

WRD Exp. (GW)
April 1966

Well No. GA

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION
FUNDED and VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by Jae Source of data _____ Date _____ Map McLaurin

State GA County (or town) 18

Latitude: 31 11 45 11 N Longitude: 08 9 11 19 Sequential number: 1

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

Local well number: 00040E2703N12W Other number: #4 B & M

Local use: 064 Owner or name: _____

Owner or name: 2014 SHELLEY Address: _____

Ownership: (C) County, (F) Fed Gov't, (M) City, Corp or Co, (N) Private, (P) State Agency, (S) 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) P S, (P) Rec, (S) Stock, (T) Instat, (U) Unused, (V) Reppure, (W) Recharge, (X) Desal-P S, (Y) Desal-other, (Z) Other Z

Use of well: (A) Anode, (D) Drain, (G) Seismic, (H) Heat Res, (I) Obs, (P) Oil-gas, (R) Recharge, (T) Test, (U) Unused, (W) Withdraw, (X) Waste, (Z) Destroyed W

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

Hyd. lab. data: _____

Qual. water data; type: MSBON Complete 3-10-53 USGS 3/11

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

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

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

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

Finish: (C) concrete, (F) porous gravel w. (perf.), (G) gravel w. (screen), (H) horiz. gallery, (I) open end, (P) perf., (S) screen, (T) sd. pt., (W) shored, (X) open hole, (Z) other S

Method: (A) air, (B) bored, (C) cable, (D) dug, (H) hyd, (J) jetted, (P) air rot., (R) percussion, (T) rotary, (V) reverse, (W) trenching, (X) driven, (Z) drive wash, other H

Date Drilled: 9-5-50 Pump intake setting: _____ ft

Driller: Lynne Central address _____

Lift (type): (A) air, (B) bucket, (C) cent, (J) jet, (L) multiple, (M) multiple, (N) none, (P) piston, (R) rot, (S) submerg, (T) turb, (Z) other T Deep Shallow

Power (type): nat _____ LP 100 Trans. or meter no. U

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

Alt. LSD: 296.76 Accuracy: 2.77

Water Level: 167.73 ft above below MP; FT below LSD 168 Accuracy: _____

Date meas: 1/29 Yield: 1.64 gpm Method determined _____

Drawdown: _____ ft Accuracy: _____ Pumping period _____ hrs

QUALITY OF WATER DATA: Iron 3 ppm Sulfate 0 ppm Chloride 5.0 ppm Hard. 33 ppm

Sp. Conduct _____ K x 10⁶ Temp. _____ °F Date sampled 3-10-53 353

Taste, color, etc. _____

Well No.

GA

Latitude-longitude N
S
d m s d m s

HYDROGEOLOGIC CARD

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

D Drainage Basin: 130 Subbasin: _____

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

MAJOR AQUIFER: T.M system series _____ aquifer, formation, group H.A

Lithology: 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:

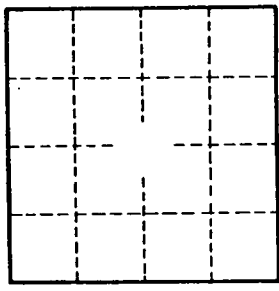
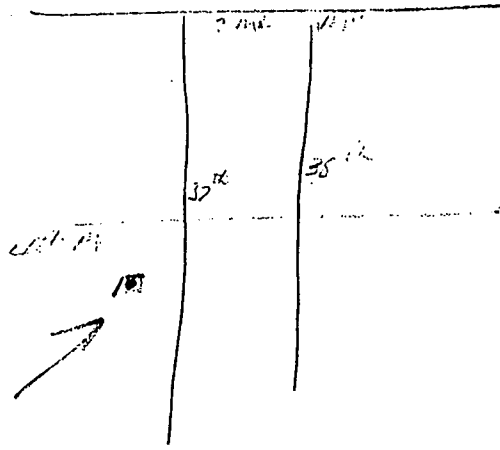
Depth to consolidated rock: _____ ft Source of data: _____

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. G 4

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

DEC 01 1995

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.

Mississippi Department of Environmental Quality
Office of Land & Water Resources
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>31-11-31</u>	Long. <u>89-11-22</u>	Elev. <u>291</u>	USGS No. <u>G5 GA</u>
Quad <u>McLaurin</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-00228

THIS APPLICATION IS FOR (Circle one): **GROUNDWATER** COMPLETE A,B,E
 SURFACE WATER - COMPLETE A,C,D,E

BENEFICIAL USE (Circle one or more): Public Supply - Municipal, Rural Water, or Private Water Irrigation
 Industrial Fish Culture Recreation **6) Institutional** (eg. Church, School) Commercial (eg. Hotel, Casino, Restaurant) Fire Protection Livestock Flood Protection 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) (Telephone No.) (601) 973 - 6238

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) (Telephone) (601) 558 - 2690

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

NE 1/4 of the SW 1/4 of Section 27, 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.: 180002-04

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, 1953. 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 in; Capacity 1,000 gallons per minute; Setting depth 260 feet

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

4. PERMITTED VOLUME:

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

(b) 1.13 million gallons per day at a maximum rate of 1,000 gallons per minute

(CONTINUED ON BACK)

NO MAP

.159

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)

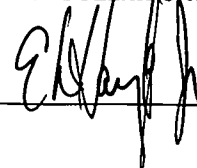
1. **IRRIGATION:** List the number of acres of each crop to be irrigated: Rice _____; Cotton _____; Oats _____; Corn _____; Soybeans _____; Pasture _____; Truck _____; Wheat _____; Grain Sorgum _____; Other (specify) _____ Acres _____
A. Method of Irrigation (circle one) - Center Pivot Flood Furrow
B. 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 17th day of October, 1995, at Camp Shelby county of Fernest
My commission expires July 21, 1999; Charles B. McPhail Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

McLavin Quad
6/6/96

Hotbank

USER NAME(S): SH Bishop + CA Hornbuck DATE: 6-9-94

UNIT DEQ #: 82859 / 82859 FILE #: B0606 19B
A0609 19A

HEALTH DEPT. #: 180002-04 ELEV. 270

USGS #: 2-096 G4 OLWR #: 228

OWNER: Camp Shelby

LOCATION: NE/NE/SW S 27 T 3N R 12W COUNTY: Foxrest

LOCATION DESCRIPTION: On Foxrest Ave + 37th St. Intersection
(in Bldg # 3681) (East of Bldg # 3601)

CASING DIA: 12" PUMP TYPE & SIZE: 150^{hp} + With Back-up
31° 11.310

GPS FIELD LOCATION: LAT. 31° 11.538 LONG. 89° 11.213
89° 11.362

GPS CORRECTED LOCATION: LAT. 31.19221492 LONG. 89.18943631

REMARKS: GPS located at well



85

73

74

75

WELL N-4

65

66

WELL N-3

GRAPHIC SCALE
0 400

800 FT



3455

2' 30"

3454

3453

3452

3451

24

28

2827

Dogwood Lake

Glenn Walker

Camp Shelby

McLaurin Quad

18000 004 20 #4

Hager AAF Airport

Hartfield

SHELBY

GRUEL P16

ROCKY CREEK

NAT FOR 2827

49

32

33

CENTRAL

x3367

274

2587

320

278

ROAD UNDER CONSTRUCTION

372

328

322

287

2267

26

234

287

271

306

2791

304

399

271 PARK

MS LAUREL

2827

367

372

328

322