

clac
8184

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AUG 4 1958

WATER WELL REPORT

State Well No. W-15 L (1)

State Permit No. G-691

Pg 1 of 7

(1) OWNER: **STATE ENGINEER SALEM, OREGON**
Name State of Oregon
Address Salem, Oregon
Dammasch Hospital

(2) LOCATION OF WELL:
County Clackamas Owner's number, if any # 1
NE 1/4 of SW 1/4 Section 15 T. R. W.M.
Bearing and distance from section or subdivision corner
TWP 3S R.1.W., W.M.
1118 feet No. 1388 feet E from
SW corner of Section 15

TYPE OF WORK (check):
 New Well Deepening Reconditioning Abandon
Abandonment, describe material and procedure in Item 11.

PROPOSED USE (check): Domestic Industrial Municipal
 Test Well Other
(5) TYPE OF WELL: Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED: Threaded Welded
1 1/4 " Diam. from 0 ft. to 251' ft. Gage .375
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used _____
SIZE of perforations in. by in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

SCREENS: Well screen installed Yes No
Manufacturer's Name _____
Type _____ Model No. _____
_____ in. Slot size _____ Set from _____ ft. to _____ ft.
_____ in. Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:
All gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Is a surface seal provided? Yes No To what depth? 252 ft.
Material used in seal— cement grout
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level 70 ft. below land surface Date 7-2-58
Artesian pressure _____ lbs. per square inch Date _____
Log Accepted by: _____
[Signed] _____ Date _____, 19____
(Owner)

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Driller
Yield: 300 gal./min. with 102 ft. drawdown after 2 hrs.
" 410 " " 165 " " 2 "
" 515 " " 240 " " 26 1/2 "
Ballor test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 62 1/2 Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 1 1/4 inches.
Depth drilled 920 ft. Depth of completed well 920 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Brown clay	0	35
sandy clay	35	40
brown clay	40	45
blue clay	45	60
brown clay	60	63
red clay	63	183
rock	183	185
brown clay	185	218
red clay	218	240
soft rock	240	250
hard rock	250	255
hard grey basalt rock	255	390
creviced grey basalt rock	390	398
hard grey basalt rock	398	421
brown & grey rock	421	429
hard grey basalt rock	429	435
black basalt rock	435	460
hard grey basalt rock	460	481
soft grey basalt rock	481	500
hard grey basalt rock	500	573
soft interbed	573	598
black basalt	598	640
soft black rock	640	660
black basalt rock	660	670

Continued on following page - - - - -
Work started Dec. 4 1957. Completed July 3 1958

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME A. M. Janssen Drilling Co. (Person, firm, or corporation) (Type or print)
Address 21075 S. W. Tualatin Hiway - Aloha, Oregon
Driller's well number _____
[Signed] Edward M. Janssen
Edward M. Janssen, Partner
License No. 79 Date 7-8-58, 19____

Clackamas
8184

3/1w-15L1

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OREGON STATE BOARD OF HEALTH

Mineral Content of Water

Name of Water Supply Damash
Source Well #1
Sampling Point Wellhead
Collected By E.G. Katzel Date 3-2-65
Analysis By A.W. Hoss Date 3-10-65
Laboratory Number 920

	<u>Mg/L</u>		<u>Mg/L</u>
Color	<u>2</u>	Conductance (mc mho/cm)	<u>421</u>
Turbidity	<u>2</u>	Chlorides	<u>85.0</u>
Solids, Total	<u>246</u>	Sodium	<u>18.0</u>
Solids, Volatile	<u>107</u>	Potassium	<u>3.0</u>
Carbon Dioxide	<u>7.5</u>	Fluoride	<u>0.31</u>
pH	<u>7.5</u>	Phosphates	<u>0.09</u>
Alkalinity, Total as CaCO ₃	<u>112</u>	Sulfates	<u>0.05</u>
Hardness as CaCO ₃	<u>163</u>	Silicon	<u>43</u>
Calcium	<u>42.0-420</u>	Aluminum	<u><0.02</u>
Magnesium	<u>14.1</u>	Nitrogen, Ammonia	<u>0.47</u>
Iron	<u>0.24</u>	Nitrogen, Nitrite	<u><0.01</u>
Manganese	<u><0.05</u>	Nitrogen, Nitrate	<u><0.01</u>
Arsenic	<u><0.005</u>		

REMARKS Calcium Mg/l corrected by phone call - 3-24-65 - WRE

STATE ENGINEER
Salem, Oregon

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State Well No. 3/1W-15L(1)

County CLACKAMAS

Application No. G-802

Water Level Record

OWNER: STATE OF OREGON OWNER'S NO. 1

Description of measuring point: HP #1 WELL CASING 1' ABOVE L.S.D.
LIP OF NOTCH ON E. SIDE OF AT L.S.D.

M.P. #2 - EDGE OF PUMP BASE AT CONC. MOUNT 1.4' ABOVE L.S.D.

ALSO OWNERS AIRLINE GAGE - 315' OF AIRLINE

Date	Water Level Feet (above/below) Land Surface	Remarks	Date	Water Level Feet (above/below) Land Surface	Remarks
9-12-61	173'	8:00 AM E.P. STATIC			
9-14-61	173'	✓ ✓			
9-20-61	190'	✓ 7:55 AM STATIC			
9-22-61	180'	✓ 9:40 PM STATIC			
9-29-61	180'	✓ 8:00 AM STATIC			
9-29-61	205'	✓ 4:45 PM STATIC			
10-2-61	163'	✓ 8:15 AM STATIC			
10-13-61	163' 170'	✓ 8:15 AM STATIC			
10-26-61	160'	✓ 4:40 PM STATIC			
10-31-61	170'	✓ 4:55 PM STATIC			
11-6-61	180'	✓ STATIC			
11-11-61	180'	✓ STATIC			
11-16-61	180' 170'	✓ ✓			
11-22-61	160'	✓ ✓			
11-29-61	167'	✓ ✓			
12-8-61	180'	✓ ✓			
12-18-61	143'	✓ ✓			
12-19-61	162'	✓ ✓			

REMARKS:

STATE ENGINEER
Salem, Oregon

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State Well No. 3/1W-15 L(1)
County Clackamas
Application No. G802

Water Level Record

OWNER: Oregon State OWNER'S NO. 1

Description of measuring point: #1 Lip of notch on East side of Well casing, at land surface datum. - MP #2 Edge of pump base of conc. mount block 1.4 ft. above L.S.D. Also owners Airline gauge - 315 ft. of airline.
AS MP on North side

Date	Water Level Feet (above) (below) Land Surface	Remarks	Date	Water Level Feet (above) (below) Land Surface	Remarks
4-22-59	65.83		8/3-61	242.	445 PM EP PO
5-7-59	65.54		8-7-61	180.	800 AM STATIC
6-2-59	69.42	Pump has been on for 2 min	8-7-61	245.	5:15 PM P.O.
6-2-59	65.67	Pump off for 5 min	8-9-61	244	8:50 AM P.O.
6-23-59	71.11	Pump on.	8-15-61	190.	8:13 AM STATIC
7-23-59	66.4		8-15-61	198.	5:10 PM STATIC
8-25-59	67.75	Pump on intermittently	8-16-61	190.	500 PM STATIC
10-6-59	67.46	SES	8-21-61	190.	800 AM STATIC
7-12-60	267	(Airline) Pump on	8-21-61	240	445 P.O.
10-18-60	69.18	static #2 AS, NSB MP - 1.4 above L.S.D.	8-24-61	233	800 AM P.O.
2-20-61	66.60	NSB.	8-28-61	195	800 STATIC
5-23-61	67.52	NSB	8-28-61	198	450 PM STATIC
7-27-61	245.	" Pumping	8-31-61	230	8:15 AM P.O.
7-28-61	190.	8:15 AM P.P. static	9-1-61	208	8:00 AM STATIC
7-28-61	245.	" 4:55 PM Pumping	9-5-61	193	" ✓
7-31-61	197.	" 800 AM static	9-5-61	200	4:55 PM STATIC
7-31-61	245.	" 445 PM Pumping	9-11-61	190	8:00 AM STATIC
8-3-61	245.	" 800 AM P.O.	9-11-61	205	4:50 PM STATIC

REMARKS: _____

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suburban well
Pg 6 of 7 STATE OF OREGON

K

311W-15caci

State Permit No. 12

(1) OWNER: Name State of Oregon
Address Salem, Oregon
Damascus Hospital Well #1

(2) LOCATION OF WELL:
County Clackamas Owner's number, if any--
NE 1/4 of SW 1/4 Section 15 T. R. W.M.
Bearing and distance from section or subdivision corner
TOP 35 E.I.W., W.M.
1116 feet No. 1388 feet E from
SW corner of Section 15

TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Residential Industrial Municipal
Irrigation Test Well Other
(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED:
14" Diam. from 0 ft. to 251' 10" Gage .375
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

SCREENS: Well screen installed Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
In. Slot size Set from ft. to ft.

CONSTRUCTION:
Is well gravel packed? Yes No Size of gravel:
Gravel placed from ft. to ft.
Was a surface seal provided? Yes No To what depth? 252 ft.
Material used in seal-- cement grout
Did any strata contain unusable water? Yes No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level 70 ft. below land surface Date 7-2-58
Artesian pressure lbs. per square inch Date
Accepted by:
[Signed] Date 19

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Driller
Yield: 300 gal./min. with 102 ft. drawdown after 2 hrs.
" 410 " 165 " 2 " "
" 515 " 240 " 26 1/2 " "
Bailer test gal./min. with ft. drawdown after hrs.
Artesian flow s.p.m. Date
Temperature of water 62 1/2 Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well 11 inches
Depth drilled 920 ft. Depth of completed well 920 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Brown clay	0	35
sandy clay	35	40
brown clay	40	45
blue clay	45	60
brown clay	60	63
red clay	63	183
rock	183	185
brown clay	185	218
red clay	218	240
soft rock	240	250
hard rock	250	255
hard grey basalt rock	255	390
creviced grey basalt rock	390	398
hard grey basalt rock	398	421
brown & grey rock	421	429
hard grey basalt rock	429	435
black basalt rock	435	460
hard grey basalt rock	460	481
soft grey basalt rock	481	500
hard grey basalt rock	500	573
soft interbed	573	598
black basalt	598	640
soft black rock	640	660
black basalt rock	660	670

Continued on following page--
Work started Dec. 4 1957 Completed July 3 1958

(13) PUMP:
Manufacturer's Name
Type: H.P.

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME A. M. Janssen Drilling Co.
Address 21075 S. W. Tualatin Hiway - Alcha, Oregon
Driller's well number
[Signed] Edward M. Janssen Partner
License No. 79 Date 7-8-58 19

State Permit No.

OWNER: State of Oregon
Address: Danvers Hospital Well #1

(2) LOCATION OF WELL:
County: _____ Owner's number, if any: _____
Section: _____ T. _____ R. _____ W.M. _____
Bearing and distance from section or subdivision corner: _____

TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 11.

(4) PROPOSED USE (check):
Agricultural Industrial Municipal
Irrigation Test Well Other

(5) TYPE OF WELL:
Rotary Driven
Cable Jetted
Dug Bored

(6) CASING INSTALLED: Threaded Welded
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS: Perforated? Yes No
Type of perforator used _____
Sh. of perforations in. by in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

SCREENS: Well screen installed Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION:
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.
Was a surface seal provided? Yes No To what depth? _____ ft.
Material used in seal: _____
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(10) WATER LEVELS:
Static level _____ ft. below land surface Date _____
Artesian pressure _____ lbs. per square inch Date _____
Log Accepted by: _____
[Signed] _____ Date _____ 19 _____

(11) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(12) WELL LOG: Diameter of well _____ inches.
Depth drilled _____ ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Continued from page one - - -		
clay interbed	670	674
porus black rock	674	677
black basalt	677	738
grey rock	738	750
soft grey rock	750	760
hard grey basalt rock	760	816
red rock	816	828
hard grey basalt rock	828	847
hard grey basalt rock	847	871
soft interbed - appears to carry water	871	875
broken grey rock	875	884
grey rock	884	914
hard black basalt rock	914	920
Work started	19	Completed
		19

(13) PUMP:
Manufacturer's Name _____
Type: _____ H.P. _____

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
NAME A. H. Janssen Drilling Co. _____
(Person, firm or corporation) (Type or print)
Address 21075 S. W. Tualatin Hwy - Aloha, Oregon
Driller's well number _____
[Signed] Edward M. Janssen, Partner
License No. _____ 79 Date 7-8-58 _____ 19 _____