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FORM 4025

IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA REQUEST FOR A WAIVER FOR OBSERVATION OR MONITOR WELL(S)

This Space for Office Use Only

1. 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

2. The owner of the land, if different than the applicant:

_____ Name _____ Title _____ Company

_____ Street Address or PO Box _____ City or Town _____ State and ZIP Code

3. Telephone number of: Responsible party _____ Data Collector _____

4. Estimated project dates: Start Date_____ Completion Date _____

5. Length of time waiver is being requested: _____ Not to exceed 1 year

6. Is this an existing well? ☐ Yes ☐ No If yes, what is the NDWR well log number? _____

7. Location of the well: **PLSS, GPS Coordinates and Map Datum are required.** *(Utilize the Additional Well Locations sheet for multiple wells)*

_____¼ _____¼ Section_____ T_____N/S R_____E, M.D.B. & M.

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

County Assessor Parcel Number (APN): _____

Street Address (if any): _____

NDEP Order # (if any): _____

Well Name (if any): _____

8. A detailed explanation of the purpose and reason for requesting this waiver: (*Attach additional sheets as necessary*)

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9.	Estimated amount of water to be used: Number of days_____x Gallons per day_____ = Total Gallons_____
10.	If this waiver is an amendment or change to an original waiver, or if the property has other wells installed, please give the original waiver number. M/O-_____
11.	**The following items must be submitted with the waiver request:** • **A schematic drawing of the typical monitor well construction** • **If the well is or will be located on public land, an Affidavit of Intent to Plug a Well is required (Listing all wells by well ID/Name) (Separate Affidavit for each ¼, ¼)** • **Location Map (i.e., Large Scale, inch = miles)** • **Site Detail Map (i.e., Small Scale, inch = feet)** • **If requested or previously required, a current, updated copy of the list setting forth the numbers of the monitoring wells for which waivers have been issued previously and the disposition of those wells**
12.	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

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