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, and, if required, other information from each of your surface-water sources. Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. For assistance, please call (808) 587-0234.

Diversion Gage ID*	Diversion 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)**:** _____ **Title:** _____

Signature: _____ **Date:** _____