Submit to: metersupport@water.nv.gov
Nevada Division of Water Resources
901 South Stewart Street, Suite 2002
Carson City, NV 89701

REPORT OF INSTALLATION OF TOTALIZING METER

Permit No(s).: 48803 (one form per meter) Well Log No.: _____

Well Name, if applicable: Golf Course Well

In accordance with State Engineer's requirement for the installation and maintenance of a totalizing meter, the following information is being submitted as notice that the required totalizing meter has been properly installed:

The meter is located at Assessor's Parcel Number (APN) _____ County: _____

OR in the SW Quarter of the SE Quarter of Section 9,

Township 37 N/S., Range 62 E., M.D.B.&M., Elko County, Nevada.
circle one

1. Meter Serial No.: 6161019096 Date Installed: _____ month day year
2. Manufacturer of Meter: Signet Magmeter
3. Meter Model No.: ~~6161019096~~ +GF+
4. Meter Size: 6"
5. Meter Units: ☑ Gallons ☐ Acre-feet ☐ Cubic Feet ☐ Other: _____
6. Multiplier Factor: ☑ None (x1) ☐ x1000 ☐ x100 ☐ x10 ☐ x .01 ☐ x .001 ☐ Other: _____
7. Meter Type: ☐ Analog ☑ Digital ➢If analog, total number of digits (including "fixed" zeros, if present): _____
8. Meter Reading on Date Installed: _____
9. This meter is: ☐ Existing ☑ New ☐ Replacement

➢ If this is a replacement meter, answer items 10 and 11 for the old meter.

10. Retired Meter Serial No.: _____ Date Removed: _____ month day year
11. Meter Reading on Date Removed: _____

RECEIVED
2016 NOV 28 PM 1:58
STATE ENGINEERS OFFICE

Additional Notes (e.g., which gauge should be read for electronic meters, instructions for access to meter):

Please Print

☑ Owner ☐ Tenant ☐ Agent Name: City of Wells

Address: 525 6th St. Telephone: (775) 752-3355

City, State, Zip + 4: Wells, NV 89835 Email Address: Wellscityshop@frontier.com

Signature: [signature] Date: 11/21/16

Contact for meter access: Jason Pengelly Contact's Telephone: (775) 752-3355

Email Address: _____