TO: BAUER, G.  
TO: OHNO, F.  
TO: FLUJ, N.  
TO: GOODING, K.  
TO: HARDY, R.  
TO: HIGA, D.  
TO: ICE, C.  
TO: IMATA, R.  
TO: KUNIMURA, I.  

FROM: RYAN  
DATE: 11-Mar-05  
SUSPENSE DATE: 18-Mar-05  

PLEASE:  
1) Review & Comment  
2) Take Action  
3) Type Draft acknow letter  
4) Type Final w/elec.signat., label file folder  
5) File  
6) Xerox ___ copies  

WELL NUMBER: 3586-08  
WELL NAME: Waipulani  

ATTACHMENTS FOR APPLICATION PROCESSING - Both applicant & staff generated  
1) TRANS. LETTER  
2) PROCESS TABLE  
3) CWRM MAP  
4) APPL. FORM (5 COPIES)  
5) USGS MAPS (5 COPIES)  
6) TAX MAPS (5 COPIES)  
7) PARCEL OWNER VERIF.  
8) CONTRACTOR VERIF.  
9) ALL INFO FILLED IN  
10) BACKGROUND CHECK  
11) $25 FEE DEPOSIT SLIP  
12) DHP/CUP/EMA check  

FOLDER:  
1) MADE NEW FILE FOLDER, ATTACHED  
2) FILE FOLDER ALREADY MADE, IN FILE CABINET  

INCOMPLETE ACTION DATES:  
DATE: ___________________  
ACTION: ___________________  

need to address yellow marks for driller. We did not consider what to do  
with a driller who applies and has outstanding issues. Do we:  

1) don't accept applications and simply return  
2) don't accept and add the driller paragraph to the well owner letter, but issue the  
new standard letter a assurance.  
3) accept but modify the accepting letter to the driller that we will not issue permit  
to him until outstanding issues resolved. If review is pau and stuff still outstanding will  
will we then issue assurance letter (modified to say driller not ok find another) to well owner?
July 7, 2005

Mr. Fred Page
Fred Page Drilling
P.O. Box 1434
Pahoa, HI 96778

Dear Mr. Page:

Well Construction/Pump Installation Permit Application for Well No. 3586-08

We have received your Well Construction/Pump Installation permit application and filing fee for the Waipuilani Well (Well No. 3586-08). However, there is some unfinished business that we need to resolve with you prior to accepting the applications as complete. However, in order to expedite the approval process we will review your permit application and issue the permit upon receipt of the review comments, as well as your resolution of outstanding matters, detailed in a separate letter.

For your information, the attached table describes the process, responsible parties, and deadline requirements for drilling or modifying a well and installing, modifying, or replacing a pump.

By this acceptance letter, we are also notifying the well operator/landowner that water may not be pumped for purposes other than testing until the certificate of well construction/pump installation completion letter is issued to the well operator and landowner. Additionally, the permitted pump capacity described on the pump installation permit may be reduced in the event that the pump test does not support the capacity. No certificate of pump installation will be issued until the Commission has determined that the pump capacity will not have adverse effects on the aquifer, other nearby wells, or streams. In other words, you may need to remove the pump and install a smaller pump at the Commission’s discretion before you can withdraw water for purposes other than testing.

If you have any questions about your permit application, please contact Ryan Imata of the Commission staff at 587-0255 or toll-free at 974-4000 (Hawaii), extension 70255.

Sincerely,

DEAN A. NAKANO
Acting Deputy Director

R: ss
Attachment

c: Noel Morin
July 7, 2005

TO: Honorable Chiyome L. Fukino, M.D., Director
   Department of Health
   Attention: Director's Office
   Harold Yee, Wastewater Branch
   William Wong, Safe Drinking Water Branch
   Alec Wong, Clean Water Branch

FROM: Peter T. Young, Chairperson
       Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
         Waipuilani Well (Well No. 3586-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application for any conflicts or inconsistencies with the programs, plans, and objectives specific to your department. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Ryan Imata of the Commission staff at 587-0255.

RI:ss
Attachment(s)

RESPONSE:

This well qualifies as a source which will serve as a source of potable water to a public water system (defined as serving 25 or more people at least 60 days per year or has 15 or more service connections) and must receive Director of Health approval prior to its use to comply with Hawaii Administrative Rules (HAR), Title 11, Chapter 20, Rules Relating to Potable Water Systems, §11-20-29.

This well does not qualify as a source serving a public water system (serves less than 25 people or more people at least 60 days per year or 15 service connections) and if the well water is used for drinking, the private owner should test for bacteriological and chemical presence before initiating such use and routinely monitor the water quality thereafter. However, if future planned use from this source increases to meet the public water system definition then Director of Health approval is required prior to implementation.

If the well is used to supply both potable and non-potable purposes in a single system, the user shall eliminate cross-connections and backflow preventers by physically separating potable and non-potable systems by an air gap or an approved backflow preventer, and by clearly labeling all potable systems with warning signs to prevent inadvertent consumption of non-potable water. Backflow prevention devices should be routinely inspected and tested.

It does not appear that this well will be used for consumptive purposes and is not subject to Safe Drinking Water Regulations.

For the applicant's information, a source of possible wastewater contamination is not located near the proposed well site (information attached).

An NPDES permit is required.

Other relevant DOH rules/regulations, information, or recommendations are attached.

In the event that the location of the well changes but is still within the parcel described on this application, our division considers the comments to still be applicable, and we do not need to review the new location.

No comments/objections

Contact Person: ____________________________ Phone: ______________

Signed: ____________________________ Date: ______________
TO: Harry Yada, Administrator
Land Division
FROM: Dean Nakano, Acting Deputy Director
Commission on Water Resource Management
SUBJECT: Well Construction/Pump Installation Permit Application
Waipuilani Well (Well No. 3586-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the programs, plans, and objectives specific to your division. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Ryan Imata of the Commission staff at 587-0255.

RESPONSE:
[ ] A water lease/permit is required of this applicant and an application for such will be requested by our division.
[ ] A water lease/permit is not required of this applicant.
[ ] A water lease/permit has been obtained by the applicant through lease no. ____________________________
[ ] Other relevant Land Division rules/regulations, information, or recommendations are attached.
[ ] No objections
[ ] Other comments:

Contact Person: ____________________________ Phone: ________________

Signed: ____________________________ Date: ________________
TO: Melanie Chinen, Administrator  
Historic Preservation

FROM: Dean Nakano, Acting Deputy Director  
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application  
Waipuilani Well (Well No. 3586-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the programs, plans, and objectives specific to your division. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application or request additional review time, please contact Ryan Imata of the Commission staff at 587-0255. If you require additional information regarding specific information that can be provided by the applicant, please contact the applicant directly at the contact information provided on the application form.

RI:sn
Attachment(s)

RESPONSE:

[ ] This is a [ ] public (county or state) project [ ] private project and [ ] will [ ] may disturb historic sites.

[ ] We concur that the work described under this permit will not disturb historic sites.

[ ] We do not concur that the work described under this permit will not disturb historic sites. We require the following for our concurrence:

Contact Person: ___________________________ Phone: ___________

Signed: ___________________________ Date: ___________
TO: Samuel J. Lemmo, Administrator  
Office of Conservation and Coastal Lands  

FROM: Dean A. Nakano, Acting Deputy Director  
Commission on Water Resource Management  

SUBJECT: Well Construction/Pump Installation Permit Application  
Waipuilani Well (Well No. 3586-08)  

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the programs, plans, and objectives specific to your division. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Ryan Imata of the Commission staff at 587-0255.

RESPONSE:

[ ] This well project [ ] requires [ ] does not require a CDUP. If a CDUP is required it [ ] has [ ] has not been approved and [ ] is [ ] is not currently active.

[ ] Other relevant OCCL rules/regulations, information, or recommendations are attached.

[ ] No objections

[ ] Other comments:

Contact Person: ___________________ Phone: ____________

Signed: ____________________ Date: ____________
July 7, 2005

Mr. Chris Yuen, Director
Planning Department
County of Hawaii
101 Pauahi Street
Hilo, HI 96720

Dear Mr. Yuen:

Special Management Area Use Permit requirements for
Well Construction/Pump Installation Permit Application
Waipuilani Well (Well No. 3586-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the SMA permitting requirements specific to your division. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Ryan Imata of the Commission staff at 587-0255.

Sincerely,

DEAN A. NAKANO
Acting Deputy Director

RESPONSE:

[ ] This well project [ ] requires [ ] does not require a SMA. If a SMA is required it [ ] has [ ] has not been approved and [ ] is [ ] is not currently active.

[ ] Other relevant rules/regulations, information, or recommendations are attached.

[ ] No objections

[ ] Other comments:

Contact Person: ___________________________ Phone: ___________________________

Signed: ___________________________ Date: ___________________________
## LICENSE SCREEN

Please click a link listed below to display the other screen.

### ***** GENERAL LICENSEE *****

**LIC ID:** CT-16653  
**Active/Inactive:** ACTIVE  
**NAME:** FRED PAGE DRILLING INTERNATIONAL INC  
**TRADE NAME:**  
**STATUS:** CURRENT, VALID & IN GOOD STANDING  
**ENTITY:** CORPORATION  
**BUSINESS CODE:**  
**ORIG LIC DATE:** 4/25/91  
**EXPRIE DATE:** 9/30/06  
**CLASS PREFIX:** C  
**SPECIAL PRIVILEGE:**  
**RESTRICTION:**  
**EDUCATION CODE:**  
**BUSINESS ADDR:** 15-3105 HALELO PL PAHOA HI 96778  
**MAILING ADDR:** P.O. BOX 1434 PAHOA HI 96778  

[Click here to enter search criteria for prior complaints history ->](http://pahoehoe.ehawaii.gov/pvl/app?_a=d&_f=n&lictp=CT&licno=16653&off=&nm=FR...)

For prior complaints and disciplinary history, contact licensing and business information center at (808)587-3295.

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**EMPLOYEES LIST** || **EMPLOYERS LIST** || **INSURANCE/BOND** || **LICENSE CLASS**

License information on this site reflects information in the Professional and Vocational Licensing Division as of June 27, 2005; however, applications and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays. The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery to the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for a particular purpose. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.

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Search criteria: TMK Taxkey 3-1-5-31-73

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<td>Noel G. Morin</td>
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**TOTAL**: $25.00
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

WELL & PUMP INFORMATION: (Please fill in the diagram on the back of this form.)

1. PROPOSED WORK:  (check all that apply)

- Install New Pump
- Modify Existing Well
- Modify Pump
- Abandon/Seal

2. CONSTRUCTION:  (If unknown, please call Commission at 587-0225)

- Drilled
- Dug
- Shaft
- Tunnel

3. PROPOSED AMOUNT OF WITHDRAWAL: 500 gallons per day

4. METHOD OF FLOW MEASUREMENT:  (check all that apply)

- Flowmeter
- Open-pipe
- Weir
- Orifice
- Other(please explain):

5. PROPOSED PUMPING RATE: 10 gallons per minute

6. PROPOSED USE:  (check all that apply)

- Municipal (including hotels, stores, etc.)
- Domestic (individual, non-commercial water system)
- Irrigation (crop)
- Military
- Other (please explain):

7. OTHER IMPORTANT INFORMATION:

- Conservation District Use Permit (CDUP) to find out if a CDUP is necessary, call DLNR Land Division at 587-0414
- Environmental Impact Statement (EIS) or Environmental Assessment (EA) to determine if an EIS or EA is necessary, call OEQC at 586-4185
- Special Management Area Permit (SMAP) to determine if an SMAP is necessary: on Oahu, call 527-5374; on Kauai, call 961-8268; for Maui county, call 270-7235; on Kauai, call 241-6677.

8. LEGAL REQUIREMENTS: if required, these permits must be obtained before the Commission can legally issue a permit.

- If required, date approved __________

- If required, date published in OEQC bulletin __________

- If required, date approved __________

9. REMARKS, EXPLANATIONS:

- If more space is needed, please attach additional sheet.

NOTE: Signing below indicates the signatories understand and swear that the information provided on this application is accurate and true to the best of their knowledge. Further, the signatories understand that approval of this application attaches the following standard conditions: 1) the proposed work to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion report within 90 days after the completion date of the permitted work; 3) monthly water use data shall be submitted to the Commission; 4) such approval shall not constitute a determination of correlative water rights and shall not guarantee the pump capacity or future use up to the permitted pump capacity; 5) in the event that the application is not completed correctly, any permit may be suspended until the item is brought in to compliance, and any work done while the permit is in suspension may result in fines of up to $1000 per day.

Well Owner: Stephanie More
Land Owner: Stephen More
Contractor: Fred Page Drilling, Inc.

Date of application: 8/21/01

For official use only:
Latitude: Aquifer System No.
Longitude: State Well No.
Mr. Noel Morin and
Ms. Stephanie Morin
P. O. Box 6310
Hilo HI 96720

Dear Mr. and Ms. Morin:

Subject: Applicants: Noel and Stephanie Morin
Special Management Area Use Permit Assessment Application (SMAA) Request: Replace the Proposed Water Catchment Tank with a Wet
Special Management Area Use Permit Request: Install an In-Ground Pool
TNK: 1-5-31:73 Hawaiian Paradise Park Subdivision

This is to acknowledge the following:

1. Special Management Area Use Permit Assessment Application received on January 25, 2005 for the installation of an approved water catchment tank.
2. Special Management Area Use Permit Application received on February 1, 2005 for the installation of an approved water catchment tank.
3. Site inspection by staff on February 7, 2005.

The subject 43 acre parcel is zoned Residential under the State Land Use Agricultural District.

By letter dated December 7, 2005, related improvements were approved and Planning Commission Rule 5

Hawai'i County is an equal opportunity employer.
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

3. Well Construction and/or 6. Pump Installation

Instructions: Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 521, Honolulu, Hawaii 96809. Application must be accompanied by 5 copies and a non-refundable filing fee of $25.00 payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at 808-652-2832. For further information and updates to this application form, visit http://www.state.hi.us/dlnr/cwrm.

APPLICANT INFORMATION: (Fill out all three, if applicable, and place a check next to the primary contact)

1. (a) WELL OWNER: Noel Martin
   Mailing Address: P.O. Box 6310, HI 96720
   Phone: 808-959-9985
   Fax: 808-959-9985
   E-mail: noel.martin99@yahoo.com
   Contact Person: Noel Martin

(b) LAND OWNER: Same as above
   Mailing Address: 
   Phone: 
   Fax: 
   E-mail: 

(c) CONTRACTOR: Fred Page Drilling Int
   Mailing Address: P.O. Box 1434 Palco HI 96778
   Phone: (808) 965-5339
   Fax: (808) 965-5339
   E-mail: 
   Lic # C-1-16653

WELL & PUMP INFORMATION: (Please fill in the diagram on the back of this form.)

2. WELL NAME: Waiapu Iliani
   Island: Hawaii
   Address 15-1071 Ala Heian Rd
   Tax Map Key: Zone: 5, Section: 31, Plat: 73
   Attach: (a) portion of a 7.5-Minute Series USGS topographic map (scale 1:24,000) with well location labeled and include the name of the quarter map
   (b) a property tax map, showing well location referenced to established property boundaries

3. PROPOSED WORK: (check all that apply)
   X) Construct New Well
   X) Install New Pump*
   □ Modify Existing Well*
   □ Modify Pump*
   □ Abandon/Seal*
   *State Well No: ___ (If unknown, please call Commission at 587-3225)

4. CONSTRUCTION: □ Bored □ Dug □ Shaft □ Tunnel
   □ Is this well part of a battery of wells? □ Yes □ No (Please describe)

5. PROPOSED PUMPING RATE: 10 gallons per minute

6. PROPOSED USE: (check all that apply)
   □ Domestic (individual, noncommercial water system)
   □ Municipal (including hotels, stores, etc.)
   □ Industrial
   □ Does this well serve 25 or more people at least 60 days per year or have 15 or more service connections? □ Yes □ No
   □ Irrigation (crop)
   □ No of Acres:
   □ Military
   □ Other (explain):

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: 5.00 gallons per day
   (b) METHOD OF FLOW MEASUREMENT: □ Flowmeter □ Open-pipe □ Weir □ Orifice □ Other (explain)

OTHER IMPORTANT INFORMATION:

8. LEGAL REQUIREMENTS: If required, these permits must be obtained before the Commission can legally issue a permit.
   Conservation District Use Permit (CDUP) To find out if a CDUP is necessary, call DLNR Land Division at 587-0414
   [Not Required] If required, date approved ____________
   Environmental Impact Statement (EIS) or Environmental Assessment (EA) To determine if an EIS or EA is necessary, call OEQC at 586-4185
   [Not Required] If required, date published in OEQC bulletin ____________
   Special Management Area Permit (SMAP) To determine if a SMAP is necessary, on Oahu, call 527-5374; on Hawaii, call 961-8288; for Maui, call 241-6577.
   [Not Required] If required, date approved ____________

9. REMARKS, EXPLANATIONS:

(If more space is needed, please attach additional sheet)

NOTE: Signing below indicates the signatories understand and agree that the information provided on this application is accurate and true to the best of their knowledge. Further, the signatories understand that approval of this application attaches the following standard conditions: 1) the proposed work is to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion/abandonment report within 90 days after the completion date of the permitted work; 3) monthly water use data shall be submitted to the Commission; 4) such approval shall not constitute a determination of correlative water rights and shall not guarantee the pump capacity or future use up to the permitted pump capacity; 5) in the event that the application is not completed correctly, any permit may be suspended until the item is brought in compliance, and any work done while the permit is in suspension may result in fines of up to $1000/day.

Well Owner: Noel Martin
Land Owner: Noel Martin
Contractor: Fred Page Drilling
Print legibly
Signature: ___________________________ 
Date: 3/3/2005

For official use only: Aquifer System No. ___________________________
State Well No. ___________________________

WCPIPA Form B2101
Mr. Noel Morin and
Ms. Stephanie Morin
P. O. Box 6310
Hilo HI 96720

Dear Mr. and Ms. Morin:

Subject: Applicants: Noel and Stephanie Morin
Special Management Area Use Permit Assessment Application (SMAA 05-07)
Request: Replace the Proposed Water Catchment Tank with a Water Well
Special Management Area Use Permit Assessment Application (SMAA 05-09)
Request: Install an In-Ground Pool
TMK: 1-5-31:73, Hawaiian Paradise Park Subdivision, Keaau, Puna, Hawaii

This is to acknowledge the following:

1. Special Management Area Use Permit Assessment Application (SMAA 05-07) received on January 25, 2005 for the installation of a water well instead of an approved water catchment tank.
2. Special Management Area Use Permit Assessment Application (SMAA 05-09) received on February 1, 2005 for the installation of an in-ground pool.
3. Site inspection by staff on February 8, 2005.

The subject .43 acre parcel is zoned Agricultural (A-1a) by the County. It is situated in the State Land Use Agricultural district.

By letter dated December 7, 2004, the construction of a single family dwelling and related improvements was allowed based on Chapter 205A-22, Hawaii Revised Statutes and Planning Commission Rule 9-4(10) B (xiv).

Hawai‘i County is an equal opportunity provider and employer.
In reference to the installation of a water well in place of a water catchment tank and the installation of an in-ground pool, Chapter 205A-22, Hawaii Revised Statutes and Planning Commission Rule 9-4(10) B (xiv), states that “development” does not include “Structural and non-structural improvements to existing single-family residences, where otherwise permissible”. Therefore, we have determined that the proposed well and pool are exempt from the definition of “development”. In addition, since the water well will be located mauka of the dwelling and the makai edge of the pool is from approximately 90 - 100 feet from the coastline, the requirement of a certified shoreline survey is waived. Also, the proposed improvements will not have an adverse effect on the environment.

Although the installation of the water well and pool is allowed, additional uses and activities on the property are still subject to review. As a reminder, the establishment of shoreline setback lines is based on a minimum of forty feet. In some cases, due to coastal erosion and undercutting of the seaciff, additional setbacks have been imposed to ensure the health and safety of the residents.

While further review of the construction of the proposed improvements against the Special Management Area rules and regulations will not be required, all other applicable Zoning and Building Code requirements must be satisfied.

If you have questions, please contact Esther Imamura or Larry Brown of this office at (808) 961-8288.

Sincerely,

CHRISTOPHER J. YUEN
Planning Director

xc: Long Range Planning - Ms. Susan Gagorik

Mr. Peter Epperson
Pacific Gunite
P O Box 421
Mt. View HI 96771