

FORM 4030	IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA REQUEST FOR A WAIVER FOR TEMPORARY DRAIN WELLS	<i>This Space For Office Use Only</i>												
1.	The applicant and/or person or company responsible for drilling and plugging the temporary well: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Title</td> <td style="text-align: center;">Company</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Street Address or PO Box</td> <td style="text-align: center;">City or Town</td> <td style="text-align: center;">State and ZIP Code</td> </tr> </table>		_____	_____	_____	Name	Title	Company	_____	_____	_____	Street Address or PO Box	City or Town	State and ZIP Code
_____	_____	_____												
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: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Title</td> <td style="text-align: center;">Company</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Street Address or PO Box</td> <td style="text-align: center;">City or Town</td> <td style="text-align: center;">State and ZIP Code</td> </tr> </table>		_____	_____	_____	Name	Title	Company	_____	_____	_____	Street Address or PO Box	City or Town	State and ZIP Code
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3.	Telephone number of responsible party: _____													
4.	Estimated project dates: Start Date _____ Completion Date _____													
5.	Length of time waiver is being requested: _____ Not to exceed 1 year													
6.	Location of the well: PLSS, GPS Coordinates and Map Datum are required. _____ ¹ / ₄ _____ ¹ / ₄ Section _____ T _____ N/S R _____ E, M.D.B. & M. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: middle;">{ Latitude (N): _____ }</td> <td style="width: 10%; text-align: center; vertical-align: middle;">or</td> <td style="width: 33%; vertical-align: middle;">{ UTM (m) E: _____ }</td> <td style="width: 24%; text-align: right; vertical-align: middle;">Datum</td> </tr> <tr> <td style="vertical-align: middle;">{ Longitude (W): _____ }</td> <td></td> <td style="vertical-align: middle;">{ UTM (m) N: _____ }</td> <td style="text-align: right; vertical-align: middle;">_____</td> </tr> </table> County Assessor Parcel Number (APN): _____ Street Address (if any): _____ Project/Contract Number (if any) _____		{ Latitude (N): _____ }	or	{ UTM (m) E: _____ }	Datum	{ Longitude (W): _____ }		{ UTM (m) N: _____ }	_____				
{ Latitude (N): _____ }	or	{ UTM (m) E: _____ }	Datum											
{ Longitude (W): _____ }		{ UTM (m) N: _____ }	_____											
7.	A detailed explanation of the purpose and reason for requesting this waiver: <i>(Attach additional sheets as necessary)</i>													
8.	Estimated amount of water to be used: Number of days _____ x Gallons per day _____ = Total Gallons _____													
9.	Is this an existing well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the NDWR well log number? _____													
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. DR- _____													

11.	Is the amount of water diverted by this drain accounted for by a water right? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the water right permit number? _____																								
12.	The following items must be submitted with the waiver request: <ul style="list-style-type: none"> • A schematic drawing of the drain well construction • A plugging plan for the drain well, including a schematic drawing if applicable • Affidavit of Intent to Plug a Well • Location Map (i.e., Large Scale, inch = miles) • Site Detail Map (i.e., Small Scale, inch = feet) • Discharge permit or written authorization from the appropriate agency 																								
13.	Signatory Contact Information: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> <td style="width: 33%; text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Telephone Number</td> <td style="text-align: center;">Printed Name</td> <td style="text-align: center;">Email Address</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td style="text-align: center;">Mailing Address</td> <td style="text-align: center;">City, State, ZIP Code</td> <td></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Date</td> <td></td> </tr> </table>	_____	_____	_____	Telephone Number	Printed Name	Email Address				_____	_____		Mailing Address	City, State, ZIP Code					_____	_____		Signature	Date	
_____	_____	_____																							
Telephone Number	Printed Name	Email Address																							
_____	_____																								
Mailing Address	City, State, ZIP Code																								
_____	_____																								
Signature	Date																								

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