

MONTANA WELL INSPECTION REPORT

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 _____

Well Address _____

GPS Yes No

Latitude _____ Longitude _____

Error as reported by GPS locator (+ feet) _____

Horizontal datum NAD27 WGS84

3. WELL USE: Domestic Stock Irrigation

Public water supply Monitoring Well

Geothermal Closed System Open System

Reinjection Extraction Other: _____

4. TYPE OF CASING:

Steel Dia. _____ in.

Plastic Dia. _____ in.

Concrete Dia. _____ in.

Other Dia. _____ in.

5. WELL DATA:

Depth of well: _____ ft.

Static water level _____ ft.

Top of Casing from ground _____ ft.

Closed-in artesian pressure _____ psi.

6. WELL FLOW RATE (if measured):

How was flow measured:

Bucket/stopwatch, weir, flume, flowmeter, etc _____

PUMP TEST (existing pump)

_____ gpm pump rate with _____ ft. of drawdown after _____ hrs pumping.

Time of recovery _____ hrs/min. Recovery water level _____ ft.

7. DATE WELL INSPECTED: _____

8. REMARKS: _____ _____ _____ _____

9. COMPANY REPRESENTATIVE:

All information on this form obtained after the original drilling of this well, the original driller/construction is unknown. The signature below does not certify the original drilling construction of this well. The signature does represent that all data obtained at the time of the inspection and on 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

This report can be emailed to GWIC@mtech.edu, faxed to the GWIC office at (406) 496-4343, or sent to:

Ground Water Information Center
1300 W. Park St.
NRB 329
Butte, MT 59701-8997