

BILL SCHAFER OWNER
RECEIVED
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MARION

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.

WATER WELL REPORT

STATE OF OREGON
 (Please type or print)

State Well No. 6/111'-9 M
 State Permit No. _____

(1) OWNER:

Name EVERGREEN GOLF CLUB
 Address RT 1 BOX, MT. ANGEL ORE

(2) LOCATION OF WELL:

County MARION Driller's well number _____
 1/4 Section 9 T. 6S R. 10W-W.M.
 Bearing and distance from section or subdivision corner _____

(3) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
 and 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
10" Diam. from 0 ft. to 103 ft. Gage 82.4
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No
 Type of perforator used MILLS
 Size of perforations 3/8 in. by 3" in.
800 perforations from 30 ft. to 100 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 _____
 Type _____ Model No. _____
 Slot size _____ Set from _____ ft. to _____ ft.
 Diam. Slot size _____ Set from _____ ft. to _____ ft.

(9) CONSTRUCTION:

Well seal—Material used in seal BEATONITE
 Depth of seal 20 ft. Was a packer used? yes
 Diameter of well bore to bottom of seal 14" 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 7 ft. below surface Date 8-9-62
 Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level STERILIZED SUPPLY
 Was a pump test made? Yes No. If yes, by whom?
 Yield: 400 gal./min. with 52 ft. drawdown after 1/2 hrs.
 " 500 " 64 " 1/2 "
 " 620 " 90 " 1 "
 Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 55° Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10"
 Depth drilled 103 ft. Depth of completed well 103 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
TOPSOIL	0	2
CLAY YELLOW COLOR	2	6
CLAY GRAY COLOR	6	8
CLAY BLUE COLOR	8	19
CONGLOMERATE 3'-	19	70
GRAVEL W.B. COARSE	70	71
CONGLOMERATE 3'-	71	91
GRAVEL W.B. COARSE	91	92
CONGLOMERATE 3'-	92	103
ALL CONGLOMERATE W.B WITH SMALL INTERMITTENT FLOWS		

Work started 8-1 1962 Completed 8-9 1962
 Date well drilling machine moved off of well 8-9 1962

(13) PUMP:

Manufacturer's Name BERKLEY
 Type TURBINE H.P. 15

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 J. A. SNEED & SONS (Type or print)
 (Person, firm or corporation)
 Address 3910 SILVERTON RD. N.E. SALEM, O.
 Drilling Machine Operator's License No. 187
 [Signed] J. A. Sneed (Water Well Contractor)
 Contractor's License No. 6 Date 8-9-, 1962

EVERGREEN GOLF CLUB.

3095
WELL

6/1W-9

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STATE ENGINEER
SEP - 4 1962

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

State Well No. _____

State Permit No. _____

(1) OWNER:

SALEM, OREGON

Name BILL SCHAFER
Address EVERGREEN GOLF CLUB
RT. 1 MT. ANSEL OREG.

(2) LOCATION OF WELL:

County _____ Driller's well number _____
1/4 Section 9 T. 6S R. 1W W.M.
Bearing and distance from section or subdivision corner _____

(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
10" Diam. from 0 ft. to 103 ft. Gage 32 1/2
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(7) PERFORATIONS:

Perforated? Yes No

Type of perforator used MILLS TYPE
Size of perforations 3/8" in. by 3" in.
800 perforations from 30 ft. to 100 ft.
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Static level 7 ft. below land surface Date 8-9-62
Artesian pressure _____ lbs. per square inch Date _____

(11) WELL TESTS:

Drawdown is amount water level is lowered below static level STERILIZER SUPPLY

Was a pump test made? Yes No If yes, by whom? _____
Yield: 620 gal./min. with 90 ft. drawdown after 1 hrs.
" 500 " 61 " 2 "
" 400 " 52 " 1 "
Bailer test gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 54 Was a chemical analysis made? Yes No

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 103 ft. Depth of completed well 103 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.

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GRAVEL W.B. 2"	70	71
CONGLOMERATE	71	91
GRAVEL W.B. COARSE	91	92
CONGLOMERATE	92	103

ALL CONGLOMERATE WATER BEARING WITH SMALL INTERMITTENT WATER SEAMS. ALSO SAME FORMATION HAS OCCASIONAL SMALL BULDERS IMBEDDED THEREIN.

Work started 8-1- 19 62 Completed 8-9- 19 62
Date well drilling machine moved off of well 8-9- 19 62

(13) PUMP:

Manufacturer's Name BERKLEY
Type: TURBINE H.P. 15

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NAME S.H. SNEED + SONS (Person, firm or corporation) (Type or print)
Address 3910 SILVERTON RD NE, SALEM, OREG.

Drilling Machine Operator's License No. 187

[Signed] S.H. Sneed (Water Well Contractor)

Contractor's License No. 6 Date 8-9- 19 62