

035 06W 31 CCA

1306711

FORM NO. 603 (R 6-94)

WELL LOG REPORT

File No. 410-C104730

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 <u>I.P. Cobb-Tass & Son - I. Cobb</u>		f) Duration of test: Pumping time <u>4</u> hrs. g) Recovery time _____ hrs. h) Recovery water level _____ ft. at _____ hrs. after pumping stopped.																																																													
2. CURRENT MAILING ADDRESS <u>Dillon - Mt.</u> <u>425 So. Washington 59725</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 shut-in pressure of a flowing well. Removable caps are acceptable as access ports.																																																													
3. WELL LOCATION <u>NE</u> 1/4 <u>SW</u> 1/4 <u>SW</u> 1/4 Section <u>31</u> Township <u>3</u> N/S Range <u>6</u> W/W County <u>Madison</u> Gov't Lot <u>344</u> , or Lot _____, Block _____ Subdivision Name _____ Tract Number <u>C-C</u>		11. WAS WELL PLUGGED OR ABANDONED? Yes _____ No <u>X</u> If yes, how? _____																																																													
4. PROPOSED USE: Domestic <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Other <input type="checkbox"/> specify _____		12. WELL LOG Depth (ft.) From To Formation <u>AD</u>																																																													
5. TYPE OF WORK: New well <input checked="" type="checkbox"/> Method: Dug <input type="checkbox"/> Bored <input type="checkbox"/> Deepened <input type="checkbox"/> Cable <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Reconditioned <input type="checkbox"/> Rotary <input type="checkbox"/> Jetted <input type="checkbox"/>		<table border="1"> <tr><td>0</td><td>2</td><td>Top Soil</td></tr> <tr><td>2</td><td>12</td><td>Clay & Sand</td></tr> <tr><td>12</td><td>28</td><td>Hard Rock</td></tr> <tr><td>28</td><td>65</td><td>Kinky w/ sand</td></tr> <tr><td>65</td><td>75</td><td>Clay & sand</td></tr> <tr><td>75</td><td>90</td><td>Hard Clay & gravel</td></tr> <tr><td>90</td><td>95</td><td>Solid Rock Bedrock</td></tr> <tr><td>95</td><td>103</td><td>Heaving sand w/ water</td></tr> <tr><td>103</td><td>125</td><td>Clay & sand</td></tr> <tr><td>125</td><td>140</td><td>Hard Clay & sand</td></tr> <tr><td>140</td><td>180</td><td>Clay & coarse sand</td></tr> <tr><td>180</td><td>205</td><td>Hard Clay & sand</td></tr> <tr><td>205</td><td>213</td><td>Very sandy w/ water</td></tr> <tr><td>213</td><td>217</td><td>Hard Clay & sand</td></tr> <tr><td>217</td><td>230</td><td>Soft Clay & sand</td></tr> <tr><td>230</td><td>242</td><td>Hard Clay w/ coarse sand</td></tr> <tr><td>242</td><td>262</td><td>White Clay & sand</td></tr> <tr><td>262</td><td>285</td><td>Hard sand Bedrock</td></tr> <tr><td>285</td><td>295</td><td>Good sand & water</td></tr> <tr><td>295</td><td>300</td><td>Hard Clay & sand</td></tr> </table>		0	2	Top Soil	2	12	Clay & Sand	12	28	Hard Rock	28	65	Kinky w/ sand	65	75	Clay & sand	75	90	Hard Clay & gravel	90	95	Solid Rock Bedrock	95	103	Heaving sand w/ water	103	125	Clay & sand	125	140	Hard Clay & sand	140	180	Clay & coarse sand	180	205	Hard Clay & sand	205	213	Very sandy w/ water	213	217	Hard Clay & sand	217	230	Soft Clay & sand	230	242	Hard Clay w/ coarse sand	242	262	White Clay & sand	262	285	Hard sand Bedrock	285	295	Good sand & water	295	300	Hard Clay & sand
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6. DIMENSIONS: Diameter of Hole Dia. <u>6</u> in. from <u>0</u> ft. to <u>300</u> ft. Dia. _____ in. from _____ ft. to _____ ft. Dia. _____ in. from _____ ft. to _____ ft.		RECEIVED JUL 21 1998 DNRC - BOZEMAN REGIONAL OFFICE																																																													
7. CONSTRUCTION DETAILS: Casing: Steel Dia. <u>6"</u> from <u>298</u> ft. to <u>+2</u> ft. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Dia. _____ from _____ ft. to _____ ft. Type <u>Steel</u> Wall Thickness <u>.250</u> Casing: Plastic Dia. _____ from _____ ft. to _____ ft. Weight _____ Dia. _____ from _____ ft. to _____ ft. PERFORATIONS: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Type of perforator used <u>Torch</u> Size of perforations <u>1/8</u> in. by <u>2</u> in. _____ perforations from <u>298</u> ft. to <u>290</u> ft. _____ perforations from _____ ft. to _____ ft. _____ perforations from _____ ft. to _____ ft. SCREENS: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Manufacturer's Name _____ Type _____ Model No. _____ Dia. _____ Slot size _____ from _____ ft. to _____ ft. Dia. _____ Slot size _____ from _____ ft. to _____ ft. GRAVEL PACKED: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Size of gravel _____ Gravel placed from _____ ft. to _____ ft. GROUTED: To what depth? <u>184</u> ft. Material used in grouting <u>Best Nite</u>		ATTACH ADDITIONAL SHEETS IF NECESSARY																																																													
8. WELL HEAD COMPLETION: Pitless Adapter <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13. YELLOWSTONE CLOSURE AREA: WATER TEMPERATURE _____																																																													
9. PUMP (if installed) Manufacturer's name <u>Fairbanks Morse</u> Type <u>Sub</u> Model No. <u>24C30312 HP 3</u>		14. DATE COMPLETED <u>6/30/98</u>																																																													
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 _____ Pump <input checked="" type="checkbox"/> Bailer _____ b) Static water level immediately before testing _____ ft. If flowing: closed-in pressure _____ psi. _____ gpm. Flow controlled by: _____ valve, _____ reducers, other (specify) _____ c) Depth at which pump is set for test _____ d) The pumping rate: _____ gpm. e) Pumping water level _____ ft. at _____ hrs. after pumping began.		15. DRILLER/CONTRACTOR'S CERTIFICATION This well was drilled under my jurisdiction and this report is true to the best of my knowledge. Date <u>7/18/98</u> <u>Seaham Drilling</u> Firm Name <u>Twin Bridges - Mt. 59725</u> Address <u>Robert L. Seaham 331</u> Signature License No.																																																													
MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION 1520 EAST SIXTH AVENUE P.O. BOX 202301 HELENA, MONTANA 59620 - 2301 444-6610																																																															
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