

WRD Exp. (GW)
April 1966

Well No. 91

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

PUNCHED and VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by Jac Source of data _____ Date _____ Map McLaurin

State 28 County (or town) 18

Latitude: 311156N Longitude: 0891310 Sequential number: 1

Lat-long accuracy: 3 T. 3 S. R. 12 Sec 29 NW NE

Local well number: 60015H29034 Other number: _____

Local use: 064 Owner or name: _____

Owner or name: _____ Address: _____

Ownership: (C) County, (F) Fed Gov't, (M) City, (N) Corp or Co, (P) Private, (S) State Agency, (W) Water Dist S

Use of water: (A) Air cond, (B) Bottling, (C) Comm, (D) Dewater, (E) Power, (F) Fire, (H) Dom, (I) Irr, (M) Med, (N) Ind, (P) P S, (R) Rec, (S) Stock, (T) Instit, (U) Unused, (V) Recharge, (W) Desal-P S, (X) Desal-other, (Y) Training U

Use of well: (A) Anode, (D) Drain, (G) Seismic, (H) Heat Res, (I) Obs, (J) Oil-gas, (K) Recharge, (L) Test, (M) Unused, (N) Withdraw, (O) Waste, (P) Destroyed U

DATA AVAILABLE: Well data Freq. W/L meas.: Field aquifer char.

Hyd. lab. data: _____

Qual. water data; type: USGS Complete 01-10-66

Freq. sampling: Pumpage inventory: no, period: _____

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 400 ft Meas. rept accuracy 6

Depth cased; (first perf.) _____ ft Casing type: _____; Diam. _____ in

Finish: (C) porous concrete, (F) gravel w. (perf.), (G) gravel w. (screen), (H) horiz. gallery, (I) open end, (J) open perf., (K) screen, (L) sd. pt., (M) shored, (N) hole, (O) other S

Method Drilled: (A) air rot, (B) bored, (C) cable, (D) dug, (E) hyd rot., (F) jetted, (G) air rot., (H) percussion, (I) rotary, (J) reverse, (K) trenching, (L) driven, (M) wash, (N) drive, (O) other H

Date Drilled: 950 Pump intake setting: _____ ft

Driller: Layne Central name (L) address _____

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 7 Deep 7 Shallow 40

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

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

Alt. LSD: 303 Accuracy: (source) 1

Water Level: _____ ft above _____ ft below MP; _____ ft below LSD Accuracy: 175

Date meas: 1/29 Yield: 164 gpm Method determined _____

Drawdown: _____ ft Accuracy: _____ Pumping period _____ hrs

QUALITY OF WATER DATA: Iron 1.3 Sulfate 5 Chloride 0 Hard. 26

Sp. Conduct 130 K x 10⁶ Temp. _____ °F Date sampled 1-10-66

Taste, color, etc. _____

Well No.

31

**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.

1-23-96 AGN.

FORM OLWR-AP-2 (REV. 9/94)

Issued: <u>1-14-86</u>	Expires: <u>1-14-2006</u>	Fee Paid:	Permit No.
Lat. <u>31-1-54</u>	Long. <u>89-13-08</u>	Elev. <u>310</u>	USGS No.
Quad. <u>McLaurin</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>MOCN</u>	Tract No.		Basin No. <u>031 70007</u>
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL PERMIT NO. MS-GW-00097

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: _____

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: State of Mississippi-Mississippi Military Department
 (Name) (SSN or Tax ID No.)

NGMS-FMO, P. O. Box 5027
 (Address)

Jackson MS 39296-5027 (601) 973-6238
 (City) (State & Zip) (Telephone No.)

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

Camp Shelby Training Site
 (Name) (SSN or Tax ID No.)

CSTS-DPW, Building 6600
 (Address)

Camp Shelby, MS 39407-5500 (601) 558-2690
 (City) (State & Zip) (Telephone)

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):

NW 1/4 of the NE 1/4 of Section 29, Township 03N, Range 12W, 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. _____

SECTION B (to be completed for GROUNDWATER SOURCE)

1. AQUIFER: Miocene MOCN MISSISSIPPI DEPARTMENT OF HEALTH NO.: 180002-01

2. Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
 If well has already been drilled, when was well completed (date)? 6 July, 19 53. Under whose name was well originally drilled (if known)? Annual Training Site, Camp Shelby

3. Description of proposed or completed well:
 (a) DEPTH OF WELL: 400 feet. DRILLER: Layne Central Company, Jackson, MS
 (b) SURFACE CASING: Length 20 feet; Diameter 10 inches; Type Cast Iron
 (c) SCREEN: Length 20 feet; Diameter 8 inches; Type unknown
 (d) PUMP: Type Turbine; Size 8 inch; Capacity 900 gallons per minute; Setting depth 246'-8" feet
 (e) POWER UNIT: Type Electric Motor; Size 100 horsepower

4. PERMITTED VOLUME:
 (a) _____ gallons per year at a maximum rate of _____ gallons per minute
 (b) 1.4 million gallons per day at a maximum rate of 1,000 900 gallons per minute

(CONTINUED ON BACK)

NO MAP

.25

900

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 1,000 - 10,000 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?

<u>300,000</u>	<u>2000</u>	<u>360,000</u>	<u>2005</u>	<u>432,000</u>	<u>2010</u>	<u>518,400</u>	<u>2015</u>
(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: _____

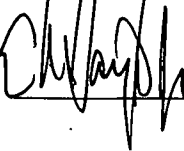
6. **OTHER USE:** Explain in detail (if needed, attach another page): _____

7. **REMARKS:** _____

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

MAJ (P) E. L. Harrington, Jr.
(Name)
CSTS-DPW, BLDG 6600
(Address)
Camp Shelby, MS 39407-5500
(City, State, Zip)
(601) 558-2690
(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 19th day of October, 1995, at Camp Shelby county of Forrest
My commission expires July 21, 1999; Phenola B. McPhail Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

McLaurin Quad
6/6/96

Hornbeak

USER NAME(S): Sh Bishop & CA Hornbeak DATE: ~~6-9-94~~

UNIT DEQ #: 82 859 / 82859 FILE #: ~~A060918C~~
B060618A

HEALTH DEPT. #: 180002-01 ELEV. 300

USGS #: 2-093 G1 OLWR #: 97

OWNER: Camp Shelby

LOCATION: SE/NW/NE S 29 T 3 N R 12 W COUNTY: Forest

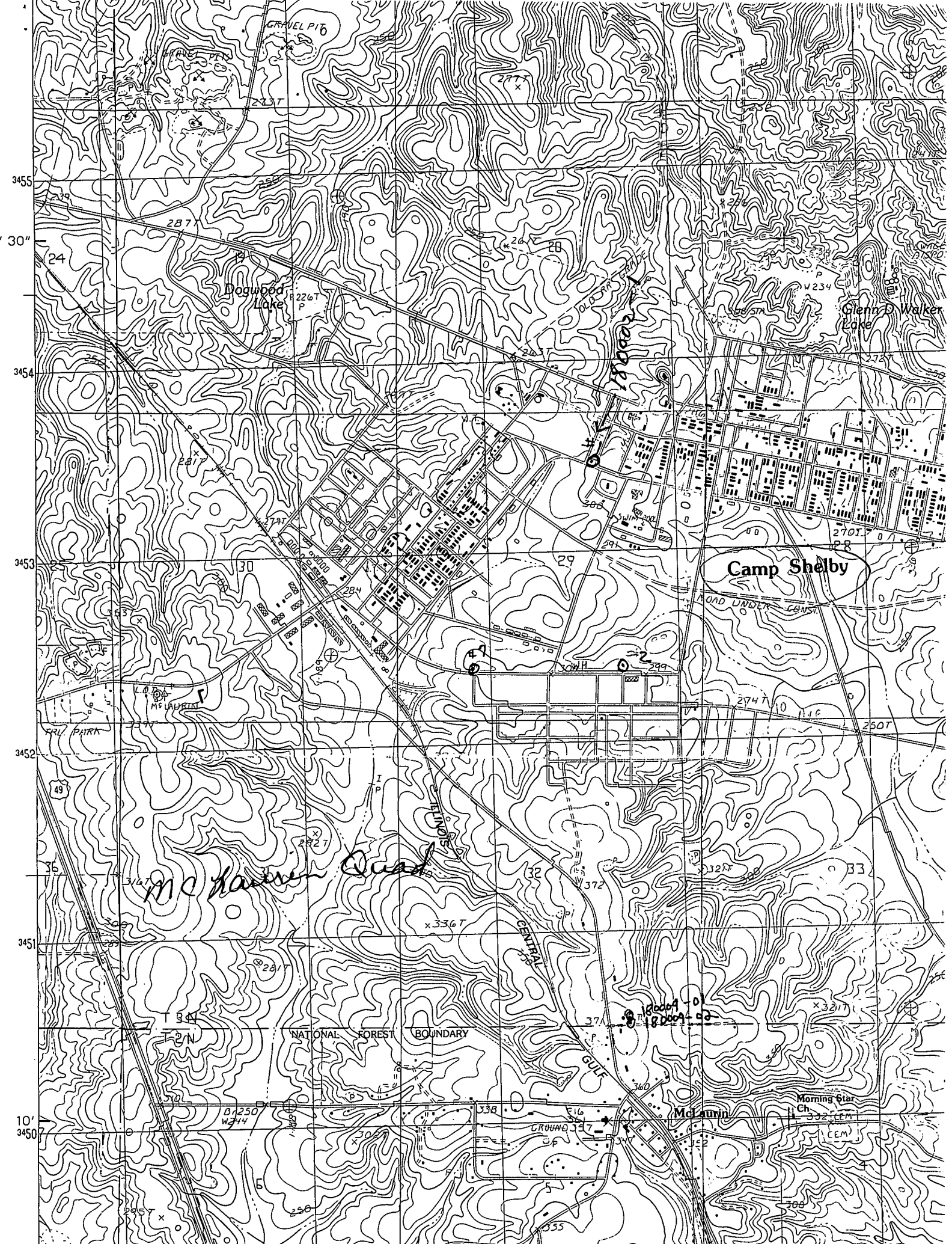
LOCATION DESCRIPTION: (Forest ave in Bldg #1283)
Between 12th St. & 13th St.

CASING DIA: 12" PUMP TYPE & SIZE: Large Blue & Black-110 Diesel
31° 11.520 89° 13.089

GPS FIELD LOCATION: LAT. 31° 11.890 LONG. 89° 13.156

GPS CORRECTED LOCATION: LAT. 31.19801304 LONG. 89.21916338

REMARKS: GPS Located at well



GRAVEL PIT

Dogwood Lake

Glenn D Walker Lake

Camp Shelby

McKain Quad

NATIONAL FOREST BOUNDARY

McLaurin

Morning Star Ch