

GW04272
0230002-01

3922c

FORM 9-1642
(1-68)

Well No. K 17

Site ID 30170308922401

WELL SCHEDULE

U. S. DEPT. OF THE INTERIOR GEOLOGICAL SURVEY WATER RESOURCES DIVISION

MASTER CARD

Record by J.A.C. Source of data D/S. Date 2.16.70 Map Waveland

State 28 County (or town) Hancock Sequential number 213

Latitude: 301703 N Longitude: 089224 W
 Lat-long accuracy: 4 T, 9 S, R 14 Sec 18, 12 degrees, 15 min, 18 sec

Local well number: K0171-009W14W Other number: Lorain ST.

Local use: 088 Owner or name: WAVELAND Address: _____

Ownership: County, Fed Gov't, City, Corp or Co, Private, State Agency, Water Dist MU

Use of water: (A) Air cond, Bottling, Comm, Dewater, Power, Fire, Dom, Irr, Med, Ind, P S, Rec, (S) Stock, Instit, Unused, Repressure, Recharge, Desal-P S, Desal-other, Other P

Use of well: (A) Anode, Drain, Seismic, Heat Res, Obs, Oil-gas, Recharge, Test, Unused, Withdraw, Waste, Destroyed, (G) (H) (I) (M) (N) (P) (R) (T) (U) (W) (X) (Y) (Z) W

DATA AVAILABLE: Well data Freq. W/L meas.: Field aquifer char.

Hyd. lab. data: PCGLU

Qual. water data; type: _____

Freq. sampling: Pumpage inventory: yes no period: _____

Aperture cards: yes

Log data: _____

11/20/85
Well no longer flows

WELL-DESCRIPTION CARD

SAME AS ON MASTER CARD Depth well: 980 ft Meas. rept accuracy 3

Depth cased: 920 ft Casing type: _____; Diam. in 8

Finish: (C) porous concrete, (F) gravel w. (perf.), (G) gravel w. (screen), (H) horiz. gallery, (I) open end, (P) perf., (S) screen, (T) sd. pt., (W) shored, (X) open hole, (Z) other 5

Method: (A) air bored, (B) cable, (C) dug, (D) hyd rot., (H) jetted, (J) air rot., (P) percussion, (R) rotary, (T) reverse, (U) trenching, (V) driven, (W) drive wash, (Z) other 32

Date Drilled: 954 Pump intake setting: _____ ft

Driller: C.T. SWITZER address GULFPORT MISS

Lift (type): (A) air, (B) bucket, (C) cent, (J) jet, (L) multiple, (M) multiple, (N) none, (P) piston, (R) rot, (S) submerg, (T) turb, (Z) other T Deep Shallow

Power (type): (nat) diesel, elec, gas, gasoline, hand, gas, wind; (LP) H.P. Trans. or meter no. _____

Descrip. MP 15' ft above below LSD, Alt. MP _____

Alt. LSD: 10 Accuracy: CT 10

Water Level: _____ ft above below MP; _____ ft above below LSD Accuracy: _____

Date mess: _____ Yield: 360 gpm Method determined 260

Drawdown: _____ ft Accuracy: _____ Pumping period: _____ hrs

QUALITY OF WATER DATA: Iron _____ ppm Sulfate _____ ppm Chloride _____ ppm Hard. _____ ppm

Sp. Conduct _____ K x 10⁶ Temp. _____ °F Date sampled _____

Taste, color, etc. _____

Well No.

K 17

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Latitude-longitude d m s d m s

HYDROGEOLOGIC CARD

SAME AS ON MASTER CARD Physiographic Province: 03 Section: _____

Drainage Basin: D 13S Subbasin: _____

Top of well site: (D) depression, stream channel, dunes, flat, hilltop, sink, swamp, (P) offshore, pediment, hillside, terrace, undulating, valley flat

MAJOR AQUIFER: system _____ series TP aquifer, formation, group DCGLU

Lithology: _____ Origin: _____ Aquifer Thickness: _____ ft

Length of well open to: _____ ft Depth to top of: _____ ft

MINOR AQUIFER: system _____ series _____ aquifer, formation, group _____

Lithology: _____ Origin: _____ Aquifer Thickness: _____ ft

Length of well open to: _____ ft Depth to top of: _____ ft

Intervals Screened: 60' 920-980

Depth to consolidated rock: _____ ft Source of data: _____

Depth to basement: _____ ft Source of data: _____

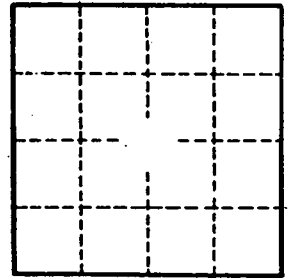
Surficial material: _____ Infiltration characteristics: _____

Coefficient Trans: _____ gpd/ft Coefficient Storage: _____

Coefficient Perm: _____ gpd/ft²; Spec cap: _____ gpm/ft; Number of geologic cards: _____

123' of water seen! 720

*10114182
WL = 17' above LSD
T = 29°
Cond = 395
pH = 8.8*



Well No. _____

K17

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

RECEIVED
 JAN 13 1997

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
 P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 861-5202

This box is for office use only.

4-8-97 AGN.

Dept of Environmental Quality
 Office of Land & Water Resources
 FORM OLR 4-12-REV-97

Issued: 6-9-87	Expires: 4-8-2007	Fee Paid: X	Permit No.
Lat. 30-17-09	Long. 89-22-31	Elev. 14	USGS No.
Quad. Waveland	ASCS Farm No.	STAC.	MSDOH No.
Aquifer: PCGLU	Tract No.		Basin No.
Remarks:			Dam Inv. No.

THIS APPLICATION IS FOR (Circle one): RENEWAL - PERMIT NO. MS-GW-04272

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: _____

SECTION A (to be completed by ALL APPLICANTS)

LANDOWNER: CITY OF WAVELAND (Name) 690 650 369 (SSN or Tax ID No.)

P O BOX 320, 301 COLEMAN AVE (Address)

WAVELAND (City) MS 39576 (State & Zip) (601) 467 - 9248 (Telephone No.)

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

SAME AS ABOVE (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):

SW 1/4 of the SW 1/4 of Section 2, Township 9S, Range 14W, 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)

1. AQUIFER: MIOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002

2. Proposed work will begin on N/A, 19____, and will be completed by N/A, 19____.

If well has already been drilled, when was well completed (date)? _____, 19 54. Under whose name was well originally drilled (if known)? CITY OF WAVELAND

3. Description of proposed or completed well:

(a) DEPTH OF WELL: 980 feet. DRILLER: UNKNOWN (POSSIBLY FRED SUTTER)

(b) SURFACE CASING: Length 920 ± feet; Diameter 8 inches; Type UNKNOWN

(c) SCREEN: Length 60 feet; Diameter 8 inches; Type UNKNOWN

(d) PUMP: Type FAIRBANK; Size 8; Capacity 372 gallons per minute; Setting depth 60 ± feet

(e) POWER UNIT: Type FAIRBANK MORRIS; Size 30 horsepower

4. PERMITTED VOLUME :

(a) 1.18 million gallons per day at a maximum rate of _____ gallons per minute

(b) 1.18 million gallons per day at a maximum rate of 372 gallons per minute

(CONTINUED ON BACK)

Ag change from MOCN

372

MAP SENT

17

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. Description of pump/distribution 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 2550
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.

STEPHEN LANDRY
(Name)
P O BOX 320, 310 COLEMAN AVE
(Address)
WAVELAND MS 39576-0320
(City, State, Zip)
601-467-9248
(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.

Stephen Landry
(Signature)

Subscribed and sworn to before me this 19th day of Dec., 1996, at _____ County of Hancock
My commission expires _____
South Anne Swille, Notary Public.

DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR

PUBLIC SUPPLY WELLS PROJECT

GPS LOG

USER NAME(S): Stewart / Smith DATE: 10/12/95

UNIT DEQ #: _____ FILE #: A101218A

HEALTH DEPT. #: 230002-01 ELEV. 15'

USGS #: K17 OLWR #: GW04272

OWNER: W. Ireland QUAD: W. Ireland

LOCATION: Widow Merin Claim
IR-IR S IR T 95 R 14W COUNTY: Hancock

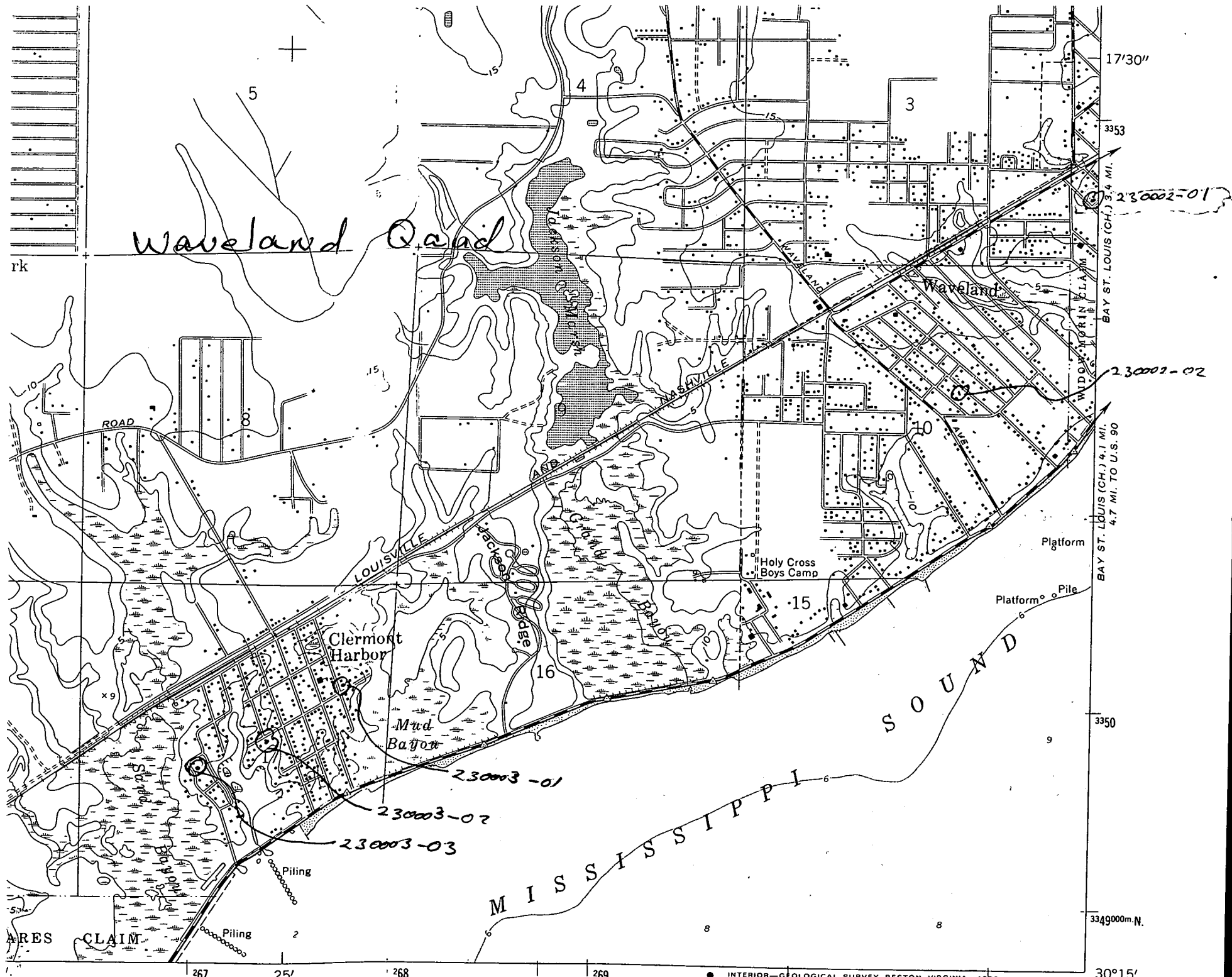
LOCATION DESCRIPTION: Drainage pit at Hughes, at elevated tank

CASING DIA: _____ PUMP TYPE & SIZE: Turbine

GPS FIELD LOCATION: LAT. 30° 17.074' LONG. 89° 22.496'

GPS CORRECTED LOCATION: LAT. 30.28523728 LONG. 89.37515813

REMARKS: _____



Waveland Road

17'30"

3353

BAY ST. LOUIS (CH.) 3.4 MI.

230002-02

BAY ST. LOUIS (CH.) 4.1 MI.
4.7 MI. TO U.S. 90

Platform

Platform Pile

3350

3349000m.N.

30°15'

271000m.E 89°22'30"

● INTERIOR GEOLOGICAL SURVEY, RESTON, VIRGINIA-1978

rk

ROAD

Clermont Harbor

Mud Bayou

Holy Cross Boys Camp

Waveland

MISSISSIPPI SOUND

ARES CLAIM

267

25'

268

269

8

8

5

4

3

8

10

15

16

5'

2

15

15

15

10

15

LOUISVILLE

WAVELAND

NASHVILLE

ANP

WAVELAND

WAVELAND

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