

WRD Exp. (GW)
April 1966

PUNCHED and VERIFIED
ROLLA COMPUTATION BRANCH

Well No. P13
DOT # 0210002-01
GW02453
WATER RESOURCES DIVISION

U. S. DEPT. OF THE INTERIOR GEOLOGICAL SURVEY

WELL SCHEDULE

MASTER CARD

JAN 14 1975

PUNCHED

Record by FHT Source of data Bow C Date 5/27/68 Map Leakesville

State 9 28 County (or town) GREENE 21

Latitude: 310900N Longitude: 0883400 Sequential number: 1

Lat-long accuracy: 5 T. 20 S. R. 0 Sec 11, NE, NE

Local well number: P013AA1102NOG W Other number: B & M

Local use: 028 Owner or name: #4 Central Au

Owner or name: LEAKESVILLE 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 P

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: yes, no, period: _____

Aperture cards: _____ yes

Log data: D

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 240 Meas. 3

Depth cased: (first perf.) 216 Casing type: _____; Diam. 6x4 in 6

Finish: porous concrete, gravel w. (perf.), gravel w. (screen), horiz. gallery, open perf., screen, sd. pt., shored, open hole, other S

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

Date Drilled: 965 Pump intake setting: _____ ft _____

Driller: C.P. CLARK

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 S Deep Shallow

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

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

Alt. LSD: 160 Accuracy: (source) _____ A

Water Level: _____ ft above MP 19 below LSD 12 Accuracy: _____ A

Date meas: 065 Yield: _____ gpm 100 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.

P13

HYDROGEOLOGIC CARD

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

D Drainage Basin: 13P Subbasin: _____

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: TM MOCN on permit HA

Lithology: US Origin: 3 Aquifer Thickness: _____ ft

Length of well open to: _____ ft 24 Depth to top of: _____ ft 216

MINOR AQUIFER: _____

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: _____ 64

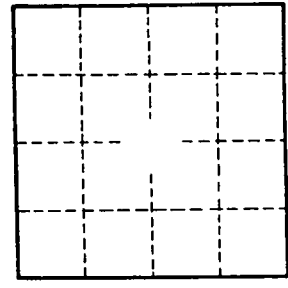
Depth to basement: _____ ft _____ Source of data: _____ 69

Surficial material: _____ Infiltration characteristics: _____ 72

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

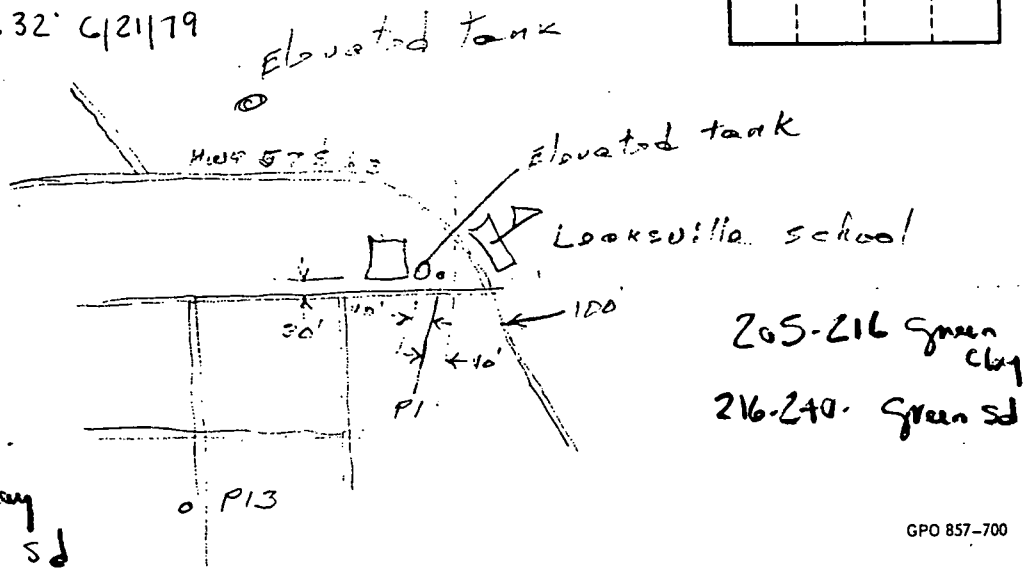
Coefficient Perm: _____ gpd/ft²; Spec cap: _____ gpm/ft; Number of geologic cards: _____ 79

100'
 200 gpm with well
 about 10gpm



Well Permed 1965
 WL: 12.32' 6/21/79

- 0-8 clay
- 8-26 sd
- 26-58 b clay
- 58-90 gray sd
- 90-99 b. sd
- 99-100 Clay
- 100-112 b sd.
- 112-125 b. Clay
- 125-135 gray sd
- 135-189 Clay
- 189-205 sd + Clay



205-216 green clay
 216-240. Green sd

Well No. _____

P13

P 13
10-65
02453

WATER WELL DRILLERS LOG

Date: 10/11, 1965, Driller: C. J. Clark County Jones

		Description & Color of Materials Sand, Clay, Red Clay, Shell, etc.	Thick- ness Feet	Depth Feet
(1) Owner of Land: <u>Town of Leakesville</u> (Name) <u>Leakesville Miss.</u> (Address)		0-8 Clay	8	
(2) Location: _____ 1/4, _____ 1/4, Sec. <u>13</u> T <u>2</u> R <u>24</u> _____ miles _____ of _____ (distance) (direction) (Nearest Town)		8-26 Sand	18	
(3) Topography: _____ (Hilly) (Flat) (Level)		26-58 blue Clay	32	
(4) Purpose of Well: <u>Municipal</u> (Domestic Irrigation Municipal, Industrial, Other)		58-90 Grey Sand	32	
		90-98 blue Sand	08	
		98-100 Clay	02	
		100-112 Blue Sand	12	
		112-125 Blue Clay	13	
		125-135 Grey Sand	10	
		135-189 Clay	54	
		189-205 Sand Clay	16	
		205-216 Green Clay	11	
		216-240 Green Sand	24	

Information upon completion of well:

(1) Diameter 6 inches.

(2) Total Depth 240 feet.

(3) Water Level Flowing feet below top of ground.

(4) Cased to 216, Size 6 in

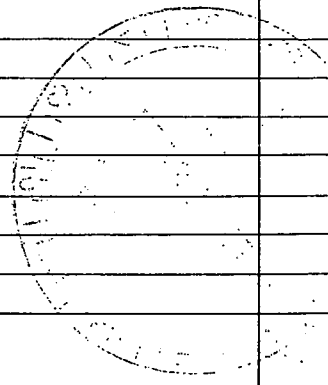
(5) Screen: Size 4, Length 24

(6) Were any formations sealed against pollution?
 yes, no

If YES depth of formation Cemented Casing

Why _____

Drillers Remarks: Well developed with air having a capacity of 200 P.M.



(Use Back Side)

Well No.

Mail this copy to Board of Water Commissioners 429 Miss. St. Jackson, Miss.

RECEIVED

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

JAN 08 1996

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES

P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5202 of Environmental Quality

This box is for office use only.

2-13-96 AGN.

Office of Land & Water Resources FORM OL.WR-AP-2 (REV. 9/94)

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, Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT RENEWAL - PERMIT NO. 716002-01

THIS APPLICATION IS FOR (Circle one): GROUNDWATER COMPLETE A,B,E MS-6W-02453

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: Stand-by

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: Town of Leakesville (Name) 64-054398 (SSN or Tax ID No.)

P.O. Box 1088 (Address)

Leakesville (City) MS-39451 (State & Zip) (601) 394-2383 (Telephone No.)

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

(Name) (SSN or Tax ID No.)

(Address)

(City) (State & Zip) (Telephone)

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

NE SW 1/4 of the NE 1/4 of Section 11, Township 2N, Range 6W, 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: MISSISSIPPI DEPARTMENT OF HEALTH NO.: #0# 216002-01

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

If well has already been drilled, when was well completed (date)? 2-29, 1984 Under whose name was well originally drilled (if known)? Leakesville 65

3. Description of proposed or completed well:

(a) DEPTH OF WELL: 55.5' 240 feet. DRILLER: Bryant Stevens (Layne)

(b) SURFACE CASING: Length 37' 216 feet; Diameter 16" 6 inches; Type welded

(c) SCREEN: Length 30' 4" 24 feet; Diameter 6" 4 inches; Type 5 steel welded

(d) PUMP: Type Turbine (vertical) Size 6"; Capacity 300 gallons per minute; Setting depth _____ feet

(e) POWER UNIT: Type 3ph; Size 25 horsepower

4. PERMITTED VOLUME :

_____ acre-feet per year at a maximum rate of 300 gallons per minute

0.0 million gallons per day at a maximum rate of 200 gallons per minute

(CONTINUED ON BACK)

0.0

300

MAP SENT

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 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 _____ or (b) The number of connections is 700
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)
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.

JEFF BYRD
(Name)
P.O. Box 1088
(Address)
Leakesville MS. 39451
(City, State, Zip)
(601) 394-2383
(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.

Jeff Byrd
(Signature)

Subscribed and sworn to before me this 3rd day of Jan 1996, at Itasca County of Mississippi
My commission expires City Clerk, Leakesville, MS. Peggy S. Cooley Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): 5HBishop DATE: 8-4-94

UNIT DEQ #: 82859 FILE #: D080415B

HEALTH DEPT. #: 210002-01 ELEV. 110

USGS #: P13 OLWR #: GW-2453

OWNER: Town of Leaksville QUAD: Leaksville

LOCATION: NE-SW/NE S 11 T 2 N R 6 W COUNTY: Green

LOCATION DESCRIPTION: On Center St .4 mi. S. of Hwy 63

CASING DIA: _____ PUMP TYPE & SIZE: Sub.

GPS FIELD LOCATION: LAT. 31° 09.189 LONG. 88° 33.509

GPS CORRECTED LOCATION: LAT. 31.152905 LONG. 88.559193

REMARKS: _____

