

FORM 9-1642 (1-68)

Well No. N35

PUNCHED
JAN 30 1975
Elog # 70

WELL SCHEDULE
GEOLOGICAL SURVEY

U. S. DEPT. OF THE INTERIOR

WATER RESOURCES DIVISION

PUNCHED
APR 11 1975

MASTER CARD

Record by WTR Source of data _____ Date _____ Map McLain

State 28 County (or town) Greene 21

Latitude: 310631N Longitude: 088444W Sequential number: 2

Lat-long accuracy: 20 Sec 30 SE NE

Local well number: N035BA3002N08W Other number: _____

Local use: 184070 Owner or name: _____

Owner or name: McLain Address: _____

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

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 2

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

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

Hyd. lab. data: _____

Qual. water data: type: MSB04 (3-70) USGS 672

Freq. sampling: Pumpage inventory: Aperture cards:

Log data: Flog 10-560 DE

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD

Depth well: 176 ft Meas. rept accuracy 3

Depth cased: 136 ft Casing type: _____; Diam. 12x8 in 12

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

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

Date drilled: 970 Pump intake setting: 80 ft

Driller: Griner Drig. Serv.

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

Power (type): diesel, elec, gas, gasoline, hand, gas, wind; H.P. 15 U Trans. or meter no. _____

Descrip. MP: 1/2" plug at 218' 80 ft below LSD, Alt. MP _____

Alt. LSD: 80 Accuracy: (source) 4

Water Level: +10 ft above MP; 80 ft below LSD Accuracy: _____

Date meas: D70 Yield: 175 gpm Method determined _____

Drawdown: _____ ft Accuracy: _____ Pumping period _____ hrs

QUALITY OF WATER DATA: Iron 0 Sulfate _____ Chloride 19 Hard. 0

Sp. Conduct 180 K x 10 2 Temp. 20.5 Date sampled 672

Taste, color, etc. 3.4

12/22/81
+4.6
-2.8
7.4
30
87

PUNCHED
ROLL COPY DIVISION DIVISION

Well No.

N350

ELOG #70

Greene Co
N 356
4-70

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

CODED

WATER WELL DRILLERS LOG

April 19 70 Foriner Drilling Service, Inc. Greene
date well completed firm name county well located

LANDOWNER: Town of McLean
description of formations encountered
from to
Top Soil 0 2
Clay 2 8.5
Sand 8.5 10.6
Clay 10.6 13.
Sand 13.4 17.6
(mailing address)

WELL LOCATION:
sec. 30 T. 20 N. R. 8 W.
miles of
(distance) (direction) (nearest town)

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

WELL COMPLETION DATA:
(1) diameter (inches) 12 x 8
(2) total depth (feet) 176'
(3) static water level (feet) +10' below top of ground.
(4) casing Steel, 130'
(material) (depth)
12 If telescope see back.
(size)
(5) screen 40', 136'
(length) (depth to top)
8, S.S.
(size) (material)
(6) pump 15, 175
(HP) (yield gpm)
Elec
(type power)
(7) electric log Yes
(yes or no)
MFS
(organization running log)
(8) how well bottom plugged Back
Wash Valve

CODED

APR 23 1970

MISS. 30.01

DRILLERS REMARKS:

RECEIVED

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

AUG 15 1995

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5280

Office of Environmental Quality
Office of Land & Water Resources
FORM OLWR-AP-2 (REV. 9/94)

This box is for office use only. 12-19-95 AGN.

Table with 4 columns: Issued, Expires, Fee Paid, Permit No., Lat, Long, Elev, USGS No., Quad, ASCS Farm No., STAC, MSDOH No., Aquifer, Tract No., Basin No., Remarks, Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. MS-GW-00886

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: Town of McLain (Name) 065-0698 (SSN or Tax ID No.) P. O. Box 5 (Address) McLain, MS 39456 (City) (State & Zip) (601) 753-2205 (Telephone No.)

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

n/a (Name) (SSN or Tax ID No.) (Address) (City) (State & Zip) (Telephone)

city MAP SENT

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

SW SE 1/4 of the NE NW 1/4 of Section 30, Township 2N, Range 8E, County Greene

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: Unknown MISSISSIPPI DEPARTMENT OF HEALTH NO.: 210003
2. Proposed work will begin on n/a, 19, and will be completed by, 19. If well has already been drilled, when was well completed (date)? April, 1970. Under whose name was well originally drilled (if known)? Unknown if different than landowner
3. Description of proposed or completed well: (a) DEPTH OF WELL: 176 feet. DRILLER: Griner Drilling Service Inc. (b) SURFACE CASING: Length 130 feet; Diameter 12 3/4 inches; Type steel (c) SCREEN: Length 40 feet; Diameter 8 5/8 inches; Type Stainless Steel (d) PUMP: Type Turbine; Size 15HP; Capacity 175 gallons per minute; Setting depth 106.5 feet (e) POWER UNIT: Type; Size horsepower
4. PERMITTED VOLUME: (a) acre-feet per year at a maximum rate of gallons per minute (b) 60,000 0.05 million gallons per day at a maximum rate of 175 gallons per minute

(CONTINUED ON BACK)

NO changes

SECTION C (to be completed for SURFACE WATER SOURCE)

- Source of water is from n/a 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: n/a 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 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. _____

- 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 663 or (b) The number of connections is 225

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>70,000</u>	<u>2000</u>	<u>75,000</u>	<u>2005</u>	<u>80,000</u>	<u>2010</u>	<u>85,000</u>	<u>2015</u>
	(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 n/a; 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: n/a

- OTHER USE:** Explain in detail (if needed, attach another page): n/a

- REMARKS:** _____

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

L.A. Cooley, Mayor
(Name)

P. O. Box 5
(Address)

McLain, MS 39456

(City, State, Zip)

601-753-2205

(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.

L.A. Cooley
(Signature)

Subscribed and sworn to before me this 14 day of August, 1995, at Greene County of McLain, MS

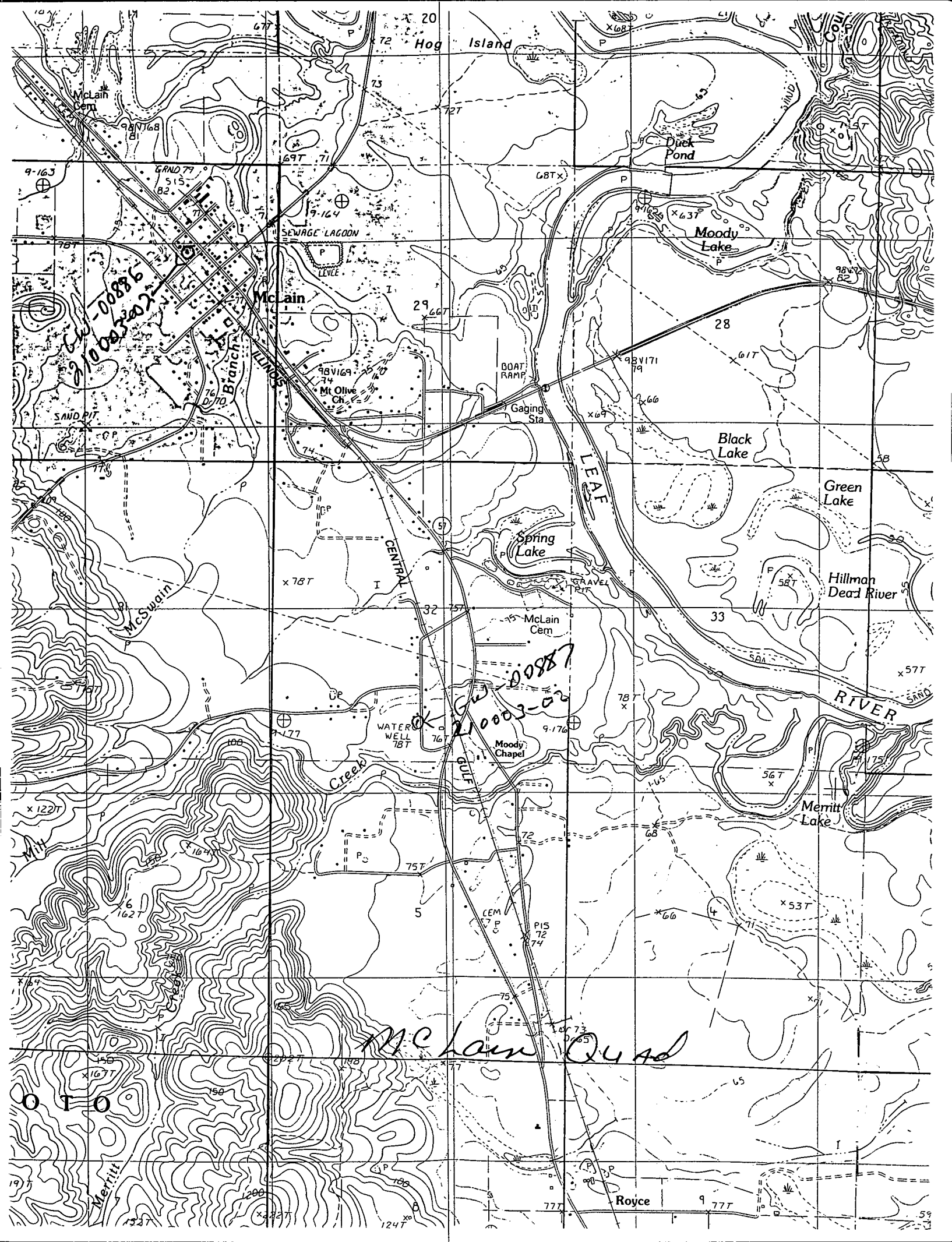
My commission expires _____ Shemie B. Cooley Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): SH Bishop DATE: 8-4-94
UNIT DEQ #: 82859 FILE #: 0080423D
HEALTH DEPT. #: 210003-01 ELEV. 75
USGS #: N-9000 N-36 OLWR #: GW-886
OWNER: Town of MELain QUAD: MELain
LOCATION: NE/S/W - NE S30 T2N R8W COUNTY: Green
LOCATION DESCRIPTION: at Elevated Tank 400^{ft} S. of Hwy 98
in MELain MS.
CASING DIA: _____ PUMP TYPE & SIZE: 15 hp Elec
GPS FIELD LOCATION: LAT. 31°06.580 LONG. 88°49.788
GPS CORRECTED LOCATION: LAT. 31.109700 LONG. 88.830025
REMARKS: Gps at well



Hog Island

McLain Cem

SEWAGE LAGOON

Moody Lake

McLain

BOAT RAMP

Gaging Sta

Black Lake

Green Lake

Spring Lake

Hillman Dead River

McLain Cem

Moody Chapel

WATER WELL

Merritt Lake

Creek

McLain Quad

Royce

010003-02
00886

00887
210003-02