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WELL DRILLER'S REPORT

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 37837

1. OWNER: **ADVANCED SCIENTIFIC SOLUTIONS** CLIENT: _____
 MAILING ADDRESS: **3983 McCarran Blvd., Suite 201** ADDRESS AT WELL LOCATION: **GO-FER MARKET**
1A Reno, NV 89502 Reno, NV 89506
 2. LOCATION: **SW 1/4 Sec 26 T. 20N N/S R. 19 E Washoe** County
 PERMIT NO. **M/O 717 GMMW-12 003-091-18** Reno, NV
Issued by Water Resources Parcel No. Subdivision Name

3. WORK PERFORMED: New Well Replace Recondition Deepen Abandon Other **Reinjection**
 4. PROPOSED USE: Domestic Irrigation Test Municipal/Industrial Monitor Stock
 5. WELL TYPE: Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
BROWN ALTERED ANDESITE Moderately argillic, moderately hard, dry to moist		0	20	20
Becoming strongly argillic		20	30	10
BROWN ALTERED ANDESITE Very strongly argillized @35' Less altered, slightly fractured @38' increasing argillic alteration		30	40	10
LIGHT TAN AND WHITE ALTERED ANDESITE		40	46	6
BROWN ALTERED ANDESITE Slightly to moderately argillized		46	50	4
LIGHT TAN AND WHITE ALTERED ANDESITE		50	53	3
LIGHT BLUISH WHITE ALTERED ANDESITE Very strongly altered, argillite and pyrite		53	55	2

8. WELL CONSTRUCTION

Depth Drilled **55** Feet Depth Cased **55** Feet

HOLE DIAMETER (BIT SIZE)

From 8 Inches	To 55 Feet
_____ Inches	_____ Feet
_____ Inches	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4" O.D.	SCH 40	PVC	0	10

Locking Christy Box, End cap

Perforations:
 Type perforation: **Factory sawed slot**
 Size perforation: **0.020**
 From **10** feet to **55** feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type: Neat Cement Cement Grout Concrete Grout
 Depth of Seal: **0-7 ft**
 Placement Method: Pumped Poured
 Bentonite Seal At: 7-10' Yes
 Gravel Packed: No Yes
 From **10** feet to **55** feet

9. WATER LEVEL

Static water level _____ feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

Date started **4-8-98**, 20____
 Date completed **4-8-98**, 20____

7. WELL TEST DATA

TEST METHOD: <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
No test			

10. DRILLER'S CERTIFICATION

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

Name: **Wayne Drilling Inc.** Contractor
 Address: **P.O. Box 12370** Contractor
Reno, NV 89510
 Nevada contractor's license number issued by the State Contractor's Board: **0022549**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller: **908**
 Signed: *[Signature]* driller performing actual drilling on site or contractor
 Date: **January 9, 2003**