Kalispell 029 27N 19W 34 CCC -04 Flathead

Form No. 603 (R 6-87)

File No. 67874

WELL LOG REPORT

State law requires that this form be filed by the water well driller within 60 days after completion of

037834

1. WELL OWNER
Name Stuart & or Lydia Gustafson

2. CURRENT MAILING ADDRESS
115 Ferndale Drive
Bigfork, MT 59911

3. WELL LOCATION
County Flathead
Township 27 N/S Range XX19 E/W
SW¼ SW ¼ SW ¼ Section 34
Lot Block
Subdivision
Tract Number 4

4. PROPOSED USE Domestic ☒ Stock ☐ Irrigation ☐
Other ☐ specify

5. DRILLING METHOD cable, air rotary,
X forward rotary, reverse rotary, jetted,
other (specify)

6. WELL LOG

Depth (ft.) From	To	Formation
0	1	Surface
1	14	Sand
14	15	Gravel and sand(damp)
15	17	Clay (brown)
17	56	Sand
56	81	Sand and gravel
81	152	Gray sand
152	173	Gray sand and water& gravel

RECEIVED
APR 27 1988
MONTANA D.N.R.C.
KALISPELL FIELD OFFICE

ATTACH ADDITIONAL SHEETS IF NECESSARY

7. WELL CONSTRUCTION AND COMPLETION

Size of drilled hole	Size and PSI Rating of casing	From (feet)	To (feet)	Perforations yes and/or Screen — Kind Size	From (feet)	To (feet)
6"	6&5/8" #17	1½	173	6" X ¼"	171	173

Was casing left open end? X Yes ____ No
Was a packer or seal used? ____ Yes X No
If so, what material
Was the well gravel packed? ____ Yes X No
To what depth was the well grouted? 20 feet ft
Material used in grouting Bentonite
Well head completion: Pitless adapter ____ Yes ____ No
Top casing 18 in. or greater above grade ____ Yes ____ No

8. WELL TEST DATA
The pump test information request in this section is required for all wells. All depth measurements shall be from the top of the well casing unless otherwise specified.

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 50 ft. If flowing; closed-in pressure ____ psi ____ gpm
Controlled by: ____ valve, ____ reducers, ____ other, (specify)
c) Depth at which pump is set for test 170
d) The pumping rate and means of discharge (i.e., bailing, airlift, pumping) 10 gpm
e) Maximum drawdown during the test ____ ft
f) Duration of test: Pumping time 4 hrs
Recovery time ____ hrs
g) Recovery water level ____ ft
Amount of time after pumping recovery level water data was taken ____ hrs

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 included in each packet of well logs.

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.

9. WAS WELL PLUGGED OR ABANDONED? ____ Yes X No
If yes, how?

10. DATE COMPLETED March 7, 1988

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

April 26, 1988
Date

Billmayer's Inc.
Firm Name 115 Kelly Road
Kalispell, MT 59901
Address

Doug Billmayer 335
Signature License No.

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

BM

M: 80615