

1/81 WTO

TRANSMITTED FOR ADP

U.S. GEOLOGICAL SURVEY
WATER RESOURCES DIVISION
MISSISSIPPI DISTRICT
WELL RECORD

Well No. P46
E-Log No. 133
County Greene
Leakesville Quad

Recorded by WTO
Date 3/17/84
GW02451
DWH # 0210002-03

Site ID 310927088330803 R=0* T=A* 2=W*

Data reliab. 3-C* Report. agency 4-USGS* Dist. 6-28* 7-28* Co. 8-041*

Lat. Long. / 9-310927* 10-0883308* Well No. 12-P046*

Location 13-SWSE S 02 T 02 N R 06 W* Alt. 16-114.*

Hyd. Unit (OWDC) 20- Date 21-0212411984*

Well use 23-W* Water Use 24-P* Hole depth 27-946.* Well depth 28-544.*

WL 30- Date 31-0212411984* Source 33-D*

Status 273- Project No. 5-

R-158* T=A* Date 159# 0212411984* Owner No. Well #4

Owner 161# LEAKESVILLE

MOON on permit

R-192* T=A* Date 193# Temp. 196#00010* 197-

R-192* T=A* Date 193# Cond. 196#00095* 197-

R-192* T=A* Date 193# pH 196#00400* 197-

R-58* T=A* 59# 1* Date 60-0212411984* Remarks

Drig. 63-064* Name Jayne Method 65-H* Finish 66-B*

R-76* T=A* 59# 1*

Top csgn. 77# 0.* Bot. csgn. 78-524.* Diam. 79# 10.*

R-76* T=A* 59# 1*

Top csgn. 77# Bot. csgn. 78- Diam. 79#

R-82* T=A* 59# 1* Top 83# 524.* Bottom 84-544.*

Type 85-S* Diam. 87-6.* Size 88-

R-82* T=A* 59# 1* Top 83# Bottom 84-

Type 85- Diam. 87- Size 88-

R- T=A* 147# 1* 150- Q/S 272-

ENV. SITE DATA
OWNER
FIELD
CONSTR.
USING

1/81 WTO

Recorded by WTO

Date 3/17/84

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WELL RECORD

Well No. P46

E-Log No. 133

County Greene

Site ID 310927088330803

Data reliab. 3=C*

Report. agency 4=USGS*

Disc. 6=28*

7=28*

Co. 8=041*

Lat. 9=310927*

Long. 10=0883308*

Well No. 12=P.046*

Location 13=SWSE S 02 T 02 N R 06 W

Alt. 16=114*

Hyd. Unit (OWDC) 20=

Date 21=02/24/1984*

Well use 23=W*

Water Use 24=P*

Hole depth 27=946*

Well depth 28=544*

WL 30=

Date 31=02/24/1984*

Source 33=D*

Status 273=

Project No. 5=

R=158*

T=A*

Date 159#02/24/1984*

Owner No. Well#4

Owner 161#LEAKESVILLE

R=192*

T=A*

Date 193#

Temp. 196#00010*

197=

R=192*

T=A*

Date 193#

Cond. 196#00095*

197=

R=192*

T=A*

Date 193#

pH 196#00400*

197=

Drig. 63=0.64*

T=A*

Date 59#1*

Name Jayne

Method 65=H*

Finish 66=5*

Remarks

R=76*

T=A*

Date 59#1*

Top csng. 77#0*

Bot. csng. 78=524*

Diam. 79#10*

R=76*

T=A*

Date 59#1*

Top csng. 77#

Bot. csng. 78=

Diam. 79#

R=82*

T=A*

Date 59#1*

Top 83#524*

Bottom 84=544*

Type 85=2*

Diam. 87=6*

Size 88=

R=82*

T=A*

Date 59#1*

Top 83#

Bottom 84=

Type 85=

Diam. 87=

Size 88=

YIELD 146

R= 134*

T=A*

Date 147#1*

Q 150=30.0*

Q/S 272=

134 flows 146 pumped

GEN. SITE DATA

OWNER

FIELD QW

CONSTR.

CASING

OPENINGS

YIELD

Note: I think P46 + P47 are the
Same well 4/5/06

GREENE
P46 Elm 133
2/24/84

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

CODED

WATER WELL DRILLERS LOG

February 24 1984 date well completed
Layne Central Co. firm name
Greene county well located

LANDOWNER: <u>Town of Leakesville P.O. Box 546, Leakesville, MS (mailing address) 39451</u>	description of formations encountered	from	to
<p>WELL LOCATION: Sec. <u>2</u> T. <u>2</u> N. S. R. <u>6</u> E. W.</p> <p>(distance) miles (direction) of (nearest town)</p> <p>WELL PURPOSE: (home, irrigation, municipal, industrial)</p> <p>WELL COMPLETION DATA: (1) diameter (inches) <u>10"</u> (2) total depth (feet) <u>555'</u> (3) static water level (feet) <u>Flowing</u> below top of ground. (4) casing <u>steel</u> <u>524'</u> (material) (depth) <u>10"</u> (size) if telescope see back. (5) screen <u>20'4"</u> <u>524'</u> (length) (depth to top) <u>6"</u> (size) <u>stainless steel</u> (material) (6) pump <u>50</u> <u>300</u> (HP) (yield gpm) <u>electric</u> (type power) (7) electric log <u>yes</u> (yes or no) <u>MS Geo Survey</u> (organization running log) (8) how well bottom plugged <u>stainless steel</u> </p> <p>DRILLERS REMARKS:</p>	clay	0	10
	sand	10	22
	clay	22	95
	sand	95	124
	clay	124	214
	sandy shale CODED	214	275
	shale	275	349
	sand	349	363
	clay	363	458
	sand, logs, & clay	458	576
	clay, rock, steel	576	612
	sand	612	638
	clay & sand steel	638	648
	hard shale	648	687
	sand	687	699
clay	699	737	
sand	737	775	
clay	775	780	
sandy shale clay	780	798	
sand	798	820	
clay	820	852	
sand	852	864	
hard clay, sandy shale	864	910	
sand & clay steel	910	945	
rock	945	946	

DEPT. OF NATURAL RESOURCES
BUREAU OF LAND & WATER RESOURCES
MAR - 6 1984
RECEIVED

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

RECEIVED
JAN 08 1996

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5200

This box is for office use only. 2-13-96 A&N. FORM OLWR-AP-2 (REV. 9/94)

Issued: <u>6-10-86</u>	Expires: <u>6-10-2006</u>	Fee Paid:	Permit No.
Lat. <u>31-09-26</u>	Long. <u>88-33-34</u>	Elev. <u>111</u>	USGS No.
Quad <u>Leakesville</u>	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: <u>MOCN</u>	Tract No.		Basin No. <u>03170003</u>
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): NEW PERMIT **RENEWAL** PERMIT NO. MS-6W-02451

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: [scribble]

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: Town of Leakesville 64-054398
(Name) (SSN or Tax ID No.)
P.O. Box 1088
(Address)
Leakesville MS. 39451 (601) 394-2383
(City) (State & Zip) (Telephone No.)

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

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

MAP sent

Location of diversion/withdrawal point (A suitable map with location marked must accompany this application):
SW 1/4 of the SE 1/4 of Section 2, 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.: OH # 21002-03

2. Proposed work will begin on _____, 19____, and will be completed by _____, 19____.
If well has already been drilled, when was well completed (date)? _____, 1984. Under whose name was well originally drilled (if known)? _____

3. Description of proposed or completed well:
(a) DEPTH OF WELL: 581 feet. DRILLER: Layne Central
(b) SURFACE CASING: Length 530 feet; Diameter 10 inches; Type steel
(c) SCREEN: Length 40 feet; Diameter 8 inches; Type SS
(d) PUMP: Type _____; Size _____; Capacity _____ gallons per minute; Setting depth _____ feet
(e) POWER UNIT: Type _____; Size 25 horsepower

4. PERMITTED VOLUME : _____ acre-feet per year at a maximum rate of 250 gallons per minute
15 million gallons per day at a maximum rate of 300 gallons per minute

2-13-96
028 (CONTINUED ON BACK) *250*

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 Greene County of MS.
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): SH Bishop DATE: 8-4-94
UNIT DEQ #: 82859 FILE #: D0804 15C
HEALTH DEPT. #: 210002-03 ELEV. 110
USGS #: P-9002 PAB ~~47~~ OLWR #: (GW-245)
OWNER: Town of Leaksville QUAD: Leaksville
LOCATION: ^{SE} -S/W-S/E S 2 T 2N R 6W COUNTY: Green
LOCATION DESCRIPTION: at Elevated Tank 250ft North of Hwy 63
on McKay St
CASING DIA: _____ PUMP TYPE & SIZE: 25^{hr} Elec. Turbine
GPS FIELD LOCATION: LAT. 31°09.467 LONG. 88°33.546
GPS CORRECTED LOCATION: LAT. 31.157865 LONG. 88.559490
REMARKS: _____

