MONTANA WELL LOG REPORT

Form No. 603 R2-04

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 MBMG 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. Record additional information in the REMARKS section.

1. WELL OWNER:

Name _____

Mailing address _____

_____

2. WELL LOCATION: List ¼ from smallest to largest

_____ ¼ _____ ¼ _____ ¼ _____ ¼, Section_____

Township____ N/S Range____ E/W County _____

Lot _____ , Tract/Blk ____ Subdivision Name _____

Certificate of Survey _____

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

☐ Geothermal ☐ Closed System ☐ Open System ☐ Reinjection

☐ Extraction H_2O Temp _____ Number of Wells in System _____

☐ Other: _____

4. TYPE OF WORK:

☐ New well ☐ Deepen existing well ☐ Abandon existing well

Method: ☐ Cable ☐ Rotary ☐ Other: _____

5. WELL CONSTRUCTION DETAILS:

Borehole:

Dia._____in. from _____ ft. to _____ ft.

Dia._____in. from _____ ft. to _____ ft.

Dia._____in. from _____ ft. to _____ ft.

Casing:

Steel: Wall thickness _____ ☐ Threaded ☐ Welded

Dia._____in. from _____ ft. to _____ ft.

Dia._____in. from _____ ft. to _____ ft.

Casing Shoe: ☐ Yes ☐ No

Plastic: Pressure Rating_____ lbs. ☐ Threaded ☐ Welded

Dia._____in. from _____ ft. to _____ ft.

Perforations/Slotted Pipe:

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_____

Depth from _____ft. to _____ 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_____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*

_____gpm with drill stem set at_____ ft. for _____ 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 reservoir of the well casing.*

7. WELL LOG: Record depth(s) that water is encountered.

Depth, Feet		Material: color/rock and type/descriptor (example: blue/shale/hard, or brown/gravel/water, or brown/sand/heaving)
From	To	

☐ ADDITIONAL SHEETS ATTACHED

8. DATE WELL COMPLETED: _____

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) _____

Address _____

Signature _____

Date _____ License no. _____

License type: ☐ MWC ☐ WWC ☐ WWD

Montana Bureau of Mines & Geology
The University of Montana
1300 West Park Street
Butte, MT 59701

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