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State of Hawaii COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources MONTHLY SURFACE WATER USE REPORT

	For Official Use Only:
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Name:			
Company:			
Address:			
<u> </u>		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.

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.

^{**} Flow meter, continuous, electrical consumption, pumpage, weir or flume, estimated.

Civil No. 10 1 0010 01 (IDC)	
Civil No. 19-1-0019-01 (JPC)	
Defendant A&B/EMI's Exhibit AB-53	
FOR IDENTIFICATION	
RECEIVED IN EVIDENCE	
CLERK	