				DR			
FORM 4030		IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA REQUEST FOR A WAIVER FOF TEMPORARY DRAIN WELLS		VER FOR			
1.	The applican	t and/or person or compar	ny responsible for drilling and plue	This Space For Office Use Onl			
•	The applicant and/or person or company responsible for drilling and plugging the temporary well:						
		Name	Title	Company			
	Street Address or PO Box		City or Town	State and ZIP Code			
•	The owner o	f the land, if different than	n the applicant:				
		Name	Title	Company			
	Street A	ddress or PO Box	City or Town	State and ZIP Code			
•	Telephone n	umber of responsible part	v.				
	Telephone number of responsible party:						
	Estimated project dates: Start Date Completion Date						
	Length of tir	ne waiver is being request	ted:	Not to exceed 1 year			
•	1/4	<u> <u> </u><sup>1</sup>/4    Section</u>	T N/S R UTM (m) E:	E, M.D.B. & M.			
		(N):					
	County Assessor Parcel Number (APN): Street Address (if any):						
			and reason for requesting this wai				
	Estimated an	Estimated amount of water to be used:					
	Number of daysx Gallons per day = Total Gallons						
	Is this an existing well? Yes No If yes, what is the NDWR well log number?						
0.		r is an amendment or char ne original waiver number	קע	property has other wells installed,			

			DR				
11.	Is the amount of water diverted	by this drain accounted for by a water	right? Yes No				
	If yes, what is the water right perm	it number?					
12.	<ul> <li>The following items must be submitted with the waiver request:</li> <li>A schematic drawing of the drain well construction</li> </ul>						
	<ul> <li>A plugging plan for the drain well, including a schematic drawing if applicable</li> </ul>						
	<ul> <li>Affidavit of Intent to Plug a Well</li> <li>Location Map (i.e., Large Scale, inch = miles)</li> </ul>						
	Site Detail Map (i.e., Sma     Discharge normit on written						
12	Discharge permit or written authorization from the appropriate agency						
13.	Signatory Contact Information:						
	Telephone Number	Printed Name	Email Address				
	Mailing Address	City, State, ZIP Code					
	Signature	Date					

Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002, Carson City, Nevada 89701