#### **statesealState of Hawaii**

**For Official Use Only:**

# COMMISSION ON WATER RESOURCE MANAGEMENT

**Department of Land and Natural Resources**

##### MONTHLY GROUND WATER USE REPORT

|  |  |  |  |  |  |
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| **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 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) |
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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:**

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| --- | --- | --- | --- | --- |
|  | *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:** |  |