	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-51** 

SWUR-MON FORM (11/01/2010)

## Civil No. 19-1-0019-01 (JPC) **Defendant A&B/EMI's Exhibit AB-51** FOR IDENTIFICATION \_\_\_\_\_\_ RECEIVED IN EVIDENCE \_\_\_\_\_\_ CLERK \_\_\_\_\_\_