MONTANA WELL LOG REPORT

Form No. 603 R2-99

Well ID# 7092

This log reports the activities of a licensed Montana well driller and serves as the official record of work done within the borehole and casing and describes the amount of water encountered. **This form is to be completed by the driller and filed with DNRC within 60 days of completion of the work. Acquiring Water Rights is the well owner's responsibility and is not accomplished by the filing of this report.**

Well log information is stored in the Groundwater Information Center at the Montana Bureau of Mines and Geology (Butte) and water right information is stored in the Water Rights Bureau records (Helena).

For fields that are not applicable, enter NA. Optional fields have a grayed background. Record additional information in the REMARKS section.

1. WELL OWNER:
Name SLINGER L. JONES
Mailing address P.O. BOX 1426
STEVENSVILLE, MT. 59870

2. WELL LOCATION List ¼ from smallest to largest
____ ¼ ____ ¼ SW ¼ SE ¼, Section 25
Township 7 N/S Range 21 E/W County RAVALLI
Lot ____ , Tract/Blk ____ Subdivision Name
Well Address ____
GPS ☐ Yes ☐ No
Latitude ____ Longitude ____
Error as reported by GPS locator (± feet) ____
Horizontal datum ☐ NAD27 ☐ WGS84

3. PROPOSED USE: ☒ Domestic ☐ Stock ☐ Irrigation
☐ Public water supply ☐ Monitoring Well ☐ Other:

4. TYPE OF WORK:
☐ New well ☐ Deepen existing well ☐ Abandon existing well
Method: ☐ Cable ☒ Rotary ☐ Other: ____

5. WELL CONSTRUCTION DETAILS:
Borehole:
Dia. 6" in. from 0 ft. to 30 ft.
Dia. ____ in. from ____ ft. to ____ ft.
Dia. ____ in. from ____ ft. to ____ ft.

Casing:
Steel: Wall thickness .250 ☐ Threaded ☒ Welded
Dia. 6" in. from +2 ft. to 38 ft.
Dia. ____ in. from ____ ft. to ____ ft.

Plastic: Pressure Rating ____ lbs. ☐ Threaded ☐ Welded
Dia. ____ in. from ____ ft. to ____ ft.

Perforations/Slotted Pipe:
Type of perforator used T/S
Size of perforations/slots 5 in. by 5/32 in.
12 no. of perforations/slots from 30 ft. to 35 ft.
____ no. of perforations/slots from ____ ft. to ____ ft.

Screens: ☐ Yes ☒ No
Material ____
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.

Packer: ☐ Yes ☒ No
Type ____ Depth(s) ____

Grout: Material used BENTONITE
Depth from 0 ft. to 16 ft. OR ☐ ☒ Continuous feed

6. WELL TEST DATA:
A well test is required for all wells. (*See details on well log report cover.*)

☐ Static water level ____ ft. below top of casing or
☐ Closed-in artesian pressure ____ psi.

How was test flow measured:
bucket/stopwatch, weir, flume, flowmeter, etc ____

Yellowstone Controlled Groundwater Area - Water Temperature ____ °F

☐ AQUIFER TEST DATA FORM ATTACHED

Test - 1 hour minimum
Drawdown is the amount water level is lowered below static level.
All depth measurements shall be from the top of the well casing.
Time of recovery is hours/minutes since pumping stopped.

Air test*
60 gpm with drill stem set at 35 ft. for 1.5 hours
Time of recovery ____ hrs/min. Recovery water level 5 ft.

OR Bailer test*
____ gpm with ____ ft. of drawdown after ____ hours
Time of recovery ____ hrs/min. Recovery water level ____ ft.

OR Pump test*
Depth pump set for test ____ ft.
____ gpm pump rate with ____ ft. of drawdown after ____ hrs pumping
Time of recovery ____ hrs/min. Recovery water level ____ ft.

OR Flowing Artesian*
____ gpm for ____ hours
Flow controlled by ____

**During the well test the discharge rate shall be as uniform as possible. This rate may or may not be the sustainable yield of the well. Sustainable yield does not include the resevoir of the well casing.*

7. WELL LOG:

Depth, Feet From	Depth, Feet To	Material: color/rock and type/descriptor (example: blue/shale/hard, or brown/gravel/water, or brown/sand/heaving)
0	4'	TOP SOIL
4'	30	GRAVEL, BROWN, TAN W/S

☐ ADDITIONAL SHEETS ATTACHED

8. DATE WELL COMPLETED: 3/4/05

9. REMARKS: ____

10. DRILLER/CONTRACTOR'S CERTIFICATION:
All work performed and reported in this well log is in compliance with the Montana well construction standards. This report is true to the best of my knowledge.

Name, firm, or corporation (print) SLINGER DRILLING
Address 897 McWILLIAMS DR. CORVALLIS, MT.
Signature ____
Date 3/8/05 License no. 7518