

WRD Exp. (GW)
April 1966

Well No. G5

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

FOUNDED AND VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by Joc Source of data _____ Date _____ Map McLaurin

State 28 County (or town) 18

Latitude: 311157N Longitude: 0891046 Sequential number: 1

Lat-long accuracy: 3 T. 3 S, R 10 W Sec 27, NE 1/4, NE 1/4

Local well number: G005442703W10W Other number: _____

Local use: 064 Owner or name: CAMP SHELBY 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) Instit, (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: N

Freq. sampling: _____ Pumpage inventory: yes, 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 10

Finish: (C) porous concrete, (F) gravel w. (G) gravel w. (H) horiz. open (I) screen, (J) gallery, (K) end, (L) perf., (M) screen, (N) sd. pt., (O) shored, (P) open hole, (Q) other 5

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

Date Drilled: 950 Pump intake setting: _____ ft

Driller: Layne Central name 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 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

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

Alt. LSD: 28 Accuracy: (source) 4

Water Level: 157.41 ft above MP; 57 ft below LSD Accuracy: 4

Date meas: 1127 Yield: 164 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.

G5

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) 27
depression, stream channel, dunes, flat, hilltop, sink, swamp
(O) (P) (S) (T) (U) (V)
offshore, pediment, hillside, terrace, undulating, valley flat

MAJOR AQUIFER: TM 14A
system series aquifer, formation, group

Lithology: S Origin: 3 Aquifer Thickness: _____
ft

Length of well open to: 38 40 Depth to top of: _____
ft ft ft

MINOR AQUIFER: _____ 44 45 aquifer, formation, group
system series Aquifer

Lithology: _____ Origin: _____ Thickness: _____
ft

Length of well open to: _____ 54 56 Depth to top of: _____
ft ft ft

Intervals Screened: _____

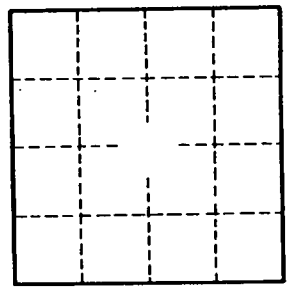
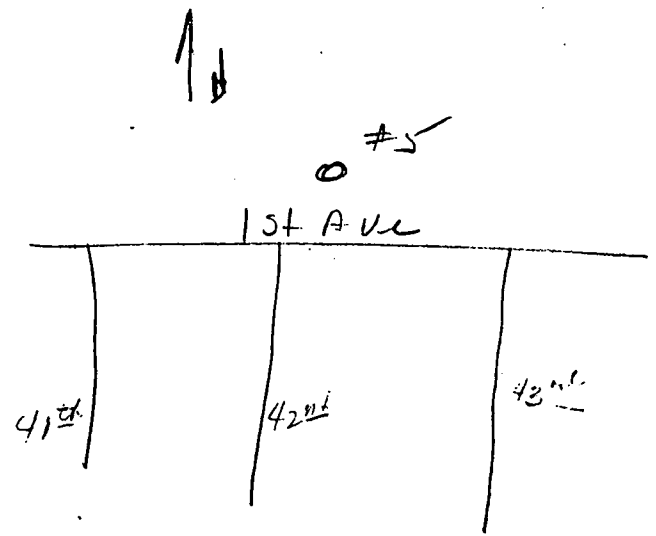
Depth to consolidated rock: _____ 60 63 Source of data: _____
ft ft

Depth to basement: _____ 65 68 Source of data: _____
ft ft

Surficial material: _____ 70 71 Infiltration characteristics: _____
ft ft

Coefficient Trans: _____ 73 75 Coefficient Storage: _____
gpd/ft ft

Coefficient Perm: _____ gpd/ft² ; Spec cap: _____ gpm/ft ; Number of geologic cards: 79



Well No. 05

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

RECEIVED
DEC 07 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.

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

Issued: <u>L-14-86</u>	Expires: <u>1-14-2006</u>	Fee Paid:	Permit No.
Lat. <u>31-11-47</u>	Long. <u>89-10-56</u>	Elev. <u>281</u>	USGS No.
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-00229

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):

No MAP

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 No.)

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):
SE 1/4 of the NE 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)

- AQUIFER: Miocene MISSISSIPPI DEPARTMENT OF HEALTH NO.: 180002-05
- 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
- Description of proposed or completed well:
 - DEPTH OF WELL: 400 feet. DRILLER: Layne Central Company, Jackson, MS
 - SURFACE CASING: Length 200 feet; Diameter 10 inches; Type Cast Iron
 - SCREEN: Length 20 feet; Diameter 8 inches; Type Unknown
 - PUMP: Type Turbine; Size 8 in; Capacity 1,000 gallons per minute; Setting depth 260 feet
 - POWER UNIT: Type Electric Motor; Size 150 horsepower
- PERMITTED VOLUME:
 - 1.3 million gallons per year at a maximum rate of _____ gallons per minute
 - 1.3 million gallons per day at a maximum rate of 1,000 gallons per minute

(CONTINUED ON BACK)

21

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)

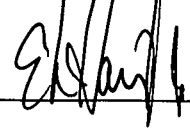
1. **IRRIGATION:** List the number of acres of each crop to be irrigated: Rice _____; Cotton _____; Oats _____; Corn _____; Soybeans _____; Pasture _____; Truck _____; Wheat _____; Grain Sorgum _____; Other (specify) _____ Acres _____
A. Method of Irrigation (circle one) - Center Pivot Flood Furrow
B. 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?

$\frac{300,000}{\text{(Volume)}}$	$\frac{2000}{\text{(Year)}}$	$\frac{360,000}{\text{(Volume)}}$	$\frac{2005}{\text{(Year)}}$	$\frac{432,000}{\text{(Volume)}}$	$\frac{2010}{\text{(Year)}}$	$\frac{518,400}{\text{(Volume)}}$	$\frac{2015}{\text{(Year)}}$
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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 DeWitt
My commission expires July 21, 1999; Charles B. McPhail Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

Horubreaks

McLaurin Quad
6/6/96

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

UNIT DEQ #: 82859 / 82859 FILE #: B060619C
A060917B

HEALTH DEPT. #: 180002-05 ELEV. 296

USGS #: 2-097 G5 OLWR #: 229

OWNER: Camp Shelby

LOCATION: NW/SE/NE S 27 T 3N R 12W COUNTY: Forest

LOCATION DESCRIPTION: Lee Ave at East Gate

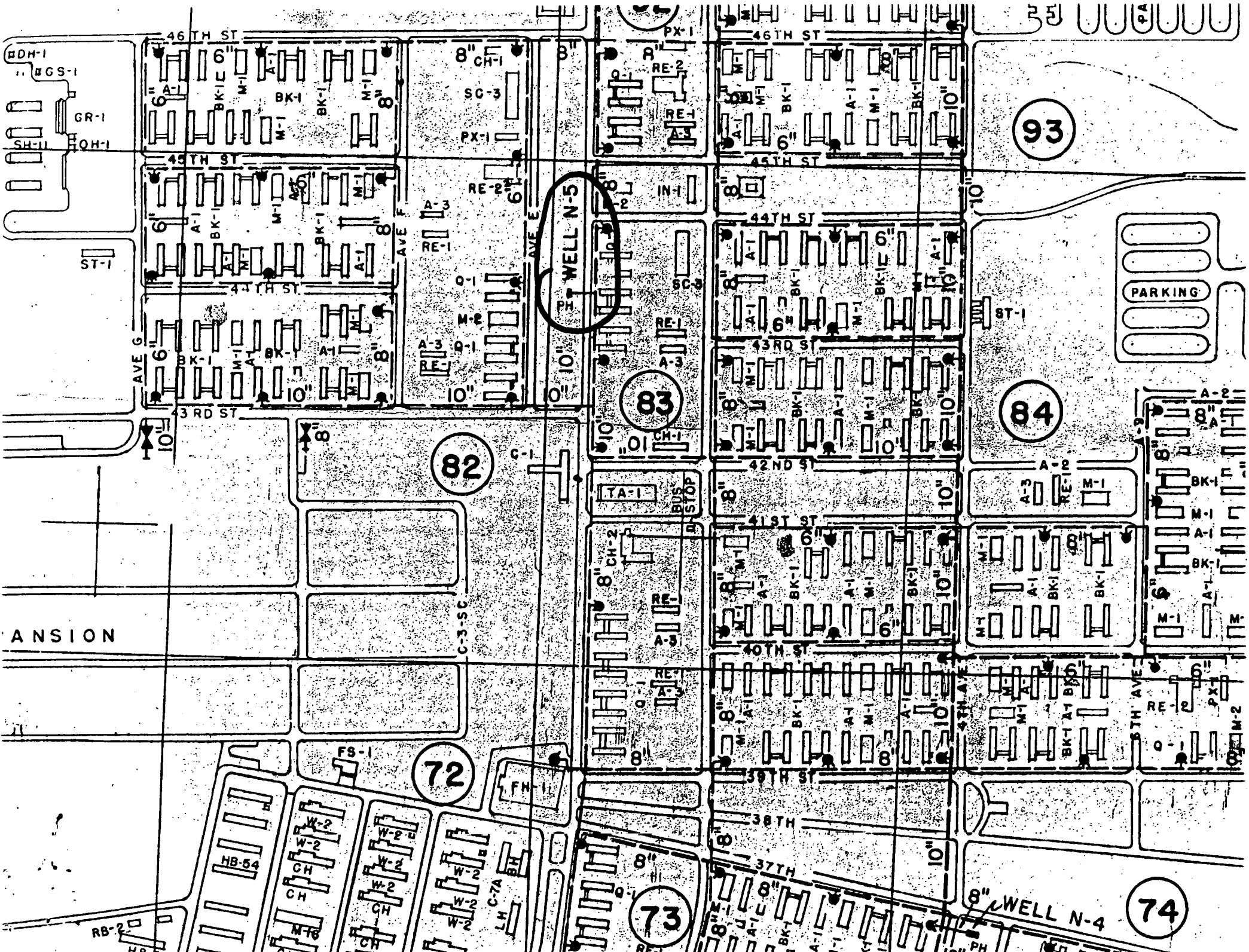
Rd #4381 (NE of Gate House)

CASING DIA: 12" PUMP TYPE & SIZE: Large Elec / W Diesel Back-UP

GPS FIELD LOCATION: LAT. 31° 11.470 LONG. 89° 10.562
31 11.780 89° 10.940

GPS CORRECTED LOCATION: LAT. 31.19632568 LONG. 89.18232490

REMARKS: GPS at well



93

83

84

82

72

73

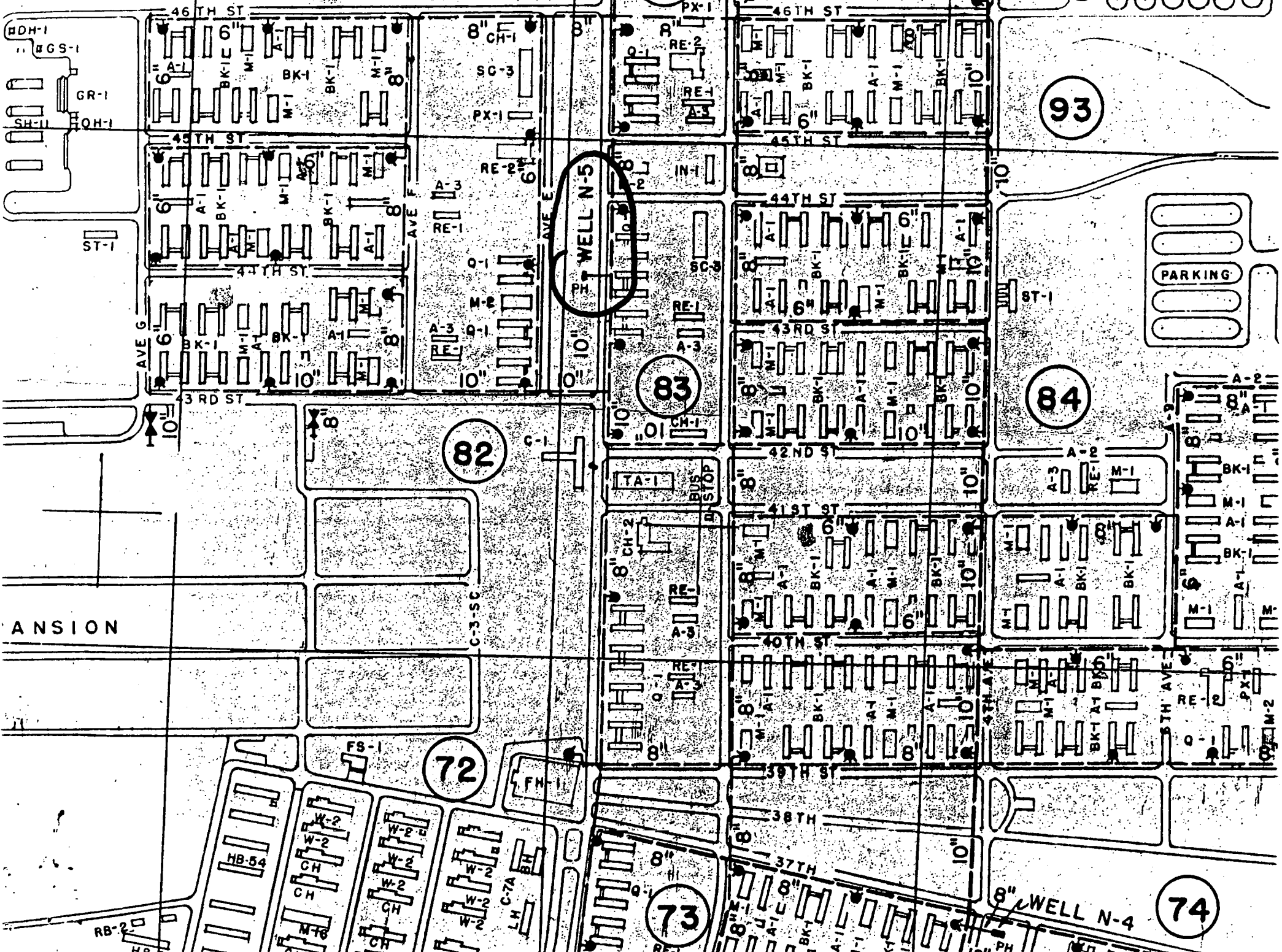
74

ST WELL N-5

ST WELL N-4

MANSSION

PARKING



Mc Laurin Quad

