## MONTHLY PUMPAGE REPORT

Submit electronically to: pumpagereports@water.nv.gov

Hard copy may be mailed to: State of Nevada, Division of Water Resources, 901 S. Stewart Street, Suite 2002, Carson City, NV 89701

| PERMITTEE    |         |              | CONTACT INFORMATION            |     |     |         |     |           |     |                                     |             | REPORTING INFORMATION |         |           |        |     |  |
|--------------|---------|--------------|--------------------------------|-----|-----|---------|-----|-----------|-----|-------------------------------------|-------------|-----------------------|---------|-----------|--------|-----|--|
|              |         |              | Name                           |     |     | Address |     | Phone No. |     | Measurement Period (Month/Day/Year) |             |                       |         |           |        |     |  |
| PROJECT NAME |         |              |                                |     |     |         |     | Fax No.   |     | From                                |             | То                    |         |           |        |     |  |
|              |         |              |                                |     |     |         |     | E-mail    |     | ]                                   | Report Subm | ission Quarte         | erly Mo | nthly     | Annual |     |  |
| WELL<br>NAME | PERMIT  | Basin<br>No. | PUMPAGE IN MILLIONS OF GALLONS |     |     |         |     |           |     |                                     |             |                       |         | ROW TOTAL |        |     |  |
|              | NO.     |              | JAN                            | FEB | MAR | APR     | MAY | JUN       | JUL | AUG                                 | SEP         | OCT                   | NOV     | DEC       | MGA    | AFA |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         |              |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
| TOTAL        | D       | MCA          |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
| TOTAL        | Pumpage | MGA          |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |
|              |         | AFA          |                                |     |     |         |     |           |     |                                     |             |                       |         |           |        |     |  |

WATER MANAGEMENT INFORMATION SUMMARY - Customize this summary as necessary to fully describe the permitted water management program to include but not limited to: delivery, discharge, infiltration, mining, irrigation, storage, evaporation.