



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

For Official Use Only:

Report PID:

SWUR ID:

Name: _____
 Company: _____
 Address: _____
 Telephone No.: _____ Fax No.: _____
 Report Month: _____ Year: _____

INSTRUCTIONS: Please TYPE or PRINT CLEARLY. Complete this form to report total monthly surface water use from each of your sources and/or gaging stations. For assistance, contact the Stream Protection and Management Branch at (808) 587-0234.
Electronic submissions: Complete and digitally sign (checkbox) this form, then send file via e-mail to: dlwr.cwrmm@hawaii.gov
Hardcopy submissions: Complete, print and sign this form, then send printed report via mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. To submit report via facsimile, send to (808) 587-0219.

Gage ID*	Gage Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Measured (gallons)	Method of Measurement**

* The Gage ID should be obtained from the Commission on Water Resource Management.
 ** Flow meter, electrical consumption, weir or flume, not metered (estimated).

Other comments or additional information (e.g., date and method of chloride measurement, how pumpage amounts are estimated, etc.):

Submitted by (print name): _____ 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: _____

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