

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

MASTER CARD

REPLACEMENT ✓

Record by WTR Source of data driller Date _____ Map Crystal Springs

State _____ County 218 (or town) Copiah Sequential number: 15

Latitude: 31 deg 58 min 58 sec N Longitude: 09 deg 02 min 14 sec W

Lat-long accuracy: 3 T 12 S, R 20 Sec 25 t, NW t, NE t SW

Local well number: 0007 25 42 N 10 2 W Other number: _____

Local use: 064 Owner or name: _____

Owner or name: CRYSTAL SPRINGS Address: DW. of Plant

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

Use of water: (A) Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, (S) Stock, Instit, Unused, Reppure, Recharge, Desal-P S, Desal-other, Other MU

Use of well: (A) Anode, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Waste, Destroyed. _____

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: _____ CRNL yes no

Log data: _____

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: _____ ft 108 Meas. accuracy 3

Depth cased: (first perf.) _____ ft _____ Casing type: _____ Diam. 10.86 in _____

Finish: (C) porous concrete, (F) gravel w. concrete, (G) gravel w. (perf.), (H) horiz. gallery, (I) open end, (J) other _____

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

Date Drilled: 6/47 9/47 Pump intake setting: _____ ft _____

Driller: George Central

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

Power (type): nat LP _____ Trans. or meter no. _____

Descrip. MP 467 ft above below LSD, Alt. MP _____

Alt. LSD: 460 Accuracy: (source) _____ PT 10'

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

Date meag: 6/47 Yield: _____ gpm Method determined _____

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

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

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

Taste, color, etc. _____

6/15/94 LAR/DRB

Latitude-longitude N
S

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD Physiographic Province: 03 Section: 20 21

Drainage Basin: 1131V Subbasin: 26

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

MAJOR AQUIFER: system TIP aquifer, formation, group CI

Lithology: G Origin: 2 Aquifer Thickness: 94 ft

Length of well open to: 94 ft Depth to top of: 110 ft

MINOR AQUIFER: system aquifer, formation, group

Lithology: Origin: Aquifer Thickness: ft

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

Intervals Screened: 20' of 6" Sinter #7

Depth to consolidated rock: ft Source of data:

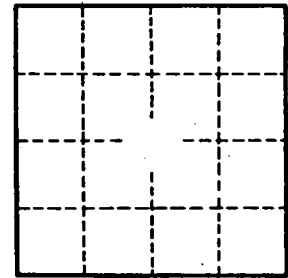
Depth to basement: ft Source of data:

Surficial material: Infiltration characteristics:

Coefficient Trans: gpd/ft Coefficient Storage:

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

7-1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100



Well No.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): LAC/DAS DATE: 6/15/94
UNIT DEQ #: 82859 FILE #: A061718C
HEALTH DEPT. #: 150003-01 ELEV. 440
USGS #: D-007 OLWR #: 2271
OWNER: Cystal Springs Water Service
LOCATION: NW/NE/SW S 25 T 2N R 2W COUNTY: Copiah
LOCATION DESCRIPTION: NE corner of Sheldon (GEM) plant
on Kirk Street. (E. of water plt. + h.p.)
CASING DIA: 12" PUMP TYPE & SIZE: Sub. /
GPS FIELD LOCATION: LAT. 31-59-00 LONG. 90-21-36
GPS CORRECTED LOCATION: LAT. 31-58-57.187 LONG. 90-21-34.082
REMARKS: GPS on top of well

Cystal Springs

**APPLICATION FOR PERMIT TO DIVERT OR WITHDRAW
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 39289-0631; (601) 961-5202

This box is for office use only.

6-25-96 ASN

FORM OLW 1000



Issued: <u>4-8-86</u>	Expires: <u>4-8-2006</u>	Fee Paid:	Permit No.
Lat. <u>31-58-58</u>	Long. <u>90-21-37</u>	Elev. <u>465</u>	USGS No. <u>FEB 23 1995</u>
Quad. <u>Crystal Springs</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>CRNL</u>	Tract No.		Basin No. <u>03180002</u>
Remarks:			Dam Inv. No.

Dept. of Environmental Quality
Office of Land & Water Resources

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. MS-6W-02271

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 646000304
(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 2N, 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: U/Miocene CRNL MISSISSIPPI DEPARTMENT OF HEALTH NO.: 150003-01
- Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
If well has already been drilled, when was well completed (date)? May, 19 58. Under whose name was well originally drilled (if known)? Wayne Central
- Description of proposed or completed well:
 - DEPTH OF WELL: 108 feet. DRILLER: Wayne Central
 - SURFACE CASING: Length 93 feet; Diameter 12 inches; Type Welded Black Steel
 - SCREEN: Length 15 feet; Diameter 10 inches; Type Stainless Steel Shuttle
 - PUMP: Type Submersible; Size 6; Capacity 160 gallons per minute; Setting depth 110 feet
 - POWER UNIT: Type Franklin Electric; Size 7.5 horsepower
- PERMITTED VOLUME:
 - _____ acres/ann per year at a maximum rate of _____ gallons per minute
 - 37,750 .08 _____ gallons per day at a maximum rate of 160 gallons per minute

(CONTINUED ON BACK)

#1 North Yam Plant Water Well

SECTION C (to be completed for SURFACE WATER SOURCE)

- Source of water is from _____ which drains into _____
which drains into _____
(major stream or river)
- Description of pump/diversion works:
Pump (size & type): _____ 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)

- Name of storage reservoir: _____ Dam Height: _____ feet
- 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)

- 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. _____
- FISH CULTURE:** Explain how water will be used: _____
How often will reservoir (s) be emptied and refilled? _____
- 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>41525600</u>	<u>2001</u>	<u>45677</u>	<u>2006</u>	<u>50245600</u>	<u>2011</u>	<u>59269600</u>	<u>2016</u>
(Volume)	(Year)	(Volume)	(Year)	(Volume)	(Year)	(Volume)	(Year)
- 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? _____
- RECREATION:** Explain how water will be used: _____
- OTHER USE:** Explain in detail (if needed, attach another page): _____
- REMARKS:** _____

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

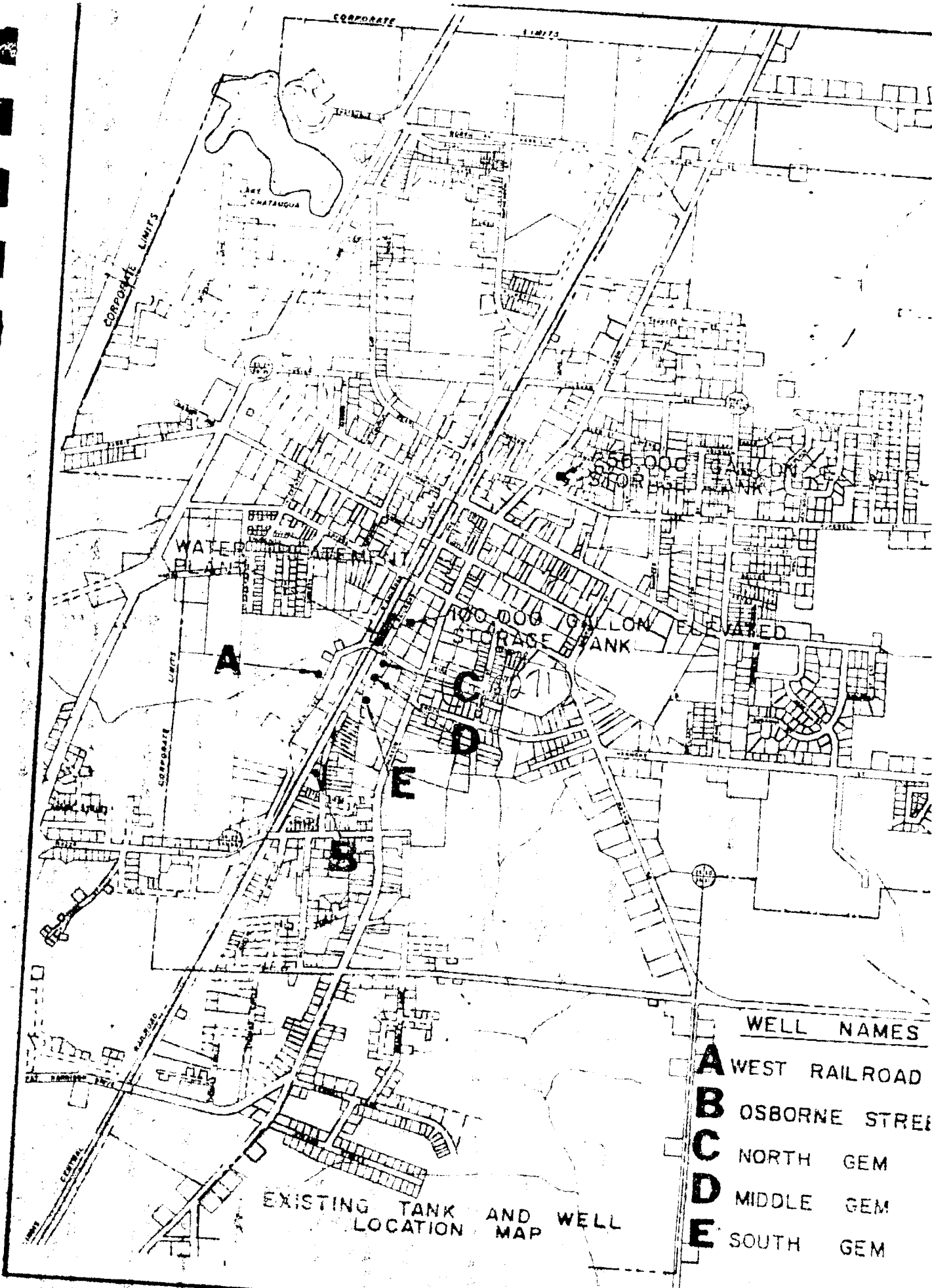
Robert J. Sims
(Name)
3411 W.R.R. Ave P.O. Box 191
(Address)
Crystal Springs, Miss. 39059
(City, State, Zip)
601-892-4111
(Telephone)

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 CAPLAIN

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

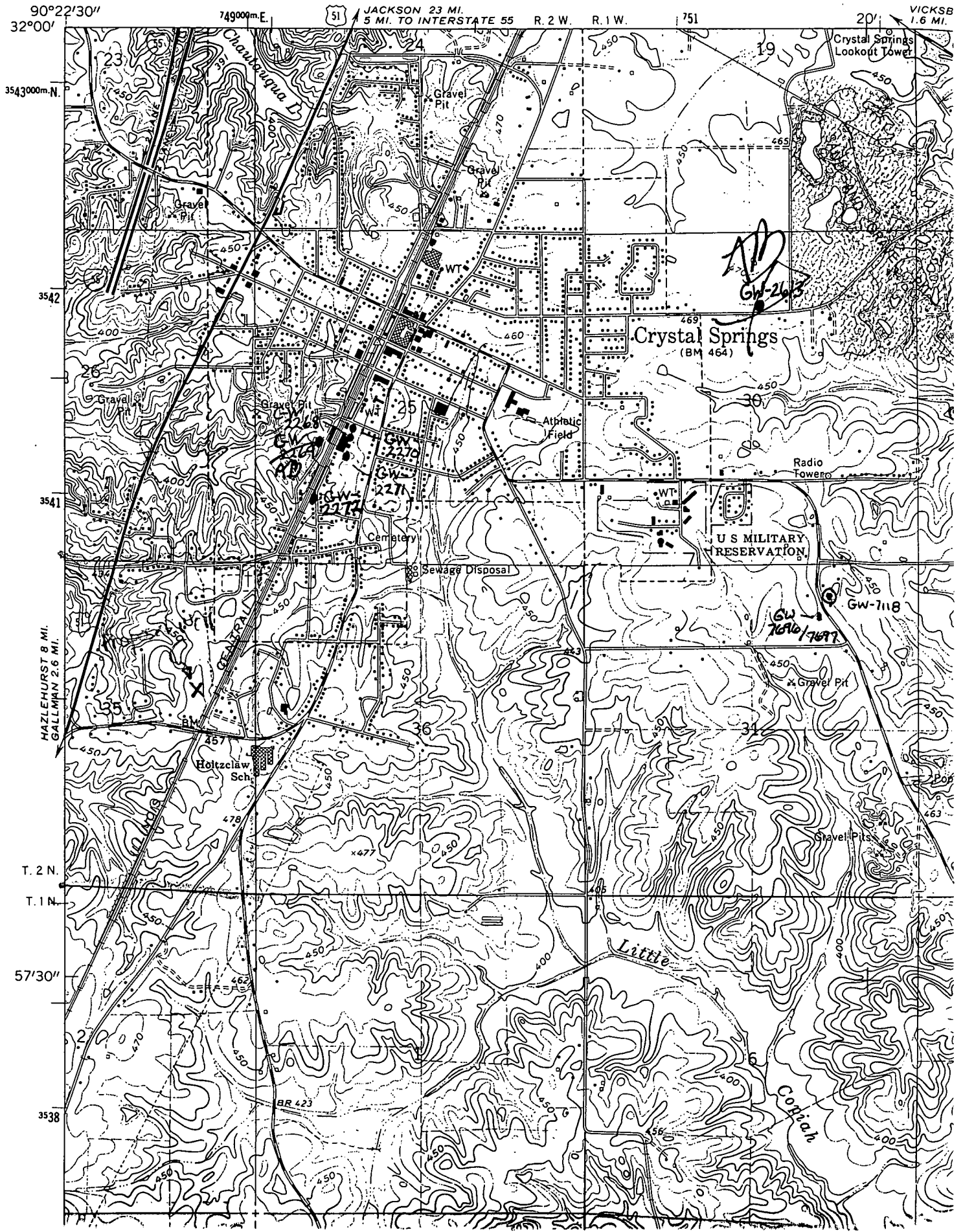


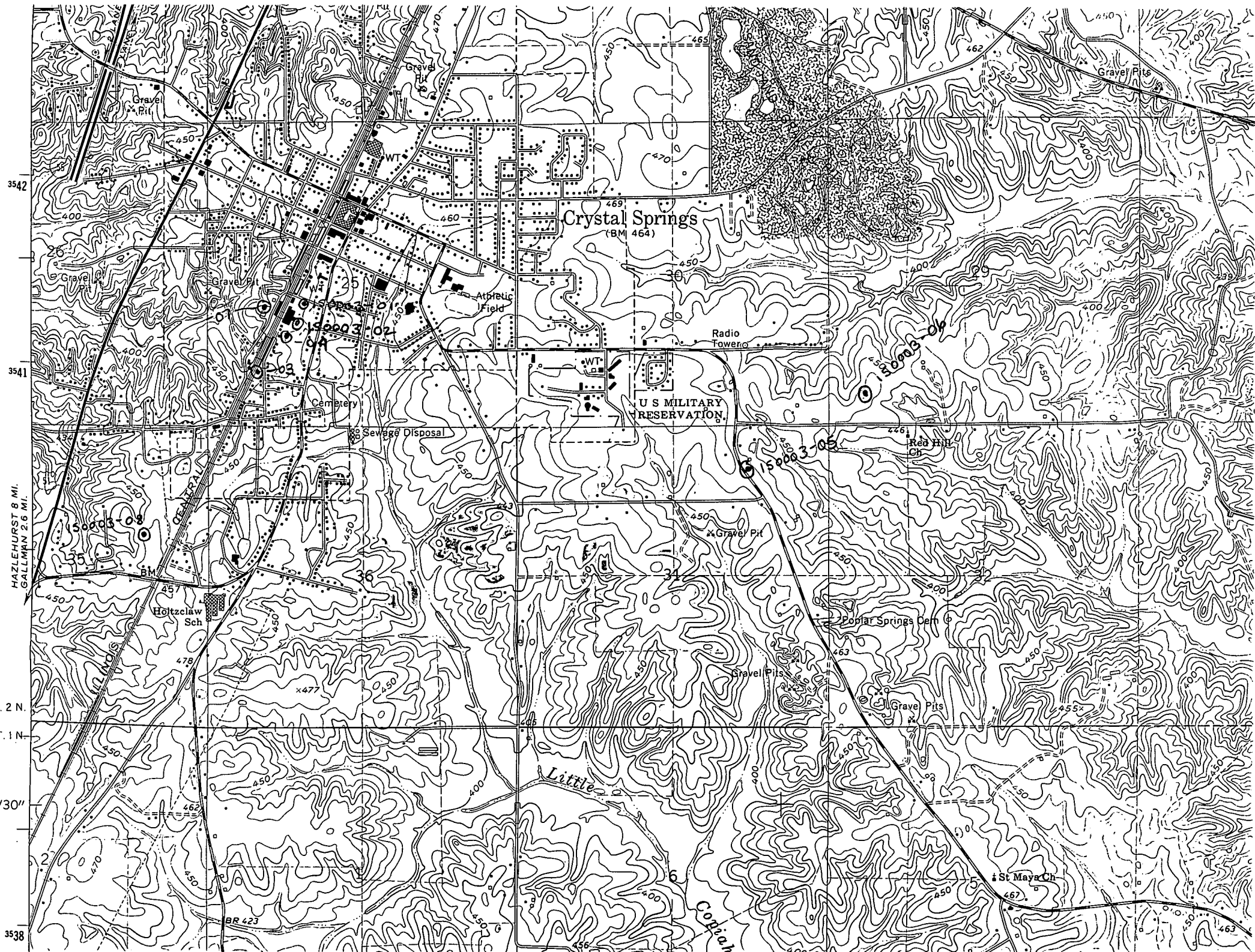
EXISTING TANK AND WELL LOCATION MAP

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

29th J11
(TERRY 1:62500)





HAZLEHURST 8 MI.
GALLMAN 2.6 MI.

2 N.

1 N.

730'

3538

Crystal Springs
(BM 464)

U.S. MILITARY
RESERVATION

Holtzclaw
Sch

Little
Creek

St. Maya Ch

Poplar Springs Dam

Red Hill
Ch

Radio
Tower

Athletic
Field

Cemetery

Sewage Disposal

3542

3541

2 N.

1 N.

730'

3538