

Same as G26

G31

WRD Exp. (GW)
April 1966

Well No. _____

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR

GEOLOGICAL SURVEY

WATER RESOURCES DIVISION
PUNCHED and VERIFIED
ROLLA COMPUTATION BRANCH

MASTER CARD

Record by WTO Source of data Basic Date 12/68 Map McLaurin

State 28 County (or town) Forrest 18

Latitude: 311057N Longitude: 0891307 Sequential number: 1

Lat-long accuracy: 5 T. 3 S. R. 12 Sec 32 t. SE t. SE t.

Local well number: G031 320 3012W Other number: _____

Local use: 184 Owner or name: McLaurin Assoc. Address: _____

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

Use of water: (A) Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, (S) Stock, Instit, Unused, Repressure, Recharge, Desal-P S, Desal-other, Other A

Use of well: (A) Anode, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Waste, Destroyed W

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

Hyd. lab. data: _____

Qual. water data; type: _____

Freq. sampling: _____ Pumpage inventory: period: _____

Aperture cards: _____

Log data: _____

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 630 Meas. 3

Depth cased; (first perf.) 1590 Casing type: Steel Diam. 6

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

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

Drilled: 7/67 9:67 Pump intake setting: _____ ft

Driller: Shiner Oil Serv.

Lift (type): (A) air, (B) bucket, (C) cent, (J) jet, (L) multiple, (M) multiple, (N) none, (P) piston, (R) rot, (S) submerg, (T) turb, other Deep Shallow 40

Power (type): (nat) diesel, (elec) gas, gasoline, hand, gas, wind; H.P. 20 Trans. or meter no. V

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

Alt. LSD: 378 Accuracy: (source) _____

Water Level: _____ ft above MP; _____ ft below LSD; 206 Accuracy: _____

Date meas: 7:67 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 10 6 Temp. _____ °F Date sampled _____

Taste, color, etc. _____

Well No.

G31

Latitude-longitude

N
S

d m s d m s

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD

Physiographic Province: _____

03 Section: _____

① Drainage Basin: _____

130 Subbasin: _____

26

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

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

Lithology: _____ 32 33 Origin: _____ 34 Aquifer Thickness: 52 ft

Length of well open to: _____ ft 40 Depth to top of: _____ ft 580

MINOR AQUIFER: _____ system _____ series _____ aquifer, formation, group _____

Lithology: _____ 48 49 Origin: _____ 50 Aquifer Thickness: _____ ft

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

Intervals Screened: _____

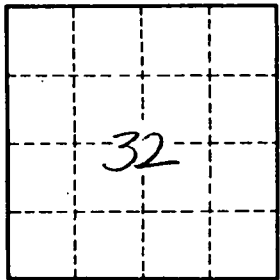
Depth to consolidated rock: _____ ft _____ Source of data: _____ 64

Depth to basement: _____ ft _____ Source of data: _____ 69

Surficial material: _____ 70 71 Infiltration characteristics: _____ 72

Coefficient Trans: _____ gpd/ft _____ Coefficient Storage: _____ 76 78

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



Well No. _____

63

BW
01897

CODED

FORREST
G31
7-26-67
M. G. S.

MISSISSIPPI
BOARD OF WATER COMMISSIONERS
416 North State Street
Jackson, Mississippi 39201

WATER WELL DRILLERS LOG

7-26 19 67 Griner Diller, Inc. Forrest
date well completed firm name county well located

LANDOWNER: McLaurin
Utilities Association

(mailing address)

description of formations encountered	depth	
	from	to
<u>Top Soil</u>	<u>10'</u>	<u>10'</u>
<u>Sand + Gravel</u>	<u>274'</u>	<u>264'</u>
<u>Clay</u>	<u>332'</u>	<u>108'</u>
<u>Sand</u>	<u>418'</u>	<u>36'</u>
<u>Clay</u>	<u>465'</u>	<u>47'</u>
<u>Coarse Sand</u>	<u>550'</u>	<u>85'</u>
<u>Clay</u>	<u>580'</u>	<u>30'</u>
<u>Sand</u>	<u>632'</u>	<u>52'</u>

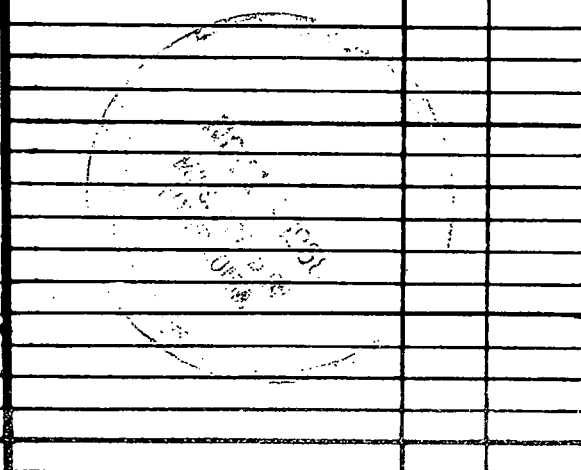
WELL LOCATION:
sec 32 T 3 N R 12 E
S W

miles of
(distance) (direction) (nearest town)

WELL PURPOSE:
(home, irrigation, municipal, industrial)

WELL COMPLETION DATA:
(1) diameter (inches) 6 3/4
(2) total depth (feet) 630
(3) static water level (feet) 206 below above top of ground.
(4) casing Steel 574'
(material) (depth)
6 5/8"
(size) if telescope see back.
(5) screen 40' 590'
(length) (depth to top)
4" S.S.
(size) (material)
(6) pump 20 110
(HP) (yield gpm)
Elec.
(type power)
(7) electric log Yes
(yes or no)
Miss. S.S.
(organization running log)
(8) how well bottom plugged BAC-N-Wash
Valve

DRILLERS REMARKS:



Doc. 4-1-96

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. 3-11-97 AGN. FORM OLWR-AP-2 (REV. 9/94)

Issued: <u>3-25-86</u>	Expires: <u>3-25-2006</u>	Fee Paid: <u>X</u>	Permit No.
Lat. <u>31 10 16</u>	Long. <u>89 13 03</u>	Elev. <u>378</u>	USGS No. <u>6031</u>
Quad. <u>MCLAURIN</u>	ASCS Farm No.	STAC. <u>06</u>	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. 6W-1897

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: STANDBY

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: MCLAURIN Utility Association 64-0466847
(Name) (SSN or Tax ID No.)
1494 Old Hwy 49 East
(Address)
Blattiesburg MS 39401 (601) 583-9274
(City) (State & Zip) (Telephone No.)

APPLICANT, AGENT, OR LESSEE (if different from Landowner):

NO MAP

(Name) _____ (SSN or Tax ID No.) _____
(Address) _____
(City) _____ (State & Zip) _____ (Telephone) _____

1. K. Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):
SE 1/4 of the SE 1/4 of Section 32, Township 3N, 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: MOCN DLH MISSISSIPPI DEPARTMENT OF HEALTH NO.: _____
- Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
If well has already been drilled, when was well completed (date)? 7-67, 19____. Under whose name was well originally drilled (if known)? _____
- Description of proposed or completed well:
 - DEPTH OF WELL: 630 feet. DRILLER: GRINER
 - SURFACE CASING: Length 630 feet; Diameter 6 inches; Type steel
 - SCREEN: Length 40 feet; Diameter 4 inches; Type stainless steel
 - PUMP: Type _____; Size _____; Capacity 150 gallons per minute; Setting depth _____ feet
 - POWER UNIT: Type _____; Size _____ horsepower
- PERMITTED VOLUME:
 - _____ acre-feet per year at a maximum rate of _____ gallons per minute
 - 0.00 million gallons per day at a maximum rate of 150 gallons per minute

0-20 (CONTINUED ON BACK) 150

SECTION C (to be completed for SURFACE WATER SOURCE)

- Source of water is from _____ which drains into _____
which drains into _____
(major stream or river)
- 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 IMPOUNDMENTS (DAMS) on continuously flowing streams)

- Name of storage reservoir: _____ Dam Height: _____ feet
- 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)

- 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. _____
- FISH CULTURE:** Explain how water will be used: _____
How often will reservoir (s) be emptied and refilled? _____
- MUNICIPAL, WATER ASSOCIATION, or PRIVATE WATER SYSTEM**
Chose "a" or "b". (a) The number of people served is _____ or (b) The number of connections is 265
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?
(Volume) (Year); (Volume) (Year); (Volume) (Year); (Volume) (Year)
- 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? _____
- RECREATION:** Explain how water will be used: _____
- OTHER USE:** Explain in detail (if needed, attach another page): _____
- REMARKS:** Standby well - Emergency purposes only

List below the person to be contacted for additional information if required.

JAMES E. DUNKLEY JR
(Name)

1494 OLD HWY 45 East
(Address)

(City, State, Zip)

(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.

James E. Dunkley Jr
(Signature)

Subscribed and sworn to before me this 1st day of April, 1996, at Jackson County of Miss

My commission expires _____ NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE. MY COMMISSION EXPIRES: Mar 10, 1999. _____ Notary Public. BONDED THRU NOTARY PUBLIC UNDERWRITERS.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

McLaurin
Quad.

GPS LOG

USER NAME(S): CA. Hornbeak DATE: 6/28/94

UNIT DEQ #: 82555 FILE #: C062818B

HEALTH DEPT. #: 180009-01 ELEV. 378

USGS #: 2-125 G31 OLWR #: 1897

OWNER: McLaurin Water Assn

LOCATION: SW-SE-SE S 32 T 3 N R 12 W COUNTY: Fayette

LOCATION DESCRIPTION: Corner of South Gate Rd + Water Tank Rd.

North of McLaurin + South of Camp Shelby.

CASING DIA: 6" PUMP TYPE & SIZE: Sub. Pump

Well is East of Elev. water tank

GPS FIELD LOCATION: LAT. 31° 10.288 LONG. 89° 13.050

GPS CORRECTED LOCATION: LAT. 31. 10 18.049 LONG. 89 13 02.511
31.171684 89.217366

REMARKS: GPS at Well



Camp Shelby

NATIONAL FOREST BOUNDARY

Mountain

Morning Star Ch.

CEM

DESO

Walls

100
ET

10'

452

453

54