



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**
901 South Stewart Street, Suite 2002 Carson City, Nevada 89701-5250
(775) 684-2800 · Fax (775) 684-2811
<http://water.nv.gov>

NOTICE OF INTENT TO DRILL

Today's Date: _____ Intended Start Date: _____

Type of Work: Drilling Deepening Reconditioning Plugging

Is this a replacement well? ☐ Yes ☐ No Please indicate the existing well log number (if applicable): _____

Proposed use of well: _____ Diameter of well: _____ inches Number of wells: _____

If domestic well, is location in water purveyor's service area? ☐ Yes ☐ No Well ID: _____

For monitor well required by another government agency, provide facility ID number: _____ Agency: _____

If well is being completed under a waiver, please provide corresponding waiver number: _____

If a water right is associated with the well, please provide the permit number: _____

Location of well by Public Land Survey: _____ 1/4 _____ 1/4 Sec: _____ T _____ N/S R _____ E

Latitude: _____ UTM E: _____ ☐ NAD 27

Longitude: _____ UTM N: _____ ☐ NAD83/WGS 84

Address at well location: _____

Assessor Parcel Number: _____ Parcel size: _____ acres

County: _____ Subdivision name: _____

Name of client: _____

Address of client: _____

Company name and address: _____

Contact phone number: _____ Company email address: _____

Contractor license number: _____ Driller license number: _____ Driller Signature: _____

For Division Use Only
NAD27 Lat: _____
NAD27 Long: _____
Basin: _____

\$25 FILING FEE MUST ACCOMPANY THIS REQUEST

For Division Use Only

NOI #: _____ Status: Approved ☐ Denied ☐ Expiration Date: ____/____/____

Details: _____

Reviewer: _____ Date Reviewed: ____/____/____