

Submit to:
Nevada Division of Water Resources
901 South Stewart Street, Suite 2002
Carson City, NV 89701

REPORT OF INSTALLATION OF TOTALIZING METER

Permit No(s): 68327 (one form per meter) Well Log No.: Copy attached

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) GPS: 40.73624N & 115.48111W County: _____

OR in the NE Quarter of the NW Quarter of Section 19

Township 33 circle one N/S., Range 58 E., M.D.B.&M., ELKO County, Nevada.

1. Meter Serial No.: 5374827 Date Installed: 9/1/07 month 1 day 2008 year First tested June, 2008; first run: July, 2008.

2. Manufacturer of Meter: Master Meter

3. Meter Model No.: Dialog 4" MMT

4. Meter Size: 4"

5. Meter Units: Gallons Acre-feet Cubic Feet Other: _____

6. Multiplier Factor: None x1000 x100 x10 x.01 x.001 Other: _____

7. Meter Reading on Date Installed: 0, Meter reading on 9/7/2015: 100,866 ~~x 1000~~

8. This meter is Existing New Replacement.

> If this is a replacement meter, answer items 9 and 10 for the old meter.

9. Retired Meter Serial No.: _____ Date Removed: _____
month day year

10. Meter Reading on Date Removed: _____

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

Well, pump & meter are located about 260 ft west of Country Lane approx. 290 ft south of its intersection with Clubhouse Road on the Wilson property with street address of 1225 Country Lane Lamoille, NV 89828
Please Print

Owner Tenant Agent Name: Robert L. Zerga & Susan A Zerga and Stewart R. Wilson & Karen C. Wilson
Zerga's 1291 Country Lane Telephone: (775) 777-1592

Address: Wilson's 1225 Country Lane Telephone: (775) 738-9800

City, State, Zip + 4: Lamoille, NV, 89828 Email Address: susanz@frontier.net

Signature: Robert L. Zerga Date: 9/18/2015

Contact for meter access: Robert L. Zerga Contact's Telephone: (775) 777-1592

RECEIVED
2015 SEP 21 PM 2:02
STATE ENGINEERS OFFICE

**STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT**

OFFICE USE ONLY

Log No. _____
Permit No. _____
Basin _____

PRINT OR TYPE ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 59454

1. OWNER Robert Zerga ADDRESS AT WELL LOCATION Lamoille, NV
MAILING ADDRESS P.O. Box 281327 Lamoille, NV 89828 Subdivision Name: _____ County: Elko
2. LOCATION NE 1/4 NW 1/4 Sec 19 T 33N N/S R 58 E Latitude 40.73624N UTM E NAD 27
PERMIT/WAIVER No. 68327 Longitude 115.48111W N NAD 83/WGS 84
Issued by Water Resources Parcel No. _____

3. WORKED PERFORMED New Well Replace Recondition Deepen Other
4. PROPOSED USE Domestic Irrigation Test Monitor Stock Municipal/Industrial
5. WELL TYPE Cable Rotary RVC Air Other

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
Loam		0	4	4
Cobbles/Boulders	X	4	65	61
Decomposed Granite		65	89	24
Clay		89	93	4
Decomposed Granite		93	118	25
Hard Fractured Rock	X	118	124	6
Decomposed Granite		124	138	14
Fractured Rock	X	138	142	4
Decomposed Granite		142	147	5
Hard Rock		147	160	13
Decomposed Granite		160	163	3
Clay		163	178	15
Decomposed Granite		178	189	11
Clay		189	209	20
Decomposed Granite		209	230	21
Fractured Rock	X	230	235	5
Hard solid rock		235	306	71
Fractured Rock	X	306	325	19

9. WELL CONSTRUCTION

Depth Drilled 325 Feet Depth Cased 325 Feet

HOLE DIAMETER (BIT SIZE)

From	To	From	To
<u>15</u> Inches	<u>0</u> Feet	<u>325</u> Feet	<u>325</u> Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet
_____ Inches	_____ Feet	_____ Feet	_____ Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/FL (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>10</u>	<u>28.04</u>	<u>250</u>	<u>+2</u>	<u>325</u>

Perforations:

Type of perforation	Size of perforation	From	To
_____	<u>3/16" x 3"</u>	<u>125</u> feet	<u>145</u> feet
_____	_____	<u>185</u> feet	<u>205</u> feet
_____	_____	<u>225</u> feet	<u>245</u> feet
_____	_____	<u>265</u> feet	<u>285</u> feet
_____	_____	<u>305</u> feet	<u>325</u> feet

Annular Seal: Yes No

Material	From	To	Method
<input type="checkbox"/> Neat Cement	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> Cement Grout	_____	_____	<input type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input checked="" type="checkbox"/> Concrete Grout	<u>0</u>	<u>65</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured
<input type="checkbox"/> ≥30% Bentonite Grout	<u>65</u>	<u>105</u>	<input checked="" type="checkbox"/> Pumped <input type="checkbox"/> Poured

Gravel Pack: Yes No 105 to 325 Pumped Poured
Type: 3/8 PEA GRAVE

Bentonite Chips: Yes No 105 to 325 Pumped Poured
Type: _____

Date started: 16-Apr, 20 07
Date completed: 11-May, 20 07

7. Water Level

Static water level: 78 feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: cold °F
Quality: _____

8. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift	<u>500</u>	<u>500</u>	<u>24</u>
_____	_____	_____	_____
_____	_____	_____	_____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.

Name SHAREL C. FERTIG SR. dba FERTIG DRILLING COMPANY
Contractor

Address P.O. BOX 525
Contractor

ELKO, NV 89803

Nevada contractor's license number _____
issued by the State Contractor's Board

Nevada driller's license number issued by the _____
Division of Water Resources, the on-site driller

Signed [Signature]
By driller performing actual drilling on site or contractor

Date 5-15-07

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