WELLSCHEDULE
U.S. DEPT. OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

MASTER CARD

Record by: MIKE COOLEY
Source of data: Map McLaurin
Date: 1-29-69
Well No.: G2

State:
County (or town):

Latitude: 31° 11' 12.23" N
Longitude: 108° 19' 13.04" W
Sequential number:

Lat-long accuracy:

Local well number:

Local use:

Owner or name:

Ownership:

Use of water:

Well available:

Well data:

Hyd. lab. data:

Qual. water data:

Frequent sampling:

Aperture cards:

Log data:

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well:

Depth casing:

Casing type:

Porosity:

Perforation:

Completion:

Method:

Drilled:

Driller:

Lift:

Power:

Power type:

Described:

Alt. LSD:

Water Level:

Date:

Drawdown:

QUALITY OF WATER DATA:

Iron

Sulfate

Chloride

Hard.

Sp. Conduct

Taste, color, etc.

Pumpage inventory:

Field aquifer char.

Well No.: G2

HYDROGEOLOGIC CARD

Physiographic Province: D3
Drainage Basin: 13Q
Subbasin: 24A

Topo of well site:
- (D) depression, stream channel, dunes
- (E) flat, hilltop, sink
- (F) offshore, pediment, hillside, terraces, undulating valley flat
- (G) (P) (S) (T) (U) (V) (W) (X) (Y) (Z)

MAJOR AQUIFER:
- System
- Series
- Aquifer, formation, group
- Lithology
- Length of well open to: ft
- Origin
- Depth to top of: ft
- Aquifers
- Thickness: ft

MINOR AQUIFER:
- System
- Series
- Aquifer, formation, group
- Lithology
- Length of well open to: ft
- Origin
- Depth to top of: ft
- Aquifers
- Thickness: ft

Intervals Screened:
- Depth to consolidated rock: ft
- Depth to basement: ft
- Source of data:
- Source of data:
- Infiltration characteristics:
- Coefficient
- Storage:
- Coefficient
- Trans:
- Coefficient
- Storage:
- Perm:
- Spec cap:

Well No.: G2

GPO 857-700

[Diagram and handwritten notes]
DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

Horznbeak

USER NAME(S): H. Bishop & C.A. Horznbeak

DATE: 6-9-96

UNIT DEQ #: 82859

FILE #: 80606188

HEALTH DEPT. #: 180002-02

ELEV.: 299

USGS #: Z004

OLWR #: 111

OWNER: Camp Shelby

LOCATION: S 29 T J N R 12 W

COUNTY: Forrest

LOCATION DESCRIPTION: 100 ft N Warehouse Ave N of Bldg # B90

CASING DIA: 12"

PUMP TYPE & SIZE: Large Elec

GPS FIELD LOCATION: LAT. 31° 11.180

LONG. 89° 13.010

GPS CORRECTED LOCATION: LAT. 31° 18.849525

LONG. 89° 21.730775

REMARKS: GPS at well
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 APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL PERMIT NO. MS-GW-00111

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 (e.g., Church, School) 7) Commercial (e.g., 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-FMI, P. O. Box 5027
(Address) ____________________________ 601 973-6238

Jackson, MS 39296-5027 (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 1001
(Address) ____________________________ 601 558-2690

Camp Shelby, MS 39407-5500 (City) (State & Zip) (Telephone No.)

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

1/4 of the 29th Section 1/4 of Township 03 North Range 12 West 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.: 180002-02

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 __________. 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 8 inch; Capacity 1,000 gallons per minute; Setting depth 260 feet
   (e) POWER UNIT: Type Electric Motor 150 horsepower

4. PERMITTED VOLUME:
   (a) 600,000 per year at a maximum rate of __________ gallons per minute
   (b) __________ million gallons per day at a maximum rate of __________ gallons per minute

(CONTINUED ON BACK)
SECTION C  (to be completed for SURFACE WATER SOURCE)
1. Source of water is from ___________________________ which drains into ______________________________ (major stream or river)

2. Description 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
   - Choose "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? __________ 300,000 (Volume) __________ 2000 (Year)
   - __________ 360,000 (Volume) __________ 2005 (Year)
   - __________ 432,000 (Volume) __________ 2010 (Year)
   - __________ 518,400 (Volume) __________ 2015 (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 (F) E. L. Harrington, Jr.
(Name)
CSTS-DPW BLDG 6600
(Address)
Camp Shelby, MS 39047-5500
(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 5th day of October, 1995, at Camp Shelby County of Harrison
My commission expires July 24, 1999  Charles B. Mclellan  Notary Public.