

15 N 22 W 10 PA

114882

WELL LOG REPORT

File No. _____

State law requires that the Bureau's copy be filed by the water well driller within 60 days after completion of the well.

1. WELL OWNER
Name JERRY MAY

2. CURRENT MAILING ADDRESS
541 E. Beckwith
MISSOULA MT.

3. WELL LOCATION
Township 27 N/S Range 15 EW County _____
Gov'n't Lot _____, or Lot _____, Block _____
Subdivision Name _____
Tract Number _____

4. PROPOSED USE: Domestic Stock Irrigation
Other specify _____

5. TYPE OF WORK:
New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

6. DIMENSIONS: Diameter of Hole
Dia. 8" in. from 0' ft. to 300' ft.
Dia. _____ in. from _____ ft. to _____ ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing: Steel Dia. 6" from +2 ft. to 300' ft.
Threaded Welded Dia. _____ from _____ ft. to _____ ft.
Type A53B Wall Thickness .250
Casing: Plastic Dia. _____ from _____ ft. to _____ ft.
Weight _____ Dia. _____ from _____ ft. to _____ ft.
PERFORATIONS: Yes No
Type of perforator used _____
Size of perforations 1/4" in. by 1 1/2" in.
648 perforations from 1270 ft. to 300 ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
SCREENS: Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
GRAVEL PACKED: Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.
GROUTED: To what depth? 25 ft.
Material used in grouting Bentonite powder

8. WELL HEAD COMPLETION:
Pitless Adapter Yes No

9. PUMP (if installed)
Manufacturer's name Goolds
Type Submers. Model No. 56507 HP 3/4

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 _____
b) Static water level immediately before testing _____ ft. If flowing; closed-in pressure _____ psi. _____ gpm.
Flow controlled by: _____ valve, _____ reducers, _____ other, (specify) _____
c) Depth at which pump is set for test _____
d) The pumping rate: 2 gpm.
e) Pumping water level _____ ft. at _____ hrs. after pumping began.

f) Duration of test: Pumping time 1 hrs.
g) Recovery time _____ hrs.
h) Recovery water level _____ ft. at _____ hrs. after 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.
NOTE: All wells shall be equipped with an access port 1/2 inch minimum or a pressure gauge that will indicate the shut-in pressure of a flowing well. Removable caps are acceptable as access ports.

11. WAS WELL PLUGGED OR ABANDONED? Yes No
If yes, how? _____

12. WELL LOG

Depth (ft.)		Formation
From	To	
0	50	CLAY - ORANGISH - FATTY
		GRAVELS - multi color - coarse
50	55	CLAY - DARK BROWN - HARD
55	60	CLAY - light brown - med
60	80	CLAY - DARK BROWN - HARD
80	190	CLAY - DARK BROWN - HARD with silty sand - fine
190	210	Shale - Black - HARD
210	220	GRAVELS - multicolor - coarse - with silty sand
220	260	CLAY - DARK BROWN - HARD
260	275	GRAVELS - GRAY - coarse
275	285	GRAVELS - BROWN - coarse with 1/2 gal. mil. water
285	300	Shale - GRAY + GREEN - HARD Fractured with water

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NOV 30 1995
MONTANA D.N.R.C.
KALISPELL REGIONAL OFFICE

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. DATE COMPLETED 10-20-95

14. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.
Date 10-27-95
Firm Name Krass Drilling + Pump Svc.
Address P.O. Box 38 Thompson Falls MT
Signature Harlow L. Krass License No. 481

M: 153302