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19N 16W 21 AB

121446

Form No. 603 (R 2-89)

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 Robert Russell

2. CURRENT MAILING ADDRESS
HC 31 Box 1706
Condon, MT 59826

3. WELL LOCATION
_____ ¼ NW ¼ NE ¼ Section 21
Township 19 N/S Range 16 E/W County Missoula
Govn't Lot _____, or Lot _____, Block _____
Subdivision Name _____
Tract Number _____

4. PROPOSED USE: Domestic ☒ Stock ☐ Irrigation ☐
Other ☐ specify _____

5. TYPE OF WORK:

		Method:	Dug	Bored	Driven	Jetted
New well	☒					
Deepened	☐		Cable ☐			
Reconditioned	☐		Rotary ☒			

6. DIMENSIONS: Diameter of Hole
Dia. 6 in. from 0 ft. to 160 ft.
Dia. _____ in. from _____ ft. to _____ ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6 5/8 from +1½ ft. to 120 ft.
Threaded ☐ Welded ☒ Dia. _____ from _____ ft. to _____ ft.
Type ASTM Wall Thickness .350
Casing; Plastic Dia. 4" from 100 ft. to 160 ft.
Weight 17.02 Dia. _____ from _____ ft. to _____ ft.
PERFORATIONS: Yes ☒ No ☐
Type of perforator used factory slotted pipe
Size of perforations 1/4 in. by 3 in.
_____ perforations from 140 ft. to 160 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? Sealed per rule ft.
Material used in grouting 36-21-654

8. WELL HEAD COMPLETION:
Pitless Adapter ☐ Yes ☒ No

9. PUMP (if installed)
Manufacturer's name _____
Type _____ Model No. _____ HP. _____

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 50 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: 10 gpm.
e) Pumping water level _____ ft. at _____ hrs. after pumping began.
f) Duration of test: Pumping time 2 hrs.
g) Recovery time 1/2 hrs.
h) Recovery water level 50 ft. at 1/2 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 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.

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

12. WELL LOG PK

Depth (ft.) From	To	Formation
0		

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. DATE COMPLETED 1-15-97

14. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

3-15-97
Date

Firm Name MARTIN DRILLING
Address P. O. Box 873
Seeley Lake, MT 59868
(406) 677-2746

Signature William R. Martin 289
License No.