

WRD Exp. (GW)
April 1966

Well No. G 8

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION

MASTER CARD

PULCHED AND VERIFIED
ROLLA COMPUTATION BRANCH

Record by Jac Source of data _____ Date _____ Map McLaurin

State 28 County (or town) 18

Latitude: 311110N Longitude: 0891342 Sequential number: 1

Lar-long accuracy: 30 T. 3 S, R. 12 Sec. 29, SW 1/4, SW 1/4

Local well number: G00000002903N12W Other number: ON #3 B & M

Local use: 024 Owner or name: _____

Owner or name: CAMP SHELEY Address: _____

Ownership: County (C), Fed Gov't (F), City (M), Corp or Co (N), Private (P), State Agency (S), Water Dist (W) S

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 Z

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: MSBON Complete 2-8-67

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

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 432 ft Meas. accuracy 6

Depth cased; (first perf.) 302 ft Casing type: _____; Diam. 10x8 in

Finish: (C) Concrete, (F) porous gravel w. (G) gravel w. (H) horoz. (I) open (J) perf., (K) screen, (L) sd. pt., (M) shored, (N) open hole, (O) other 5

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

Date Drilled: 940 Pump intake setting: _____ ft

Driller: Fred Sutter 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): nat diesel, elec, gas, gasoline, hand, gas, wind; LP 100 Trans. or meter no.

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

Alt. LSD: 312.48 Accuracy: 312 1

Water Level: 169.2 ft above below MP; LSD 169 Accuracy: 6

Date meas: 040 Yield: _____ gpm Method determined _____

Drawdown: _____ ft Accuracy: _____ Pumping period _____ hrs

QUALITY OF WATER DATA: Iron .5 Sulfate 5.5 Chloride 7.0 Hard. 34

Sp. Conduct K x 10 70 Temp. 70 Date sampled 2-8-67 267

Taste, color, etc. _____

Well No.

G 8

Latitude-longitude N
S
d m s d m s

HYDROGEOLOGIC CARD

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

D Drainage Basin: 13Q Subbasin: _____

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

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

Lithology: _____ Origin: 3 Aquifer Thickness: _____ ft

Length of well open to: _____ ft 70 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: _____

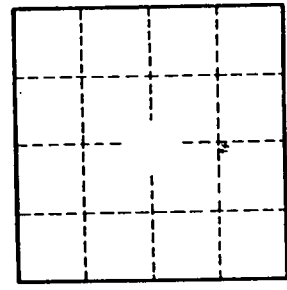
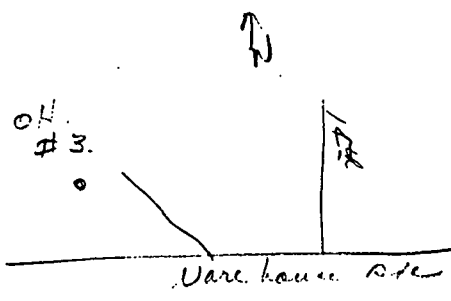
Depth to consolidated rock: _____ ft _____ Source of data: _____

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. 58

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

RECEIVED
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.

Office 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>31-11-17</u>	Long. <u>89-13-32</u>	Elev. <u>309</u>	USGS No.
Quad. <u>McJaurin</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-00393

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)

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

SE 1/4 of the SW 1/4 of Section 29, 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.: 180002-07

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

If well has already been drilled, when was well completed (date)? 20 June, 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: 432 feet. DRILLER: Layne Central Company, Jackson, MS

(b) SURFACE CASING: Length 20 feet; Diameter 10 inches; Type Cast Iron

(c) SCREEN: Length 70 feet; Diameter 10 inches; Type Unknown

(d) PUMP: Type Turbine; Size 8 in; Capacity 580 gallons per minute; Setting depth 266 feet

(e) POWER UNIT: Type Electric Motor; Size 60 horsepower

4. PERMITTED VOLUME:

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

(b) C-995 .08 million gallons per day at a maximum rate of 580 gallons per minute

.25

(CONTINUED ON BACK)

580

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. 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**

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>100,000</u>	<u>2000</u>	<u>120,000</u>	<u>2005</u>	<u>144,000</u>	<u>2010</u>	<u>172,800</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:** This well is used as standby, and in case of fire. It does not normally operate as a part of the water production.

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 Ferrest

My commission expires July 21, 1999; Charles B. McNeil Notary Public.

Redo
all 2D points
2-9-95
REG

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

McLaurin Quad
6/6/96

USER NAME(S): SH Bishop & CA Hornebeck DATE: 6-9-94
UNIT DEQ #: 82859 / 82859 FILE #: B060620A
HEALTH DEPT. #: 180002-07 ELEV. 300
USGS #: 2-099 68 OLWR #: 393

OWNER: Camp Shelby
LOCATION: NW / SE SW S 29 T 1 N R 12 W COUNTY: Forsyth

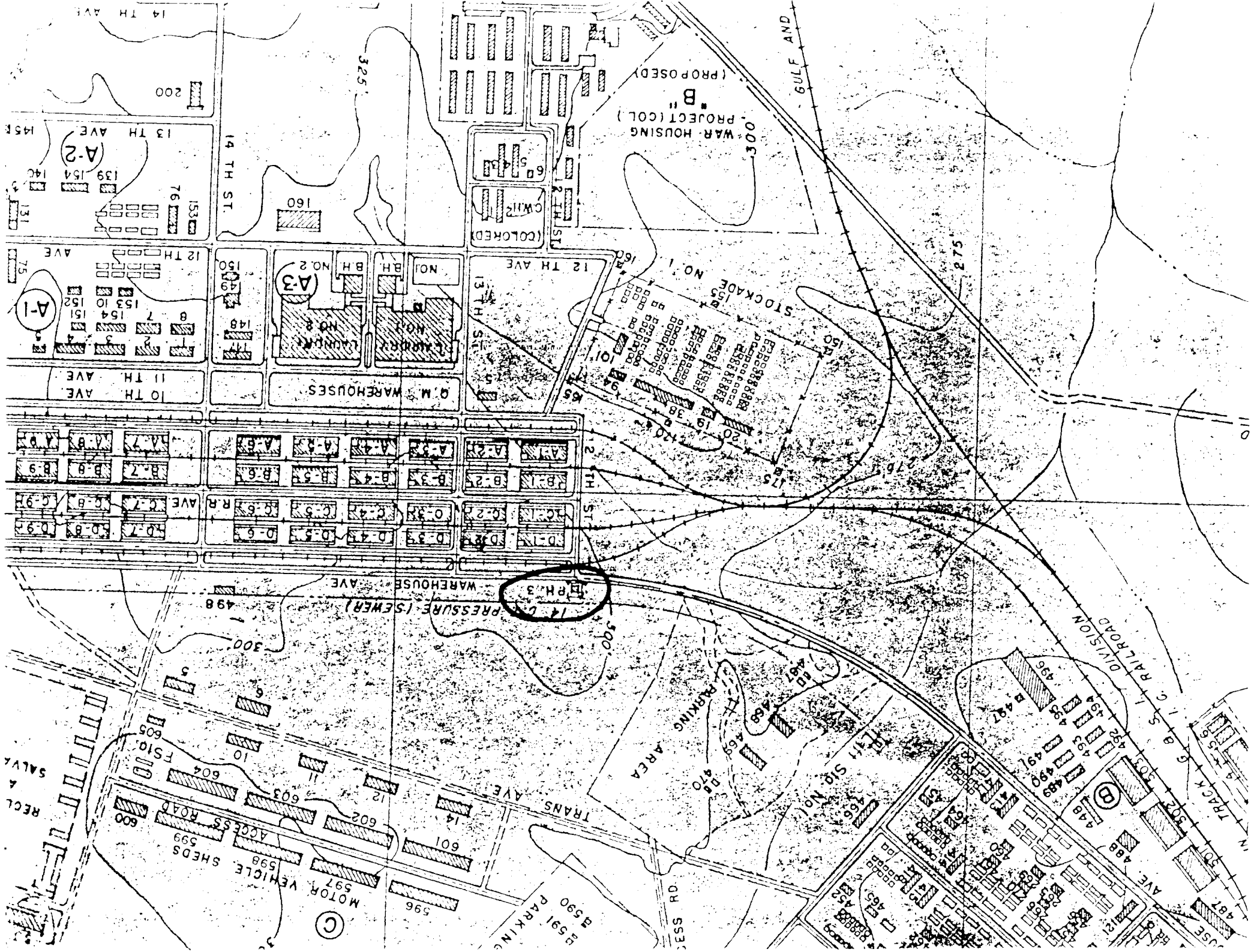
LOCATION DESCRIPTION: Warehouse Ave (Bldg # 6782) (North side of Rd.)
(North of NW corner of Tank Yard) (Top of a Hill.)

CASING DIA: 10" PUMP TYPE & SIZE: Large Elec + V-8 Diesel Back-up

GPS FIELD LOCATION: LAT. 31° 11.195 LONG. 89° 13.320
31 11.296 89 13.521

GPS CORRECTED LOCATION: LAT. 31.18828896 LONG. 89.22560075

REMARKS: GPS Located at well



WAR HOUSING PROJECT (COL. B.) (PROPOSED)

300

GULF AND

STOCKADE NO. 1

A-3

Q.M. WAREHOUSES

A-1

11 TH AVE

WAREHOUSE (SEMI)

PARKING AREA

DIVISION RAILROAD

RECL A SALVA

MOTOR VEHICLE SHEDS

591 PARKING

517 SIG No.

488

487

McAurum Road

Dogwood Lake

Glenn Walker Lake

Camp Shelby

180002-07

180004-01
180004-02

NATIONAL FOREST BOUNDARY

Morning Star Ch.

McAurum

CEM

