

NOTICE TO WATER WELL CONTRACTOR
 The original and first copy of this report are to be filed with the STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

OBSERVATION WELL

CLAC
08419

WATER WELL REPORT

IRRIGATION ONLY

State Well No. 311W-21a-abi

STATE OF OREGON
 (Please type or print)

State Permit No. _____

(1) OWNER:

Name State of Oregon
 Address Salem, Oregon
Dammasch Well #2
located 200 ft. S. of North line of Sec 21 and 300 ft. east of Graham Ferry Rd.

(2) LOCATION OF WELL:

County _____
 Driller's well number _____
 Bearing and distance from section or subdivision corner _____

setup irrigation 71 PSI max 900 GPM

(3) TYPE OF WORK (check):

Well Deepening Reconditioning Abandon
 If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(6) CASING INSTALLED:

Threaded Welded
14" Diam. from 0 ft. to 356 ft. Gage 3/8

(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.

(8) SCREENS:

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

(9) CONSTRUCTION:

Well seal—Material used in seal Cemented Casing
 Depth of seal 356 ft. Was a packer used? _____
 Diameter of well bore to bottom of seal _____ in.
 Were any loose strata cemented off? Yes No Depth _____
 Was a drive shoe used? Yes No
 Was well gravel packed? Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(10) WATER LEVELS:

Static level 36 ft. below land surface Date 4-12-60
 Artesian pressure _____ lbs. per square inch Date _____

(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: 780 gal./min. with 5 ft. drawdown after 24 hrs.
 " " " " " "
 " " " " " "
 Bailer test gal./min. with ft. drawdown after hrs.
 Artesian flow g.p.m. Date _____
 Temperature of water 65 Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 14
 Depth drilled 1000 ft. Depth of completed well 1000 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	
Yellow Clay	0	18	
Blue Clay	18	53	
Red Clay	53	96	
Rock	96	100	
Blue Clay	100	121	
Rock	121	128	
Red Clay	128	153	
Rock	153	158	
Blue Clay	158	240	
Black Fractured Rock	240	243	
Sand & Rock	243	247	
Clay and Rock Mixed	247	305	
Rock	305	310	
Red Clay	310	332	
Clay & Wood	332	340	
Black Rotten Rock	340	346	
Grey Basalt	346	372	
Fractured & Broken Rock	372	379	
Rough Broken Rock	379	415	
Soft Broken Rock	415	423	
Broken Rock-rough	423	450	
Soft Black Rock	450	464	
Gray Basalt Rock	464	515	
Soft Black Slightly Fractured Rock	515	536	
Work started	19	Completed	19
Date well drilling machine moved off of well			19

(13) PUMP:

Manufacturer's Name _____
 Type: _____ H.P. _____

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME _____
 (Person, firm or corporation) (Type or print)

Address _____

Drilling Machine Operator's License No. _____

[Signed] _____
 (Water Well Contractor)

Contractor's License No. _____ Date _____, 19____

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STATE ENGINEER, SALEM 10, OREGON within 30 days from the date of well completion.

WATER WELL REPORT

STATE OF OREGON (Please type or print)

State Well No.

State Permit No.

(1) OWNER:

Name State of Oregon
Address Salem, Oregon
Damasch Well #2

(2) LOCATION OF WELL:

County Driller's well number
1/4 1/4 Section T. R. W.M.

Bearing and distance from section or subdivision corner
pump cost 10,500

(3) TYPE OF WORK (check):

New Well [] Deepening [] Reconditioning [] Abandon []
If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal []
Irrigation [] Test Well [] Other []

(5) TYPE OF WELL:

Rotary [] Driven []
Cable [] Jetted []
Dug [] Bored []

(6) CASING INSTALLED:

Threaded [] Welded []
11" Diam. from 0 ft. to 356 ft. Gage 3/8

(7) PERFORATIONS:

Perforated? [] Yes [] No
Type of perforator used
Size of perforations in. by in.
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.

(9) CONSTRUCTION:

Well seal—Material used in seal Cemented Casing
Depth of seal 356 ft. Was a packer used?
Diameter of well bore to bottom of seal in.
Were any loose strata cemented off? [] Yes [] No Depth
Was a drive shoe used? [] Yes [] No
Was well gravel packed? [] Yes [] No Size of gravel:
Gravel placed from ft. to ft.
Did any strata contain unusable water? [] Yes [] No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:

Static level 36 ft. below land surface Date 4-12-60
Artesian pressure lbs. per square inch Date

(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: 780 gal./min. with 5 ft. drawdown after 24 hrs.

(12) WELL LOG:

Diameter of well below casing 14

Depth drilled 1000 ft. Depth of completed well 1000 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.

Table with 3 columns: MATERIAL, FROM, TO. Rows include Dark grey rock-hard-abrasive, Crevices & broken rock, Black rock, Hard Grey rock, Soft black rock (water), Black rock (with water), Grey rock.

Work started Sept 15 1959. Completed April 16 1960

Date well drilling machine moved off of well 19

(13) PUMP:

Manufacturer's Name
Type: H.P.

Water Well Contractor's Certification:

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 Aloha, Oregon

Drilling Machine Operator's License No.

[Signed] Edward M. Janssen (Water Well Contractor)

Contractor's License No. 79 Date April 18, 1960

Dave Beach:

These are the State Reports
on the two Danvers Hospital
wells. The USGS did have
a copy after all.

There may be some
ground water matters
come up for State attention
in this area and it would
be desirable to have a copy

RECEIVED

APR 23 1976

WATER RESOURCES DEPT.
SALEM, OREGON

Ken Henscomb

3. This is in response to our
recent telephone conversation
in which you said you had
no report on the Danvers
Hospital wells.