

27 N20W27

1118071

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 Lloyd Meissenburg

2. CURRENT MAILING ADDRESS
135 Siderius Ln
Bigfork, MT. 59911

3. WELL LOCATION
_____ 1/4 _____ 1/4 _____ 1/4 Section 27
Township 27 N/S Range 20 W County Flathead
Gov'n't Lot _____, or Lot 28, Block _____
Subdivision Name Mapport Harbor
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. 10 in. from 0 ft. to 20 ft.
Dia. 6 in. from 20 ft. to 137 ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6 from 12 ft. to 135 ft.
Threaded Welded Dia. _____ from _____ ft. to _____ ft.
Type 453-B 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 _____ in. by _____ in.
_____ perforations from _____ ft. to _____ 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? 20 ft.
Material used in grouting BENTONITE

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 _____ ft. If flowing; closed-in pressure _____ psi. _____ gpm.
Flow controlled by: _____ valve, _____ reducers, _____ other, (specify) _____
c) Depth at which pump is set for test 120
d) The pumping rate: 60 gpm.
e) Pumping water level 60 ft. at 2 1/2 hrs. after pumping began.

f) Duration of test: Pumping time 2 1/2 hrs.
g) Recovery time 1/4 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	8	WET sandy clay
8	22	WET silty sand
22	28	✓ silt
28	36	✓ ✓ + SAND
36	80	✓ ✓
80	123	WET silty clay + GRAVEL
123	130	Silt sand + gravel water 100+ gpm (would not clear)
130	134	SAND, GRAVEL, boulders + water
134	137	Rock + water
		PH

RECEIVED
MAY 10 1995

MONTANA D.N.R.C.
KALISPELL REGIONAL OFFICE

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. DATE COMPLETED 8-12-93

14. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.
Date _____
Firm Name Castillo Drilling Co., Inc
Address P.O. Box 159, Polson, MT. 59830
Signature Andrew Roberts License No. 046

M:150715 BM