

GW01821
DOH # 170023-02

FORM 9-1642
(1-68)

Well No. D34
well #2

U. S. DEPT. OF THE INTERIOR

WELL SCHEDULE
GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

PUNCHED

SEP 26 1973

MASTER CARD

Record by JCM Source of data BOWC Date 11-72 Map Olive Branch
State 28 County (or town) De Soto 17

Latitude: 34⁵⁹01^N Longitude: 089⁴⁸00⁰⁰
Lat-long accuracy: 5^T 1^R 6^E Sec 24, NW SW SE SW SW NW

Local well number: D034BC2401S06W Other number: _____
Local use: 009 Owner or name: #2 (Holiday Inn)

Owner or name: METRO-DESOTO UTI Address: Olive Branch Ind 170
Ownership: County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist N

Use of water: (A) Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, (S) Stock, Inscit, Unused, Repressure, Recharge, Desal-P S, Desal-other, Other IN
Use of well: (A) Anode, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Waste, Destroyed. W

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: _____ SPRT yes
Log data: See Elog # 22 D

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 340 Meas. 3
Depth cased: 260 Casing type: Steel Diam. 1.6

Finish: (C) porous concrete, (F) gravel w. (G) gravel w. (H) horiz. (I) open perf., (J) screen, (K) sd. pt., (L) shored, (M) open hole, (N) other S
Method: (A) air rot, (B) bored, (C) cable, (D) dug, (E) hyd rot., (F) jetted, (G) air percussion, (H) reverse, (I) trenching, (J) driven, (K) drive wash, (L) other H

Date Drilled: 11-1-72 972 Pump intake setting: _____ ft

Driller: Carlos
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 T Deep Shallow

Power (type): (A) diesel, (B) gas, (C) gasoline, (D) hand, (E) gas, (F) wind, (G) H.P. 100 Trans. or meter no. _____

Descrip. MP 402 ft above below LSD, Alt. MP _____

Alt. LSD: 400 Accuracy: topo

Water Level: _____ ft above below MP; Ft below LSD 143 Accuracy: _____
Date meas: N72 Yield: _____ gpm 1700 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.

DEC 9 1974

Well No. D34

Well No. _____

Latitude-longitude _____

N
S

d m s d m s

HYDROGEOLOGIC CARD

6 SAME AS ON MASTER CARD

Physiographic Province: _____

0:3

Section: _____

D

Drainage Basin: _____

15E

Subbasin: _____

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

MAJOR AQUIFER:

system _____

series _____

TE

aquifer, formation, group _____

S.D.

Lithology: _____

S

Origin: _____

2

Aquifer Thickness: _____

305 ft

Length of well open to: _____ ft

Depth to top of: _____ ft

80

160

MINOR AQUIFER:

system _____

series _____

aquifer, formation, group _____

Aquifer Thickness: _____

Lithology: _____

Origin: _____

Depth to top of: _____

Length of well open to: _____ ft

Depth to top of: _____ ft

Intervals Screened: _____

10" SS

Depth to consolidated rock: _____ ft

Source of data: _____

Depth to basement: _____ ft

Source of data: _____

Surficial material: _____

Infiltration characteristics: _____

Coefficient Trans: _____

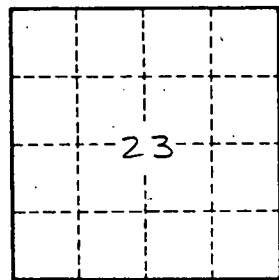
gpd/ft

Coefficient Storage: _____

Coefficient Perm: _____

gpd/ft²; Spec cap: _____

gpm/ft; Number of geologic cards: _____



Well No. _____

D34

DeSoto
D 34
11-1-72

Me ho DeSoto well

MISSISSIPPI
BOARD OF WATER COMMISSIONERS
416 North State Street
Jackson, Mississippi 39201

WATER WELL DRILLERS LOG

Nov 1 1972 Carloss Well Supply Co. Desota
date well completed firm name county well located

LANDOWNER: Well # 2	description of formations encountered		from	to
Holiday Industrial Park	Top Soil & Clay		0	15
Olive Branch, Miss. (mailing address)	Gravel		15	70
WELL LOCATION: sec 23 T 1 S R 6 E 5 miles NE Olive Branch (distance) (direction) (nearest town)	Clay & Lignite		70	160
WELL PURPOSE: Industrial (home, irrigation, municipal, industrial)	Sand		160	465
WELL COMPLETION DATA: (1) diameter (inches) 16 (2) total depth (feet) 342 (3) static water level (feet) 143 below above top of ground. (4) casing Steel 247 (material) (depth) (size) If telescope see back. (5) screen 80 260 (length) (depth to top) 10" Stainless Steel (size) (material) (6) pump 100 1700 (HP) (yield gpm) Electric (type power) (7) electric log No (yes or no) (organization running log) (8) how well bottom plugged B.P. Valve				
DRILLERS REMARKS:				

COPIED

**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. FORM OLWR-AB-2 (REV. 9/94)

Issued: <u>3-11-86</u>	Expires: <u>3-11-2006</u>	Fee Paid: <input checked="" type="checkbox"/>	Permit No. <u>GW-1821</u>
Lat. <u>34 59 01</u>	Long. <u>89 47 39</u>	Elev. <u>402'</u>	USGS No. <u>D34 PAT PHILLIPS</u>
Quad. <u>Olive Branch</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>SPRT</u>	Tract No.		Basin No.
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): **NEW PERMIT** RENEWAL - PERMIT NO. GW-01821

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: Metro DeSoto Utility Company
 (Name) _____ (SSN or Tax ID No.) _____
530 Oak Court Drive, Suite 300
 (Address) _____
Memphis, TN 38117 (City) (State & Zip) _____ (Telephone No.) (901) 762-7239

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

(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):

SW 1/4 of the NW 1/4 of Section 24, Township 16 S, Range 6W, 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)

- AQUIFER: Sparta MISSISSIPPI DEPARTMENT OF HEALTH NO.: _____
- Proposed work will begin on N/A, 19____, and will be completed by _____, 19____
 If well has already been drilled, when was well completed (date)? November, 19 72. Under whose name was well originally drilled (if known)? _____
- Description of proposed or completed well:
 - (a) DEPTH OF WELL: 354 feet. DRILLER: Carloss Well Supply
 - (b) SURFACE CASING: Length 254 feet; Diameter 16 inches; Type 100HP Welded Steel
 - (c) SCREEN: Length 80 feet; Diameter 8 inches; Type Louver
 - (d) PUMP: Type vertical turbine Size 12"; Capacity 1250 gallons per minute; Setting depth 216 feet
 - (e) POWER UNIT: Type _____; Size _____ horsepower
- PERMITTED VOLUME:
 - (a) _____ acre-feet per year at a maximum rate of 1500 gallons per minute
 - (b) .500 million gallons per day at a maximum rate of 1500 1250 gallons per minute
.500

(CONTINUED ON BACK)

1500

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? _____

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 103

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? 714,000gal. 2000 ; 730,000gal. 2005 ; 740,000gal. 2010 ; 755,000gal. 2015
(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 .537 MGD ; NPDES Permit No. MS0028479
water collected, treated through waste water treatment

Explain any changes in quality of water to be released: plant, then discharged thru NPDES Permit No. MS0028479

Explain how water will be used: employee sanitary need and Industrial Process use

How much groundwater will be used for once-through non-contact cooling? unknown

- 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.

Garland Crawford

(Name)

530 Oak Court Dr., Ste.300

(Address)

Memphis, TN 38117

(City, State, Zip)

901-762-7239

(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.

Garland Crawford
(Signature)

Subscribed and sworn to before me this 11 day of Dec., 1995, at Memphis, County of Shelby

My commission expires 12-29-96; Patricia J. Lichtenblatt Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Bishop + Grantham DATE: 9/20/96

UNIT DEQ #: _____ FILE #: A082020B

HEALTH DEPT. #: 170023-02 ELEV. 397

USGS #: D.3A OLWR #: MS-GW-01821

OWNER: Metco DeSoto Utility Co. QUAD: Olive Branch

LOCATION: SWSW/NW S 24 T 15 R 6W COUNTY: DeSoto

LOCATION DESCRIPTION: at Elevated Tank

at Rd Crossing on Hack-cross Rd 6^{mi} S. of state L.

CASING DIA: _____ PUMP TYPE & SIZE: 100

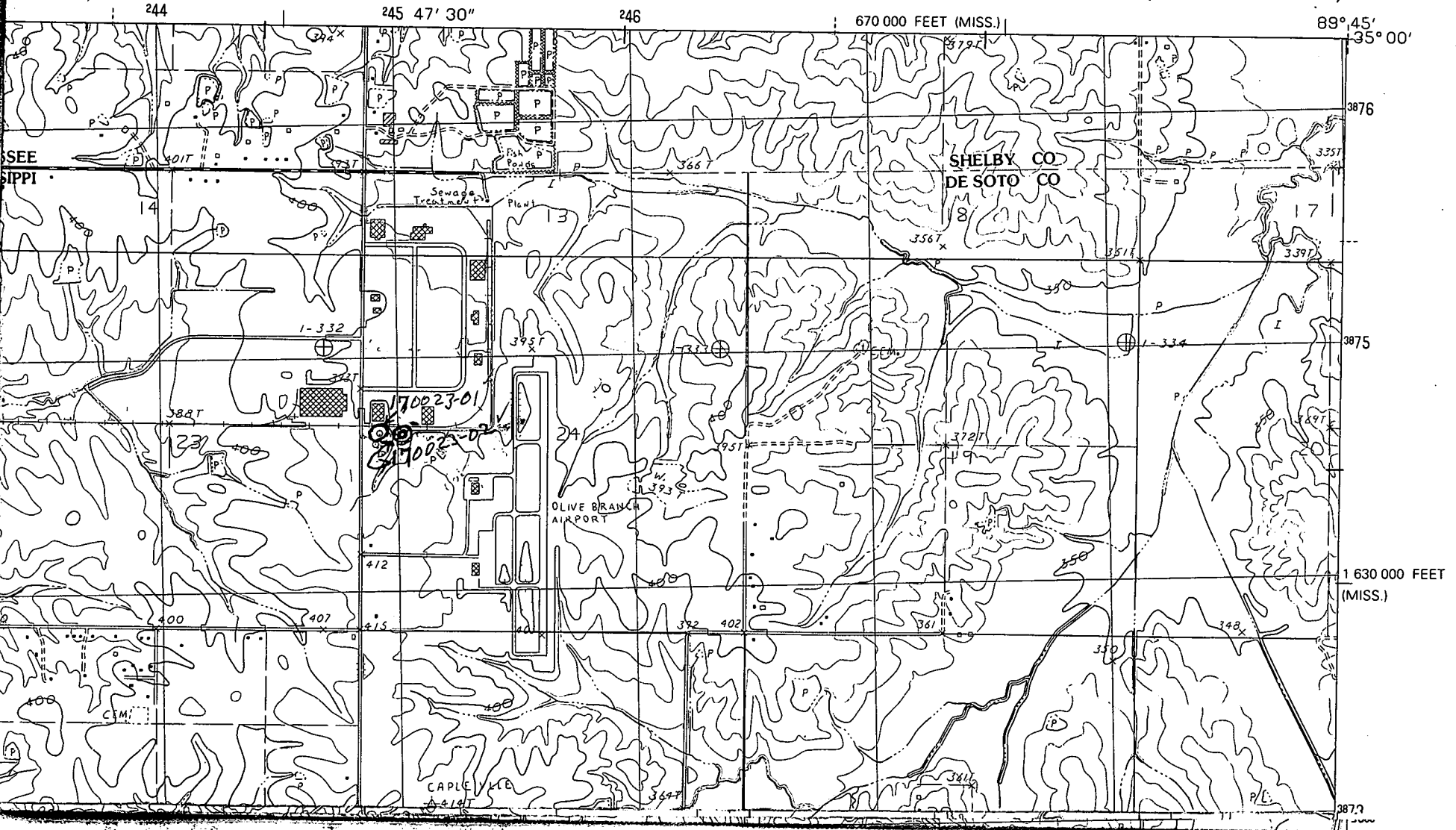
GPS FIELD LOCATION: LAT. 34° 59' .083" LONG. 89° 47' .665"

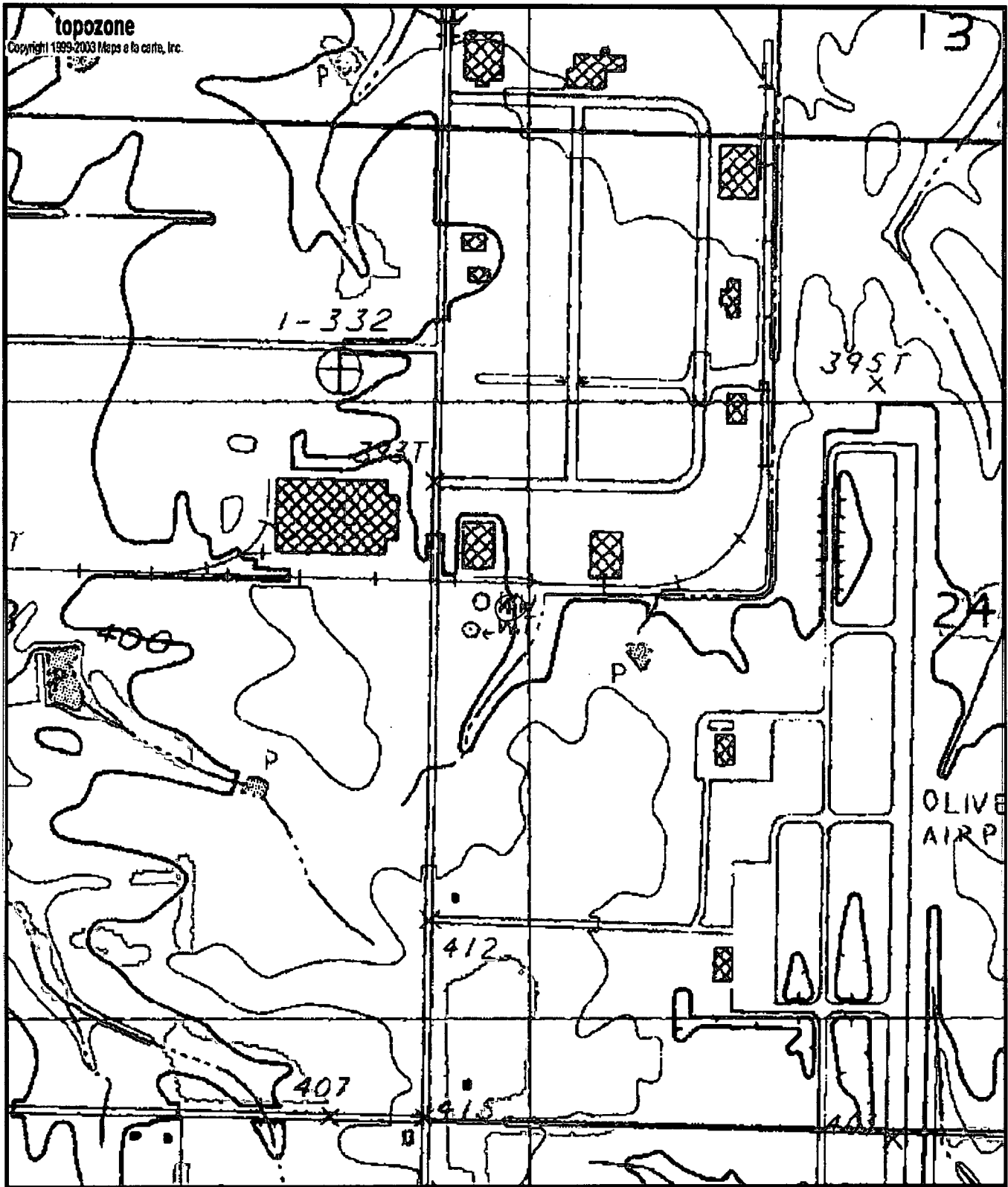
GPS CORRECTED LOCATION: LAT. 34.98447317 LONG. 89.79400877

REMARKS: East well

34° 59' 4.10" 89° 47' 38.43

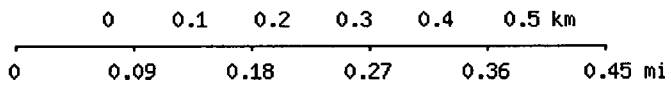
OLIVE BRANCH QUADRANGLE
MISSISSIPPI-TENNESSEE
7.5 MINUTE SERIES (TOPOGRAPHIC)





0170023-02
 6w01821
 D34

24
 OLIVE
 AIRP



Map center is 34° 59' 04"N, 89° 47' 38"W (WGS84/NAD83)

Olive Branch quadrangle

Projection is UTM Zone 16 NAD83 Datum

M=-0.178
 G=-1.603