

USGS well schedule missing

**WELL SCHEDULE
FOR
THE OFFICE OF LAND AND WATER RESOURCES**

Fips: 29

Well: K11

Log No: _____

Recorded by: Pat Data Source: USGS lists, permit Date: 11/27/2000

County: Copiah Permit No.: GW 2394 DOH No.: 150006-01

Quad: Crystal Springs Elevation: 472

1/4: NW 1/4: SW 1/4: SW 1/4: NW Sec.: 10 T: 1N R: 1W

Plotted on quad?: _____ In field? _____ From drillers log? _____ From permit? _____

Latitude: _____ Longitude: _____ GPS? ^{6/15/94} LAR/DRB From quad? _____

Primary Aquifer: CTHL Secondary Aquifer: _____

Use: WA Well status: _____ Local Well Name: _____

Owner: Harmony Ridge Water Association

^(1/1/67 USGS)
Date completed: 2/68 Driller: Griner Well depth: _____ Hole depth: 200

Pump type: _____ Power type: _____ Pump capacity: _____

Screen interval: _____ Screen length: _____ Screen diameter: _____

Screen interval: _____ Screen length: _____ Screen diameter: _____

Casing interval: _____ Casing length: _____ Casing diameter: _____

Casing interval: _____ Casing length: _____ Casing diameter: _____

Type of logs: _____ Log interval: _____

Initial water level(s): _____ Date: _____ Measuring point description: _____

Water Quality Data? _____ Source: _____ Reliability: _____

Water Level Data? _____ Source: _____ Reliability: _____

Pump Test Data? _____ Source: _____ Reliability: _____

Water Use Data? _____ Source: _____ Reliability: _____

Problem - description says its on left side, GPS puts it on right

Water level data

1997

Date	Time	Water Level (ft)
1/15	08:00	10.5
1/15	12:00	10.8
1/15	16:00	11.2
1/15	20:00	11.5
1/16	04:00	11.8
1/16	08:00	12.1
1/16	12:00	12.4
1/16	16:00	12.7
1/16	20:00	13.0
1/17	04:00	13.3
1/17	08:00	13.6
1/17	12:00	13.9
1/17	16:00	14.2
1/17	20:00	14.5
1/18	04:00	14.8
1/18	08:00	15.1
1/18	12:00	15.4
1/18	16:00	15.7
1/18	20:00	16.0
1/19	04:00	16.3
1/19	08:00	16.6
1/19	12:00	16.9
1/19	16:00	17.2
1/19	20:00	17.5
1/20	04:00	17.8
1/20	08:00	18.1
1/20	12:00	18.4
1/20	16:00	18.7
1/20	20:00	19.0

This area for location map and notes

Notes:

1. All measurements taken at 10:00 AM.

2. Water level rising steadily.

3. No wind or current observed.

REVISED 1995

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. 5-14-96 AGN FORM OLWR-AP-2 (REV. 9/94)

Issued: <u>5-13-86</u>	Expires: <u>5-13-2006</u>	Fee Paid:	Permit No.
Lat. <u>31 56 26</u>	Long. <u>90 17 45</u>	Elev. <u>480.</u>	USGS No. <u>K011</u>
Quad. <u>CRYSTAL SPRINGS</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>CTHL</u>	Tract No.		Basin No. <u>03180005</u>
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. GW-02394

THIS APPLICATION IS FOR (Circle one): GROUNDWATER - COMPLETE A,B,E LWM
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: HARMONY Ridge Water Assn - 640468981 (Name) (SSN or Tax ID No.)
P.O. Box 112 (Address)
CRYSTAL SPRINGS, MS 39059 (City) (State & Zip) (Telephone No.)

APPLICANT, AGENT, OR LESSEE (if different from Landowner):
HD 150006-01 (Name) (SSN or Tax ID No.)
 _____ (Address)
 _____ (City) (State & Zip) (Telephone)

NO MAP

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):
SW 1/4 of the NW 1/4 of Section 10, Township 01N, Range 01W, 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)

1. AQUIFER: CTHL LWM MISSISSIPPI DEPARTMENT OF HEALTH NO.: _____
 2. Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
 If well has already been drilled, when was well completed (date)? Feb, 1968. Under whose name was well originally drilled (if known)? _____
 3. Description of proposed or completed well:
 (a) DEPTH OF WELL: 200 feet. DRILLER: GRINER DRILLING SERVICE INC
 (b) SURFACE CASING: Length _____ feet; Diameter _____ inches; Type _____
 (c) SCREEN: Length 40 feet; Diameter 6 inches; Type STAINLESS STEEL
 (d) PUMP: Type _____; Size _____; Capacity 250 gallons per minute; Setting depth _____ feet
 (e) POWER UNIT: Type _____; Size _____ horsepower
 4. PERMITTED VOLUME :
 (a) _____ acre-feet per year at a maximum rate of _____ gallons per minute
 (b) 0.08 million gallons per day at a maximum rate of 250 gallons per minute

(CONTINUED ON BACK)

0.04

250

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. Discription 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 Sorgum _____; 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 _____
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): Community water system
To provide A water supply to the needs OF A single dwelling and livestock
owned by each member.
7. **REMARKS:** _____

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

Don Lee
(Name)
3085 Burtloop Rd.
(Address)
Crystal Springs, Ms. 39057
(City, State, Zip)
601-892-1152
(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.

Don E Lee
(Signature)

Subscribed and sworn to before me this 5th day of Dec., 19 95, at Madison County of Mississippi
My commission expires September 26, 1999: Dona Killough Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): LAK/Dnb DATE: 6/15/94

UNIT DEQ #: 82859 FILE #: A061715A

HEALTH DEPT. #: 150006-01 ELEV. 420

USGS #: K-11 OLWR #: 2394

OWNER: Harmony Ridge Water Assn.

LOCATION: SW/SW/NW S 90 T 1N R 1W COUNTY: Copiah

LOCATION DESCRIPTION: Turn on Bennett off Harmony Pl.,
well on left side .2 mile.

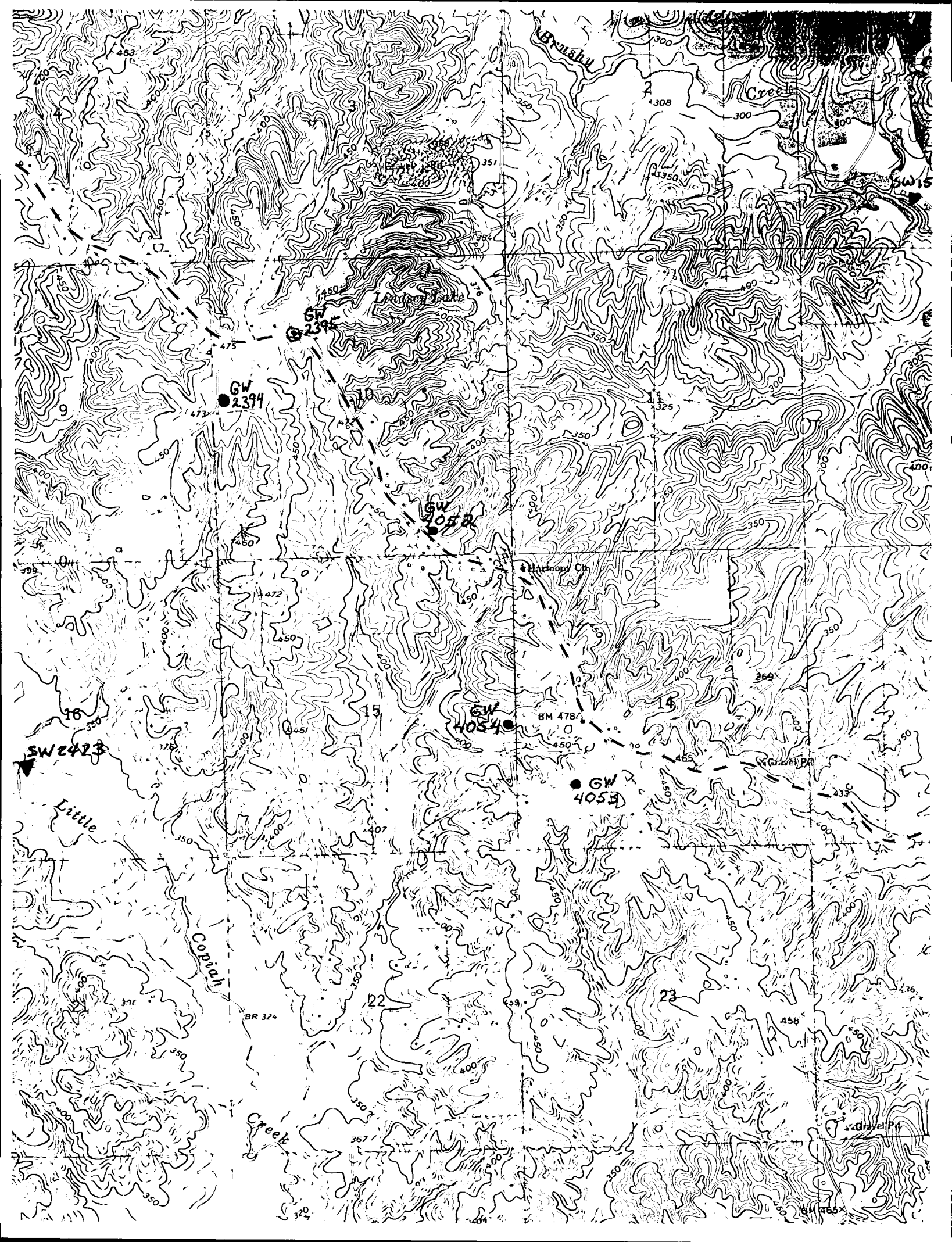
CASING DIA: _____ PUMP TYPE & SIZE: Sub. 1

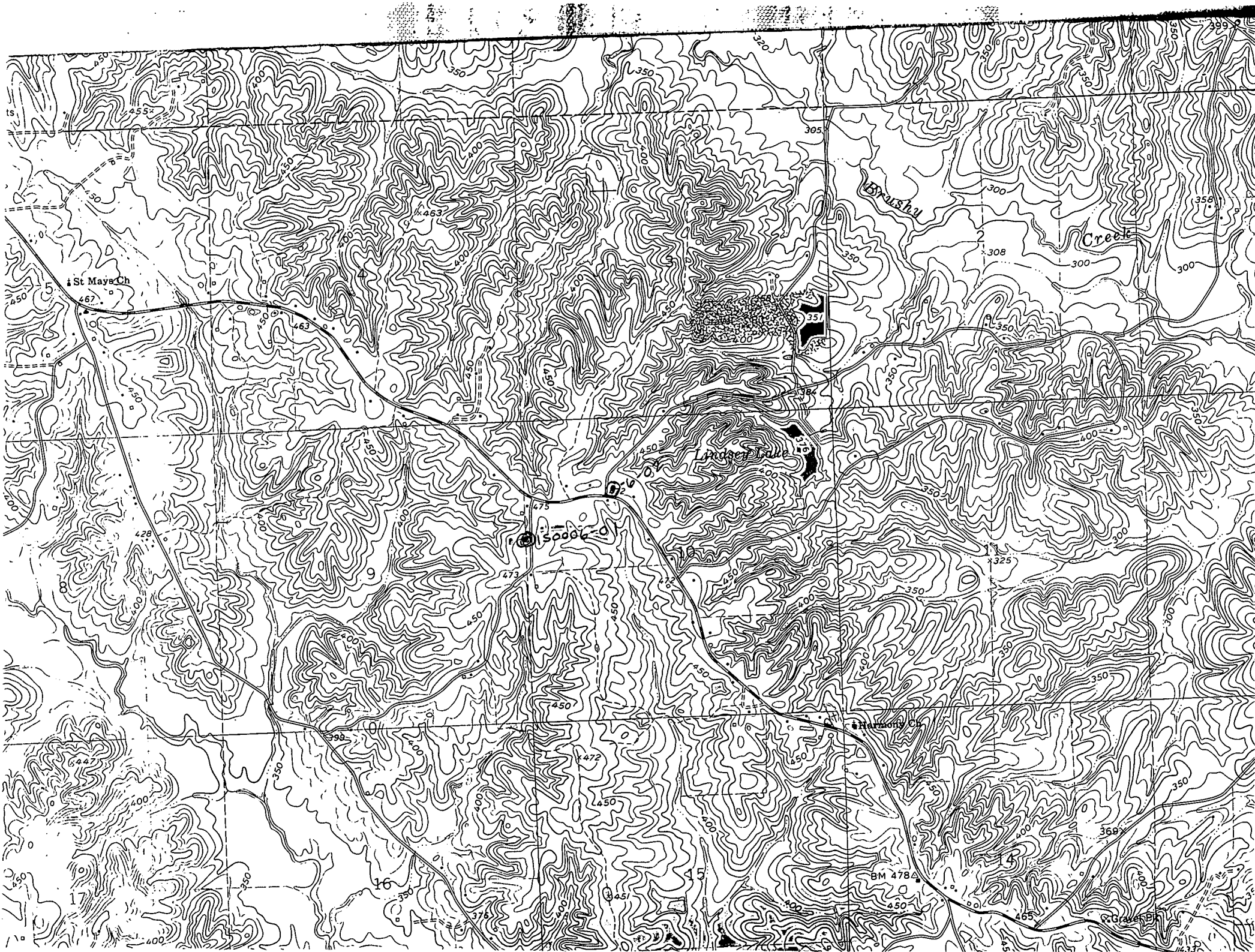
GPS FIELD LOCATION: LAT. 31-56-40 LONG. 90-17-27

GPS CORRECTED LOCATION: LAT. 31 56 30.051 LONG. 90 17 45.797

REMARKS: 6' fence we sat 615 on, about 5' E of pump.

Copiah Springs





St. Marys Ch

Brushy

Creek

17

BM 4784

Gravel