

6W03236 DOH #180008-06

Problem: well that was GPS'd is gone; it may be B4 that was GPS'd.

E Log # 69

WRD Exp. (GW)
April 1966

Well No. B23

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION
Hattiesburg Quad

Approx. 2400' N x 375'
E of center of sec.

MASTER CARD

Record by C. J. Kump Source of data MSG5 Date 9-20-66 Map E of center of sec.
State Missi County Forrest Sequential number: 1

Latitude: 31° 10' 06" N Longitude: 089° 19' 51" W

Lat-long accuracy: 3 T, 5 S, R 13 Sec 32, NW, SW

Local well number: 802303205N13W Other number: _____

Local use: 009 Owner or name: City of Hattiesburg

Owner or name: HATTIESBURG Address: _____

Ownership: County, Fed Gov, City, Corp or Co, Private, State Agency, Water Dist 4

Use of water: Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, P

Use of well: 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: _____

Log data: E log 18-431 ft.

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 607 ft Meas. rept accuracy 3

Depth cased: 544 ft Casing Type: _____; Diam. 12x8 in 12

Finish: porous gravel w. gravel w. horiz. open perf., screen, sd. pt., shored, open hole, other S

Method Drilled: air bored, cable, dug, hyd jetted, air reverse trenching, driven, drive wash, other H

Date Drilled: 9-2-66 966 Pump intake setting: _____ ft 3

Driller: Carlson Well Supply name (L) (V) address _____

Lift (type): air, bucket, cent, jet, multiple, multiple, none, piston, rot, submerg, turb, other T Deep Shallow

Power (type): diesel, elec, gas, gasoline, hand, gas, wind; H.P. V Trans. or meter no. _____

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

Alt. LSD: 155' tops 155 Accuracy: (source) 3

Water Level _____ ft above below MP; Ft below LSD 42 Accuracy: _____

Date meas: 966 Yield: 1000 gpm Method determined D

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. _____

Well No.

B23

Well No. B23

Latitude-longitude _____
N
S
d m s d m s

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD
Physiographic Province: 03 Section: _____
Drainage Basin: 13W Subbasin: _____

Top of well site: (D) depression, stream channel, dunes, flat, hilltop, sink, swamp, (E) offshore, pediment, hillside, (F) terrace, (H) undulating, (K) valley flat, (L) _____
7

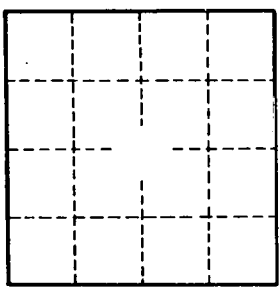
MAJOR AQUIFER: Tertiary Miocene system series T14 aquifer, formation, group C. Lakota 217

Lithology: U.S. Origin: 3 Aquifer Thickness: _____ ft
Length of well open to: _____ ft Depth to top of: _____ ft

MINOR AQUIFER: _____ system series _____ aquifer, formation, group _____
Lithology: _____ Origin: _____ Aquifer Thickness: _____ ft
Length of well open to: _____ ft Depth to top of: _____ ft

Intervals Screened: _____
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. B23

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): C. A. Hornbeak DATE: 6/6/96

UNIT DEQ #: 82859 FILE #: B060616A

HEALTH DEPT. #: 180008-06 ELEV. 155

USGS #: B23 B+ OLWR #: 3236

OWNER: City of Hattiesburg QUAD: Hattiesburg

LOCATION: SW-NW-SW S 32 T 5N R 13W COUNTY: Forrest

LOCATION DESCRIPTION: on Lakeview Rd Between well 180008-01

180008-02, .1 mi. SE of Water Plant #1 Bldg.

CASING DIA: N/A ^{plugged} + Abandoned PUMP TYPE & SIZE: N/A ^{plugged} + Abandoned well

GPS FIELD LOCATION: LAT. 31° 21.138 LONG. 89° 19.490

GPS CORRECTED LOCATION: LAT. 31.35351306 LONG. 89.32981998

REMARKS: At plant #1, should be between 180008-01
and 180008-02 near road. - Well has been
abandoned. I think concrete pad is still there.
(GPS at well pad.)

RECEIVED Plant #1 Well #4

APPLICATION FOR PERMIT TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS OF THE STATE OF MISSISSIPPI

APR 05 1996

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5202

Table with 4 columns: Issued, Expires, Fee Paid, Permit No.; Lat, Long, Elev, USGS No.; Quad, ASCS Farm No, STAC, MSDOH No.; Aquifer, Tract No, Basin No.; Remarks, Dam Inv. No. Includes handwritten entries like '2-11-97 AGN', '8-26-86', '8-26-2006', '31-21-10', '89-19-50', '155', 'B23', 'Hattiesburg', '06'.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. MS-GW-03236

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: Stand-by

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: City of Hattiesburg (Name) 64-6000432 (SSN or Tax ID No.) P.O. Box 1898 (Address) Hattiesburg, MS 39403-1898 (City) (State & Zip) (601) 545-4500 (Telephone No.)

APPLICANT, AGENT, OR LESSEE (if different from Landowner): SAME (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): NW 1/4 of the SW 1/4 of Section 32, Township 05 N, Range 13 W, County Forrest

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. MS-GW-03233, 03234, 03235, 03237, 03238, 11848, 11849

SECTION B (to be completed for GROUNDWATER SOURCE)

- 1. AQUIFER: Catahoula MISSISSIPPI DEPARTMENT OF HEALTH NO.: 180008-06
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__66__. Under whose name was well originally drilled (if known)? City of Hattiesburg
3. Description of proposed or completed well: (a) DEPTH OF WELL: 450 feet. DRILLER: Carlos Well Supply (b) SURFACE CASING: Length 365 feet; Diameter 12 inches; Type Steel (c) SCREEN: Length 80 feet; Diameter 8 inches; Type Slotted (d) PUMP: Type Turbine; Size 10"; Capacity 1000 gallons per minute; Setting depth 120 feet (e) POWER UNIT: Type Electric; Size 75 horsepower
4. PERMITTED VOLUME: (a) _____ million gallons per year at a maximum rate of _____ gallons per minute (b) 0.0 million gallons per day at a maximum rate of 1000 gallons per minute

MAP SENT

(CONTINUED ON BACK)

changed to 5/13

928

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 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. _____
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 15,300
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?

9.2 MGD	2001	10.6 MGD	2006	12.2 MGD	2011	14.0 MGD	2016
(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): _____
7. **REMARKS:** _____

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

Charles Henderson
(Name)
Water Plant #2, 900 James St.
(Address)
Hattiesburg, MS 39401
(City, State, Zip)
601-545-4530
(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.


(Signature)

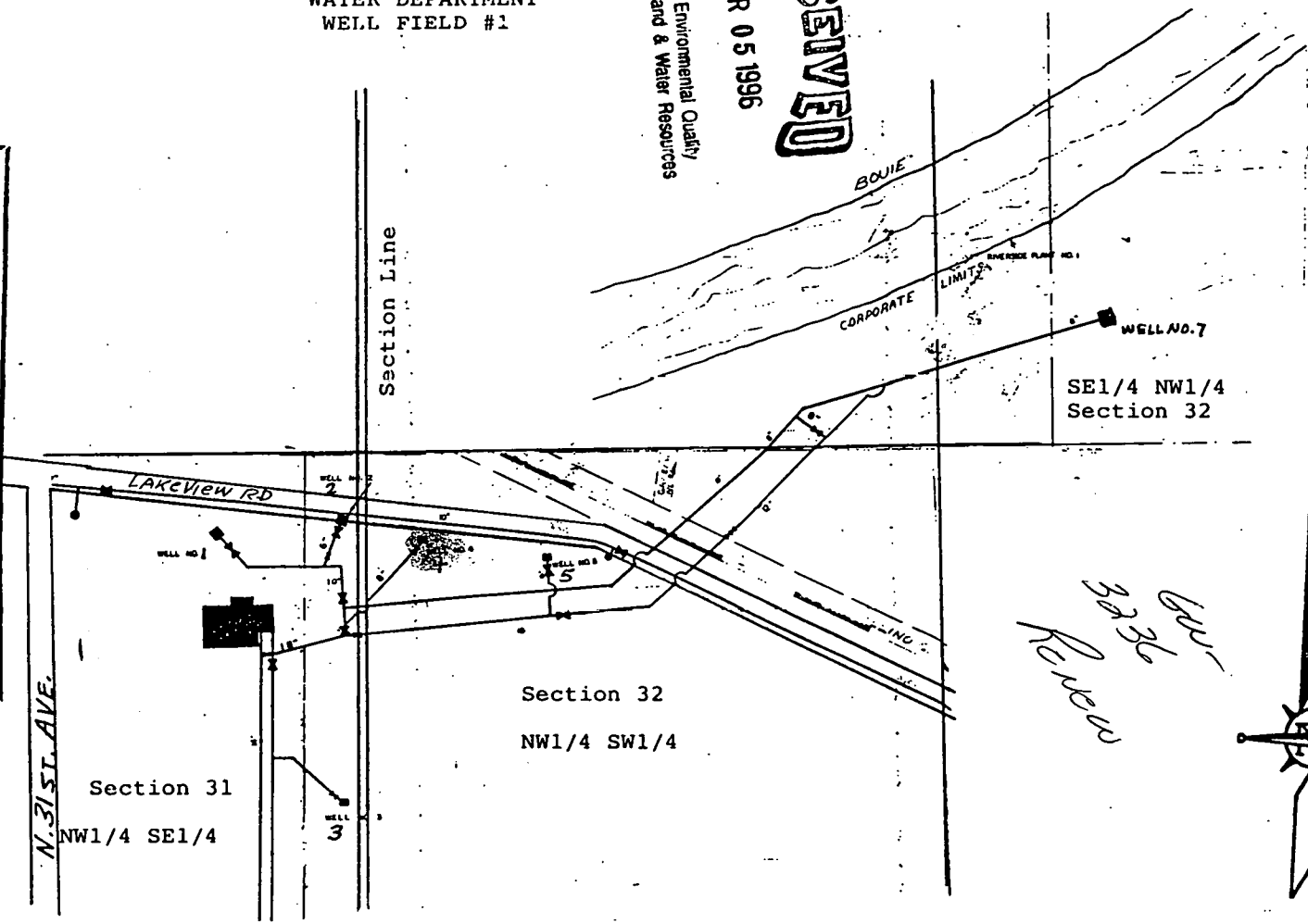
Subscribed and sworn to before me this 21st day of March, 1996, at Hattiesburg county of Forrest
My commission expires 8-23-96; Melinda M. Nixon Notary Public.

CITY OF HATTIESBURG
WATER DEPARTMENT
WELL FIELD #1

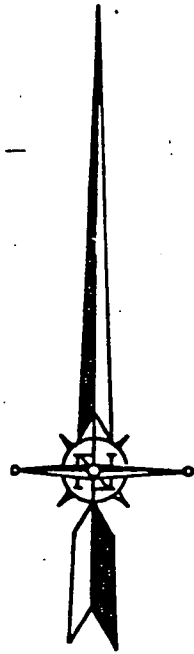
Dept. of Environmental Quality
Office of Land & Water Resources

APR 05 1996

RECEIVED



APR 5 1996
R. P. ...



PREPARED BY
CITY ENGINEERING DEPARTMENT
HATTIESBURG, MS

BY: J.L.L. DATE: _____ SCALE: _____

OK'D _____

OR

LAUREL 24 MI. MOSELLE INTERCHANGE 9 MI. 3146 IV NE (EASTABUCHIE)



Mammoth Springs
163
R. 14 W. R. 13 W. | 277

278 20'

LAUREL 24 MI.
MOSELLE INTERCHANGE 9 MI.

3146 IV NE
(EASTABUCHIE)



ORREST
SAMAR

CENTRAL

2581

CAMP ST
HA