## FORM 4020

## IN THE OFFICE OF THE STATE ENGINEER OF THE STATE OF NEVADA REQUEST FOR WAIVER OF THE PROVISIONS OF THE WELL DRILLING REGULATIONS AS ADOPTED UNDER CHAPTER 534 OF THE NEVADA ADMINISTRATIVE CODE

_			ins space for other one only	
1.	The applicant and/or person or compa	ny responsible for drilling and pl	gging 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	n the applicant:		
	Name	Title	Company	
	Street Address or PO Box	City or Town	State and ZIP Code	
3.	Telephone number of responsible part	v:		
4.	Location of the well: PLSS, GPS Co	ordinates and Map Datum are by TN/S R	E, M.D.B. & M.	
	Latitude (N):  Longitude (W):	or $ \left\{ \begin{array}{c} \text{UTM (m) E:} & -\\ \text{UTM (m) N:} & -\\ \end{array} \right. $		
	County Assessor Parcel Number (API			
	Street Address (if any):			
5.	If there is no street address, a descriptic common landmarks and cross-streets in			
6.	A detailed explanation of the purpose necessary)	and reason for requesting this wa	iver: (Attach additional sheets as	

		R			
Section(s) of the regulations to be v	Section(s) of the regulations to be waived:				
Is this an existing well? Yes	No If yes, what is the NDWR well	log number?			
If no well log can be located, please	e provide a detailed description of the we	;11:			
The following items must be submitted with the waiver request:  • A Schematic Drawing of the Well Construction  • Any Available Data to Categorize the Hydraulic Heads, Water Quality and Permeability Characteristics of the Aquifer  Signatory Contact Information:					
Telephone Number	Printed Name	Email Address			
Mailing Address	City, State, ZIP Code				

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