



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

For Official Use Only:

PID: _____

Name: _____
Company: _____
Address: _____

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.

Civil No. 19-1-0019-01 (JPC)

Defendant A&B/EMI's Exhibit AB-56

FOR IDENTIFICATION _____

RECEIVED IN EVIDENCE _____

CLERK _____