	State of Hawaii COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources MONTHLY SURFACE WATER USE REPORT	For Official Use Only:
Name: Company:		
· · -		
Address:		
		PID:
Telephone 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.

**For electronic submissions:** Complete and digitally sign (*checkbox*) this form, then send file via e-mail to: dlnr.cwrm@hawaii.gov **For 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. For fax submissions, send to (808) 587-0219. **For assistance:** Please contact the Stream Protection and Management Branch at (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, continuous, electrical consumption, pumpage, weir or flume, estimated.

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

Submitted by (print):

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.

TRIAL EXHIBIT AB-47

SWUR-MON FORM (11/01/2010)

## Civil No. 19-1-0019-01 (JPC) **Defendant A&B/EMI's Exhibit AB-47** FOR IDENTIFICATION \_\_\_\_\_\_ RECEIVED IN EVIDENCE \_\_\_\_\_\_ CLERK \_\_\_\_\_\_