#### **statesealState of Hawaii**

**For Official Use Only:**

# COMMISSION ON WATER RESOURCE MANAGEMENT

**Department of Land and Natural Resources**

##### MONTHLY GROUND WATER USE REPORT

|  |  |
| --- | --- |
| **Name:** |       |
| **Company:** |       |
| **Address:** |       |
|  |       |
| **Telephone No.:** |       |  | **Email:** |       |
| **Report Month:** |       |  | **Year:** |       |

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| --- |
| **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.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State WellNo. | Well Name | PeriodBegin Date(mm/dd/yy) | PeriodEnd Date(mm/dd/yy) | QuantityPumped(gallons) | Chloride(PPM) | Date(Chlorides) | Conductivity(µS/cm) | Date(Conductivity) | Temp.(°C or °F) | Non-PumpingWater Level(ft. above msl)\* | Date(Water Level) | Time(Water Level) |
|       |       |       |       |       |       |       |       |       |       |       |       |       |
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|  |  |  |  |  |  |
|  |  |  |  |  | \* 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:** |       |