feet per year at a maximum rate of _____ gallons per minute

SECTION D (to be completed for SURFACE WATER IMPOUNDMENTS (DAMS) on continuously flowing streams)

1. Name of storage reservoir: _____ Dam Height: _____ feet
 2. Surface area at normal pool: _____ Storage capacity at normal pool: _____ acre-feet

SECTION E WATER USE DATA (ALL APPLICATIONS - complete section related to beneficial use)

1. IRRIGATION: List the number of acres of each crop to be irrigated: Rice _____; Cotton _____; Oats _____
 Corn _____; Soybeans _____; Pasture _____; Truck _____; Wheat _____; Grain Sorghum _____
 Other (specify) _____ Acres _____
 A. Method of Irrigation (circle one) - Center Pivot Flood Furrow
 B. Land Condition (circle one) - Precision Land Formed Smoothed
 C. ASCS Farm No. _____ Tract No. _____
2. FISH CULTURE: Explain how water will be used: _____
 How often will reservoir (s) be emptied and refilled? _____
3. MUNICIPAL, WATER ASSOCIATION, or PRIVATE WATER SYSTEM
 Chose "a" or "b". (a) The number of people served is _____ or (b) The number of connections is 7353
 What is the estimated average daily consumption during periods of maximum use at the end of each five-year period during the next twenty (20) years?

4.56MGD	2003	4.56MGD	2008	4.56MGD	2013	4.56MGD	2018
(Volume)	(Year)	(Volume)	(Year)	(Volume)	(Year)	(Volume)	(Year)
4. INDUSTRIAL: If the water is to be released into a watercourse, indicate the amount released each year _____
 Rate of release _____; NPDES Permit No. _____
 Explain any changes in quality of water to be released: _____
 Explain how water will be used: _____
 How much groundwater will be used for once-through non-contact cooling? _____
5. RECREATION: Explain how water will be used: _____
6. OTHER USE: Explain in detail (if needed, attach another page): _____
7. REMARKS: _____

List below the person to be contacted for additional information if required.

Philip A. Clark, Jr. Clarksdale Public Utilities
 (Name)
P.O. Box 70
 (Address)
Clarksdale, MS 38614
 (City, State, Zip)
601-627-8490
 (Telephone)

The accompanying map is hereby declared a part of this application.
 For irrigation and fish culture use, an ASCS photograph is required.
 The TEN DOLLAR (\$10.00) permit fee is enclosed herewith.

Philip A. Clark, Jr.
 (Signature)

Subscribed and sworn to before me this 5th day of June, 1998, at Clarksdale county of Corahoma

My commission expires MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 29, 2000 Patricia C. Branch Notary Public.

Clarksdale Public Utilities

1. GW-4973 MSHD 0140002-02
Deep Well #5

N
4

EAST LOOP
518

11008 328

GW
4973
Renew

RECEIVED

JUN 29 1998

Dept of Environmental Quality
Office of Land & Water Resources

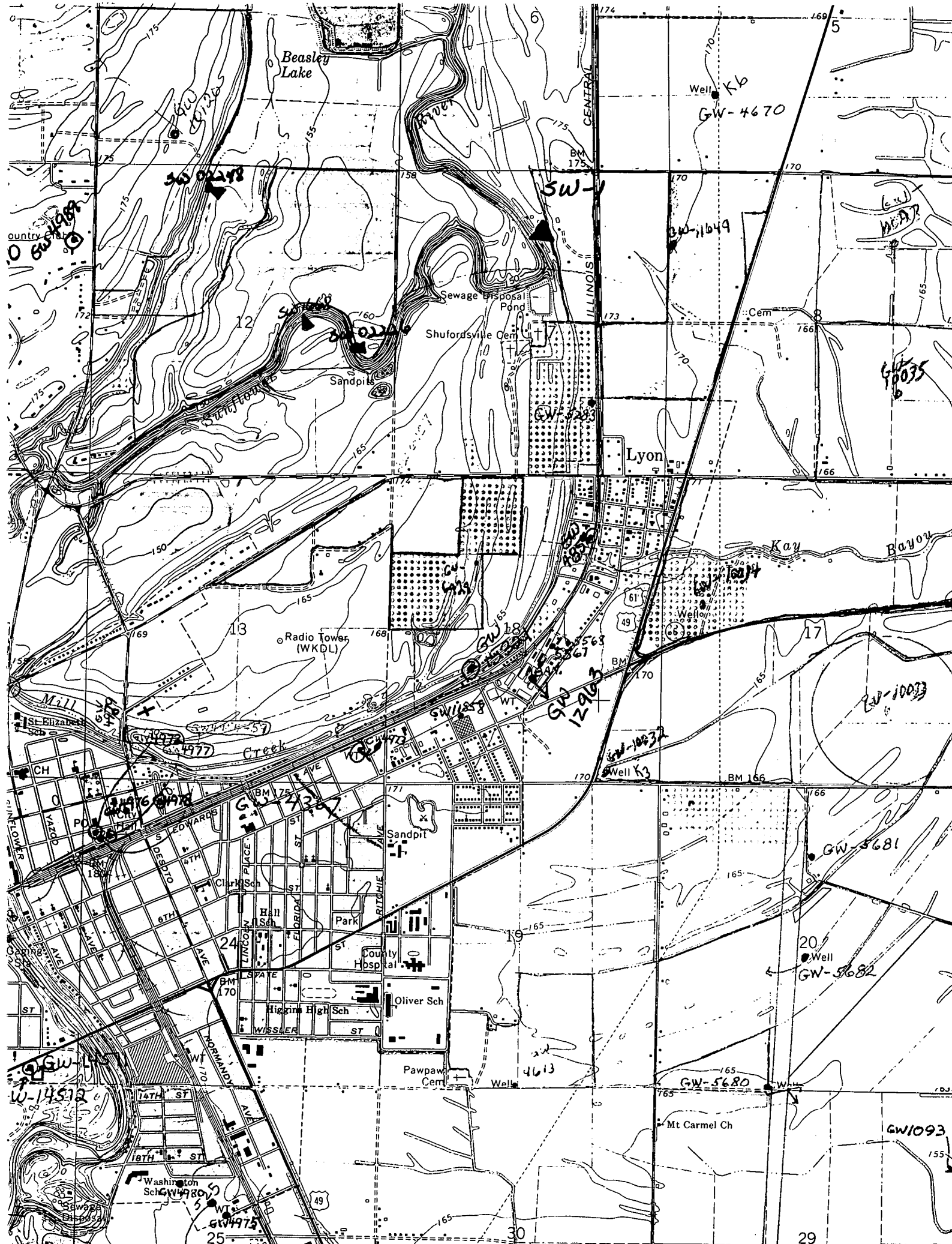
V T
PLANT

SOUTH PLANT

REV	DATE	DESCRIPTION
001		
002		
003		
004		
005		
006		
007		
008		
009		
010		

TRIMBECK

FILE NO
16800-10000-0101
DATE
0101-E-01



Beasley Lake

Well K6
GW-4670

SW-1

Sewage Disposal Pond
Shufordville Cent

Lyon

Kay Bayou

Radio Tower (WKDL)

GW-128

GW-12903

GW-10033

St. Elizabeth Sch

Creek

Well K3

BM 166

ST. EDWARDS
S. EDWARDS ST
6TH ST
CLARK ST
LINCOLN ST
FLORIDA ST
WISSNER ST
HIGGINN HIGH SCH
OLIVER SCH
PAPAIAW CENT

GW-5681

Well
GW-5682

GW-14572

16TH ST

18TH ST

Washington Sch
GW-4780

GW-5680

Mt Carmel Ch

GW1093

GW-4780

GW-4780

30

29