

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
MARI 72328
WELL I.D. LABEL# L
148588
START CARD #
1083414
ORIGINAL LOG #
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)
10/8/2026
(1) LAND OWNER

Owner Well I.D.

 First Name **KEVIN**

 Last Name **LOE**

 Company **VALLEYLOE LLC**

 Address **5648 EVANS VALLEY LP RD NE**

 City **SILVERTON**

 State **OR**

 Zip **97381**
(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

 Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
					☐	☐	☐	☐

 Seal:

Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

☐ Reverse Rotary ☐ Other

(4) PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Community

☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

 Special Standard ☐ (Attach copy)

 Depth of Completed Well **296.00** ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	12	Bentonite Chips	0	12	10	S
10	12	120	Calculated			6	
6	120	296	Cement with 4% Bento	12	120	36	S
			Calculated			26	

 Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED AND PROBED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

 Explosives used: ☐ Type _____ Amount _____

 Seal Placement Begin Date **9/22/2026** Begin Time **17** **00**
(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe Location
C	6	☒	1.5	120	0.250	ST	☒		IN. 120
L	4		3	296	Sch40	PL	☒		

 Temp casing ☒ Yes Dia **10** From + ☒ **1** To **8**
(7) PERFORATIONS/SCREENS

 Perforations Method **SAW CUT**

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		4	260	290	.125	6.5	50	

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	30		290	1

 Temperature **56** °F Lab analysis ☐ Yes By _____

 Water quality concerns? ☐ Yes (describe below) TDS amount **81** ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

 County **MARION** Twp **6.00** **S** **N/S** Range **1.00** **W** **E/W WM**

 Sec **25** **SE** 1/4 of the **SE** 1/4 Tax Lot **900**

Tax Map Number _____ Lot _____

Lat _____ " or 45.01492557 DMS or DD

Long _____ " or -122.74338234 DMS or DD

☒ Street address of well ☐ Nearest address

6130 VALLEY VIEW RD NE SILVERTON OR, 97381
(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	9/28/2026			133
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

 Depth water was first found **50.00**

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
9/22/2026	50	60	8.5			33
9/27/2026	280	296	30			133

(11) WELL LOG

 Ground Elevation **428.99 FT**

Material	From	To
Top soil	0	2
Clay brown firm W/boulders large	2	41
Sandstone grey firm	41	53
Sandstone grey broken	53	60
Claystone red & tan caving soft	60	84
Sandstone grey firm	84	150
Basalt black fractured and broken W/firm seams	150	270
Sandstone grey & blue broken loose	270	296

Construction

 Begin Date **9/22/2026** Begin Time **07** **00** End Date **9/28/2026**
(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

 License Number **1725** Date **10/8/2026**

 Signed **TROY REYNOLDS (E-filed)**

 Drilling Company: **Allseasons Welldrilling**

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

MARI 72328

10/8/2026

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 45.01492557 Datum: WGS84

Longitude: -122.74338234

Township/Range/Section/Quarter-Quarter Section:

WM6.00S1.00W25SESE

Address of Well:

6130 VALLEY VIEW RD NE SILVERTON OR, 97381

Well Label: 148588

Printed: October 8, 2026

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

