FORM 9-1642
(1-69)

WELL SCHEDULE
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: __________ Source of data: G & C
Date: 4-71 Map: __________

State: __________ County (or town): __________

Latitude: __________ Longitude: __________

Lat-long accuracy: __________ Sec __________ Min Sec __________ Sec

Local well number: __________

Other number: __________

Owner or name: __________

Owner or name: __________

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

Use of water: Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P, S, Rec, __________

Stock, Insect, Unseeded, Repressure, Recharge, Desal-P, Desal-other __________

Well: Anode, Drain, Sediment, Heat Res, Oba, Oil-gas, Recharge, Test, Unseed, Withdraw, Waste, Destroyed __________

DATA AVAILABLE: Well data: __________

Freq. W/L meas: __________ Field aquifer char: __________

Hyd. lab. data: __________

Qual. water data: __________

Freq. sampling: __________

Pumping inventory: __________

Aperture cards: __________

Log data: __________

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD __________

Depth well: __________

Depth cased: __________

Casing: __________

(C) __________ (C) __________ (C) __________ (C) __________ (C) __________ (C) __________ (C) __________ (C) __________

Finish: __________

Method: __________

Drilled: __________

Date: __________

Pump intake setting: __________

Driller: __________

Lift: __________

Power: __________

Descrip. MP: __________

Alt. LSD: __________

Water level: __________

Date: __________

Drawdown: __________

Yield: __________

QUALITY OF WATER DATA: __________

Sp. Conduct: __________

Tests, color, etc. __________
HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD

Physiographic Province: E
Drainage Basin: LSH
Subbasin: 20 21

Section: 22

Type of depression, stream channel, dunes, flat, hilltop, sink, swamp:
well site: 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

MAJOR AQUIFER:

system:
series:
aquifer, formation, group:

Lithology:

Length of well open to:

Origin:

Depth to top of:

Thickness:

MINOR AQUIFER:

system:
series:
aquifer, formation, group:

Lithology:

Length of well open to:

Origin:

Depth to top of:

Thickness:

Intervals Screened:

Depth to consolidated rock:

Depth to basement:

Surficial material:

Infiltration characteristics:

Coefficient:

Trans:

Coefficient:

Perm:

8 hr. pumping test by driller 3-23-67

82' of dd @ 130 gpm

specific capacity = 1.6 gpm/ft. of dd

Engineer: Jones Hyd. Associates, Chesla

GPO 937-142
MISSISSIPPI
BOARD OF WATER COMMISSIONERS
416 North State Street
Jackson, Mississippi 39201

WATER WELL DRILLERS LOG


<table>
<thead>
<tr>
<th>LANDOWNER</th>
<th>description of formations encountered</th>
<th>from</th>
<th>to</th>
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<tbody>
<tr>
<td>Lu-Rand Water Association</td>
<td>Clay</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Clarksdale, Mississippi (mailing address)</td>
<td>sand</td>
<td>98</td>
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<td>gravel</td>
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<td>gravel</td>
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<td>shale-rock stds.</td>
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<td>fine sand-shale</td>
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<tr>
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<td>clay</td>
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</table>

WELL PURPOSE: Municipal
(home, irrigation, municipal, industrial)

WELL COMPLETION DATA:
(1) diameter (inches) 8"
(2) total depth (feet) 1220'
(3) static water level (feet 2' above top of ground.)
(4) casing steel pipe 1190' (material) 8" (size)
(5) screen 30' (length) 1190' (depth to top) 4" s.s. Keystone (size) (material)
(6) pump 10 (HP) 100 (yield gpm) electric
(7) electric log no (yes or no)
(organization running log)
(8) how well bottom plugged 4" BPV

DRILLERS REMARKS:
DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Grantham
DATE: 9-6-96

UNIT DEQ #: ________________________ FILE #: A90616A

HEALTH DEPT. #: 140009-01 ELEV. 160

USGS #: M6 OLWR #: MS-GW-12774

OWNER: Lu-Rond Utility Dist

LOCATION: NW, NW; SE, S 8 T 26 N R 30 W COUNTY: Coahoma

LOCATION DESCRIPTION:

CASING DIA: __________ PUMP TYPE & SIZE: 

GPS FIELD LOCATION: LAT. 34°28.275' LONG. 90°31.705'

GPS CORRECTED LOCATION: LAT. 34°13.781500 LONG. 90°52.769328

REMARKS: Clarksville Quad


1967
1220
APPLICATION FOR PERMIT TO DIVERT FOR BENEFICIAL USE THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 10631, JACKSON, MS 39299-0631; (601) 961-5202

FEB 18 2000

This box is for office use only

<table>
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<tr>
<th>Issued: 3-28-00</th>
<th>Expires: 3-28-2010</th>
<th>Fee Paid: $</th>
<th>Permit No.</th>
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<td>Long: 90°31'39&quot;</td>
<td>Elev: 158 ft</td>
<td>USGS No. M6</td>
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<td>ASCS Farm No. STAC:</td>
<td>Basin No.</td>
<td>MSDOH No. 140079-01</td>
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<td>Aquifer: MinnX</td>
<td>Tract No.</td>
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<tr>
<td>Remarks: Dam Inv. No.</td>
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</table>

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. MS-GW-12779

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: LuRand Utility District

(Name)

157 Adams Circle - LuRand

(Address)

Clarksdale MS 38614 (662) 624-2653

(State & Zip) (Telephone No.)

APPLICANT, AGENT, OR LESSEE (if different from Landowner):

(Name) (SSN or Tax ID No.)

(Address)

(City) (State & Zip) (Telephone)

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):

NW 1/4 of the SE 1/4 of Section 8, Township 4N, Range 3W, 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: Meridian Upland MISSISSIPPI DEPARTMENT OF HEALTH NO.

2. Proposed work will begin on and will be completed by . Under whose name was well originally drilled (if known)? LuRand Water Assn.

3. Description of proposed or completed well:
   (a) DEPTH OF WELL: 1320' feet DRILLER: Layne Central
   (b) SURFACE CASING: Length 310' feet Diameter 8 inches Type Steel 0.03
   (c) SCREEN: Length 30' feet Diameter 4 inches Type Steel 0.03
   (d) PUMP: Type 175HP Capacity 10 gallons per minute; Setting depth 35 feet
   (e) POWER UNIT: Type Size horsepower

4. PERMITTED VOLUME:
   (a) 0.03 acre-feet per year at a maximum rate of 160 gallons per minute
   (b) 1790.4 gallons per day at a maximum rate of 40 gallons per minute

(Continued on back)
SECTION C (to be completed for SURFACE WATER SOURCE)
1. Source of water is from ___________ which drains into ___________.
2. Description of pump/diversion works:
   Pump (size & type): ___________ feet
   Power Unit (size & type): ___________
   Lift: ___________ feet
   Maximum capacity: ___________ gallons per minute
   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: ___________
2. Surface area at normal pool: ___________ feet
   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 ___________, Smoothed ___________, Tract No. ___________
   B. Land Condition (circle one) - Precision Land Formed ____________, Smoothed ___________
   C. ASCS Farm 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 ___________.
   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? ___________ (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.

JoAnn Billingsley
(Name)

157 Adams Circle - LeLady
(Address)

Clarksdale, MS 38614
(City, State, Zip)

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.

JoAnn Billingsley
(Signature)

MY COMMISSION EXPIRES JAN. 25, 2003

Subscribed and sworn to before me this 9th day of Feb., 2003 at County of Mississippi
My commission expires ___________.

COMMISSION EXPIRES JAN. 25, 2003

Notary Public.