

KaliSpell

27N 34W28BB

SANDERS

Form No. 500-10-1-80

Corrected L.D.

WELL LOG REPORT

File No. KN-84118-00

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

[693552]

1. WELL OWNER <u>DOUGLAS GULL</u> Name <u>DOUGLAS GULL</u>		Duration of test: Pumping time <u>3</u> hrs. Recovery time <u>5</u> hrs. Recovery water level <u>125</u> ft. at <u>5</u> hrs. after pumping stopped.	
2. CURRENT MAILING ADDRESS <u>97 GORDON</u> <u>PO BOX DRIVE HELENA, MT</u>		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 aquifer pressure of a flowing well. Removable caps are acceptable as access ports.	
3. WELL LOCATION <u>NW NW 59899</u> <u>1/2 1/2 1/2 1/2</u> Section <u>18</u> Township <u>27</u> N. Range <u>34</u> W. County <u>SANDERS</u> Gov't Lot <u>3</u> or Plat <u>3</u> Block <u></u> Subdivision Name <u>CALHOUN</u> Tract Number <u></u>		11. WAS WELL PLUGGED OR ABANDONED? Yes ☒ No ☐ If yes, how? <u></u>	
4. PROPOSED USE: Domestic ☒ Stock ☐ Irrigation ☐ Other ☐ specify <u></u>		12. WELL LOG Depth (ft.) From To Formation	
5. TYPE OF WORK: New well ☒ Method: Dug ☐ Bored ☐ Deepened ☐ Cable ☐ Driven ☐ Reconditioned ☐ Rotary ☒ Jetted ☐		0 10 SOIL, RED CLAY 10 25 GRAVEL, RED CLAY 25 45 YELLOW CLAY 45 275 ROCK WITH FRACTURES GATEK	
6. DIMENSIONS: Diameter of Hole Dia. <u>8</u> in. from <u>0</u> ft. to <u>20</u> ft. Dia. <u></u> in. from <u></u> ft. to <u></u> ft. Dia. <u></u> in. from <u></u> ft. to <u></u> ft.		PA	
7. CONSTRUCTION DETAILS: Casing: Steel ☒ Dia. <u>6 1/2</u> from <u>2</u> ft. to <u>50</u> ft. Threaded ☐ Welded ☒ Dia. <u></u> from <u></u> ft. to <u></u> ft. Type <u></u> Wall Thickness <u>3.50</u> Casing: Plastic ☐ Dia. <u></u> from <u></u> ft. to <u></u> ft. Weight <u></u> Dia. <u></u> from <u></u> ft. to <u></u> ft. PERFORATIONS: Yes ☐ No ☒ Type of perforator used <u></u> Slope of perforations <u></u> to <u></u> perforations from <u></u> ft. to <u></u> ft. perforations from <u></u> ft. to <u></u> ft. perforations from <u></u> ft. to <u></u> ft. SCREENING: Yes ☐ No ☒ Manufacturer's Name <u></u> Type <u></u> Model No. <u></u> Dia. <u></u> Slot size <u></u> from <u></u> ft. to <u></u> ft. Dia. <u></u> Slot size <u></u> from <u></u> ft. to <u></u> ft. GRAVEL PACKED: Yes ☐ No ☒ Size of gravel <u></u> Gravel placed from <u></u> ft. to <u></u> ft. GROUTED: <u></u> What depth? <u>18</u> ft. Material used in grouting <u>BENTONITE</u>		ATTACH ADDITIONAL SHEETS IF NECESSARY	
8. WELL HEAD COMPLETION: Pile Adapter ☐ Yes ☒ No		13. DATE COMPLETED <u>6-16-92</u>	
9. PUMP (if installed) Manufacturer's name <u></u> Type <u></u> Model No. <u></u> HP <u></u>		14. DRILLER/CONTRACTOR'S CERTIFICATION This well was drilled under my jurisdiction and this report is true to the best of my knowledge. <u>6-16-92</u> <u>CLARE WELLS DRILLING SERVICE</u> Firm Name <u>168 HUNTER RD. SUPERIOR, MT</u> Address <u>Signature of Dr. Jones</u> <u>ES</u> Signature License No.	
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. Wells yielding under 100 gpm must be tested for a minimum of one hour and provide the following information: a) Air ☒ Pump <u></u> Bailer <u></u> b) Static water level immediately before testing <u>106</u> ft. If flow ing: closed-in pressure <u></u> psi Flow controlled by: <u>1</u> valve, <u>1</u> reducers, <u></u> other (specify) c) Depth at which pump is set for test <u>275</u> d) The pumping rate <u>3</u> gpm. e) Pumping water level <u>275</u> ft. at <u>3</u> hrs. after pumping began.		MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION 1000 EAST NORTH AVENUE HELENA, MONTANA 59620-2201 444-0810	

DNRC

DEPARTMENT COPY

DRILLER: Please give this copy to the well owner to complete reverse side.
 OWNER: Complete reverse side and send to DNRC when the well is completed and the water has been used beneficially for the intended purpose.

M/132073