

**IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA
REQUEST FOR A WAIVER TO DRILL A WELL TO DETERMINE THE QUALITY
AND QUANTITY OF WATER IN A DESIGNATED BASIN**

The applicant and/or person or company responsible:

Name	Title	Company
Street Address or PO Box	City or Town	State and ZIP Code

Telephone number of responsible party: _____

Estimated project dates: _____ Start Date _____ Completion Date

Location of the well: **PLSS, GPS Coordinates and Map Datum are required.**

_____ ¼ _____ ¼ Section _____ T _____ R _____ E, M.D.B. & M.

{ Latitude (N): _____ } or { UTM (m) E: _____ } Datum
{ Longitude (W): _____ } { UTM (m) N: _____ }

Are there other wells drilled in this area from which aquifer data can be obtained? _____

Proposed diameter and depth of exploration well(s): _____ Diameter (In.) _____ Depth (Ft.)

County Assessor Parcel Number (APN): _____

Street Address (if any): _____

Reason for requesting waiver: *(Attach additional sheets as necessary)*

Name and address of responsible party or person collecting the data if different from above:

Name	Title	Company
Street Address or PO Box	City or Town	State and ZIP Code

The following items must be submitted with the waiver request:

- **Affidavit of Intent to Plug a Well**
- **Location Map (i.e., Large Scale, inch = miles)**
- **Site Detail Map (i.e., Small Scale, inch = feet)**

Signatory Contact Information:

Telephone Number

Email Address

Mailing Address

City, State, ZIP Code

Printed Name

Signature

Date

\$120 PER QUARTER-QUARTER FILING FEE MUST ACCOMPANY THIS REQUEST

IN THE OFFICE OF THE STATE ENGINEER OF NEVADA

AFFIDAVIT OF INTENT
TO PLUG A WELL

I, _____ Name & Title
_____ Company
_____ Address
_____ Telephone Number

of the real property located at:

Street address (if any) _____

County Assessor Parcel Number (APN) _____

Situated within the _____ 1/4 _____ 1/4 Section _____ T _____ R _____ E, M.D.B. & M.

{ Latitude (N): _____ } or { UTM (m) E: _____ } Datum
{ Longitude (W): _____ } { UTM (m) N: _____ }

and whereupon an existing well or wells are located or to be located, fully understand that I shall be responsible for, and shall cause the existing well to be plugged in accordance with the provisions contained in Nevada Administrative Code (NAC) 534, imposed in the terms set forth in the waiver approval and all other applicable rules and regulations for drilling/plugging wells in the State of Nevada.

I shall further make any purchaser of this parcel aware of these conditions.

Responsible Party

(Printed Name): _____ (Signature): _____

State of Nevada

County of _____

Subscribed and sworn to before me on _____

by _____

Signature of Notary Public Required

Notary Seal