WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR
GEOLOGICAL SURVEY

WATER RESOURCES DIVISION
PHOENIX AND VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by: [C] Source of data: [J]

State: [3] County (or town): [54111.57N 189104.6]

Latitude: 189104.6 Longitude: 031111.57N

Lat-long: [41](S, R) Sec. [41] T. [31] NE, 1, NE 1, Sec. [31] Other number: [8 & H]

Local well number: [31] Local use: [64]

Owner or name: [55] Address: [CAMP STABLE]

Ownership: County, Fed Govt, City, Corp or Co, Private, State Agency, Water Dist

Use of water: Stock, Inst, Unused, Reuse, Recharge, Desal, P & S, Desal-other, Other

DATA AVAILABLE: Well data: [70] Freq. W/L meas.: [72] Field aquifer char: [72]

Hyd. lab. data: [73] Qual. water data: [74] Type: [75]

Freq. sampling: yes Pumpage inventory: no, period: [76]

Aperture cards: yes Log data: [77]

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: [41]0; Meas. depth: [21] ft

Depth card: [17] ft

Casing: [10] ft

Finish: [51] por. gravel v. gravel w. horiz. open perf., screen, ed. pt., shorted, open hole

Method: [51] air bored, cable, dug, hole jetted, air reverse trenching, driven, drive rot., percussion, rotary, wash, other

Date Drilled: [9.5-0] Pump intake setting: [36]

Driller: [LARGE CENTRAL]

Lift: [7] Deep well

Power: [100] HP Trans. of meter no.

Descrip. MP: [41] ft below LSD, Alt. MP: [41]

Alt. LSD: [21] ft Water Level: [157.41] ft above LSD

Date measure: 1/27/64 Yield: [T] 6.4

Drawdown: [A] 1.64 Accuracy: [51] ppm Pumping period: [51] hr


Sp. Conduct: [K x 10^6] Temp: [76] ft Date sampled: [76]

Taste, color, etc.
HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD

Physiographic Province:  
Section:  
Subbasin:  
Drainage Basin:  
Topo of well site:  

MAJOR AQUIFER:  

Lithology:  

MINOR AQUIFER:  

Lithology:  

Intervals Screened:  

Depth to consolidated rock:  

Depth to basement:  

Surficial material:  

Coefficient of transmissivity:  

Coefficient of storage:  

Source of data:  

Coefficient:  

Coef. cap.:  

Number of geologic cards:  

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13 + Ave

GPO 857-700
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) 961-5002

Lat. 31-11-47 Long. 89-10-56 Elev. 28
Quad. 7N x 42W ASCS Farm No. STAC
Aquifer: MOCN Tract No.
Remarks: Dam Inv. No.

103-70007

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): 0 Public Supply - Municipal, Rural Water, or Private Water
2) Irrigation
3) Industrial 4) Fish Culture 5) Recreation
9) 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 Mississipi - Military Department
(Name) (SSN or Tax ID No.)
NGMS-FMD, 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.)
CSBS-DEP, 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):
SE 1/4 of the NE 1/4 of Section 27, Township 33N, Range 12W, County Forrest

Does the land to which this application pertains have any sources 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.: 180002-05

2. Proposed work will begin on 6/19, and will be completed by 6/19.
If well has already been drilled, when was well completed (date)? 6/19 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 200 feet; Diameter 10 inches; Type Car 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) 1,000,000,000 gallons per year at a maximum rate of 1,000,000 gallons per minute
(b) 131,516,000 gallons per day at a maximum rate of 1,000 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
   ______________ acre-feet per year at a maximum rate of ___________________________ gallons per minute

SECTION D  (to be completed for SURFACE WATER IMPENDMENTS (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? ___________; 2000: ___________; 360,000: ___________; 2005: ___________; 432,000: ___________; 2010: ___________; 518,400: ___________; 2015: ___________;

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)

Subscribed and sworn to before me this 23rd day of October, 1995, at Camp Shelby, County of Forrest.


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]  
Notary Public
DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

Horuback

McLaurin Quad

DATE: 6/6/96

USER NAME(S): SH Bishop & CA Heusbake

UNIT DEQ #: 82859/82859

FILE #: Bob 06 19c

HEALTH DEPT. #: 18002-05

ELEV.: 296

USGS #: 2099

G5 OLWR #: 229

OWNER: Camp Shelby

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

COUNTY: Forrest

LOCATION DESCRIPTION: Lee Ave at East Gate

State 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

GPS CORRECTED LOCATION: LAT. 31.19632568 LONG. 89.18232490

REMARKS: GPS at well