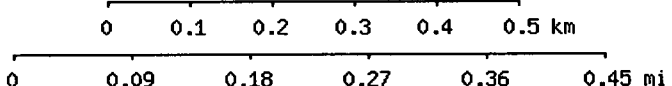


0170024-02
GW03217
860



Map center is 34° 58' 10"N, 90° 05' 27"W (WGS84/NAD83)
Horn Lake quadrangle
 Projection is UTM Zone 15 NAD83 Datum

M=0.05
 G=1.669

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): SHB+PEG 6AR/DRT DATE: 8-21-96
7/26/94
UNIT DEQ #: 84090 84759 FILE #: 1072619F
24 A082115A
HEALTH DEPT. #: 170043-02 ELEV. 300
USGS #: 522 860 B-59 OLWR #: MS-6W-03218 3217
OWNER: Lakey Keros Holly Hill Desoto Mt. (N. Ms. utly Co.)
LOCATION: NW/NE/SW S 30 T 15 R 9W COUNTY: De Soto
How Lk. Quad.
LOCATION DESCRIPTION: 300' NORTH of Hwy 302 .6 MI. West
of Hwy 301 at elev. tank
CASING DIA: 6" PUMP TYPE & SIZE: ~~Submersible~~ Turbine
GPS FIELD LOCATION: LAT. 34.5782816 LONG. 90.06536W
34° 58' .172" 90° 05' .435"
GPS CORRECTED LOCATION: LAT. 34.96939847 LONG. 90.09084439
REMARKS: South
NORTHWEST SIDE of WATER PLANT YARD

X

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 _____ or (b) The number of connections is 276
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>72,000</u>	<u>2000</u>	<u>72,000</u>	<u>2005</u>	<u>73,000</u>	<u>2010</u>	<u>73,000</u>	<u>2015</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.

BILL J ROBERSON
(Name)
P O BOX 362
(Address)
HERNANDO MS 38632
(City, State, Zip)
(601) 429-9509
(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.

Bill J Roberson
(Signature)

Subscribed and sworn to before me this 28th day of Feb, 1996, at Hernando County of Mississippi
My commission expires Nov 23, 1998; Rhonda Roberson Notary Public.

**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.

4-23-96 AGN.

MAD 0 1 1036
Dept. of Environmental Quality
FORM OF WR-AP-2 (REV. 9/94)

Issued: <u>8-12-86</u>	Expires: <u>5-13-2006</u>	Fee Paid: <input checked="" type="checkbox"/>	Permit No. <u>GW-3217</u>
Lat. <u>34 58 11 N</u>	Long. <u>90 05 27 W</u>	Elev. <u>304'</u>	USGS No.
Quad. <u>Horn Lake</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>SPT</u>	Tract No.		Basin No.
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. 03217

THIS APPLICATION IS FOR (Circle one): GROUNDWATER - COMPLETE A,B,E

SURFACE WATER - COMPLETE A,C,D,E

BENEFICIAL USE (Circle one or more): 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: NORTH MISSISSIPPI UTILITY 64-0676172
(Name) (SSN or Tax ID No.)

P O BOX 362, 1481 BYHALIA ROAD
(Address)

HERNANDO MS 38632 (601) 429 - 9509
(City) (State & Zip) (Telephone No.)

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

MAP SENT

(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):

SE 1/4 of the NW 1/4 of Section 30, Township 1 S, Range 8 W, County DESOTO

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: SPARTA MISSISSIPPI DEPARTMENT OF HEALTH NO.: 170024

2. Proposed work will begin on _____, 19____, and will be completed by _____, 19____.

If well has already been drilled, when was well completed (date)? _____, 19 72. Under whose name was well originally drilled (if known)? DESOTO UTILITY COMPANY

3. Description of proposed or completed well:

(a) DEPTH OF WELL: 105 feet. DRILLER: _____

(b) SURFACE CASING: Length _____ feet; Diameter 6 inches; Type STEEL

(c) SCREEN: Length 20 feet; Diameter _____ inches; Type _____

(d) PUMP: Type SUBMERGE; Size _____; Capacity 120 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) 0.075 0.06 million gallons per day at a maximum rate of 120 120 gallons per minute

0.075 OK (CONTINUED ON BACK) 120

3-8-96

LIFT

R= 42 * T= (A) M * Lift type 43# T * Intake 44= . . * Power type 45= E *
 Date 38= 05/09/1972 * H.P. 46= . 5 . *

LOCS.

R= 198 * T= (A) M * Log 199# D * Top 200= . . 0 . * Bot. 201= . 110 . *
 R= 198 * T= A M * Log 199# . * Top 200= . . . * Bot. 201= . . . *
 R= 189 * T= A * 190# . . . * 191= M I S S I S T *

ANAL.

R= 114 * T= A M * Year 115# . . . * Type 120= . *

AQUIFERS

R= 90 * T= (A) M * 256# 1 * Top 91= . . 88 . * Bot. 92= . 110 . *
 Unit ID 93= 124 SPR T * Name of unit
 R= 90 * T= A M * 256# * Top 91= . . . * Bot. 92= . . . *
 Unit ID 93= . . . * Name of unit

HYDRAULICS

R= 98 * T= A M * 99# 1 * Unit tested 100= *
 R= 105 * T= A M * 99# 1 * Test No. 106# *
 Transmissivity 107= * T(gal/d)/ft
 Hydraul. conduct. 108= * P(gal/d)/ft²
 Storage coeff. 110= * Boundaries

3 miles W of Horn Lake

0-70 Clay
 70-88' SD + clay
 88-110' SD + gravel

U.S. GEOLOGICAL SURVEY
WATER RESOURCES DIVISION
MISSISSIPPI DISTRICT

WELL RECORD

TRANSMITTED FOR ADP
1/77

Record by WTO Date 7-10-76 County De Soto Well No. B60
Horn Lake Quad 27 E-log No. _____

GEN. SITE DATA

Site ID.

3	4	5	8	1	2	0	9	0	0	5	2	8	0	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 R= 0 T= (A) M 2= (W) *

Data reliab. 3= C (U) * Report. agency 4= U S G S * Dist. 6= 2 8 * 7= 2 8 *

County 8= 0 3 3 * Lat/Long. 9= 3 4 5 8 1 2 10= 0 9 0 0 5 2 3 *

Well No. 12= 8 0 6 0 * Loc 13= ^{NW}NE ^{NW}SW S 3 0 T 0 1 S R 0 8 W *

Alt. 30A 16= 3 0 0 . * Hyd. Unit (OWDC) 20= _____ *

Date 21= 0 5 / 0 0 / 1 9 7 2 * Well use 23= W * Water use 24= N *

Hole depth 27= 1 1 0 . * Well depth 28= 1 0 5 . *

WL 30= 4 6 . * Date 31= 0 5 / 0 0 / 1 9 7 2 * Source 33= D *

OWNER

R = 158 * T= (A) M * Date 159# 0 5 / 0 0 / 1 9 7 2 * Owner No. North MS Utility Co.

Owner 161= ~~DESOTO DEV CORP UTILITY~~ *

FIELD QW

R = 192 * T= A M * Date 193# _____ / _____ / 1 9 _____ * Additional cards same R thru 193 for each parameter.

Temp. 196# 0 0 0 1 0 * °C 197= _____ *

Cond. 196# 0 0 0 9 5 * uMhos 197= _____ * PW SPRT

pH 196# 0 0 4 0 0 * Value 197= _____ *

CONSTR.

R = 58 * T= (A) M * 59# 1 * Date 60= 0 5 / 0 0 / 1 9 7 2 *

Drlr 63= 0 0 * Name: Carlross Well Supply Method 65= H *

Finish 66= S * Remarks _____

CASING

R = 76 * T= (A) M * 59# 1 *

Top csng 77# - 0 . Bot. csng 78= 8 5 . * Diam. 79# 6 . *

R = 76 * T= A M * 59# _____ *

Top csng 77# _____ . Bot. csng 78= _____ . * Diam. 79# _____ *

OPENINGS

R = 82 * T= (A) M * 59# 1 *	R = 82 * T= A M * 59# _____ *
Top 83# 8 5 . *	83# _____ . *
Bot. 84# 1 0 5 . *	84# _____ . *
Type 85= S * *	85# _____ *
Diam. 87# 6 . *	87# _____ *
Size 88# _____ *	88# _____ *

YIELD

R = 134 146 * T= (A) M * 147# 1 * Q 150= 1 2 0 . * Q/s 272= _____ *

