FORM 7009

Request to Submit Estimated Pumpage for Broken Meter

This Space for Office Use Only

Nevada Division of Water Resources (NDWR) 901 S. Stewart St., Ste. 2002, Carson City, NV 89701 Office: (775) 684-2800 / Fax: (775) 684-2811

This request and sworn affidavit are authorized by State Engineer's Orders 1251, 1253, 1254A, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1318, and 1320.

This form is in no way a direct substitute for a functioning totalizing meter.

1.	1. I,, am th	e	
	(Your Name) Holder of Permit Number		
	Agent for, the holder of, the holder of	Permit Number	
2.	,	est authorization for the temporary estimation of the amount of water pumped during the time required air a non-functioning totalizing meter.	
3.	3. I estimate that my well pumped at GPM (gallons per mi not recording.	nute) during the time my meter was	
4.	4. This permit is served by well,	(n/a if no common name for well).	
5.	5. The totalizing meter is a, Serial,	Number(s)	
	6. On, I learned that this totalizing meter was not working properly.		
7. The repairs of the totalizing meter were completed on		·	
8.	. I estimate that the well pumped for hours between the date that I learned the meter was broken and the date of the completed repairs.		
E	Estimated pumpage will be the product of the rate of pumping and time the perform this calculation with the information provided	* *	
	Pursuant to NRS 53.045, I hereby certify, under penalty of perjury of that the foregoing is true and correct		
Sig	Signature:		
Stı	Street No. or PO Box:		
Ci	City, State, ZIP Code:		
Ph	Phone Number:		
En	Email Address:		