

GW 14752
0220055-01

Gore Springs
USCOE Well 479
Youngs Ldg. 11.2 x 5 0.4
SHB/PEG
5-18-97

TRANSMITTED FOR ADP

Recorded by WTO
Date 6/3/77

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

Well No. D6
E-Log No. E Log # 80
County Grenada

Gore Spring Quic

Site ID 3349550893501011 R=0* T=A* 2=W*

Data reliab. 3=C* Report. agency 4=USGS* Dist. 6=28* 7=28* Co. 8=043*

Lat. 9=334955* Long. 10=0893501* Well No. 12=D006*

Location 13=NWSE S 29 T 23 N R 07 E* Alt. 16=240* 225 (Top) 240 IS OK

Hyd. Unit (OWDC) 20= Date 21=03/17/1977*

Well use 23=W* Water Use 24=R* Hole depth 27=609.* Well depth 28=195.*

WL 30=32.* Date 31=04/20/1977* Source 33=D*

Status 273=

R=158* T=A* Date 159#05/11/1977* Owner No. YOUNGS LANDING
Owner 161=USCE GRENADA LAKE Well

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#05/11/1977* pH 196#00400* 197=7.2*

R=58* T=A* 59#1* Date 60=05/11/1977* Remarks
Drig. 63=0.02* Name R RAILIFF Method 65=H* Finish 66=S*

R=76* T=A* 59#1*
Top csgn. 77#0.* Bot. csgn. 78=185.* Diam. 79#6.*

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

R=82* T=A* 59#1* Top 83#185.* Bottom 84=195.*
Type 85=S* Diam. 87=4.* Size 88=.006*

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

R=146* T=A* 147#1* Q 150=10.* Q/S 272=
134 flows 146 pumped

GEN. SITE DATA

OWNER

FIELD CH

CONSTR.

CASING

OPENINGS

YIELD

LIFT R=42* T= A * Lift type 43# S* Intake 44= * Power type 45= E*
 Date 38= 05/11/1977* H.P. 46= 5.*

LOGS R=198* T= A * Log 199# E* Top 200= 8.* Bot 201= 608.*
 R=198* T= A * Log 199# J* Top 200= 5.* Bot 201= 609.*
 R=189* T= A * E Log No. 190# 080* 191= M I S S D I S T *

ANAL. R=114* T= A * Year 115# * Type 120= *

AQUIFERS R=90* T= A * 256# 1 * Top 91= 185.* Bot 92= 195.*
 Unit ID 93= 124WLCxM* 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= *
 R=105* T= A * 99# 1 * Test No. 106# *
 107= * Transmissivity (gal/d)/ft
 108= * Hydraulic cond. (gal/d)/ft²
 110= * Storage coeff. Boundaries

4" test well 185'-195' (.006)

WL=27'

USCE Analysis

111' dd @ 109ppm

Color 8 Co₂ = Trace Solids = 188
 Odor None Fe = 0.25 T.hard = 80
 PH 7.2 Mg = 7.7 H₂S = Trace
 T.AIK 140 Mn = 0.1
 CL 14 Ca = 19
 SO₄ trace E SiO₂ = 20
 F = trace

11/16/82

Could not find tape entry point

11/29/88

WL = 32.0 Gdsgy

Removed Vent Pipe at union connect

5-18-94

WL Found 28.12

by SHB/PEG

D6

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Phillips/Hardin DATE: 11/4/97

UNIT DEQ #: _____ FILE #: B110419A

HEALTH DEPT. #: 220055-01 ELEV. 240'

USGS #: _____ Dk _____ OLWR #: GW14752

OWNER: Young's Landing Rec Area QUAD: Gore Springs

LOCATION: NW/SE S29 T23N R7E 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 Form 903 '92

Name of Water Supply Choctaw Landing Rec. Area Part of Environmental Health
 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 Facility Mgr, Corps of Engineers
 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

- 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) _____
- How many active connections on this system? _____
- How many people does this system serve? _____
- How many gallons of water did this system sell during the last calendar year (January-December)? _____
- 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 = _____
- 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 Thomas M. Norton Date 3/5/92

White Copy = Training & Certification
 Canary Copy = Compliance Branch
 Pink Copy = Water System
 Goldenrod Copy = Regional Engineer

MISSISSIPPI STATE BOARD OF HEALTH
DIVISION OF WATER SUPPLY

220057

RECEIVED
APR 10 '80

Non-community Water System Data

Division of
Water Supply

Name of System U. S. Engineers # 2 Well Scenic 333 County 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

No.	Type	GPM	Location	Well Depth
Well # 467	Surmergible	50	Scenic Loop 333, 2 miles north Grenada	500 Ft.
Total		50		

SERVICE PUMPS

No.	GPM	No.	GPM	Total Service Cap.	GPM
N/A	N/A	N/A	N/A	N/A	

STORAGE RESERVOIRS AND PRESSURE TANKS

Type	Capacity	Material	Location
Pressure Tank	2000 gal.	steel	At well along Scenic Loop 333

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 Rick Enby

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

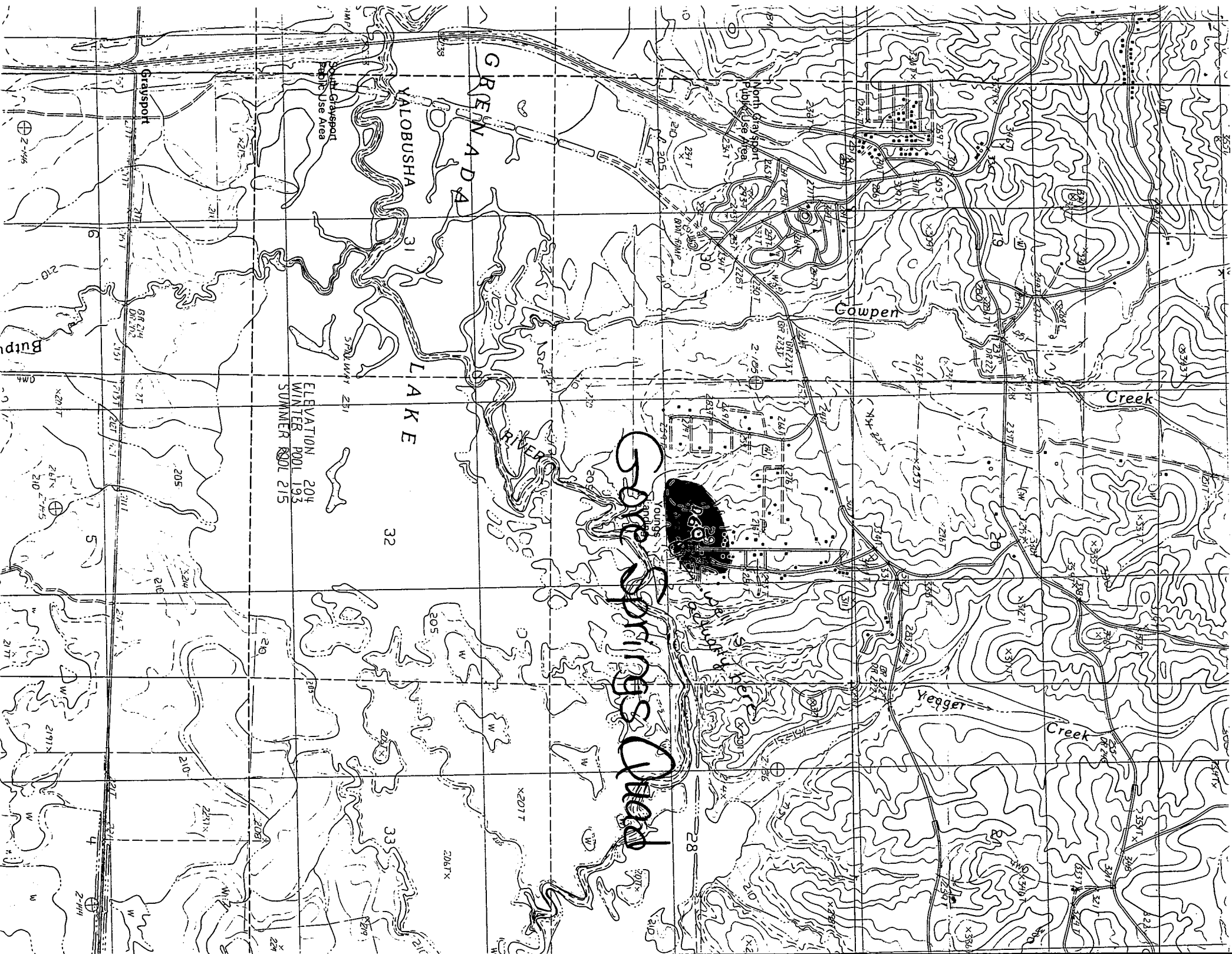
COUNTY GRENADA

Gore Springs Quad
U.S.G.S. E-log # 80

WELL OWNER U.S.C.E. - Grenada Lake (Youngs Landing, Well) CHECKED
U.S.G.S. NO. D-6 9/21/94
B.O.H. NO 220055-01 9/21/94
OLWR NO. _____

LOCATION:

MAP NW, NW, NW, SE S 29, T 23 N, R 7 E 9/21/94
GPS _____
ELEV. (MSL) ~~225'~~ (Topo) 240 9/21/94
W.L. (L.S.) (1) - 28.12' 9/21/94
(2) - 28.12' 9/21/94
HEAD (MSL) + 106.88' 9/21/94
SCREENED INTERVAL 185' - 195' (LS) / +40' - +30' (MSL) 9/21/94
AQUIFER VERIFIED Middle Wilcox 9/21/94
PREVIOUS W.L. - 32' (1988) / - 32' (1977) 9/21/94
DATA ENTERED _____



Sage Springs Creek

GREEN RIVER

VALOBUSHA LAKE

Gowper Creek

Yeager Creek

Yeager Creek

ELEVATION
WINTER POOL 193
SUMMER POOL 215

Gardspot

South Gardspot
Public Use Area

North Gardspot
Public Use Area

Bupp

Yonubs

