

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2307
Jackson, MS 39225
(601)961- 5210
(601)961- 5228 (fax)

County: Claiborne

Permit #: _____

Driller: Walker-Hill Environmental, Inc.

Date drilling completed: 8/16/09

For Office Use Only:

Aquifer: _____

Well #: F69

L. S. Elevation: _____

E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Grand Gulf Nuclear Station</u>	Latitude: <u>32 ° 00 ' 40 "</u> Longitude: <u>91 ° 02 ' 57 "</u>
Mailing Address: <u>7003 Bald Hill Rd.</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>PO Box 756</u>	<input checked="" type="radio"/> USGS quad <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Port Gibson MS 39150</u>	<u>SE 1/4 NW 1/4 Sec 12 TwN 12N Rng 2E</u>
City State Zip Code	<u>TR</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>5 Miles NW of Port Gibson</u>
Well / Borehole Data	
Date drilling started: <u>8/12/09</u> Date drilling completed: <u>8/16/09</u> Hole depth: <u>300'</u> Hole diameter: <u>8"</u>	
Location of the source of any surface water used for drilling: <u>Grand Gulf Nuclear Facility</u>	
Method of dosing and volume of Chlorine used in drilling and development: <u>N/A</u>	
Logs run (circle all applicable) <input checked="" type="radio"/> No log run <input type="radio"/> Electric <input type="radio"/> Gamma Ray <input type="radio"/> Density <input type="radio"/> Sonic <input type="radio"/> Neutron <input type="radio"/> Other: _____	
Name of organization running log(s): <u>No log run</u>	
Purpose of borehole (check one): Water Well ___ Geotechnical/Geological Investigation <input checked="" type="checkbox"/> Ground Source Heat Pump ___	
Seismic Survey ___ Other (describe) <u>Cathodic Protection Well</u>	
If drilling is not related to water well construction, skip the remainder of this block	
Purpose of Well (check one): Home ___ Industrial ___ Public Supply ___ Irrigation ___ Fish Culture ___ Other: <u>cathodic</u>	
If a flowing well, method of flow regulation: Valve ___ N/A ___ Other (describe) _____	
Static Water Level: <u>Not encountered</u> feet above or below (circle one) land surface Date measured: _____	
Method of Measurement (circle one) steel tape electric tape air line other: _____	
Well depth: <u>300</u> Well grouted to a depth of <u>25</u> feet Type of grout (circle one): <input checked="" type="radio"/> Neat Cement <input type="radio"/> Bentonite <input type="radio"/> Mix	
Casing length: _____ feet Casing diameter: _____ inches Type of casing: _____	
Screen length: _____ feet Screen diameter: _____ inches Type of screen: _____	
Screen slot size: _____ inches Setting depth: From _____ feet to _____ feet	
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development	
Other (describe): <u>Cement/Bentonite slurry</u>	
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on next page	

Form: OLWR-SWR-1A (04/08)

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