DECLARANT (FILE REF.): Greenwell B.G.                     DATE: April 23, 1992

PRESENT:                 Blaine Greenwell and M. Ohye

LOCATION:               TMK: 6-2-02:30 & 6-2-03:01, Haleiwa

SOURCE(S):              4 Dug Wells and 1 Spring

USE(S):                 Unused

FIELD NOTES: The property is located at 62-203 Lokoea Place in Haleiwa and consists of 2 parcels. Three shallow dug type wells and one spring are within TMK: 6-2-03:01, and one dug well is located in TMK: 6-2-02:30. All wells are covered with tall grass and difficult to measure. According to Mr. Greenwell, each well is approximately 4' x 4'. He plans on using water from the wells in the future for growing fruits and vegetables. I left pump installation forms with him.

NOTE: The spring is not registered.
FIELD INSPECTION INFORMATION CHECKLIST

PART I: USE OF WATER

Declarant's File Reference: GREENWELL B.G.

1. Tax Map Key where the water is used: _____-_____:-_____. Does the declarant own this land? _____ If not, who does?

2. What is the water used for? PRESENTLY UNUSED
   If for irrigation, how many acres are being irrigated by crop type?
   If for livestock, how many and what kind?
   If for drinking, at how many houses? by how many people?

3. Is the quantity of water use being measured? _____ If yes, document the location of the measurement point and method of measurement; also get use records if these were not submitted previously.

4. If this person takes from a multi-user pipe or ditch system:
   How is the water taken from the system?
   What is the capacity for taking (gpm)?
   How often is it taken (used)?

PART II: WATER SOURCE

Source #: 3506-11-14 Name: GREENWELL DUGS

1. Where does the water come from / what kind of source is this? DUG WELLS

   Types of sources include:
   1) Wells (drilled, dug, tunnel)
   2) Diversions (ditch, pipe, pump, or livestock from a stream, spring, swamp, pond)
   3) Multi-source systems. (Declared use cannot be traced to a single well or diversion)
   NOTE: If a multi-user system: take from pipe or ditch (need to determine whether this is a multi-source or single-source system before the data can be input to the computer
   4) Instream (i.e., crops planted along water edge)

2. Show the source location on maps, determine latitude and longitude, and document the nature of source development by measurements, sketches, and photographs. How is the water taken?

   What is the capacity for taking (gpm)?
   How often is it taken (used)?

3. Tax Map Key at the source: _____-_____:-_____. Determine declarant's relation to source. Does the declarant:

   1) Operate and maintain the source? _____ If not, who does?
   2) Own the land at the source? _____ If not, who does?
   3) Use the water from this source? _____ If not, who does?
   4) Own the land where the water is being used? _____
   5) None of the above? _____ If so, why did they file?

4. Does anyone else also use water from this source? No If yes, is their use included in this user's declaration? Who are the other users? Did they file?

VERIFIED BY: GREENWELL K. OLIVE DATE: APRIL 29, 1992
# Registration of Well and Declaration of Water Use

**Instructions:** Please type or print. If information is not available or not applicable, indicate as N/A. Fill out as completely as possible, sign, and file form with the Division of Water Resource Management, P.O. Box 373, Honolulu, Hawaii 96809. Phone 548-3948 or 548-7543 for assistance.

**Battery of Wells:** For a battery of wells, on the surface, in a tunnel, or in a shaft, submit a registration form for each well together with a single map or plot plan showing layout of wells.

---

### A. Well Operator
- **Firm name:**
- **Contact person:**
- **Address:**
- **Zip:**
- **Phone:**

### B. Owner of Well Site
- **Firm name:**
- **Contact person:**
- **Address:**
- **Zip:**
- **Phone:**

### C. Well Location
- **Tax Map Key:** L-2-29 30
- **Town, Place, District:**
- **Attach USGS “Quad” map (scale 1:24,000), tax map, or other map showing:**

### D. Well Data
- **For Drilled Wells,** submit “as-built” drawing, driller’s log, and pump test results, and complete items below:
- **Drilled Wells:**
  - **Ground elevation (mean sea level):**
  - Reference point (used to measure depth to water):
    - **Elevation:**
    - **Description:**
  - **Depth to water (below reference point):**
  - **Maximum recorded chloride:**
  - **Minimum recorded chloride:**
  - **Maximum chloride in 1987:**
- **For Tunnels and Shafts,** submit construction drawings, plot plan, or sketch map:
  - **Year drilled or constructed:**
  - **Well contractor:**
  - **Casing diameter:**
  - **Solid casing depth (below ground):**
  - **Perforated casing depth (below ground):**
  - **Total depth of well:**
  - **Minimum chloride in 1987:**

### E. Installed Pump Data
- **Pump type:**
  - □ Vertical shatt
  - □ Submersible
  - □ Centrifugal
  - □ Other (specify):
- **Power:**
  - □ Diesel, ___ HP
  - □ Gas, ___ HP
  - □ Electric, ___ HP
  - □ Other (specify):
- **Pump capacity:**
  - **gallons per minute:**
- **Pump installation contractor:**

... (continued over)

---

References: Hawaii Revised Statutes, Chapter 174C.
Hawaii Administrative Rules, Chapters 13-167 to 13-171.
F. DECLARATION OF WATER USE

NOTE: The purpose of the Declaration of Water Use is to obtain information necessary for the management of the State's water resources. The Declaration does not confer a legal right to water or its use.

Water use data are recorded:  □ Daily  □ Weekly  □ Monthly

Method of measurement:  □ Flow Meter  □ Orifice

Quantitative of Use (Report measured or estimated monthly water use from the well described on the reverse side of this form, for the calendar years 1983 through 1987. For a battery of wells which are not individually metered, but which are connected to a single meter or other measuring device, report total use from the battery):

WATER USE, IN GALLONS x 1000

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<td>ANNUAL</td>
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</table>

Minimum day's use: __________________________ gallons  Maximum day's use: __________________________ gallons
Typical times of usage: __________________________

Type of Use (Check all category boxes that apply and provide additional information as indicated.):

- □ Municipal (including resorts, hotels, businesses)
- □ Domestic (systems serving 25 people or less)
- □ Irrigation
- □ Industrial
- □ Military
- □ Other

Additional Information

Number of service connections: __________________________
Acres Irrigated: __________________________
Crop(s):  □ Sugar  □ Pineapple  □ Other (specify): __________
Non-Crop:  □ Landscape  □ Golf Course  □ Other (specify): __________
Method:  □ Drip  □ Furrow  □ Sprinkler  □ Cooling  □ Manufacturing  □ Mill  □ Other (specify): __________

Specify (livestock, aquaculture, etc.): __________________________

I declare that the contents of the above Declaration of Water Use are, to the best of my knowledge and belief, true, correct, and complete.

Water User's Signature: __________________________ Date: __________
Printed Name: __________________________
Firm or Title (Well Operator, etc.): __________________________

...
STATE OF HAWAII  
COMMISSION ON WATER RESOURCE MANAGEMENT  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCE MANAGEMENT  

REGISTRATION OF WELL AND DECLARATION OF WATER USE

INSTRUCTIONS: Please type or print. If information is not available or not applicable, indicate as N/A. Fill out as completely as possible, sign, and tile form with the Division of Water Resource Management, P.O. Box 373, Honolulu, Hawaii 96809. Phone 548-3946 or 548-7543 for assistance.

BATTERY OF WELLS: For a battery of wells, on the surface, in a tunnel, or in a shaft, submit a registration form for each well together with a single map or plot plan showing layout of wells.

STATE WELL NO.: ___________ ISLAND: OAHU

WELL NAME OR DESIGNATION: ____________________________

SOURCE OR STATION NAME (For a battery of wells):

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. WELL OPERATOR</td>
<td>Firm name: ___________</td>
</tr>
<tr>
<td>Contact person:</td>
<td>___________</td>
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<tr>
<td>Address:</td>
<td>___________</td>
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<tr>
<td>Zip:</td>
<td>___________</td>
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<tr>
<td>Phone:</td>
<td>___________</td>
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<td></td>
<td>B. OWNER OF WELL SITE</td>
</tr>
<tr>
<td>Firm name:</td>
<td>___________</td>
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<tr>
<td>Contact person:</td>
<td>SAME</td>
</tr>
<tr>
<td>Address:</td>
<td>62-203 LOHEA PL, HALEIWA, HI</td>
</tr>
<tr>
<td>Zip:</td>
<td>96712</td>
</tr>
<tr>
<td>Phone:</td>
<td>637-5584</td>
</tr>
</tbody>
</table>

C. WELL LOCATION |
| Tax Map Key: 16-2-3-1 |
| Town, Place, District: HALEIWA |
| Attach USGS "Quad" map (scale 1:24,000), tax map, or other map showing the well location. |

D. WELL DATA |
For Drilled Wells, submit "as-built" drawing, driller's log, and pump test results, and complete items below.
For Tunnels and Shafts, submit construction drawings, plot plan, or sketch map.

| Ground elevation (Mean sea level): | ______ ft. |
| Reference point (Used to measure depth to water): | |
| Elevation: | ______ ft. |
| Description: | |
| Depth to water (Below reference point): | ______ ft. |
| Maximum recorded chloride: | ______ ppm |
| Minimum recorded chloride: | ______ ppm |
| Maximum chloride in 1987: | ______ ppm |
| Year drilled or constructed: | 1950 |
| Well contractor: | STRONG \underline{0} Diam. |
| Casing diameter: | ______ in. |
| Solid casing depth (below ground): | ______ ft. |
| Perforated casing depth (below ground): | ______ ft. |
| Total depth of well: | ______ ft. |
| Minimum chloride in 1987: | ______ ppm |

E. INSTALLED PUMP DATA |
| Pump type: | □ Vertical shaft □ Submersible □ Centrifugal □ Other (specify): |
| Power: | □ Diesel, ____ HP □ Gas, ____ HP □ Electric, ____ HP □ Other (specify): |
| Pump capacity: | ____ gallons per minute |
| Pump installation contractor: | ___________ |

For Official Use Only: | Date received: | ___________ |
| Date accepted: | ___________ |
| Field checked by: | ___________ |
| Date: 6-23-97 |
| Latitude: 21° 35' 54" | Hydrologic Unit: |
| Longitude: 158° 06' 12" | State Well No. 3506-15 |

References: Hawaii Revised Statutes, Chapter 174C.
Hawaii Administrative Rules, Chapters 13-167 to 13-171.
NOTE: The purpose of the Declaration of Water Use is to obtain information necessary for the management of the State's water resources. The Declaration does not confer a legal right to water or its use.

Water use data are recorded: ☐ Daily  ☐ Weekly  ☐ Monthly  ☐ Other (describe):
Method of measurement: ☐ Flow Meter  ☐ Orifice  ☐ Other (describe):

Quantity of Use (Report measured or estimated monthly water use from the well described on the reverse side of this form, for the calendar years 1983 through 1987. For a battery of wells which are not individually metered, but which are connected to a single meter or other measuring device, report total use from the battery):

WATER USE, IN GALLONS x 1000

<table>
<thead>
<tr>
<th>Category</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Municipal (including resorts, hotels, businesses)</td>
<td>Number of service connections: ____________________</td>
</tr>
<tr>
<td>☐ Domestic (systems serving 25 people or less)</td>
<td>Acres Irrigated: ___________ Acres</td>
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<tr>
<td>☑ Irrigation</td>
<td>Crop(s): ☐ Sugar  ☐ Other (specify): Pineapple</td>
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<td>Non-Crop: ☐ Landscape  ☐ Golf Course</td>
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<td>☐ Other (specify): ____________________</td>
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<tr>
<td>☐ Industrial</td>
<td>Method: ☐ Drip  ☐ Furrow  ☐ Sprinkler</td>
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<td>☐ Military</td>
<td>☐ Cooling  ☐ Manufacturing  ☐ Mill</td>
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<tr>
<td>☐ Other</td>
<td>☐ Other (specify): ____________________</td>
</tr>
</tbody>
</table>

Specify (livestock, aquaculture, etc.): ___________

I declare that the contents of the above Declaration of Water Use are, to the best of my knowledge and belief, true, correct, and complete.

Water User's Signature: ____________________ Date: 5/30/87
Printed Name: ____________________
Firm or Title (Well Operator, etc.): ____________________
REGISTRATION OF WELL
AND DECLARATION OF WATER USE

INSTRUCTIONS: Please type or print. If information is not available or not applicable, indicate as N/A. Fill out as completely as possible, sign, and file form with the Division of Water Resource Management, P.O. Box 373, Honolulu, Hawaii 96809. Phone 548-3948 or 548-7543 for assistance.

BATTERY OF WELLS: For a battery of wells, on the surface, in a tunnel, or in a shaft, submit a registration form for each well together with a single map or plot plan showing layout of wells.

STATE WELL NO.: ___________ ISLAND: OAHU
WELL NAME OR DESIGNATION: ___________________
SOURCE OR STATION NAME (For a battery of wells): ___________________

A. WELL OPERATOR
Firm name: ___________________ Firm name: ___________
Contact person: ___________ Contact person: ___________________
Address: ___________________ Address: ___________ 62-203 LUXOR Pl.
Zip: ___________ Phone: ___________ Zip: 96712 Phone: 637-5824

B. OWNER OF WELL SITE
Firm name: Ba, St. Greenwell
Contact person: Same
Address: ___________ Address: ___________ LUXOR Pl. HALEIWA HAWAII
Zip: ___________ Phone: ___________ Zip: 96712 Phone: 637-5824

C. WELL LOCATION
Tax Map Key: 62-2-3-1 Town, Place, District: HALEIWA.
Attach USGS "Quad" map (scale 1:24,000), tax map, or other map showing the well location.

D. WELL DATA
For Drilled Wells, submit "as-built" drawing, driller's log, and pump test results, and complete items below.
For Tunnels and Shafts, submit construction drawings, plot plan, or sketch map.

Ground elevation (Mean sea level): _______ ft.
Year drilled or constructed: 1950
Reference point (used to measure depth to water): ___________ ft.
Well contractor: ___________ DATED 1950
Elevation: ___________ ft.
Casing diameter: ___________ in.
Description: ___________ in.
Perforated casing depth (below ground): ___________ ft.
Depth to water (below reference point): ___________ ft.
Total depth of well: ___________ ft.
Minimum recorded chloride: ___________ ppm
Maximum recorded chloride: ___________ ppm
Minimum chloride in 1987: ___________ ppm
Maximum chloride in 1987: ___________ ppm

E. INSTALLED PUMP DATA
Pump type: □ Vertical shaft □ Submersible □ Centrifugal □ Other (specify): ___________
Power: □ Diesel, ____ HP □ Gas, ____ HP □ Electric, ____ HP □ Other (specify): ___________
Pump capacity: ___________ gallons per minute
Pump installation contractor: ___________________

... (continued over)
F. DECLARATION OF WATER USE

NOTE: The purpose of the Declaration of Water Use is to obtain information necessary for the management of the State’s water resources. The Declaration does not confer a legal right to water or its use.

Water use data are recorded: □ Daily □ Weekly □ Monthly

Method of measurement: □ Flow Meter □ Orifice

Note: Other (Describe): ___________________________________________

Quantity of Use (Report metered or estimated monthly water use from the well described on the reverse side of this form, for the calendar years 1983 through 1987. For a battery of wells which are not individually metered, but which are connected to a single meter or other measuring device, report total use from the battery):

WATER USE, IN GALLONS x 1000

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<td>serving 25 people or less)</td>
<td>Crop(s): □ Sugar □ Pineapple □ Other (specify):</td>
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<td>Irrigation</td>
<td>Non-Crop: □ Landscape □ Golf Course</td>
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<td>Military</td>
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Minimum day’s use: _______ gallons Maximum day’s use: _______ gallons

Typical times of usage: ___________________________________________

Type of Use (Check all category boxes that apply and provide additional information as indicated):

I declare that the contents of the above Declaration of Water Use are, to the best of my knowledge and belief, true, correct, and complete.

Water User’s Signature: ___________________ Date: ______________

Printed Name: ___________________ Firm or Title (Well Operator, etc.): ___________________
REGISTRATION OF WELL AND DECLARATION OF WATER USE

INSTRUCTIONS: Please type or print. If information is not available or not applicable, indicate as N/A. Fill out as completely as possible, sign, and file form with the Division of Water Resource Management, P.O. Box 373, Honolulu, Hawaii 96809. Phone 548-3948 or 548-7543 for assistance.

BATTERY OF WELLS: For a battery of wells, on the surface, in a tunnel, or in a shaft, submit a registration form for each well together with a single map or plot plan showing layout of wells.

STATE WELL NO.: __________ ISLAND: OAHU

WELL NAME OR DESIGNATION: ____________________________________________________________

SOURCE OR STATION NAME (For a battery of wells): __________________________________________

A. WELL OPERATOR
   Firm name: ________________
   Contact person: ________________
   Address: ________________
   Zip: ________________ Phone: ________________

B. OWNER OF WELL SITE
   Firm name: B. G. GREENWELL
   Contact person: SAME
   Address: 62-240 UHIOEA PL
   HALEIWA HI
   Zip: 96712 Phone: 637 6584

C. WELL LOCATION
   Tax Map Key: 62-3-1
   See ATTACHED MAP
   Town, Place, District: HALEIWA.

D. WELL DATA
   For Drilled Wells, submit "as-built" drawing, driller's log, and pump test results, and complete items below.
   For Tunnels and Shafts, submit construction drawings, plot plan, or sketch map.

   Ground elevation (Mean sea level): _______ ft.
   Reference point (Used to measure depth to water):
     Elevation: _______ ft.
     Description: ________________________________________________________
     Depth to water (Below reference point): _______ ft.
     Maximum recorded chloride: _______ ppm
     Minimum recorded chloride: _______ ppm
     Maximum chloride in 1987: _______ ppm
     Minimum chloride in 1987: _______ ppm

   Year drilled or constructed: 1950
   Well contractor: ________________________________________________________
   Casing diameter: _______ in.
   Solid casing depth (Below ground): _______ ft.
   Perforated casing depth (Below ground): _______ ft.
   Total depth of well: OVER 81
   AT BASE OF MOUNTAIN
   STONE LINED 4 1/2" LIM
   Pump type: □ Vertical shaft □ Submersible □ Centrifugal □ Other (specify): __________
   Power: □ Diesel, ____ HP □ Gas, ____ HP □ Electric, ____ HP □ Other (specify): __________
   Pump capacity: _______ gallons per minute
   Pump installation contractor: ________________________________________________________

   Date received: _ Date accepted: _____________________________
   Field checked by: ___________________________ Date: 4-12-84 Latitude: 21° 29' 50" Hydrologic Unit:
   Comments: ______________________________________________________________________
   State Well No.: 3506-11

References: Hawaii Revised Statutes, Chapter 174C.
            Hawaii Administrative Rules, Chapters 13-167 to 13-171.
F. DECLARATION OF WATER USE

NOTE: The purpose of the Declaration of Water Use is to obtain information necessary for the management of the State's water resources. The Declaration does not confer a legal right to water or its use.

Water use data are recorded: □ Daily □ Weekly □ Monthly
□ Other (Describe):

Method of measurement: □ Flow Meter □ Orifice
□ Other (Describe):

Quantity of Use (Report metered or estimated monthly water use from the well described on the reverse side of this form, for the calendar years 1983 through 1987. For a battery of wells which are not individually metered, but which are connected to a single meter or other measuring device, report total use from the battery):

WATER USE, IN GALLONS x 1000

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<td>Municipal (including resorts, hotels, businesses)</td>
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<td>Irrigation</td>
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<td>Number of service connections:</td>
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<td>Acres Irrigated:</td>
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<td>Crop(s): □ Sugar □ Pineapple</td>
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<td>□ Other (specify):</td>
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<td>Non-Crop: □ Landscape □ Golf Course</td>
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<td>□ Other (specify):</td>
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<td>□ Industrial</td>
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<tr>
<td>□ Cooling □ Manufacturing □ Mill</td>
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<td>□ Other (specify):</td>
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<tr>
<td>□ Military</td>
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<tr>
<td>□ Other</td>
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</table>

Minimum day's use: ___________ gallons
Maximum day's use: ___________ gallons

Typical times of usage:

Type of Use (Check all category boxes that apply and provide additional information as indicated): □ Irrigation □ Municipal

Additional Information

<table>
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<th>1985</th>
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</tbody>
</table>

I declare that the contents of the above Declaration of Water Use are, to the best of my knowledge and belief, true, correct, and complete.

Water User's Signature: ____________________________ Date: ____________
Printed Name: ____________________________
Firm or Title (Well Operator, etc.): ____________________________