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COUNTY COUNCIL
COUNTY OF MAUI
200 S. HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.MauiCounty.us

March 22, 2018

Mr. Ed Misaki
Director, Molokai Programs
The Nature Conservancy of Hawaii
Molokai Preserves Office
P.O. Box 220
Kualapuu, Hawaii 96757

Via email: emisaki@TNC.org

Dear Mr. Misaki:

SUBJECT: WATERSHED MANAGEMENT AND PROTECTION
(WR-5)

At its meeting of March 20, 2018, the Water Resources Committee discussed watershed management grants.

As a result of that discussion, may I please request you provide a copy of your watershed's Quarterly Reports for the past three years.

In addition, if your organization participates in invasive species eradication, may I please request the information listed below. If your organization does not participate in invasive species eradication, please so indicate.

1. Provide a list of your funding sources, including monies received from the county or the state, for invasive species eradication.
2. For each invasive species addressed by your program, indicate the amount your watershed partnership has allocated and spent towards eradication for the past three years.
3. For the same three-year period, provide a list of organizations that received funding or compensation from your watershed partnership

for invasive species eradication efforts and the amounts paid or provided for each organization.

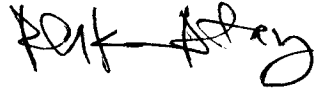
4. For Question No. 3, provide a brief description of the work done or services rendered.
5. For the requests below, please provide a matrix summarizing your eradication efforts for the prior three years. Include in the matrix the following information:
 - a. For each invasive species addressed by your program, indicate the number of infestations reported to you.
 - b. For each infestation, indicate the date you were notified of the infestation, the location and approximate size of each infestation, and the population of the infestation and area of coverage.
 - c. For each infestation, indicate the eradication method used—that is, whether a mechanical or chemical method was used.
 - d. Whenever mechanical methods were used, describe the method, personnel employed, hours expended, and period of treatment.
 - e. Indicate the person or persons who supervised the chemical application; their certification or license with the State of Hawaii to apply pesticides or herbicides, if applicable; whether restricted pesticides or herbicides were used; and the name of the person or persons applying the chemicals.
 - f. For each infestation, indicate the date treatment began and was completed at each site. Indicate if the infestation and treatment are ongoing.
 - g. For each infestation, indicate whether the infestation has been completely resolved and if so, the date it was resolved.

I would appreciate receiving your response by **Tuesday, March 27, 2018**. To ensure efficient processing, please include the relevant Committee item number in the subject line of your response.

Mr. Ed Misaki
March 22, 2018
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Should you have any questions, please contact me or the Committee staff (Shelly Espeleta at 808-270-7134, or Stacey Vinoray at 808-270-8006).

Sincerely,

A handwritten signature in black ink, appearing to read "Alika Atay". The signature is stylized and cursive.

ALIKA ATAY, Chair
Water Resources Committee

wr:ltr:005a21