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|  | | STATE OF HAWAIIDEPARTMENT OF LAND AND NATURAL RESOURCESCOMMISSION ON WATER RESOURCE MANAGEMENT REQUEST FOR DETERMINATION | | | | | | | | | | | | |  | **For Official Use Only:** | | |
| **Instructions:** Please print in ink or type and send completed form with any attachments to the Commission on Water Resource Management via mail to P.O. Box 621, Honolulu, Hawaii 96809; or via e-mail to dlnr.cwrm@hawaii.gov. For assistance, call the Stream Protection and Management Branch at 587-0234. For further information and updates to this application form, visit http://hawaii.gov/dlnr/cwrm. | | | | | | | | | | | | | | | |
| The purpose of this form is to request that a determination be made for a proposed stream-related project. Based upon the information provided, the Commission staff shall review the request and make a determination whether a Stream Channel Alteration Permit or Stream Diversion Work Permit will be required prior to the project being initiated. Information should be as complete and accurate as possible so that a determination can be made in a timely and efficient manner. For more information, refer to the State Water Code, Chapter 174C, Hawaii Revised Statutes, and Chapter 13-169, Hawaii Administrative Rules (Protection of Instream Uses of Water). | | | | | | | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Name / Company:** | | | | | | | **Mailing Address:** | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| **Phone Number:** | | | | **Fax Number:** | | | **E-mail Address:** | | | | | | Check here to allow Commission staff to communicate primarily via e-mail. Legally required and other key correspondence will still be transmitted via postal mail. | | | | | |
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| **PROJECT INFORMATION** | | | | | | | | | | | | | | | | | | |
| **Island:** *(Check only one)* | | | Kauai | | Oahu | | | | Molokai | | Lanai | | | Maui | | | | Hawaii |
| **Tax Map Key(s):** | |  | | | | | | | |  | | | | | | | | |
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| **Stream / Gulch Name(s):** | | | | | | | | | | | | | | | | | | |
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| **Describe the Project Location:**  **Please provide a map, property address, GPS coordinates, and photo(s) of the proposed location identified if possible. Attach additional pages if needed.** | | | | | | | | | | | | | | | | | | |
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| **Describe the Proposed Project:**  **Provide a detailed description of the project. If possible, attach a simple design plan of the project in relation to the stream. Attach additional pages if needed.** | | | | | | | | | | | | | | | | | | |
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| **FOR OFFICIAL USE ONLY:** | | | | | | SWHU ID: | |  | | | | FILE ID: | | | | |  | |
| LAT: |  | | | | | GWHU ID: | |  | | | | DOC ID: | | | | |  | |
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