### State of Hawaii
**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:**

**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.

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