STATE OF MONTANA
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION
1424 9TH AVENUE P.O.BOX 201601 HELENA, MONTANA 59620-1601

GENERAL ABSTRACT

Processing of this Notice/Application has been suspended due to Montana Supreme Court Decisions. Contact DNRC for additional information.

Water Right Number: 76L 30020832 GROUND WATER CERTIFICATE
Version: 1 -- ORIGINAL RIGHT
Version Status: SUSPENDED

Owners: MICHAEL J OBLOY
65304 SNOWSHOE LN
SAINT IGNATIUS, MT 59865-9191

Priority Date: MARCH 3, 2006 at 01:51 P.M.

Enforceable Priority Date: MARCH 3, 2006 at 01:51 P.M.

Purpose (use): DOMESTIC

Maximum Flow Rate:

Maximum Volume:

Source Name: GROUNDWATER

Source Type: GROUNDWATER

Point of Diversion and Means of Diversion:

ID	Govt Lot	Qtr Sec	Sec	Twp	Rge	County
1		NWNENW	2	17N	19W	LAKE

Period of Diversion: JANUARY 1 TO DECEMBER 31
Diversion Means: WELL
Well Depth: 210.00 FEET
Static Water Level: 145.00 FEET
Casing Diameter: 5.00 INCHES
Well Location: 6454 ST. MARY LK RD

THE POINT OF DIVERSION IS LOCATED IN CERTIFICATE OF SURVEY NO. 3626 TRACT 1.

Purpose (Use): DOMESTIC
Households:
Volume:

Period of Use: JANUARY 1 to DECEMBER 31

Place of Use:

ID	Acres	Govt Lot	Qtr Sec	Sec	Twp	Rge	County
1			NWNENW	2	17N	19W	LAKE

Geocodes/Valid: 15-2645-02-2-01-05-0000 - Y

Remarks:

OWNERSHIP UPDATE RECEIVED
OWNERSHIP UPDATE TYPE DOR # 117522 RECEIVED 10/31/2013.
OWNERSHIP UPDATE TYPE PND # 135292 RECEIVED 10/02/2015.
OWNERSHIP UPDATE TYPE DOR # 202400 RECEIVED 11/27/2019.

WELL LOG REPORT

File No. ____

Form No. 603 (R 2-83)

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: [illegible] (struck out) — [illegible]

2. CURRENT MAILING ADDRESS
4054 St.Marys Lake Rd
St. Ignatius, MT 59865

3. WELL LOCATION
[illegible] ¼ [illegible] ¼ [illegible] ¼ Section 17
Township 17 N N/S Range 20 W E/W County Lake
Gov't Lot ____, or Lot ____, Block ____
Subdivision Name ____
Tract Number [illegible]

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. 6 in. from g.l. ft. to 210 ft.
Dia. ____ in. from ____ ft. to ____ ft.
Dia. ____ in. from ____ ft. to ____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6"ID from +1½ ft. to 139' ft.
Threaded ☐ Welded ☒ Dia. 5"OD from 125 ft. to 205 ft.
Wall Thickness 6"-.250 5"- .188
Type ____
Casing; Plastic Dia. ____ from ____ ft. to ____ ft.
Weight ____ Dia. ____ from ____ ft. to ____ ft.

PERFORATIONS: Yes ☐ No ☐
Type of perforator used: torch cut
Size of perforations 3 in. by 1/8 in.
____ perforations from 145 ft. to 205 ft.
____ perforations from ____ ft. to ____ ft.
____ perforations from ____ ft. to ____ ft.

SCREENS: Yes ☐ No ☒
Manufacturer's Name ____ Model No. ____
Type ____ 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 surface seal

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 x Pump ____ Bailer ____
b) Static water level immediately before testing 145 ft. If flowing; closed-in pressure ____ psi. ____ gpm.
Flow controlled by: ____ valve, ____ reducers, ____ other, (specify) ____
c) Depth at which pump is set for test 200
d) The pumping rate: 3½ gpm.
e) Pumping water level 200 ft. at 2 hrs. after pumping began.
f) Duration of test: Pumping time 2 hrs.
g) Recovery time ____ hrs.
h) Recovery water level 145 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 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

Depth (ft.) From	To	Formation
0	119	Clay, Gravel & Boulders
119	145	Soft Pink Rock
145	210	Pink Rock & Water

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. DATE COMPLETED October 27, 1992

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

October 28, 1992
Date

CAMP WELL DRILLING & PUMP SUPPLY
Firm Name

1522 S. 14th W, Missoula, MT 59801
Address

[signature] 7
Signature License No.

DNRC

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION
1520 EAST SIXTH AVENUE HELENA, MONTANA 59620-2301 444-6610