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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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	Department of Land a MONTHLY SURFA			RT		
Name:						
Company:						
Address:						
					PID:	
Telephone	No:	Report Mon	th/Year:			
information For electro For hardco Managemen	from each of your surface water sources. nic submissions: Complete and digitally py submissions: Complete, print and signt, P.O. Box 621, Honolulu, HI 96809. Fo nnce: Please contact the Stream Protection	sign (checkbox) this form, then send or fax submissions, sen	orm, then send file vi printed report via ma d to (808) 587-0219.	a e-mail to: dlnr. ail to: Commissi	.cwrm@haw	aii.gov
Diversion Gage ID*	Diversion Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quant Measu (gallor	red	Method of Measurement**
* The Gag	e ID should be obtained from the Commis	sion on Water Resource	ce Management.			<u> </u>
	ter, continuous, electrical consumption, punts or additional information (e.g., date an			re estimated, et	c.):	
Submitted	by (print):		Title:			
	c submissions: cking this box, I understand and affirm tha	at the information provid	ded			

For hardcopy submissions:

Signature: Date:

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-57
FOR IDENTIFICATION
RECEIVED IN EVIDENCE
CLERK