

1/81 WTD

Recorded by D S

Date 8/18

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

Well No.

E-Log No.

County GREENE

GEN. SITE DATA

Site ID 3108420883634011 R=0* T=A* 2=W*

Data reliab. 3=U*^C Report. agency 4=USGS* Dist. 6=28* 7=28* Co. 8=0414*
 Lat. Long. / 9=310842* 10=0883634* Well No. 12=0018*
 Location 13=S W S E S 0.8 T 0.2 N 0.6 W* Alt. 16=203*
 Hyd. Unit (OWDC) 20= Date 21=05/15/1982*
 Well use 23=W* Water Use 24=II* Hole depth 27=140* Well depth 28=140*
 WL 30=40* Date 31=05/15/1982* Source 33=D*
 Status 273= Project No. 5=

OWNER

R=158* T=A* Date 159#05/15/1982* Owner No. Exp. Proj Blueberry
 Owner 161# PINE LEVEL SCHOOL
Greene Co. Vo-Tech

FIELD QW

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= . . *

CONSTR

R=58* T=A* 59# 1* Date 60=05/15/1982* Remarks
 Drlg. 63=408* Name Fryogle Method 65=H* Finish 66=S*

CASING

R=76* T=A* 59# 1*
 Top csgn. 77# 0* Bot. csgn. 78=100* Diam. 79# 6*
 R=76* T=A* 59# 1*
 Top csgn. 77# . . . Bot. csgn. 78= . . . Diam. 79# . . .

OPENINGS

R=82* T=A* 59# 1* Top 83# 100* Bottom 84=140*
 Type 85=S* Diam. 87=6* Size 88= . . *
 R=82* T=A* 59# 1* Top 83# . . . Bottom 84= . . *
 Type 85= . . * Diam. 87= . . * Size 88= . . *

YIELD

R=146* T=A* 147# 1* Q 150=185* Q/S 272= . . *

134 flows 146 pumped

LIFT

R=42* T= A * Lift type 43# S* Intake 44# Power type 45# E*

Date 38= 05/15/1982* H.P. 46= 15*

LOGS

R=198* T= A * Log 199# D* Top 200= 0* Bot 201= 140*

R=198* T= A * Log 199# * Top 200= * Bot 201= *

R=189* T= A * E Log No. 190# * 191= M I S S I D I S T *

ANAL.

R=114* T= A * Year 115# * 117= * 120= *

AQUIFERS

R=90* T= A * 256# 1 * Top 91= 58* Bot 92= 140*

Unit ID 93= 122MOCN * Name of Unit

R=90* T= A * 256# 1 * Top 91= * Bot 92= *

Unit ID 93= * Name of Unit

HYDRAULICS

R=98* T= A * 99# 1 * Unit tested 100= * 103= *

R=105* T= A * 99# 1 * Test No. 106# *

107= * Transmissivity (gal/d)/ft.

108= * Hydraul. cond. (gal/d)/ft.²

110= * Storage coeff. Boundaries

R=121* T= * Yr Begin 122# * Network 258# *

Water Level Data Collection (1)

encountered	from	to
TOP SOIL	0	20
CLAY	20	40
SANDY CLAY	40	58
SAND	58	140

**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. 2-13-96 AGN. FORM OLWR-AP-2 (REV. 10/94)

Issued: <u>1-28-86</u>	Expires: <u>1-28-2006</u>	Fee Paid: <u>7</u>	Permit Office of Land & Water Resources
Lat. <u>31 08 42</u>	Long. <u>88 36 34</u>	Elev. <u>150</u>	USGS No. <u>018</u>
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. GW-967

THIS APPLICATION IS FOR (Circle one): **GROUNDWATER - COMPLETE A,B,E** LWM
SURFACE WATER - COMPLETE A,C,D,E 9-21-95

BENEFICIAL USE (Circle one or more): 1) Public Supply - Municipal, Rural Water, or Private Water 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: Greene County Vo-Tech 64-6000392
(Name) (SSN or Tax ID No.)
Rt. 2, Box 266
(Address)
Leakesville, MS 39451 ()
(City) (State & Zip) (Telephone No.)

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

NO MAP

Same
(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):

O.K. SW 1/4 of the SE 1/4 of Section 8, Township 2N, Range 06W, 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)

- AQUIFER: _____ 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)? _____, 19____. Under whose name was well originally drilled (if known)? _____
- Description of proposed or completed well:
 - DEPTH OF WELL: _____ feet. DRILLER: _____
 - SURFACE CASING: Length _____ feet; Diameter _____ inches; Type _____
 - SCREEN: Length _____ feet; Diameter _____ inches; Type _____
 - PUMP: Type _____; Size _____; Capacity _____ gallons per minute; Setting depth _____ feet
 - POWER UNIT: Type _____; Size _____ horsepower
- PERMITTED VOLUME:
 - 40 KGP acre-feet per year at a maximum rate of 250 gallons per minute
 - _____ million gallons per day at a maximum rate of _____ gallons per minute

(CONTINUED ON BACK)

NO CHANGES

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 Sorghum _____; Other (specify) Blueberries & Muscadines Acres 5

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 _____ 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? _____ (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:** _____

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

(Name) _____

(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.

Bobby M. Kelley
(Signature)

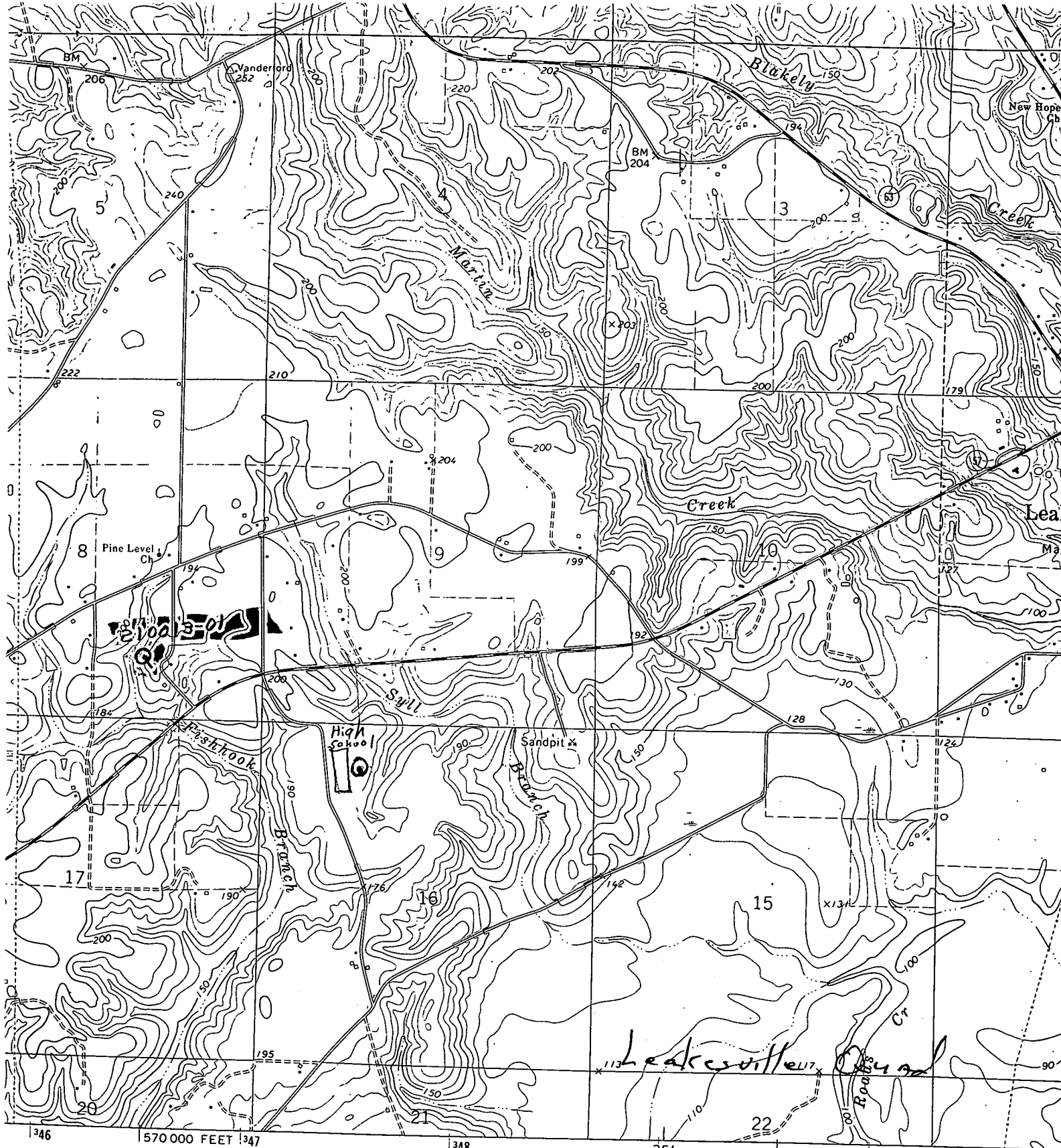
Subscribed and sworn to before me this 15th day of August, 1995, at Greene County of Mississippi

My commission expires 6/7/1997; Dennis N. Cochran Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR
PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): SA Bishop DATE: 8-4-94
UNIT DEQ #: 82859 FILE #: D080421C
HEALTH DEPT. #: 210013-01 (no tag on well) ELEV. 200
USGS #: P57 OLWR #: GW00967
OWNER: Green Co VO-Tech QUAD: Leaksville
LOCATION: NE/SW/SE S 8 T 2N R 6W COUNTY: Green
LOCATION DESCRIPTION: From intersection with Hwy 63 in Leaksville, Go
West along Hwy 57, 2.8 mi, Turn Rt (N.) Go 1 mile to VO Tech on
Left
CASING DIA: _____ PUMP TYPE & SIZE: _____
GPS FIELD LOCATION: LAT. 31° 08.712 LONG. 88° 36.575
GPS CORRECTED LOCATION: LAT. 31.45383 LONG. 88.529867
REMARKS: _____

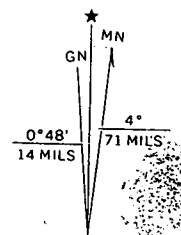


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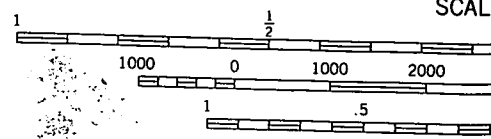
metric methods from aerial
Field checked 1972

1000 ft grid ticks: Mississippi coordinate
(Transverse Mercator)
1000 ft grid ticks,
1927 North American datum

State selected fence and field lines where
available from photographs. This information is unchecked



UTM GRID AND 1972 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



CONTOUR IN
DOTTED LINES REPRESENT
1927 DATUM IS NOT