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

March 15, 2018

Mr. Chris Brosius
West Maui Mountain Watershed Partnership
P.O. Box 13240
Lahaina, HI 96761

Via email: brosius@westmauiwatershed.org

Dear Mr. Brosius:

SUBJECT: WATERSHED MANAGEMENT AND PROTECTION
(WR-5)

I plan to schedule a discussion of watershed management grants at the Water Resources Committee meeting of March 20, 2018, at 1:30 p.m. at the Council Chamber, 200 S. High Street, 8th Floor, Wailuku. In preparation for that discussion, may I please request you provide the Committee with the following information.

May I please request you provide a copy of each 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.

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I would appreciate receiving your response by **Monday, March 19, 2018**. If, because of the shortness of time, you are unable to provide the information in advance of the meeting, may I please request you bring the requested documents with you to the meeting and be prepared to respond verbally as appropriate. To ensure efficient processing, please include the relevant Committee item number in the subject line of your response.

Should you have any questions, please contact me or the Committee staff (Shelly Espeleta at 270-7134, or Stacey Vinoray at 270-8006).

Sincerely,

A handwritten signature in black ink, appearing to read "Alika Atay". The signature is written in a cursive, somewhat stylized font.

ALIKA ATAY, Chair
Water Resources Committee

wr:ltr:005a15