

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): 72821, 72820, 72822, 72142 (one form per meter) Well Log No.: _____

Well Name, if applicable: Well # 6 Rodeo 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 SE Quarter of the SE Quarter of Section 9

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

1. Meter Serial No.: 7ME651 699813T096 Date Installed: _____
month day year

2. Manufacturer of Meter: SIEMENS

3. Meter Model No.: SITRANS FM Magflow Mag 5160

4. Meter Size: 8"

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: _____

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 Penkley Contact's Telephone: (775) 752-3355

Email Address: _____