### uses well schedule missing

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

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Recorded by: 704	Data Source:	Permit	Date: <u>11/a</u>	8/2000
County: Capiah	Permi	tNo.: <u>6ω11060</u>	DOH No.: 150011-	0.3
Quad: <u>Stronghope</u>	P (P		_ Elevation:	144
			<u>5 T: ๆง</u> R::	
Plotted on quad?:	_ In field?	From drillers log?	From permit ?	
Latitude: 31°42'17.	19 " Longitud	le: 90° 23' 10.	48 GPS? From C	ຂອ luad?
Primary Aquifer: Moc.	• • • • • • • • • • • • • • • • • • • •			, in the second of the second
Use: Mu We				
Owner: Town of h			· · · · · · · · · · · · · · · · · · ·	
	i i i i i i i i i i i i i i i i i i i			·
Date completed: IA/IA /S	a Driller Pauba	en Drilling Th	ر Well depth: <u>32</u> Hole dep	ıth:
		<b>.</b>		. *
Pump type: Turbine	Power	type: <u>Electric</u>	Pump capacity: 400	· · · · · · · · · · · · · · · · · · ·
Screen interval:		Screen length:	Screen diameter:	
Screen interval:		Screen length:	Screen diameter:	<u> </u>
Casing interval:		Casing length:	Casing diameter:	<u></u>
Casing interval:		Casing length:	Casing diameter:	
Type of logs:	<u> </u>	Log interv	ral:	
Initial water level(s):	Date:		nt description:	
. \$	• • • • • • • • • • • • • • • • • • • •			*
Water Quality Data?	Source:		Reliability:	
Water Level Data?	Source:		Reliability:	
Pump Test Data?	Source:		Reliability:	
Water Use Data?	Source:		Reliability:	

Water level data

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This area for location map and notes

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# 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 COMMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES OF LAND AND WATER RESOURCE OF LAND AND WATER RESOURCE OF LAND AND WATER

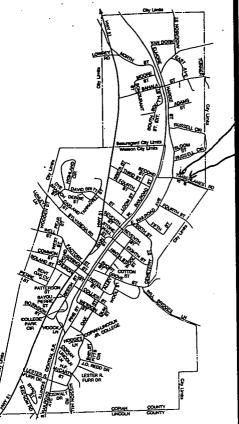
September   Sept	his box is for office use only.	11-10-98 AG1	<b>J</b> ,	FORM OLWR-AP-	2 (REV. 9/94)
Logic   Logi	Issued: 2-14-89	Expires: 11-10-2008	Fee Paid: X	Permit No.	
Track No.    Barin No.   Damiler. No.   Barin No.   Damiler.   Damiler. No.   Damiler.   D	Lat. 31-42-17			USGS № <b>√30</b>	
HIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NOMS-GM11060  HIS APPLICATION IS FOR (Circle one): GROUNDWATER - COMPLETE A,B,E  SURFACE WATER - COMPLETE A,C,D,E  ENEFICIAL USE (Circle one or more): (1) Public Supple - Municipal Rural Water, or Private Water 2) Irrigation   Industrial 4) Fish culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  ECCTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (San & Zip) (Telephone No.)  P.O. Box 297 (Address)  Wesson (City) (State & Zip) (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone)  (City) (State & Zip) (Telephon	Juad Stronglipe	ASCS Farm No.	STAC.	MSDOH No.	
HIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NOMS_GUIL060	equifer: MOCN	Tract No.		Basin No.	
HIS APPLICATION IS FOR (Circle one): GROUNDWATER - COMPLETE A.B.E  SURFACE WATER COMPLETE A.C.D.E  ENEFICIAL USE (Circle one or more): (1) Public Supple Municipal Rural Water, or Private Water 2) Irrigation Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, Estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  ECCTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (Siste & Zip) (Telephone No.)  P. O. 80x 297 (Address)  Wesson Mississippi 39191 (601 ) 643 - 5221 (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name) (SSN or Tax ID No.)  (Address)  (City) (State & Zip) (Telephone)  (City) (Site of Zip) (Telephone)  (City) (SSN or Tax ID No.)	temarks:			Dam.Inv. No.	
SURFACE WATER COMPLETE A,B,E  SURFACE WATER COMPLETE A,C,D,E  ENEFICIAL USE (Circle one or more): (1) Public Supple Municipal Rural Water, or Private Water 2) Irrigation Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, Estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  ECTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (Name)  P. D. Box 297 (Address)  Wesson Mississippi 39191 (601) 643 - 5221 (Felephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone No.)  (City) (State & Zip) (Telephone No.)  (Address)  (City) (State & Zip) (Telephone)  (Gity) (State & Zip) (Telephone)  (Gity) (State & Zip) (Telephone)  (Address)  (City) (State & Zip) (Telephone)  (SSN or Tax ID No.)	HIS APPLICATION IS	FOR (Circle one): NEW PI	ERMIT REI	NEWAL - PERMIT NO	MS-GW11060
SURFACE WATER COMPLETE A,C,D,E  ENEFICIAL USE (Circle one or more):  Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  ECCTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (Name)  P.O. Box 297 (Address)  Wesson (Ciry) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone)  ACCATION A (Some any source(s) of water other than that for which you are now applying (circle one)? YES (1) 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: MISSISSIPPI DEPARTMENT OF HEALTH NO.: 15001-03  Proposed work will begin on N/A 19 and will be completed by 19 Sunder Recompleted West on the same was well originally drilled (if known)? Town of Wesson 19 One of Wesson 19				IPLETE A.B.E	
ENEFICIAL USE (Circle one or more):  (1) Public Supple Municipal Rural Water, or Private Water 2) Irrigation Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  (ECCTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Vesson (Name) (SSN or Tax ID No.)  (Rame) (SSN or Tax ID No.)  (Raddress) (City) (State & Zip) (Telephone No.)  (Rame) (SSN or Tax ID No.)  (S	IIIS AT LICITION IS				
Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Casino, estaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  ECCTION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (Name)  P. 0. Box 297 (Address)  Wesson Mississippi 39191 (601.) 643 - 5221  Wesson (City) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone No.)  ANDOWNER: 1.4 of Section 35 Township 9-N Range 8-E County Capital No.  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-E County Capital No.  Be that not which this application perains have any source(s) of water other than that for which you are now applying (cited one)? YES (1) If yes, describe the nation of advertance of the section of the completed for GROUNDWATER SOURCE)  AQUIFER: MISSISSIPPI DEPARTMENT OF HEALTH NO: 15001-03  Proposed work will begin on N/A 19 and will be completed by 19 Cotton of Proposed work will begin on N/A 19 and will be completed by 19 Cotton of Proposed work will begin on N/A 19 and will be completed by 19 Cotton of Proposed work will begin on N/A 19 and will be completed by 19 Cotton of Proposed or completed well:  (a) DEPTH OF WELL: 320 Feet; Diameter 14" inches; Type Welded (2-27"					Water 2) Irrigation
ESTATION A (to be completed by ALL APPLICANTS)  ANDOWNER: Town of Wesson (Name)  P.O. Box 297 (Address)  Wesson Mississippi 39191 (501 ) 643 - 5221  (City) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone)  (Constitution of diversion/wither awal point (A suitable map with location marked must accompany this application):  NW /// of the SE 1/4 of Section 35 Township 9-N Range 8-E County Cnplak (Secretive ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application in N/A 19 and will be completed by (1) If yes, describe ten land to which this application in N/A 19 and will be completed by (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application perains have any source(s) of water other than that for which you are now applying (circle one)? YES (1) If yes, describe ten land to which this application in the same than the same than the s					
ANDOWNER: Town of Wesson (SSN or Tax ID No.)  P. O. Box 297 (Address)  Wesson Mississippi 39191 (601.) 643 - 5221  (City) (State & Zip) (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name) (SSN or Tax ID No.)  (City) (State & Zip) (Telephone No.)  (Address) (SSN or Tax ID No.)  (City) (State & Zip) (Telephone No.)  (City) (State & Zip) (Telephone No.)  (Address) (SSN or Tax ID No.)  (Address) (Address) (SSN or Tax ID No.)  (Address) (Add	·				cial (eg. Hotel, Casino,
ANDOWNER: Town of Wesson (Name)  P. O. Box 297 (Address)  Wesson (City) (State & Zip) (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (Address)  (City) (State & Zip) (Telephone)  (Address)  (City) (State & Zip) (Telephone)  (Address)  (City) (State & Zip) (Telephone)  (Address)  (Address)  (City) (State & Zip) (Telephone)  (Address)	estaurant) 8) Fire Protecti	on 9) Livestock 10) Flood	Protection 11)	Other:	
ANDOWNER: Town of Wesson (Name)  P. O. Box 297 (Address)  Wesson (City) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  N/A (Name)  (City) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  (City) (State & Zip) (Telephone No.)  (City) (State & Zip) (Telephone No.)  (Address)  (City) (State & Zip) (Telephone)  (Address)  (City) (State & Zip) (Telephone)  (Address)  (Address)  (City) (State & Zip) (Telephone)  (Address)	SECTION A (to be	completed by ALL APPLICANT	S)	·	
P.O. Box 297 (Address)   Wesson			,	h <sub>4</sub>	64-0584965
Wesson   Kissispin   39191   (601   643   5221   601   643   5221   (City)   (State & Zip)   (Telephone No.)		01 11033011		(S	SN or Tax ID No.)
Wesson   Kissispin   39191   (601   643   5221   601   643   5221   (City)   (State & Zip)   (Telephone No.)	P.O.	Box 297			
N/A (Name)  (Address)  (City) (State & Zip) (Telephone)  Ocation of diversion/witherawal point (A suitable map with location marked must accompany this application):  N/A (14 of the SE 1/4 of Section 35 Township 9-N Range 8-E County Copial)  Oces 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 (15 of If yes, describe neature and amount of any additional supply and, if applicable, list permit number.  SECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER: MISSISSIPPI DEPARTMENT OF HEALTH NO.: 15001-03  Proposed work will begin on N/A 19 and will be completed by 19 Under whose name war well originally drilled (if known)? Town of Wesson  Description of proposed or completed well:  (a) DEPTH OF WELL: 320 Feet. DRILLER: Rayborn Drilling, Inc.  (b) SURFACE CASING: Length 268 feet; Diameter 4" inches; Type welded  (c) SCREEN: Length 30 feet; Diameter 4" inches; Type yelded  (d) PUMP: Type Turbine; Size 10"; Capacity 400 gallons per minute; Setting depth 115 fee  (e) POWER UNIT: Type VHS-NRR (U.S. Motor); Size 30 horsepower  4. PERMITTED VOLUME:  (a) N/a  (a) N/a	(Address	)			
N/A (Name)  (Address)  (City) (State & Zip) (Telephone)  Ocation of diversion/withdrawal point (A suitable map with location marked must accompany this application):  N// (Address)  N// (Address)  (City) (State & Zip) (Telephone)  Ocation of diversion/withdrawal point (A suitable map with location marked must accompany this application):  N// (Address)  (City) (State & Zip) (Telephone)  Ocation of diversion/withdrawal point (A suitable map with location marked must accompany this application):  N// (Address)  (City) (State & Zip) (Telephone)  (Contain of diversion/withdrawal point (A suitable map with location marked must accompany this application):  N// (Address)  N// (Address)	Wesse	on <u>Miss</u>	issippi <u>39191</u>	(601) 643	- 5221
(Name)  (Rome)  (Rome)	(City)	(St	ate & Zip)	(Telephone No.)	
(Name)  (Rome)  (Rome)	PPLICANT, AGENT,	OR LESSEE (if different from	Landowner):		
(City) (State & Zip) (Telephone)  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County	,				
(City) (State & Zip) (Telephone)  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County Copiak  Occation of diversion/with arawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 Township 9-N Range 8-F County	N/A (Name)				SN or Tax ID No.)
(City) (State & Zip) (Telephone)  Cocation of diversion/with drawal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35  Township 9-N Range 8-E County Copial Poss 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 (W) 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: MISSISSIPPI DEPARTMENT OF HEALTH NO.: 15001-03  2. Proposed work will begin on N/A 19 and will be completed by 19 Under whose name was well originally drilled (if known)? Town of Wesson  3. Description of proposed or completed well:  (a) DEPTH OF WELL: 320 Feet. DRILLER: Rayborn Drilling, Inc.  (b) SURFACE CASING: Length 268 Feet; Diameter 14" inches; Type welded  (c) SCREEN: Length 30 Feet; Diameter 4" inches; Type SS Wire wrapped  (d) PUMP: Type Turbine ; Size 10"; Capacity 400 gallons per minute; Setting depth 115 feet  (e) POWER UNIT: Type VHS-NRR (U.S. Motor) ; Size 30 horsepowe  4. PERMITTED VOLUME:  (a) N/a gallons per minute)	(,	,			
(City) (State & Zip) (Telephone)  Ocation of diversion/wither awal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 , Township 9-N , Range 8-E , County Copial Cop	(Address	)			
(City) (State & Zip) (Telephone)  Ocation of diversion/wither awal point (A suitable map with location marked must accompany this application):  NW 1/4 of the SE 1/4 of Section 35 , Township 9-N , Range 8-E , County Copial Cop	Mrch			( )	
NW 1/4 of the SE 1/4 of Section 35 , Township 9-N , Range 8-F , County Copiak 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)  MISSISSIPPI DEPARTMENT OF HEALTH NO.: 15001-03  Proposed work will begin on N/A 19 , and will be completed by 19 Under whose name was well originally drilled (if known)? Town of Wesson  Description of proposed or completed well:  (a) DEPTH OF WELL: 320 Feet, DRILLER: Rayborn Drilling, Inc.  (b) SURFACE CASING: Length 268 feet; Diameter 14" inches; Type welded  (c) SCREEN: Length 30 feet; Diameter 4" inches; Type SS Wire wrapped  (d) PUMP: Type Turbine; Size 10"; Capacity 400 gallons per minute; Setting depth 115 feet  (e) POWER UNIT: Type VHS-NRR (U.S. Motor); Size 30 horsepowed  4. PERMITTED VOLUME:  (a) N/a gallons per minute	(City)	(Si	ate & Zip)	(Telephone)	
SECTION B (to be completed for GROUNDWATER SOURCE)   AQUIFER:	ocation of diversion/withers	awal point (A suitable map with lo	cation marked mus	t accompany this applica	tion):
ECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER:	NW 1/4 of the SE 1/4	of Section 35 Township	9-N_, Range_8-	E, County Copia	K
SECTION B (to be completed for GROUNDWATER SOURCE)  MISSISSIPPI DEPARTMENT OF HEALTH NO.:	oes the land to which this application	n pertains have any source(s) of water othe	r than that for which yo	u are now applying (circle one)	? YES NO If yes, describe
MISSISSIPPI DEPARTMENT OF HEALTH NO.:	ne nature and amount of any addition	al supply and, if applicable, list permit nur	nber.		
MISSISSIPPI DEPARTMENT OF HEALTH NO.:	an ami ou i	•			
Proposed work will begin on N/A , 19 , and will be completed by , 19  Under whose name was well originally drilled (if known)? Town of Wesson  Per LAM REQUES  (a) DEPTH OF WELL: 320  feet: DRILLER: Rayborn Drilling, Inc.  (b) SURFACE CASING: Length 268  feet; Diameter 14" inches; Type welded  (c) SCREEN: Length 30  feet; Diameter 4" inches; Type SS Wire wrapped  (d) PUMP: Type Turbine ; Size 10" ; Capacity 400 gallons per minute; Setting depth 115 feet  (e) POWER UNIT: Type VHS-NRR (U.S. Motor) ; Size 30  horsepowe	SECTION B (to be	completed for GROUNDWATE	R SOURCE)		
If well has already been drilled, when was well completed (date)? 19 Oct	. AQUIFER:	MISSISS	IPPI DEPARTMI	ENT OF HEALTH NO.	15001-03
If well has already been drilled, when was well completed (date)? 19 Oct		n <u>N/A</u> , 19	, and will be co	ompleted by	, 19
S. Description of proposed or completed well:  (a) DEPTH OF WELL: 320			te)? <u>19 Oct</u>		Under whose name was
(a) DEPTH OF WELL: 320   feet. DRILLER: Rayborn Drilling, Inc.  (b) SURFACE CASING: Length 268   feet; Diameter 14"   inches; Type welded  (c) SCREEN: Length 30   feet; Diameter 4"   inches; Type SS Wire wrapped  (d) PUMP: Type Turbine ; Size 10" ; Capacity 400 gallons per minute; Setting depth 115   feet; Diameter 400 gallons per mi	well originally drilled (if kr	nown)? Town of Wesson			chemical 198
(b) SURFACE CASING: Length 268 feet; Diameter 14" inches; Type welded (c) SCREEN: Length 30 feet; Diameter 4" inches; Type SS Wire wrapped (d) PUMP: Type Turbine ; Size 10" ; Capacity 400 gallons per minute; Setting depth 115 fee (e) POWER UNIT: Type VHS-NRR (U.S. Motor) ; Size 30 horsepowe  PERMITTED VOLUME:  (a) N/a gallons per minute					10-27-
(c) SCREEN: Length 30 feet; Diameter 4" inches; Type SS Wire wrapped (d) PUMP: Type Turbine ; Size 10" ; Capacity 400 gallons per minute; Setting depth 115 fee (e) POWER UNIT: Type VHS-NRR (U.S. Motor) ; Size 30 horsepowe  PERMITTED VOLUME:  (a) N/a gallons per minute)				•	
(d) PUMP: Type Turbine ; Size 10"; Capacity 400 gallons per minute; Setting depth 115 fee  (e) POWER UNIT: Type VHS-NRR (U.S. Motor) ; Size 30 horsepowe  PERMITTED VOLUME:  (a) N/a gallons per minute of gallons per minute.					
(e) POWER UNIT: Type VHS-NRR (U.S. Motor); Size 30 horsepower  PERMITTED VOLUME:  (a) N/a gallons per minut					• • •
PERMITTED VOLUME:  (a) N/a gallons per minut					
(a) N/a gallons per minut	• •		, 0,20		
· · · · · · · · · · · · · · · · · · ·	N /-	100 41	imum rate of		gallons per minut
	(4)	- U - UD			gallons per minut

#### SECTION C (to be completed for SURFACE WATER SOURCE) 1. Source of water is from N/A which drains into \_\_\_\_ (major stream or river) 2. Discription of pump/diversion works: Pump (size & type): \_\_\_\_ Power Unit (size & type): \_ 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) \_\_\_\_\_ Dam Height: \_\_ 1. Name of storage reservoir: N/a. Storage capacity at normal pool: 2. Surface area 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\_\_\_\_ N/a Com\_\_\_\_\_; Soybeans\_\_\_\_\_; Pasture\_\_\_\_\_; Truck\_\_\_\_\_; Wheat\_\_\_\_\_; Grain Sorgum\_\_\_\_ Other (specify)\_\_\_ A. Method of Irrigation (circle one) - Center Pivot Flood Furrow B. Land Condition (circle one) - Precision Land Formed Smoothed C. ASCS Farm No. N/A 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 $\frac{350,000}{(\text{Volume})} \quad \frac{2003}{(\text{Year})}; \\ \frac{400,000}{(\text{Volume})} \quad \frac{2008}{(\text{Year})}; \\ \frac{450,000}{(\text{Volume})} \quad \frac{2013}{(\text{Year})}; \\ \frac{500,000}{(\text{Volume})} \quad \frac{2018}{(\text{Year})}; \\ \frac{20$ N/A 4. INDUSTRIAL: If the water is to be released into a watercourse, indicate the amount released each year \_\_\_\_\_ , 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? N/A 5. RECREATION: Explain how water will be used: 1/A 6. OTHER USE: Explain in detail (if needed, attach another page): 1/A 7. REMARKS: \_\_\_ List below the person to be contacted for additional information if required. David McGee (Name) The accompanying map is hereby declared a part of this application. For irrigation and fish culture use, an ASCS photograph is required. P.O. Box 297 The TEN DOLLAR (\$10.00) permit fee is enclosed herewith. (Address) Wesson, Mississippi 39191 (City, State, Zip) <u>(601)643-5221</u> (Telephone) Subscribed and sworn to before me this 28 day of Sept, 1998, at Wesson County of Copie h My commission expires 1.7 Commission 20,000 19,000 19,000, 1 Notary Public.

## DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR PUBLIC SUPPLY WELLS PROJECT

GPS LOG
USER NAME(S): <u>LAK OKS</u> DATE: <u>6/14/84</u>
UNIT DEQ #: 82859 FILE #: 406/6/8B
HEALTH DEPT. #: 153011-03 ELEV. 450
USGS #:OLWR #:/1060
OWNER: CITY of WESSON
LOCATION: SW NWSE & BET 9N R8E COUNTY: Copiah
LOCATION DESCRIPTION: 1.2M. GAST & & COTTON R.S. ON Timber
CASING DIA: 6" PUMP TYPE & SIZE: TURBING   30HP-
SPS FIELD LOCATION: LAT. $31.4330$ LONG. $96.2246$
SPS FIELD LOCATION: LAT. 31,4330 LONG. 90,2246  SPS CORRECTED LOCATION: LAT. 31,4217.191 LONG. 90,2210.484  REMARKS:
Thoughose Quad.
Wester Quai

**BEAUREGARD** 



- *превру рабонавованнай выбонавований* 

**WESSON** 

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MS- EW11059

ดูง**การสมเดิดสมเดิดสมเดอดู่นาย**การครอบอยุดกระบางประชุมกริการ

CCT 05 1998

Dept of Environmental Quality
Office of Land & Water Resources

