

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

MASTER CARD

Record by EJA Source of data M=Nees Date 7/58 Map Crystal Springs

State 28 County (or town) Cocon Sequential number: 15

Latitude: 31° 58' 5" N Longitude: 09° 02' 14" W

Lat-long accuracy: 3 sec 2 sec 2 sec 25 sec

Local well number: D004AC2512N02W Other number: Well # B & M

Local use: _____ Owner or name: Town of Crystal Springs

Owner or name: CRYSTAL SPRINGS Address: _____

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) MU

Use of well: (A) (D) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) 11

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

Hyd. lab. data: _____

Qual. water data; type: USGS (?)

Freq. sampling: Pumpage inventory: period: _____

Aperture cards: _____

Log data: CRNL

6/15/94
LAR/DRB

Latitude-longitude N
S
d m s d m s

HYDROGEOLOGIC CARD

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

D Drainage Basin: _____ 131V Subbasin: _____

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

MAJOR AQUIFER: _____ system _____ series TIP _____ aquifer, formation, group C.I

Lithology: _____ 5 Origin: _____ 2 Aquifer Thickness: < 36 ft

Length of well open to: _____ ft 15 Depth to top of: _____ ft 21

MINOR AQUIFER: _____ system _____ series _____ aquifer, formation, group _____

Lithology: _____ 5 Origin: _____ _____ Aquifer Thickness: _____ ft

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

Intervals Screened: _____ 10"

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

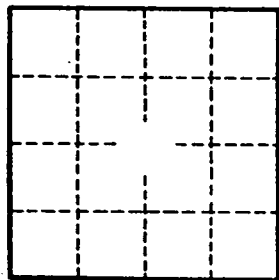
Depth to basement: _____ ft _____ Source of data: _____

Surficial material: _____ Infiltration characteristics: _____

Coefficient Trans: _____ gpd/ft _____ Coefficient Storage: _____

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

*5' of water table
By Free water*



*22' of 30' casing
93' " 12" "
15' " 10" screen*

Well No.

APPLICATION FOR PERMIT TO DIVERT OR WITHDRAW WATER FROM THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI
 FOR BENEFICIAL USE THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI

RECEIVED

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
 P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5202

FEB 23 1986

This box is for office use only.

6-25-96 AGN-

Dept. of Environmental Quality
 Office of Land & Water Resources

Issued: 4-8-86	Expires: 4-8-2006	Fee Paid:	Permit No.
Lat. 31-58-57	Long. 90-21-38	Elev. 465	USGS No.
Quad. Crystal Springs	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: CRNL	Tract No.		Basin No. 03180002
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. MS-6W-02270

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 Crystal Springs 646 000304
 (Name) (SSN or Tax ID No.)
 210 East Railroad Ave. P.O. Box 473
 (Address)
 Crystal Springs Miss. 39059 (601) 892-1210
 (City) (State & Zip) (Telephone No.)

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

(Name) (SSN or Tax ID No.)
 (Address)
 (City) (State & Zip) (Telephone)

MAP SENT

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

NE 1/4 of the SW 1/4 of Section 25, Township 25N, Range 2W, County Copiah

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)

- AQUIFER: 4 Miocene CRNL MISSISSIPPI DEPARTMENT OF HEALTH NO.: 150003-02
- Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
 If well has already been drilled, when was well completed (date)? May, 1958. Under whose name was well originally drilled (if known)? Sayne Central
- Description of proposed or completed well:
 - DEPTH OF WELL: 108' feet. DRILLER: Sayne Central
 - SURFACE CASING: Length 93 feet; Diameter 12 inches; Type Black Steel
 - SCREEN: Length 20 feet; Diameter 6 inches; Type Bronze Shutter
 - PUMP: Type Submersible; Size 8; Capacity 116 gallons per minute; Setting depth 90 feet
 - POWER UNIT: Type General Electric; Size 7.5 horsepower
- PERMITTED VOLUME:
 - _____ ac-ft per year at a maximum rate of _____ gallons per minute
 - 37,730.06 ac-ft per year at a maximum rate of 116 gallons per minute

(CONTINUED ON BACK)

08

179

#2 Middle Dam Plant Water Well

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 6342 or (b) The number of connections is 2114
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?

<u>4525 GPD</u>	<u>2001</u>	<u>45677 GPD</u>	<u>2006</u>	<u>50243 GPD</u>	<u>2011</u>	<u>55269 GPD</u>	<u>2016</u>
(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.

Robert J. Sims
(Name)
3411 W.R.R. Ave P.O. Box 151
(Address)
Crystal Springs Miss 39059
(City, State, Zip)
601 892-4111
(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.

Robert J. Sims
(Signature)

Subscribed and sworn to before me this 17th day of February, 1996, at 9:58 County of COPIAH

My commission expires MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 18, 1998
BONDED THRU STEGALL NOTARY SERVICE Linda L. Carter Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

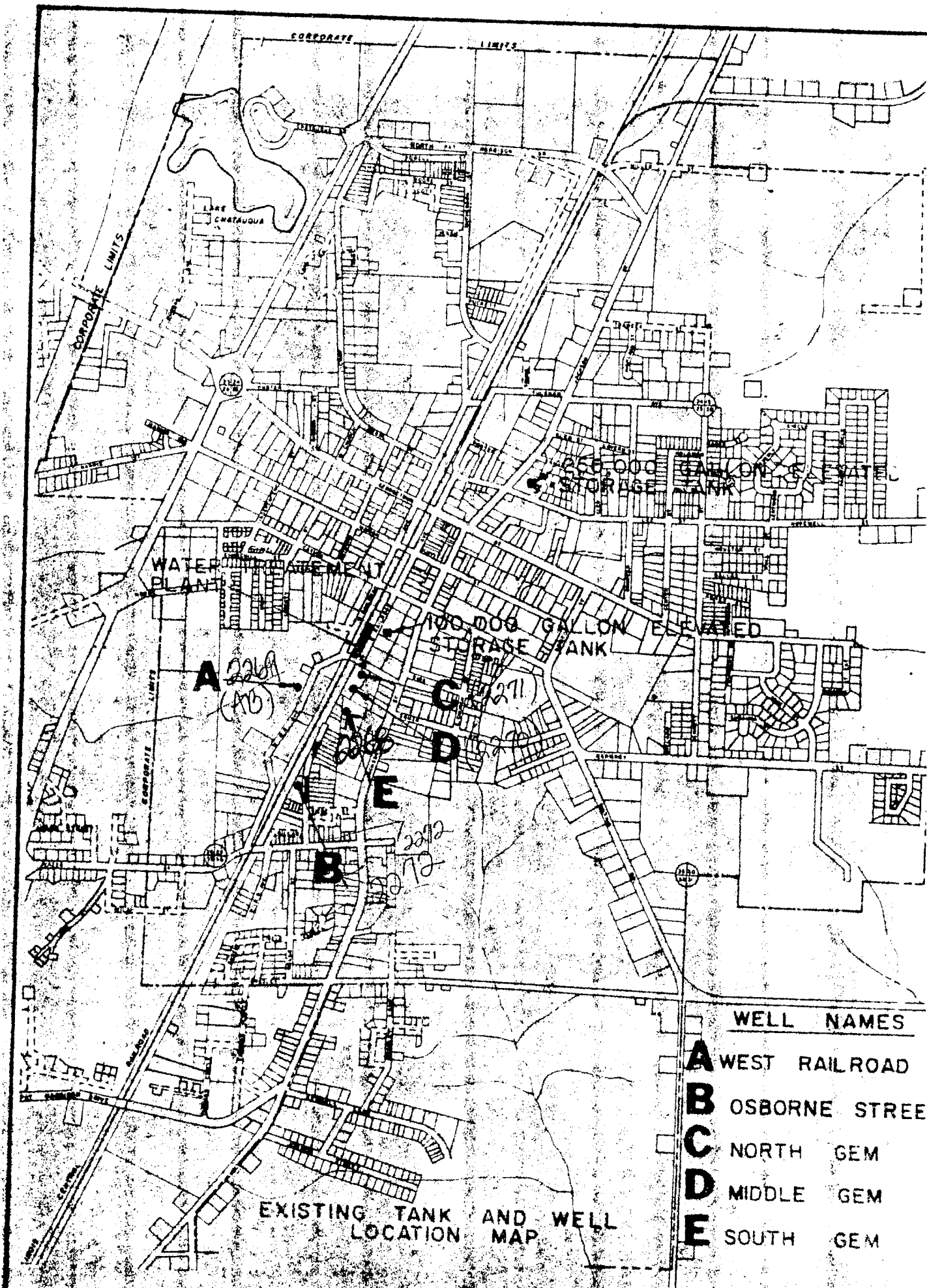
USER NAME(S): LAK/DRS DATE: 6/15/94
UNIT DEQ #: 82859 FILE #: A061718B
HEALTH DEPT. #: 150003-02 ELEV. 440
USGS #: DA ~~D003~~ OLWR #: 2270
OWNER: Crystal Springs W. Service
LOCATION: SW/NE/SW S 25 T 2N R 2W COUNTY: Copiah
LOCATION DESCRIPTION: SE corner of plant (GEM) Sheldon

CASING DIA: 30" PUMP TYPE & SIZE: Tyctive

GPS FIELD LOCATION: LAT. 31-58-55 LONG. 90-21-38
31-58-885 N -90-21-710 W
GPS CORRECTED LOCATION: LAT. 31°58'53.465" LONG. 90°21'36.336"
31.981518 90.360093

REMARKS: 10' AWAY FROM pump 6/15/94
ON top of pump housing 6/17/94

Crystal Springs Area



EXISTING TANK AND WELL LOCATION MAP

WELL NAMES

- A** WEST RAILROAD
- B** OSBORNE STREET
- C** NORTH GEM
- D** MIDDLE GEM
- E** SOUTH GEM

Welcome To
CRYSTAL SPRINGS
MISSISSIPPI

"As Refreshing As It Sounds"

POINTS OF INTEREST

1. CITY HALL, POLICE DEPARTMENT & CHAMBER OF COMMERCE C.D.S
2. FIRE DEPARTMENT C.D.S
3. LIBRARY D.S
4. POST OFFICE D.S
5. HEALTH DEPARTMENT E.S.A
6. CHAUTAUQUA PARK C.J
7. H. HIGH SCHOOL C.7
8. CITY CEMETERY C.4
9. C.S. ATTENDANCE CENTER D.S
10. NATIONAL GUARD ARMORY E.S.5
11. JOB CORPS E.6

EMERGENCY NUMBERS

Police - Fire - Ambulance	
911	
Police Dept	892-2121
Fire Dept	892-1313
Water Dept	892-4111
Chamber of Commerce	892-2711
City Hall	892-1210



STREET INDEX

ADAMS ST B6	FULHAM AVE D.14	MARSHALL ST D.4
ADAMS ST EXT. B6	FURNACE ST B.7	MILL ST B6
AGNES ST E.5	GALE RD. N. B6	MILLS ST D.3
AUSTIN CR. C.6	GAGE RD. S. B6	MONROE LN B6
BAKER ST E.4	GEORGETOWN E. D.5	MOORE ST C.3
BANKHEAD LN E.3	GEORGETOWN ST. EXT. E.3	MORGAN LN B.4
BARNES RD B.1	GEORGETOWN ST. EXT. E.4	MURPHY DR
BELLE ST C.6	GEORGETOWN ST. EXT. E.4	NEW ZION RD A.3
BENNETT ST E.4.5	GEORGETOWN ST. EXT. E.4	NEWELL ST B6
BENNETT DR	GEORGETOWN ST. EXT. E.4	NEWTON ST D.5
BEVERLY CR E.4	GEORGETOWN ST. EXT. E.4	OLD HWY 27 A.2
BRADLEY LN D.6	GEORGETOWN ST. EXT. E.4	OLD HWY 27 N. E.2
BRADLEY LN N. C.6	GEORGETOWN ST. EXT. E.4	OSBORNE ST C.5.9
BRADLEY LN S. C.6.7	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BRADLEY LN S. D.5.5	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BRENT ST D.2	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BRENTWOOD ST E.4	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BREWER RD A.2	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BROWN DR	GEORGETOWN ST. EXT. E.4	PACIFIC DR
BYRD ST C.5	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CANALIA CR	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CAMP ST C.1	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CANTONMENT DR D.2	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CAROLYN LN E.3	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CAROLYN LN E.4	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CAYUGA ST E. C.D.5	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CEASAR LN B.C.7	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CEASAR LN E.3	GEORGETOWN ST. EXT. E.4	PACIFIC DR
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CEASAR LN E.99	GEORGETOWN ST. EXT. E.4	PACIFIC DR
CEASAR LN E.100	GEORGETOWN ST. EXT. E.4	PACIFIC DR

Handwritten notes:
 X North Dam Well
 X Middle Dam Well
 X South Dam Well
 X Capone St. Well
 X Six Mile Rd Well
 X Harmony Rd Well



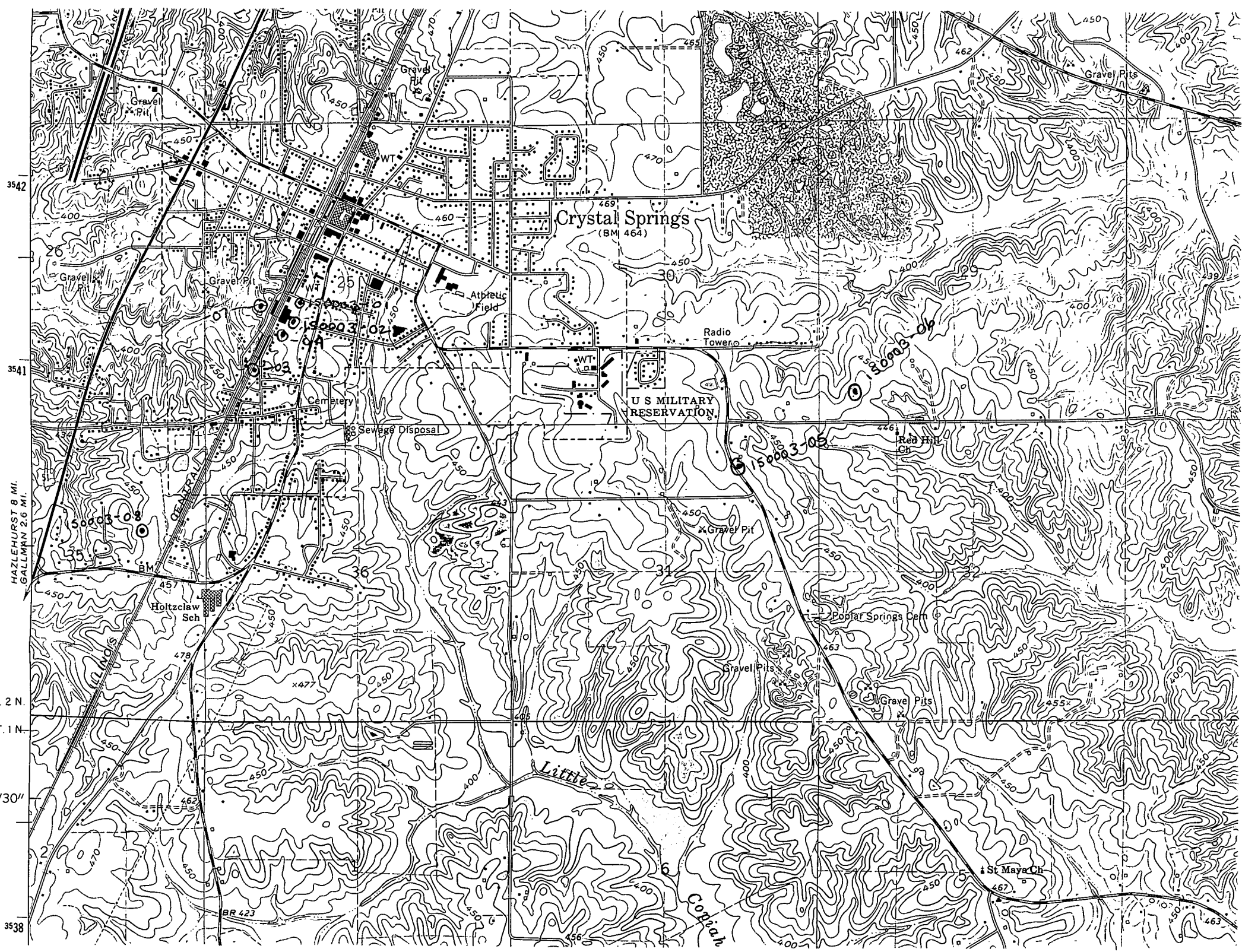
Jan 11 1996
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Review

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Review

226-AB

8 total

RECEIVED
FEB 21 1996
Dept. of Environmental Quality
Office of Land & Water Resources



HAZLEHURST 8 MI.
GALLMAN 2.6 MI.