



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
MONTHLY GROUND WATER USE REPORT

For Official Use Only:

Name: _____

Company: _____

Address: _____

Telephone No.: _____ Email: _____

Report Month: _____ Year: _____

INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources.
Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. Fax to: (808) 587-0219. For assistance, please call (808) 587-0225.

State Well No.	Well Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Pumped (gallons)	Chloride (PPM)	Date (Chlorides)	Conductivity (µS/cm)	Date (Conductivity)	Temp. (°C or °F)	Non-Pumping Water Level (ft. above msl)*	Date (Water Level)	Time (Water Level)

* Measurement should be taken while pump is NOT running just prior to a pumping cycle; If measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., how pumpage amounts were determined, meter, weir or estimated, etc.):

Submitted by (print): _____

Title: _____

For electronic submissions:

By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.

Date: _____

For hardcopy submissions:

Signature: _____

Date: _____