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<tr>
<td>Lay. Long.</td>
<td>9 = 33.4955, 10 = 089350.1</td>
</tr>
<tr>
<td>Location</td>
<td>NWSE, 29, 23, 1, 1</td>
</tr>
<tr>
<td>Hyd. Unit</td>
<td>20 = W, 23 = R, 27 = 60.9, 28 = 19.5</td>
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<tr>
<td>Well use</td>
<td>23 = W, 24 = R</td>
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<tr>
<td>WL</td>
<td>30 = 232, 31 = 041201977</td>
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<tr>
<td>Status</td>
<td>273</td>
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<tr>
<td>R</td>
<td>158</td>
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<tr>
<td>Date</td>
<td>1599051111977</td>
</tr>
<tr>
<td>Owner No.</td>
<td>YOUNGS LANDING</td>
</tr>
<tr>
<td>Owner</td>
<td>U.S.G.E., GRENADE, LAKE</td>
</tr>
<tr>
<td>Date</td>
<td>1938, 1939, 1939051111977</td>
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<tr>
<td>Temp.</td>
<td>196000100, 1971, 139995</td>
</tr>
<tr>
<td>Cond.</td>
<td>19600095, 1971, 139995</td>
</tr>
<tr>
<td>pH</td>
<td>19600100, 19600600</td>
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<tr>
<td>Drlg.</td>
<td>0.02, 0.9, 1</td>
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<tr>
<td>Name</td>
<td>RAILFF</td>
</tr>
<tr>
<td>Method</td>
<td>65, 66, 85</td>
</tr>
<tr>
<td>Finish</td>
<td>S</td>
</tr>
<tr>
<td>Top csgn.</td>
<td>776</td>
</tr>
<tr>
<td>Bot. csgn.</td>
<td>78</td>
</tr>
<tr>
<td>Diam.</td>
<td>18.5</td>
</tr>
<tr>
<td>Top csgn.</td>
<td>776</td>
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<tr>
<td>Bot. csgn.</td>
<td>78</td>
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<tr>
<td>Diam.</td>
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<td>830</td>
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<td>840</td>
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<tr>
<td>Diam.</td>
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<tr>
<td>Size</td>
<td>88</td>
</tr>
<tr>
<td>Top</td>
<td>830</td>
</tr>
<tr>
<td>Bot.</td>
<td>840</td>
</tr>
<tr>
<td>Type</td>
<td>S</td>
</tr>
<tr>
<td>Diam.</td>
<td>87</td>
</tr>
<tr>
<td>Size</td>
<td>88</td>
</tr>
<tr>
<td>YIELD</td>
<td>146</td>
</tr>
<tr>
<td>134 flows</td>
<td>146 pumped</td>
</tr>
<tr>
<td>Q</td>
<td>150</td>
</tr>
<tr>
<td>Q/S</td>
<td>272</td>
</tr>
</tbody>
</table>
LIFT
Date 38° 05'/ 1.1/ 19° 7.7'
H.P. 66° 5.1'

LOGS
R=198
T= A
Log 199
E
Top 200° 8.1'
Bot 201° 6.0.8.1'
R=198
T= A
Log 199
J
Top 200° 8.1'
Bot 201° 6.0.9.1'
R=189
T= A
E Log No. 190° 0.8.0.1 191° M I S S DIST.

ANAL.
R=114
T= A
Year 115°
Type 120°

AQUIFERS
Unit ID 93° 124 W I C x M
Name of Unit

HYDRAULICS
Unit tested 100°
Test No. 106°
Transmissivity (gal/d)/ft
Hydraul. cond. (gal/d)/ft²
Storage coef. Boundaries

4" test well 185' 195' (.004)
WL = 27'
USCE Analysis

Calc 8
C02 = Trace
Solids = 188
Odor None
Fe = 0.25
T. hard = 80
pH 7.2
Mg = 7.7
H2S = Trace
T. Alk = 140
Cl = 14
SO4 = Trace
Ca = 19
F = trace
SiO2 = 2.0

11/6/82
Could not find top entry point
11/29/88
WL = 32.0

Removed vent pipe at union connect.
5-18-94
WL found 28.12
by SHO/PEG.
USER NAME(S): Phillips/Hardin        DATE: 11/4/97
UNIT DEQ #: ______________________  FILE #: R110419A
HEALTH DEPT. #: 220055-01         ELEV. 240'
USGS #: __________       OLWR #: G1014752
OWNER: Young's Landing Rec Area       QUAD: Core Springs
LOCATION: NW/SE S 29 T 03N R 7E      COUNTY: Grenada
LOCATION DESCRIPTION: In brown block house at boat ramp at Young's Landing

CASING DIA: ______       PUMP TYPE & SIZE: ______

GPS FIELD LOCATION: LAT. 33° 49' 47.4" N       LONG. 89° 35' 06.6" W
GPS CORRECTED LOCATION: LAT. 33.829758       LONG. 89.584546

REMARKS: measured 25' from well

______________________________
33° 49' 47.12"  89° 35' 04.36"
## Public Water Supply Annual Report

**Name of Water Supply:** Choctaw Landing Rec. Area  
**Public Water Supply (PWS) ID Number:** 220001  
**County:** Grenada

**Official Public Water Supply Address:** (This is the address where all official correspondence is received)  
**Attention:** Facility Mgr.  
**Daytime Phone:** (601) 226-5911  
**Address:** Corps of Engineers, P.O. Box 903, Grenada, MS. 38901

**Monthly Bacteriological Sample Results Should Be Mailed to:** (Complete if different from official water supply address in above section)  
**Attention:**  
**Daytime Phone:**  
**Address:**

**Owner/Responsible Official of System:** (President, mayor, or owner of the water system)  
**Name:** Reuben James  
**Address:** P.O. Box 903, Grenada, MS. 38901  
**Home Phone:**  
**Work Phone:** (601) 226-5911

**Water Superintendent/Operator:** (To be completed by the person who directly supervises and is personally responsible for the daily operation and maintenance of this water system. Must be certified by Mississippi State Department of Health for a community water supply.)  
**Name:** Reuben James  
**Address:** P.O. Box 903, Grenada, MS. 38901  
**Home Phone:**  
**Work Phone:** (601) 226-5911

**Mississippi State Department of Health Certification Number:**  
**Expiration Date:**

I certify that I am the person who directly supervises and is personally responsible for the daily operation and maintenance of this public water system and I do hold a valid Certificate of Competency as required by Sections 21-27-201 through 21-27-211, Mississippi Code of 1972, Annotated. Signed this _____ day of ____________, 19__.

**Signature of Operator:**

**Secretary/Treasurer/Bookkeeper**

**Name:**  
**Address:**

**Home Phone:**  
**Work Phone:**

### System Information

1. How many usable sources of water (wells for groundwater systems, purchase points if buying water, etc.) does this system have?  
   - **Wells:** 1  
   - **Purchase Points:**  
   - **Surface Water:**  
   - **Other:** Explain______________________________

2. How many active connections on this system?_____________________

3. How many people does this system serve?_____________________

4. How many gallons of water did this system sell during the last calendar year (January-December)?_____________________

5. What was the peak month for water sales during the last calendar year and how many gallons of water were sold during that month?  
   - **Month:**  
   - **Gallons Sold:**

6. The charge to the customer for the 1st _______ gallons of water is $_________.

This Annual Report is to be completed and returned to the Division of Water Supply no later than February 29, 1992. Information from this report will be used to update our files and for determining compliance with the laws and regulations governing public water supplies in Mississippi. Return the completed report to: Division of Water Supply; P.O. Box 1700; Jackson, Mississippi 39215-1700.

Who completed this report? Name: **Thomas M. Norton**  
Title: **Resource Mgr.**

**Signature:**  
**Date:** 3/5/92

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**Notes:**  
White Copy = Training & Certification  
Canary Copy = Compliance Branch  
Pink Copy = Water System  
Gold(en)rod Copy = Regional Engineer

**Revised:** 12-17-91  
**Form No:** 903  
**Mississippi State Department of Health**
MISSISSIPPI STATE BOARD OF HEALTH
DIVISION OF WATER SUPPLY

Non-community Water System Data

Name of System U. S. Engineers # 2 Well Scenic 33Bunty Grenada District 1
Address Grenada Dam, Grenada, MS. Tele. No. 226-5911
Responsible Official Mr. Don English Title Park Manager
Mailing Address P. O. Box 725, Grenada, MS Zip 38901
Supplier and Source FFA Camp, Lake Shore Area Dates of Operation 12 Mo. Yr.
No. of Connections Grenada Landing 3 Customers 300 /Day

WELLS OR RAW WATER PUMPS

<table>
<thead>
<tr>
<th>No.</th>
<th>Type</th>
<th>GPM</th>
<th>Location</th>
<th>Well Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sur mergible</td>
<td>50</td>
<td>Scenic Loop 333, 2 miles north</td>
<td>500 Ft.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grenada</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

SERVICE PUMPS

<table>
<thead>
<tr>
<th>No.</th>
<th>GPM</th>
<th>No.</th>
<th>GPM</th>
<th>Total Service Cap.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

STORAGE RESERVOIRS AND PRESSURE TANKS

<table>
<thead>
<tr>
<th>Type</th>
<th>Capacity</th>
<th>Material</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Tank</td>
<td>2000 gal.</td>
<td>steel</td>
<td>At well along Scenic Loop 333</td>
</tr>
</tbody>
</table>

Distribution system pressures range from 40 lb. to 60 lb.

Sanitarian Joe Sellers Operator State Park Commission
Surveyed with Mr. Don English
Date of Survey 3-18-80 By Joe Sellers
Date Approved 4-9-80 By [Signature]

I. Quality

A. Bacteriological

1. Are samples submitted in accordance with Mississippi State Board of Health requirements? Yes

B. Chemical

1. Date of last chemical sample from the distribution system 1977
2. Does chemical quality meet Mississippi State Board of Health requirements (if available)? Unknown

II. Storage Reservoirs

1. Storage reservoirs properly covered? N/A
2. Vents properly installed? N/A
3. Roof hatch properly designed and locked? N/A
4. Overflow provided with hinged flap valve or properly screened? N/A
WILCOX DATA SHEET-VERIFICATION CHECKLIST

COUNTY GRENADA

WELL OWNER U.S.C.E. - GRENADA LAKE (Young's Landing well) CHECKED

U.S.G.S. NO. 2 - C 9/21/64

B.O.H. NO. 220055 - 01 9/21/64

OLWR NO. ____________

LOCATION:

MAP NW, NW, N, SE S 29, T 23 N, R 7 E 9/21/64

GPS V ____________

ELEV. (MSL) 225' (Topo) 240 9/21/64

W.L. (L.S.) (1) - 28.12' 9/21/64

(2) - 28.12' 9/21/64

HEAD (MSL) + 166.88' 9/21/64

SCREENED INTERVAL 185' - 195' (LS) / 40' - 30' (MSL) 9/21/64

AQUIFER VERIFIED Middle Coxy 9/21/64


DATA ENTERED ____________________________