302206N0893506.1

9–185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

E-log #37

WELL SCHEDULE

Date 6/19, 19 64 Field No.

Record by RN Office No. H7

Source of data Mr. Leslie

1. *Location:* State Miss. County Hancock
   Map Logtown Quad. (7½')
   NW ¼ NE ¼ sec. 10 T 8 N(S) R 16 E(W)
2. *Owner:* N.A.S.A. Address
   Tenant Miss. Test Facility Address
   Driller Carloss Address Memphis, Tenn.
3. *Topography*
4. *Elevation* 25 topo ft. above/below s.l.
5. *Type:* Dug, drilled, driven, bored, jetted 6/19 64
6. *Depth:* Rept. 1434 ft. Meas. ft.
7. *Casing:* Diam. 12 in., to 8 in., Type
   Depth 1371 ft., Finish 63' of SS louver screen .030" 8"
8. *Chief Aquifer* From ft. to ft.
   Others
9. *Water level* 76 ft. rept/meas. 6/18 19 64 above/below
   (81+ after test) which is ft. above/below surface
10. *Pump:* Type Capacity G. M.
    Power: Kind Horsepower
11. *Yield:* Flow 1160 G. M., Pump G. M., Meas., Rept. Est.
    Drawdown 75 ft. after 2 hours pumping 1160 G. M.
12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs. Potable water well #3 (Saturn V well)
    Adequacy, permanence
13. *Quality* Temp 91 °F.
    Taste, odor, color Sample Yes/No Barrow-Agee 4 USGS
    Unfit for
14. *Remarks:* (Log, Analyses, etc.) Gravel packed. Dr log + e-log
    51' of 8" lap pipe. See pumping test

U. S. GOVERNMENT PRINTING OFFICE 16—62891-1

9–185
(October 1950)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WATER RESOURCES DIVISION

E log #37

WELL SCHEDULE

Date 6-19, 19 64 Field No.

Record by RN Office No. H7

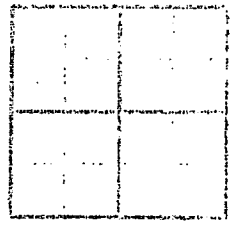
Source of data Mr. Leslie

1. *Location:* State Miss County Hancock
   Map
   NW ¼ NE ¼ sec. 10 T 8 N(S) R 16 E(W)
2. *Owner:* NASA Address
   Tenant Potable Water Well #3 Address
   Driller Carloss Address
3. *Topography* Flat
4. *Elevation* 25 ft. above/below
5. *Type:* Dug, drilled, driven, bored, jetted 6 1964
6. *Depth:* Rept. 1434 ft. Meas. ft.
7. *Casing:* Diam. 12 in., to 8 in., Type
   Depth 1370 ft., Finish 63' of S.S. louver screen .030" 8"
8. *Chief Aquifer* From ft. to ft.
   Others
9. *Water level* 75 ft. rept. meas. 6-18 1964 above/below
   which is ft. above/below surface
10. *Pump:* Type Capacity G. M.
    Power: Kind Horsepower
11. *Yield:* Flow 1160 G. M., Pump G. M., Meas., Rept. Est.
    Drawdown ft. after hours pumping G. M.
12. *Use:* Dom., Stock, PS., RR., Ind., Irr., Obs.
    Adequacy, permanence
13. *Quality* Temp. °F.
    Taste, odor, color Sample Yes/No
    Unfit for
14. *Remarks:* (Log, Analyses, etc.)

U.S. GOVERNMENT PRINTING OFFICE 16—62891-2

WWL +81 after pumping test.

2/66 Elevation of discharge tee 23



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

RECEIVED
SEP 18 1995
Dept. of Environmental Quality
Office of Land & Water Resources

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. 5-28-96 AGN.

FORM OLWR-AP-2 (REV. 9/94)

Issued: 3-11-86	Expires: 3-11-2006	Fee Paid:	Permit No.
Lat. 30-22-06	Long. 89-35-06	Elev. 26	USGS No. H7
Quad. Logtown	ASCS Farm No.	STAC.	MSDOH No. 230015-03
Aquifer: LPCGL	Tract No.		Basin No.
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): **NEW PERMIT** (RENEWAL) **PERMIT NO.** MSGW-01912

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: Domestic Supply to Elevated Tanks

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: National Aeronautics and Space Administration
Roy S. Estess, Director (Name)
Tax ID #177
Facility ID #1612300 (SSN or Tax ID No.)

John C. Stennis Space Center (Address)

Stennis Space Center, (City) MS 39529-6000 (State & Zip) (601) 688 - 2121 (Telephone No.)

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

F. Y. Kailiwai-Barnett, Director, Center Operations (Name)
Tax ID #177 (SSN or Tax ID No.)

map sent

Building 1100 (Address)

Stennis Space Center, (City) MS 39529-6000 (State & Zip) (601) 688 - 2004 (Telephone)

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

NW 1/4 of the NE 1/4 of Section 10, Township 08S, Range 16W, County Hancock

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)

LPCGL

1. **AQUIFER:** ~~Miocene Aquifer System~~ **MISSISSIPPI DEPARTMENT OF HEALTH NO.:** 0230015 - 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)? June, 19 64. Under whose name was well originally drilled (if known)? _____
3. Description of proposed or completed well:
   (a) DEPTH OF WELL: 1434 feet. DRILLER: Carloss Well Supply
   (b) SURFACE CASING: Length _____ feet; Diameter(s) 12,8 inches; Type _____
   (c) SCREEN: Length 63 feet; Diameter 8 inches; Type _____
   (d) PUMP: Type Horiz. Centrif Size 40 HP; Capacity 750 gallons per minute; Setting depth Surface feet
   (e) POWER UNIT: Type _____; Size _____ horsepower
4. **PERMITTED VOLUME:**
   (a) _____ feet per year at a maximum rate of _____ gallons per minute
   (b) ~~0.13~~ .05 ~~Billion~~ gallons per day at a maximum rate of 700 gallons per minute

3-20-96

.15 100

(CONTINUED ON BACK)

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 Sorgum_____;
   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 _____
   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): Domestic Supply to Elevated Tanks
7. **REMARKS**: _____

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

Ronald G. Magee
(Name)

GA00/Building 1100
(Address)

Stennis Space Center, MS 39529-6000
(City, State, Zip)

(601) 688-7384
(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.

Director, Center Operations (Signature)

Subscribed and sworn to before me this 12th day of Sept., 1995, at Hancock County of Mississippi

My commission expires May 12, 1997; _____ Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Hornbeak DATE: 8/20/96

UNIT DEQ #: 82859 FILE #: B082023C

HEALTH DEPT. #: 23015-03 ELEV. 26

USGS #: H-7 OLWR #: GW-1912

OWNER: NaTL Space Technology Lab QUAD: LogTown

LOCATION: NE-NW-NE S 10 T 8S R 16W COUNTY: Hancock

LOCATION DESCRIPTION: In Cement Bldg (Partially above ground Partially underground) at Ground Tank on East Side of (O Road Road 5) .15mi South of Intersection with P Road. (Stennis Space Center)

CASING DIA: 16" PUMP TYPE & SIZE: HP Elec.

GPS FIELD LOCATION: LAT. 30° 22' 04.5" LONG. 89° 35' 04.5

GPS CORRECTED LOCATION: LAT. 30.36869151 LONG. 89.58515605

REMARKS: GPS at Well

D STATES
OF THE INTERIOR
CAL SURVEY