OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF
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## State of Hawaii **COMMISSION ON WATER RESOURCE MANAGEMENT**

100 M P E	MONTHLY SURF			RT	
Name					
Name: Company:					
Address:					
	-			PID:	
Telephone	No:	Report Mon	th/Year:		
information For electron For hardco Managemen	ONS: Please TYPE or PRINT CLEARL from each of your surface water sources nic submissions: Complete and digita py submissions: Complete, print and sout, P.O. Box 621, Honolulu, HI 96809. Ince: Please contact the Stream Protect	s. Ily sign ( <i>checkbox</i> ) this fo sign this form, then send For fax submissions, sen	orm, then send file via printed report via mail d to (808) 587-0219.	e-mail to: dlnr.cwrm@ha l to: Commission on Wa	awaii.gov
Diversion	Diversion Name	Period Pagin Pata	Period	Quantity Measured	Method of
Gage ID*	Diversion Name	Begin Date (mm/dd/yy)	End Date (mm/dd/yy)	(gallons)	Measurement**
The O	e ID should be obtained from the Comm	singian on Water Day	as Managaga ant		
** Flow me	ter, continuous, electrical consumption, nats or additional information (e.g., date a	pumpage, weir or flume,	estimated.	e estimated, etc.):	
Submitted	<b>by</b> (print):		Title		
	<u> </u>				
By che	c submissions: cking this box, I understand and affirm to is accurate and true to the best of my kr		ded 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.

Civil No. 19-1-0019-01 (JPC)				
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Defendant A&B/EMI's Exhibit AB-52				
FOR IDENTIFICATION				
RECEIVED IN EVIDENCE				
CLERK				