03N21W11BC

MONTANA WELL LOG REPORT

Form No. 603 R2-99 Well ID# _____

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 Vintage Construction
Mailing address P.O. Box 100
Darby Montana 59829

2. WELL LOCATION: List ¼ from smallest to largest
____ ¼ ____ ¼ SW ¼ NW ¼, Section 11
Township 3(0)N/S Range 21E/W County Ravalli
X 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. 8" in. from 0 ft. to 20 ft.
Dia. 6 7/8 in. from 20 ft. to 40 ft.
Dia. _____ in. from _____ ft. to _____ ft.

Casing:
Steel: Wall thickness .250 ☐ Threaded ☒ Welded
Dia. 6" ID in. from +18" ft. to 40 ft.
Dia. _____ in. from _____ ft. to _____ ft.

Plastic: Pressure Rating N/A lbs. ☐ Threaded ☐ Welded
Dia. _____ in. from _____ ft. to _____ ft.

Perforations/Slotted Pipe: N/A
Type of perforator used _____
Size of perforations/slots _____ in. by _____ in.
____ no. of perforations/slots from _____ ft. to _____ 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 50#
Depth from 0 ft. to 20 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 20 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* 25 gpm with drill stem set at 33 ft. for 1 hours
Time of recovery _____ hrs/min. Recovery water level _____ 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: PE

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	24	Gravel/SAND
24	28	SAND
28	40	Gravel/SAND w/B
		TD 40'

RECEIVED
JUN 01 2004
M.B.M.G.

☐ ADDITIONAL SHEETS ATTACHED

8. DATE WELL COMPLETED: Apr 2, 2004

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) Advanced Well Drilling
Address 3129 Eastside Hwy Stevensville
Signature _____
Date Apr 2, 2004 License no. #1619

Montana DNRC P.O. BOX 201601 HELENA, MT 59620-1601 444-6610

MBMG ID# 211754

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