MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

## WELL SCHEDULE

FIPS: 45
WELL: K349

LOG NO.: \_\_\_\_\_

Recorded by: PAP	Data	Source: <u>Driller's lo</u>	9, USGS Date: 7/20/01	
County: Hancock	Permit	No.: <u>MS-GW-04</u>	271 DOH No.: 023000	<u> </u>
Quad: <u>Waveland</u>		Ele	evation: 17'	
1/4: <u>NW</u> 1/4: <u>NW</u>	1/4: <u>NE</u> 1/4: _	<u>N [-</u> Sec.: <u>3</u>	T: <u>95</u> R: <u>14</u>	W_
Plotted on quad?:	In field?	From drillers log	? From permit?	
Latitude: 30° 17 <sup>1</sup> 48.4	Longitude: 89°	ນລ໌ <u>56.5</u> GPS? _	From Quad?	
Primary aquifer:	MFL	Secondary aquife	er:	·
Use: Mu We	II status:	Local well name:		
Owner: City of	Waveland			
<del></del>				
Date completed: <u>ತ/೩७/ 7</u>	3 Driller: <u>Layne</u>	Central We	ell depth: <u>¬дд</u> Hole Depth:	<u> 798</u>
Pump type: <u>Turbine</u>	Power typ	e: <u>Electricity</u>	Pump capacity: <u> </u>	m
Casing interval:		Casing length:	Casing diameter:	
Casing interval:	· .	Casing length:	Casing diameter:	
Screen interval:	· · · · · · · · · · · · · · · · · · ·	Screen length:	Screen diameter:	
Screen interval:		Screen length:	Screen diameter:	
Type of logs:	<u> </u>	Log interval:		
Initial water level:	Date:	M.P. descrip	tion:	
Water Quality Data?	Source:		Reliability:	
Water Level Data?	Source:			
Pump Test Data?	Source:		Reliability:	
			Reliability:	

.) 4\		: /	
HANCOCK POUP OF MI		ASTRONO "	
HANCOCK POLITICE MI	SSISSIPPI		
BUARD OF WA	TER COMMISSIONERS	/	1
	rth State Street Iississippi 39201	/	,
31771 18 1	• • •	PAY.	 2.
700	L DRILLERS LOG	ات سادي م	· 1
3-27 1078 Layre Cent	tral Company Ho	enesch	/
date well completed fi	rm norme coun	ty well locate	d
LANDOWNER: City of	description of formations		1
	encountered	from	a to
Waveland,	1:00 1:4	`   0	5
Waveland Miss	till put	5	1/2
(mailing address)	Class Class	112	
WELL LOCATION:	Sant & Lors	158	
3.9- 14-	Hard Clay	190	
\$	Sandy Clay	320	
miles of	Clay at AT 1	380 U 421	
(distance) (direction) (nearest town)	Sand & Clay Streets Nard Bummy Clay	501	
(home, irrigation, municipal, industrial)	Sail	C 57	
	Clau	793	798
WELL COMPLETION DATA			<u> </u>
(1) diameter (inches) 12"			<del>                                     </del>
(2) total depth (feet) 742	<b>-</b>	<del></del>	<del>                                     </del>
(3) static water level (feet) That above top of ground.			
1-0 1-1			-
(4) cosing Steel 670 (motorial) (doorh)			
12" If polescope see back.	6		<del>- </del>
(el 20) and 63' 88"	/ / /		
(5) screen 60' 670			
(length) (depth to top)			
(l'ength) (depth to top)  8 Strules Heel (size) (moterial)			<del>- </del>
16) and 30 250	<del></del>		
(size) (material) (6) pump 30 250 (HP) (yield gpm)			
Electric			
(type power)			
(7) electric log	DISPOSITO		
(7) electric log yes or no)  Miss. Seo, Survey  (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	1300011	FR	
(organization running log)		45/11	
(a) Valve	MAR 3 0 00	TO TO	
(8) how well bottom plugged turpe	19/	8 7	_
	MISS BD. OF WATER	<del></del>	
DRILLERS REMARKS	WATER	COMME	
	T.		

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मान्यां सम्भाता वात्रावार स्वत्यक्षात्रात्राच्या व्यवस्था

# APPLICATION FOR PERMIT TO DIVERT OR VEGETAWAY FOR BENEFICIAL USE THE PUBLIC WATERS OF THIS PATE OF MISSISSIPPI

DEPARTMENT OF ENVIRONMENTAL QUALITY, OFFICE OF LAND AND WATER RESOURCES
P.O. BOX 10631, JACKSON, MS 39289-0631; (601) 961-5202

Experts   Property   Experts   Property   Experts   Property   P	This box is for office use only.	8-97 AGN		Office of Lend & F	Mental Quality Native Resources
Coast Warland  Ascis Furn No.  Basin No.  Dom Inv. No.  Dom Inv. No.  Dom Inv. No.  Dom Inv. No.  THIS APPLICATION IS FOR (Circle one): CROUNDWATER COMPLETE A,B,E  SURFACE WATER - COMPLETE A,B,E  SURFACE WA			Fee Paid: X		The state of the s
SCS furm No.   STAC.   MSDOH No.   Aquitar.   GROIP   Tract No.   Basin No.		Long. 89-22.59	Elev. 16	USGS No.	
Remarks:    Dans for No.	Quad. Waveland	ASCS Farm No.	STAC.	MSDOH No.	
THIS APPLICATION IS FOR (Circle one): NEW PERMIT  FINIS APPLICATION IS FOR (Circle one): NEW PERMIT  FINIS APPLICATION IS FOR (Circle one): GROUNDWATER COMPLETE A,C,D,E  SURFACE WATER - COMPLETE A,C,D,E  SURFICIAL USE (Circle one or more): 1) Public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In public Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Water 2) In Supply (Municipal) Rural Water, or Privaxe Wa	Aquifer: GRMFL	Tract No.		Basin No.	
SURFACE WATER - COMPLETE A,B,E  SURFACE WATER - COMPLETE A,C,D,E  SURFACE WATER - COMPLETE A,C,D,E  SURFACE WATER - COMPLETE A,C,D,E  SENEFICIAL USE (Circle one or more): 1) Public Supply Municipal Rural Water, or Privace Water 2) Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Restaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER: CITY OF WAYELAND (SSN or Tax ID No (SSN or Tax ID No (City) (Name) (SSN or Tax ID No (SSN or Tax ID	Remarks:			Dam Inv. No.	_
SURFACE WATER - COMPLETE A,B,E  SURFACE WATER - COMPLETE A,C,D,E  BENEFICIAL USE (Circle one or more): 1) Public Supply Municipal Rural Water, or Privace Water 2) Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Restaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER: CITY OF WAVELAND (Sand AVE (Address))  WAVELAND MS 395.76 (501 ) 467 - 9248  (City) (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE (State & Zip) (Telephone)  PO BOX 320, 301 COLEMAN AVE (State & Zip) (Telephone No.)  APPLICANT, AGENT, OR LESSEE (if different from Landownere):  SAME AS ABOVE (State & Zip) (Telephone)  Decation of diversion/withdyawal point (A syntable map with location pharked must accompany this application):  (Address)  CCITY) (State & Zip) (Telephone)  Decation of diversion/withdyawal point (A syntable map with location pharked must accompany this application):  (Address)  (City) (State & Zip) (Telephone)  Decation of diversion/withdyawal point (A syntable map with location pharked must accompany this application):  (Address)  (City) (State & Zip) (Telephone)  Decation of diversion/withdyawal point (A syntable map with location pharked must accompany this application):  (Address)  (City) (State & Zip) (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City) (State & Zip) (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID	THIS APPLICATION IS	FOR (Circle one): NEW P	ERMIT REN	EWAL PERMIT	NO MS-GW-04271
SURFACE WATER - COMPLETE A, C, D, E  BENEFICIAL USE (Circle one or more): 1) Public Supply Municipal Rural Water, or Privare Water 2) In Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, testaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER: CITY OF WAVELAND 690 550 369 (SSN or Tax ID No. (Name) (SSN or Tax ID No. (Name) (SSN or Tax ID No. (City) (State & Zip) (Telephone No.)  PO BOX 320, 301 COLEMAN AVE (Address)  WAVELAND MS 39576 (601 ) 467 - 9248 (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE (State & Zip) (Telephone)  (Name) (SSN or Tax ID No. (State & Zip) (Telephone)  (City) (State & Zip) (Telepho					
BENEFICIAL USE (Circle one or more): 1) Public Supply Municipal Rural Water, or Private Water 2) In Industrial 4) Fish Culture 5) Recreation 6) Institutional (eg. Church, School) 7) Commercial (eg. Hotel, Restaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER: CITY OF WAYELAND 690 550 369 (SSN or Tax ID No. (Name) (Name) (SSN or Tax ID No. (City) (State & Zip) (Telephone No.)  P O BOX 320, 301 COLEMAN AVE (Address)  WAYELAND MS 39576 (601) 467 - 9248 (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE (State & Zip) (Telephone)  City) (State & Zip) (Telephone)  SAME AS ABOVE (SSN or Tax ID No.					
Industrial   4   Fish Culture   5   Recreation   6   Institutional (eg. Church, School)   7   Commercial (eg. Hotel, testaurant)   8   Fire Protection   9   Livestock   10   Flood Protection   11   Other:	BENEFICIAL USE (Circl				Water Water 20 I i ii
restaurant) 8) Fire Protection 9) Livestock 10) Flood Protection 11) Other:  SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER:  CITY OF WAVELAND  (Name)  P O BOX 320, 301 COLEMAN AVE  WAVELAND  MS 39576  (Gity)  (Gity)  City)  City)  City  Completed one  City  City  City  City  City  City  City  City  Completed one  City					
SECTION A (to be completed by ALL APPLICANTS)  ANDOWNER:  CITY OF WAVELAND  P O BOX 320, 301 COLEMAN AVE  (Address)  WAVELAND  MS 39576  (City)  (State & Zip)  (Telephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS AROVE  (Name)  SAME AS AROVE  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City)  (Address)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City)  (Address)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (City)  (Address)  (City)  (Address)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (Address)  (City)  (SSN or Tax ID No.  (Address)  (Address)  (City)  (State & Zip)  (Telephone No.)  (Telephone No.)  (Telephone No.)  (Telephone No.)  (SSN or Tax ID No.  (Address)  (Address)  (City)  (SSN or Tax ID No.  (Address)  (SSN or Tax ID No.  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (SSN or Tax ID No.  (Address)  (City)  (Address)  (City)  (State & Zip)  (Telephone No.)  (Telephone No.)  (Telephone No.)  (Telephone No.)  (SSN or Tax ID No.  (SSN or Tax ID No.  (SSN or Tax ID No.  (Address)  (SSN or Tax ID No.  (Address)  (SSN or Tax ID No.  (Address)  (City)  (Address)  (Address)  (City)  (Address)  (City)  (Address)  (City)  (Address)  (City)  (Address)  (Ad		,			iercial (eg. Hotel, Casin
ANDOWNER: CITY OF WAVELAND (Name)  P O BOX 320, 301 COLEMAN AVE  WAVELAND  MAYELAND  M	, ,	,,,		iner:	
P O BOX 320, 301 COLEMAN AVE	SECTION A (to be $c$	ompleted by ALL APPLICANT	S)		
P O BOX 320, 301 COLEMAN AVE	ANDOWNER:CII	Y OF WAVELAND			690 650 369
WAYELAND  (City)  (State & Zip)  (Felephone No.)  PPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE  (Name)  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (City)  (Telephone)  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Address)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Address)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Address)  (City)  (Address)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (SSN or Tax ID No.)  (Address)  (City)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (SSN or Tax ID No.)  (Telephone)  (Telephone  (SSN or Tax ID No.  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (Telephone  (Telephone)  (Telephon	(Name)				(SSN or Tax ID No.)
WAVELAND  WAVELAND  WAVELAND  (City)  (State & Zip)  (Telephone No.)  WAVELANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE  (Name)  SAME AS ABOVE  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.)  (City)  (City)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (SSN or Tax ID No.)  (Address)  (City)  (Cit	P 0	BOX 320, 301 COLEMAN /	AVE		
PPLICANT, AGENT, OR LESSEE (if different from Landowner):  SAME AS ABOVE  (Name)  SAME AS ABOVE  (Name)  (Address)  (City)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (Telephone)  (County HANCOCK  (SSN or Tax ID No.)  (Address)  (City)  (City)  (State & Zip)  (Telephone)  (Telephone)  (Telephone)  (Telephone)  (County HANCOCK  (Telephone)  (City)  (State & Zip)  (Telephone)  (City Of water other than that for which you are now applying (circle one)? YES NO If yes, do nature and amount of any additional supply and, if applicable, list permit number.  (ECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER: HICCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  (If well has already been drilled, when was well completed (date)? MARCH 27 , 19.78. Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798	(Address)				•
PPLICANT, AGENT, OR LESSEE (if different from Landowner):    SAME AS ABOVE   (SSN or Tax ID No.	(City)	ELAND MS 39	9576	(601) 4	67 - 9248
(Name)  SAME AS ABOVE  (Name)  (Address)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (Address)  (City)  (City)  (State & Zip)  (Telephone)  (Address)  (City)  (City)  (State & Zip)  (Telephone)  (County HANCOCK  (SSN or Tax ID No.)  (Address)  (City)  (City)  (City)  (State & Zip)  (Telephone)  (County HANCOCK  (State & Zip)  (Telephone)  (County HANCOCK  (City)  (County HANCOCK  (County HANCOCK  (County HANCOCK  (County HANCOCK  (City)  (County HANCOCK  (County HANCOCK  (County HANCOCK  (County HANCOCK  (County HANCOCK  (County HANCOCK  (County HANCOCK)  (County HANCOCK  (County HANCOCK)  (County HANCOCK)  (County HANCOCK  (County HANCOCK)  (County HANCOCK)	•		.,	(Telephone No.)	
(SSN or Tax ID No.  (Address)  (City)  (County HANCOCK  The Manual And the Manual And the County HANCOCK  The Manual And the Mis application pertains have any source(s) of water other than that for which you are now applying (circle one)? VES NO If yes, do nature and amount of any additional supply and, if applicable, list permit number.  ECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER:  MHOCENE SAND  MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  Proposed work will begin on N/A 19 and will be completed by N/A 19 fivell has already been drilled, when was well completed (date)? MARCH 27 , 19 78 Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798 reet. DRILLER:  LAYNE CENTRAL  (b) SURFACE CASING: Length 670 feet; Diameter 12 inches; Type MELDED STEFL  (c) SCREEN: Length 60 feet; Diameter 8 inches; Type STAINLESS STEFL  (d) PUMP: Type FLOMAY; Size 10 ; Capacity 630 gallons per minute; Setting depth 120  (e) POWER UNIT: Type G.F.; Size 50 horse;  PERMITTED VOLUME:  (a) acre-feet per year at a maximum rate of gallons per no gallons per	T DICANT, AGENT, O		_andowner):		
(City) (State & Zip) (Telephone)  (Telephone  (Telephone)  (Telephone  (Telephone)  (Telephone  (Telephone  (Telephone)  (Telephone  (T	(Name)	SAME AS ABOVE		<del></del>	(SSN or Tay ID No.)
(City) (State & Zip) (Telephone)  Decation of diversion/withdrawal point (A suitable map with location marked must accompany this application):  WW 1/4 of the NE 1/4 of Section 3 , Township 9S , Range 14W County HANCOCK  Township 14W Ancock Parke	of			`	,0014 01 Tax 1D 140.)
protection of diversion/withdy awal point (A surfable map with location marked must accompany this application)?    MW   1/4 of the NE   1/4 of Section 3   Township 9S   Range 14W   County   HANCOCK	(Address)				
pocation of diversion/withdy awal point (A surfable map with location marked must accompany this application)?    NW   1/4 of the NE   1/4 of Section 3   Township 9S   Range 14W   County   HANCOCK	· <i>y</i> · .				
proposed work will begin on	(City)	/ (Star	e & Zip)	(Telephone)	
AW 1/4 of the NE 1/4 of Section 3 , Township 9S , Range 14W County HANCOCK  es 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, of nature and amount of any additional supply and, if applicable, list permit number.  ECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER: MIOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  Proposed work will begin on N/A 19 , and will be completed by N/A 19 , I9 If well has already been drilled, when was well completed (date)? MARCH 27 , I9 78 . Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798	ocation of diversion/withdraw:				ation¥
es 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, denote and amount of any additional supply and, if applicable, list permit number.  ECTION B (to be completed for GROUNDWATER SOURCE)  AQUIFER: MHOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  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)? MARCH 27 , 19 78 Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798	<u>NW</u> 1/4 of the <u>NF</u> 1/4 of	Section 3 , Township C	S, Range 14W	County HANCO	אר
AQUIFER: MIOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  Proposed work will begin on N/A 19 , and will be completed by N/A 19 , I9 MARCH 27 , I9 78 Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798   Leet. DRILLER: LAYNE CENTRAL  (b) SURFACE CASING: Length 670   feet; Diameter 12   inches; Type WELDED STEEL  (c) SCREEN: Length 60   feet; Diameter 8   inches; Type STAINLESS STEEL  (d) PUMP: Type FLOWAY; Size 10 ; Capacity 630   gallons per minute; Setting depth 120  (e) POWER UNIT: Type G.F. ; Size 50   horsep  PERMITTED VOLUME:  (a) A acre-feet per year at a maximum rate of gallons per ni  (CONTINUED ON RACK)	es the land to which this application pe	rtains have any source(s) of water other the	han that for which you are	now applying (circle on	e)? YES NO If yes, describ
AQUIFER: MIOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  Proposed work will begin on N/A , 19 , and will be completed by N/A , 19 , and will be completed by N/A , 19 . If well has already been drilled, when was well completed (date)? MARCH 27 , 19 78  Under whose name well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798  Ineet. DRILLER: LAYNE CENTRAL  (b) SURFACE CASING: Length 670  feet; Diameter 12  inches; Type WELDED STEEL  (c) SCREEN: Length 60  feet; Diameter 8  inches; Type STAINLESS STEEL  (d) PUMP: Type FLOWAY; Size 10 ; Capacity 630 gallons per minute; Setting depth 120  (e) POWER UNIT: Type G.F. ; Size 50  horses  PERMITTED VOLUME:  (a) 31 22-91 million gallons per day at a maximum rate of gallons per no gallons per	nature and amount of any additional st	apply and, if applicable, list permit numb	er		
AQUIFER: MIOCENE SAND MISSISSIPPI DEPARTMENT OF HEALTH NO.: 230002  Proposed work will begin on N/A , 19 , and will be completed by N/A , 19 , and will be completed by N/A , 19 . If well has already been drilled, when was well completed (date)? MARCH 27 , 19 78	ECTION D				
Proposed work will begin on	ECTION B (to be co	mpleted for GROUNDWATER	SOURCE)		
Proposed work will begin onN/A	AQUIFER: MIOCENE SA	MISSISSIP	PI DEPARTMENT	OF HEALTH NO.	230002
If well has already been drilled, when was well completed (date)? MARCH 27 , 19 78 Under whose nam well originally drilled (if known)? CITY OF WAVELAND  Description of proposed or completed well:  (a) DEPTH OF WELL: 798   reet. DRILLER: LAYNE CENTRAL  (b) SURFACE CASING: Length 670   feet; Diameter 12   inches; Type WELDED STEEL  (c) SCREEN: Length 60   feet; Diameter 8   inches; Type STAINLESS STEEL  (d) PUMP: Type FLOWAY; Size 10 ; Capacity 630 gallons per minute; Setting depth 120  (e) POWER UNIT: Type G.F. ; Size 50   horsep  PERMITTED VOLUME:  (a) 31   22-97   million gallons per day at a maximum rate of gallons per no gall	Proposed work will begin on _	N/A 19	_, and will be comp	leted by N/A	
well originally drilled (if known)?	If well has already been drilled	, when was well completed (date)	?_MARCH 27	, 19 78	Under whose name wa
(a) DEPTH OF WELL: 798   neet. DRILLER: LAYNE CENTRAL  (b) SURFACE CASING: Length 670   feet; Diameter 12   inches; Type WELDED STEEL  (c) SCREEN: Length 60   feet; Diameter 8   inches; Type STAINLESS STEEL  (d) PUMP: Type FLOWAY; Size 10 ; Capacity 630   gallons per minute; Setting depth 120    (e) POWER UNIT: Type G.F. ; Size 50   horsep  PERMITTED VOLUME:  (a) 90   acre-feet per year at a maximum rate of gallons per m  (b) 31   22-91   million gallons per day at a maximum rate of gallons per m	well originally drilled (if know	n)? <u>CITY OF WAVELAND</u>	· · · · · · · · · · · · · · · · · · ·		
(b) SURFACE CASING: Length 670 feet; Diameter 12 inches; Type WELDED STEEL (c) SCREEN: Length 60 feet; Diameter 8 inches; Type STAINLESS STEEL (d) PUMP: Type FLOWAY; Size 10; Capacity 630 gallons per minute; Setting depth 120 (e) POWER UNIT: Type G.F.; Size 50 horser  PERMITTED VOLUME: (a) gallons per n  (b) 31 22-91 million gallons per day at a maximum rate of gallons per n  (CONTINUED ON RACK)					
(c) SCREEN: Length 60 feet; Diameter 8 inches; Type STAINLESS STEEL (d) PUMP: Type FLOWAY; Size 10; Capacity 630 gallons per minute; Setting depth 120 (e) POWER UNIT: Type G.E.; Size 50 horsep  PERMITTED VOLUME:  (a) gallons per m  (b) 31 care-feet per year at a maximum rate of gallons per m  (CONTINUED ON RACK)	(a) DEPTH OF WELL:	798 jeet. DR	ILLER: <u>LAYN</u>	E CENTRAL	
(d) PUMP: TypeFLOWAY; Size10; Capacity630gallons per minute; Setting depth120	(b) SURFACE CASING: Leng	th <u>670</u> feet; Diar	meter12	inches; Type	WELDED STEEL
(e) POWER UNIT: TypeG_F	(c) SCREEN: Length60	feet; Diameter	i	nches; Type <u>STAI</u>	NLESS STEEL
PERMITTED VOLUME:  (a) acre-feet per year at a maximum rate of gallons per n  (b) 31	(d) PUMP: Type FLOWAY	; Size10; Capac	ity <u>630</u> gallon	s per minute; Setting	g depth <u>120</u> fee
(a) acre-feet per year at a maximum rate of gallons per n (b) 31		i.E	; Size	50	horsepowe
(b) 31 (22.91) million gallons per day at a maximum rate of 630 gallons per n		•			
26 (CONTINUED ON RACK)	(a) 971 (b) 31	acre-feet per year at a maximu	m rate of	1.25	gallons per minute
(CONTINUED ON BACK)	_	•		() D'U	gallons per minut
1 1 1000	135	· ·	•	630	

#### or SURFACE WATER SOURCE) 1. Source of water is from (major stream or river) 2. Discription of pump diversion works no Pump (size & type): \_\_\_\_ Power Unit (size & type): \_\_\_ gallons per minute \_\_\_\_\_feet Maximum capacity: \_\_\_ \_acre-feet per year at a maximum rate of \_ SECTION D (to be completed for SURFACE WATER IMPOUNDMENTS {DAMS} on continuously flowing streams) Dam Height: \_ 1. Name of storage reservoir: \_ Storage capacity at normal pool: \_\_\_\_\_acre-feet 2. Surface area at normal pool: \_ 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\_\_\_ ; Soybeans\_\_\_\_; Pasture\_\_\_\_; Truck\_\_\_\_; Wheat\_\_\_ Other (specify)\_\_\_ A. Method of Irrigation (circle one) - Center Pivot Flood Furrow B. Land Condition (circle one) - Precision Land Formed Smoothed C. ASCS Farm 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) 4. INDUSTRIAL: If the water is to be released into a watercourse, indicate the amount released each year Rate of release 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: \_\_\_\_\_ 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 The accompanying map is hereby declared a part of this application. (Name) For irrigation and fish culture use, an ASCS photograph is required. P O BOX 320, 301 COLEMAN AVE The TEN DOLLAR (\$10.00) permit fee is enclosed herewith. (Address) WAVELAND MS 39576-0320 (City, State, Zip) 601-467-9248

Notice Public State of Mississippi At Large My Mockenimission Expires: September 8, 1998 BCBOEDED THRU HEIDEN-MARCHETTI, INC.

My commission expires

Notary Public.

# DEPARTMENT OF ENVIRONMENTAL QUALITY - OLWR PUBLIC SUPPLY WELLS PROJECT

## GPS LOG

USER NAME(S): Stempt Eventh DATE: 10/12/45
UNIT DEQ #: FILE #: <u>A1012 196</u>
HEALTH DEPT. #: _230002-63 ELEV17'
USGS #: K349 (missing) OLWR #: 6w04271
OWNER:QUAD:
LOCATION: NW-NE-NE S 3 T 75 R 140 COUNTY: Homenday
LOCATION DESCRIPTION: The Dan Bear of treatment plant
CASING DIA: PUMP TYPE & SIZE: Turbine
GPS FIELD LOCATION: LAT. 30 17.800 LONG. 89° 22.9/7
GPS CORRECTED LOCATION: LAT. 30.29677778 LONG. 89.38235544
REMARKS:

