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For hardcopy submissions:

## 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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TOWN FILE	MONTHLY SURF			RT		
Name: Company: Address:						
Telephone No:		Report Month/Year:			PID:	
information For electro For hardco Manageme	IONS: Please TYPE or PRINT CLEARLY from each of your surface water sources. enic submissions: Complete and digitall ppy submissions: Complete, print and sint, P.O. Box 621, Honolulu, HI 96809. France: Please contact the Stream Protecti	y sign ( <i>checkbox</i> ) this form, then send or fax submissions, sen	orm, then send file via printed report via mai d to (808) 587-0219.	e-mail to: dlnr.cwrm@hav I to: Commission on Wate	waii.gov	
Diversion Gage ID*	Diversion Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Measured (gallons)	Method of Measurement**	
** Flow me	ge ID should be obtained from the Commi eter, continuous, electrical consumption, p ents or additional information (e.g., date an	umpage, weir or flume,	estimated.	e estimated, etc.):		
Submitted	l by (print):		Title: _			
☐ By che	ic submissions: ecking this box, I understand and affirm th is accurate and true to the best of my kno		ded Date: _			

Signature: Date:

By signing here, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.

<b>2</b>
Civil No. 19-1-0019-01 (JPC)
Defendant A&B/EMI's Exhibit AB-55
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RECEIVED IN EVIDENCE
CLERK