File	BI-			
- 1184	1/162			

4NZIWO3BDD **WELL LOG REPORT** State law requires that the Bureau's copy be filed by the water well driller within 60 days after completion of the well 110913 Duration of test: Pumping time Habbeshan Recovery time ______Recovery water level _ 2. CURRENT MAILING ADDRESS pumping stopped. Wells intended to yield 100 gpm or more shall be tested for a period of 8 hours or more. The test shall follow the development of the well, and shall be conducted continuously at a constant discharge at least as great as the intended appropriation. In addition to the above information, water level data shall be collected and recorded on the Department's "Aquifer Test Data" form. Camas Hamilton 207 3. WELL LOCATION SF 1/4 NW 1/4 Section form NOTE: All wells shall be equipped with an access port ½ inch minimum or a pressure gauge that will indicate the shut-in pressure of a flowing well. Removable caps are acceptable as access ports. Township_ N/S Range 21 ENV) County Pavalli Govn't Lot _, or Lot . Subdivision Name 11. WAS WELL PLUGGED OR ABANDONED? Tract Number_ If yes, how? 4. PROPOSED USE: Domestic 🖳 Irrigation Other I specify_ 12. WELL LOG Depth (ft.) 5. TYPE OF WORK: From New well Method: Dug Bored Deepened Cable П Driven 5940 Reconditioned Rotary D Jetted 10 40 grave 6. DIMENSIONS: Diameter of Hole Dia. _____ in. from _____O ft. to _ in. from _ ft. to_ ft _ in. from _ 7. CONSTRUCTION DETAILS: Casing; Steel Dia. $from \pm 2$ Threaded
Welded Dia.__ from_ ft. to Type A 53 0 Wall Thickness_ Casing; Plastic Dia._ from ft. to Weight_ Dia. from_ PERFORATIONS: Yes No 🖫 Type of perforator used ___ Size of perforations __ _in. by _ _ perforations from _ ft. to_ ft. perforations from ft. to _ perforations from _ ft. to SCREENS: Yes 🗆 Manufacturer's Name_ Slot size _ from ___ _____ ft. to _ Dia. Slot size _ from_ _ft. to_ ft. GRAVEL PACKED: Yes 🗆 No 🗟 Size of gravel _ Gravel placed from _ ft. to_ ft. GROUTED: To what depth? Batonite Material used in grouting _ 8. WELL HEAD COMPLETION: ATTACH ADDITIONAL SHEETS IF NECESSARY Manufacturer's name _ 13. YELLOWSTONE CLOSURE AREA: WATER TEMPERATURE _ Model No. HP.

9. PUMP (if installed)

10. WELL TEST DATA

The information requested in this section is required for all wells. All depth measurements shall be from the top of the well casing.

All wells under 100 gpm must be tested for a minimum of one hour and provide the following information:

a) Air ______ Pump _____ Bailer

_ Pump Static water level immediately before testing. ing; closed-in pressure _____ _psi._ Flow controlled by: __ valve,_ reducers, other, (specify) ______ Depth at which pump is set for test ____

The pumping rate: _ _gpm. Pumping water level pumping began.

14. DATE COMPLETED May

15. DRILLER/CONTRACTOR'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION

1520 EAST SIXTH AVENUE

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