IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA REQUEST FOR WAIVER TO NOT PLUG AN EXISTING WELL FOR A PERIOD OF ONE (1) YEAR

The applicant and/or person or company res	ponsible:	
Name	Title	Company
Street Address or PO Box	City or Town	State and ZIP Code
Telephone number of responsible party:		
Location of the well: PLSS, GPS Coordin	ates and Map Datum are requi	red.
¹ / ₄ ¹ / ₄ Section		
∫ Latitude (N):	∫ UTM (m) E:	
{ Latitude (N):}	or { UTM (m) E: UTM (m) N:	
County Assessor Parcel Number (APN):		
Purpose and reason for requesting this waiv	er: (Attach additional sheets as necess	sary)
What is the NDWR well log number?		
What is the water right permit number?		
The following items	must be submitted with the wa	iver request:
• Affidavit of Intent to Plug a W	ell	
Signatory Contact Information:		
Telephone Number		
Email Address	Printed Name	
Mailing Address	Signature	
City, State, ZIP Code	Date	

IN THE OFFICE OF THE STATE ENGINEER OF NEVADA

AFFIDAVIT OF INTENT TO PLUG A WELL

Company	
Telephone Number of the real property located at: Street address (if any) County Assessor Parcel Number (APN) Situated within the1/4	
of the real property located at: Street address (if any) County Assessor Parcel Number (APN) Situated within the½ Section TRE, M.D.B. &	
Street address (if any) County Assessor Parcel Number (APN) Situated within the¹/₄ Section TRE, M.D.B. &	
County Assessor Parcel Number (APN) Situated within the¹/₄ Section TRE, M.D.B. &	
Situated within the!4 Section TRE, M.D.B. &	
{ Latitude (N): } or { UTM (m) E: } Datum	M.
(Longitude (W):) (UTM (m) N:)	
and whereupon an existing well or wells are located or to be located, fully understand that I shall responsible for, and shall cause the existing well to be plugged in accordance with the provision contained in Nevada Administrative Code (NAC) 534, imposed in the terms set forth in the wait approval and all other applicable rules and regulations for drilling/plugging wells in the State Nevada. I shall further make any purchaser of this parcel aware of these conditions.	ons ver
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	