

333 A McLaurin -10'

WRD Exp. (GW)
April 1966

Well No. G 3

333 A

WELL SCHEDULE

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

PUNCHED and VERIFIED
ROLLA COMPUTATION CENTER

MASTER CARD

Record by Jac Source of data _____ Date _____ Map McLaurin

State 018 County (or town) Trust 15

Latitude: 311142N Longitude: 0891142 Sequential number: 1

Lat-long accuracy: 30 T. 3 S. R. 12 Sec. 27 SW 1/4 NW 1/4

Local well number: 064 Other number: 73

Local use: 064 Owner or name: _____ Address: _____

Ownership: County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist 5

Use of water: (A) Air cond, (B) Bottling, (C) Comm, (D) Dewater, (E) Power, (F) Fire, (G) Dom, (H) Irr, (I) Med, (J) P S, (K) Rec, (L) Stock, (M) Instat, (N) Unused, (O) Repressure, (P) Recharge, (Q) Desal-P S, (R) Desal-other, (S) Other 2

Use of well: (A) Anode, (B) Drain, (C) Seismic, (D) Heat Res, (E) Obs, (F) Oil-gas, (G) Recharge, (H) Test, (I) Unused, (J) Withdraw, (K) Waste, (L) Destroyed W

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

Hyd. lab. data: _____

Qual. water data; type: USGS 1-10-66

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

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

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

Depth cased (first perf.): _____ ft Casing type: _____; Diam. in 10

Finish: (C) porous concrete, (F) gravel w. (perfor.), (G) gravel w. (screen), (H) horz. gallery, (I) open end, (J) other 5

Method Drilled: (A) air rot, (B) bored, (C) cable, (D) dug, (E) hyd rot., (F) jetted, (G) percussion, (H) rotary, (I) reverse, (J) trenching, (K) driven, (L) wash, (M) other 4

Date Drilled: 950 Pump intake setting: _____ ft

Driller: Layne Central

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 Shallow

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

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

Alt. LSD: 300 Accuracy: (source) 3

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

Date meas: _____ Yield: _____ gpm 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. _____

Well No. G 3

Latitude-longitude N
S
d m s d m s

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD Physiographic Province: 03 Section: _____

Drainage Basin: D 130 Subbasin: _____

Topo of well site: (D) (C) (E) (F) (H) (K) (L) depression, stream channel, dunes, flat, hilltop, sink, swamp
(O) (P) (S) (T) (U) (V) offshore, pediment, hillside, terrace, undulating, valley flat 27

MAJOR AQUIFER: _____ system _____ series TM _____ aquifer, formation, group HA _____

Lithology: _____ 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: _____

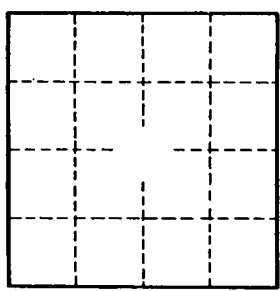
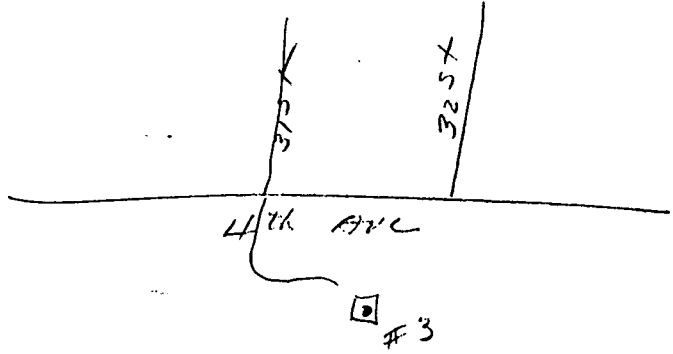
Depth to consolidated rock: _____ ft _____ Source of data: _____

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: _____



ON ITSM

**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>31-11-37</u>	Long. <u>89-11-52</u>	Elev. <u>291</u>	USGS No.
Quad. <u>McGauran</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>MOCN</u>	Tract No.		Basin No. <u>03170007</u>
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL PERMIT NO. MS-GW-00227

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 (City) (State & Zip) (601) 973-6238 (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 (City) (State & Zip) (601) 558-2690 (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 21 28 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 MISSISSIPPI DEPARTMENT OF HEALTH NO.: 180002-03

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

If well has already been drilled, when was well completed (date)? 30 April, 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 CF 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 in; Capacity 1,000 gallons per minute; Setting depth 250 feet

(e) POWER UNIT: Type Electric Motor; Size 150 horsepower

4. PERMITTED VOLUME :

(a) _____ per year at a maximum rate of _____ gallons per minute

(b) 21 .13 million gallons per day at a maximum rate of 1,000 gallons per minute

(CONTINUED ON BACK)

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

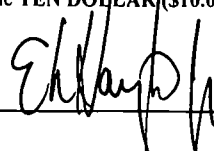
SECTION E WATER USE DATA (ALL APPLICATIONS - complete section related to beneficial use)

1. **IRRIGATION:** List the number of acres of each crop to be irrigated: Rice _____; Cotton _____; Oats _____; Corn _____; Soybeans _____; Pasture _____; Truck _____; Wheat _____; Grain Sorgum _____; 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 Jackson
My commission expires July 21, 1999; Charles B. McPhail Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

McLaurin Quad
6/6/96

USER NAME(S): SH Bishop + CA Hornbeak DATE: ~~6-9-94~~
Hornbeak
UNIT DEQ #: 82859 / 82859 FILE #: ~~8060619A~~
HEALTH DEPT. #: 180002-03 ELEV. 270
USGS #: 2-095 G3 OLWR #: 191

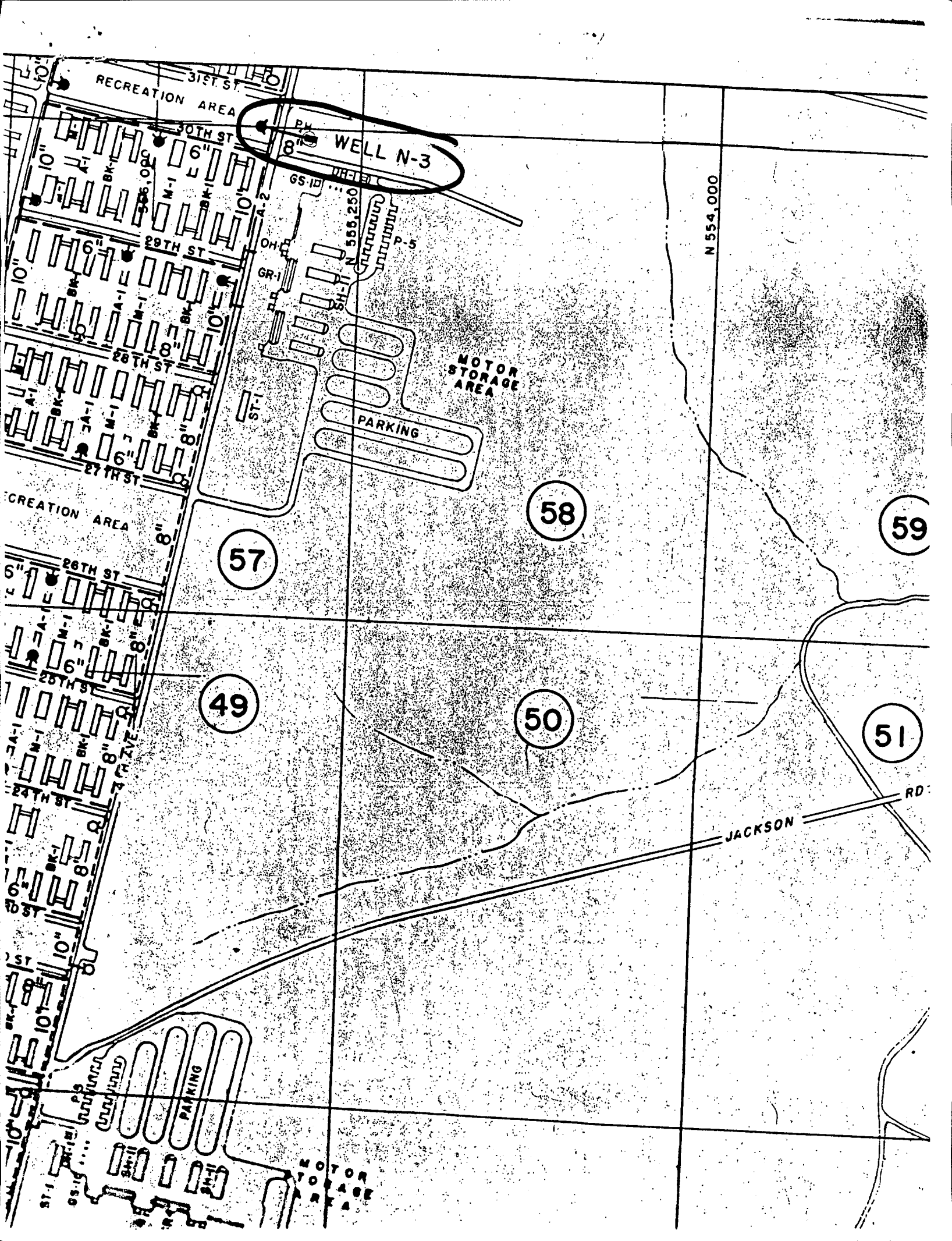
OWNER: CAMP Shelby
LOCATION: SE/NE S 28 T3N R12W COUNTY: Forest

LOCATION DESCRIPTION: on forest Ave. + 31st St Intersection.
(Building # 3081) (SE of Intersection)

CASING DIA: 18" PUMP TYPE & SIZE: 130 HP Elec with Diesel Back-up
31° 11.358
GPS FIELD LOCATION: LAT. 30° 11.622 LONG. 89° 11.488
89° 11.865

GPS CORRECTED LOCATION: LAT. 31.19362098 LONG. 89.19752128

REMARKS: GPS at Well



RECREATION AREA

31ST ST

30TH ST

29TH ST

28TH ST

28TH ST

27TH ST

26TH ST

25TH ST

24TH ST

23RD ST

WELL N-3

MOTOR STORAGE AREA

PARKING

57

58

59

49

50

51

JACKSON RD

N 554,000

PARKING

MOTOR STORAGE AREA



McLaurin Quad