**Commission on Water Resource Management**

**ROUTE SLIP FOR PERMIT ISSUANCE 2/9/05**

**FROM:** Runn  
**DATE:** 4/1  
**SUSPENSE DATE:**

**TO:** ANAKALEA, P.  
CHING, F.  
DANBARA, S.  
FUJII, N.  
GOODING, K.  
HARDY, R.  
ICE, C.  
IMATA, R.  
KUNIMURA, I.  
NAKAMA, L.  
NAKANO, D.  
OHYE, M.  
SAKODA, E.  
SUBIA, S.  
SWANSON, S.  
UYENO, D.  
YODA, K.  
YOSHINAGA, M.  

**INIT.**

**FOR:** Approval  
Signature  
Information

**PLEASE:**  
See Me  
Review & Comment  
Take Action  
Type Draft  
Type Final  
File  
Xerox ______ copies

**WELL NUMBER** 3586-12  
**WELL NAME** Endreson

**WELL CONSTRUCTION ATTACHMENTS FOR WELL CONSTRUCTION PERMIT:**
1. COVER LETTER
2. PERMIT (2x)
3. SDWB
4. WWB
5. CWB
6. HEER
7. LD
8. HP
9. OCCL
10. SMA
11. WELL CHECK PRINTOUT

**PUMP INSTALLATION ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**
1. COVER LETTER
2. PERMIT (2x)
3. SDWB
4. WWB
5. CWB
6. HEER
7. LD
8. HP
9. OCCL
10. SMA
11. GLENN'S WORKSHEET

**TO BE SENT TO APPLICANT**

**FOR OFFICE USE ONLY**

**OTHER NOTES:**

John Endreson  
1-5-31-6

109 m

5/30
Ref: 3586-12.wcp

April 6, 2006

Mr. Rod Diamond
Diamond Construction and Water Well Drilling
HC#3 Box 14073
Keeau, HI 96749

Dear Mr. Diamond:

Well Construction Permit
Erickson Well (Well No. 3586-12)

Enclosed are two (2) copies of your approved Well Construction Permit for the captioned well(s) that authorize well construction activities but excludes installation work for a permanent pump. As part of the Chairperson's approval, the following special conditions were added and are part of your permit under Permit Condition 13:

Special Conditions

1. Attached for your information are copies of the Department of Health's (DOH) review comments. Please note DOH's requirements related to discharge of effluent from well drilling and testing activities.

Please refer to the Permit Processes Worksheet (transmitted with your acknowledgement letter) for further information regarding the process of drilling a well and installing a pump.

No withdrawal of water shall be made other than for testing purposes until a certificate of pump installation completion has been issued by the Commission.

Please sign both permit originals and return one for our files. For copies of the aquifer pump test worksheet, please call staff or visit www.state.hi.us/dlnr/cwrm/forms.htm.

IMPORTANT - Drilling work shall not commence until a fully signed permit is returned to the Commission. The permit shall be prominently displayed or made available at the construction site during construction. Be advised that you may be subject to fines of up to $5,000 per day for any violations of your permit conditions starting from the permit approval date.

If you have any questions, please call Ryan Imata of the Commission staff at 587-0255 or toll-free at 974-4000 (Hawaii), 274-3141 (Kauai), 984-2400 (Maui), or 1-800-468-4644 (Lanai & Molokai), extension 70255.

Sincerely,

Peter T. Young
Chairperson

Enclosures

c: John Erickson (with applicable comments – DOH SDWB, WWB, CWB)
USGS
Hawaii DWS
WELL CONSTRUCTION PERMIT

Erickson Well, Well No. 3586-12

Note: This permit shall be prominently displayed at the construction site until the work is completed.

In accordance with Department of Land and Natural Resources, Commission on Water Resource Management's Administrative Rules, Section 13-168, entitled "Water Use, Wells, and Stream Diversion Works", this document permits the construction and testing of Erickson Well (Well No. 3586-12) at TMK 1-5-031: 006, Hawaii, subject to the Hawaii Well Construction & Pump Installation Standards (HWCPIS - February 2004) which include but are not limited to the following conditions:

1. The Chairperson of the Commission on Water Resource Management (Commission), P.O. Box 621, Honolulu, HI 96809, shall be notified, in writing, at least two (2) weeks before any work authorized by this permit commences and staff shall be allowed to inspect installation activities in accordance with §13-168-15, Hawaii Administrative Rules.

2. This permit shall be prominently displayed, or made available, at the site of construction work until work is completed.

3. The well construction permit shall be for construction and testing of the well only. The permittee shall coordinate with the Chairperson and conduct a pumping test in accordance with the HWCPIS (the latest pump test worksheet can be obtained by contacting Commission staff or at www.hawaii.gov/dlnr/cwrrm/forms.htm). The permittee shall submit to the Chairperson the test results as a basis for supporting an application to install a permanent pump. No permanent pump may be installed until a pump installation permit is approved and issued by the Chairperson. No withdrawal of water shall be made for purposes other than testing without a Certificate of Pump Installation Completion. 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.

4. In basinal ground water, the depth of the well may not exceed one-fourth (1/4) of the theoretical thickness (41 times initial head) of the basinal ground water unless otherwise authorized by the Chairperson.

5. The permittee shall incorporate mitigation measures to prevent construction debris from entering the aquatic environment, to schedule work to avoid periods of high rainfall, and to revegetate any cleared areas as soon as possible.

6. In the event that subsurface cultural remains such as artifacts, burials or concentrations of shells or charcoal are encountered during construction, the permittee shall stop work and immediately contact the Department of Land and Natural Resources' Division of Historic Preservation.

7. The proposed well construction shall not adversely affect existing or future legal uses of water in the area, including any surface water or established instream flow standards. This permit or the authorization to construct the well shall not constitute a determination of cumulative water rights.

8. The Well Completion Report Part I shall be submitted to the Chairperson within sixty (60) days after completion of work (please contact staff or visit www.hawaii.gov/dlnr/cwrrm/forms.htm for current form).

9. The permittee shall comply with all applicable laws, rules, and ordinances; non-compliance may be grounds for revocation of this permit.

10. The well construction permit application and any related staff submittal approved by the Commission are incorporated into this permit by reference. This permit is also subject to the HWCPIS. If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result.

11. The work proposed in the well construction permit application shall be completed within two (2) years from the date of permit approval, unless otherwise specified. The permit may be extended by the Chairperson upon a showing of good cause and good-faith performance. A request to extend the permit shall be submitted to the Chairperson no later than the date the permit expires.

12. If the well is not to be used it must be properly capped. If the well is to be abandoned during the course of the project then the permittee must apply for a well abandonment permit in accordance with §13-168-12(f) prior to any well sealing or plugging work.

13. The permittee, its successors, and assigns shall indemnify and hold the State of Hawaii harmless from and against any loss, liability, claim, or demand for property damage, personal injury, or death arising out of any act or omission of the applicant, assignees, officers, employees, contractors, and agents under this permit or relating to or connected with the granting of this permit.

14. This permit shall apply to the location shown on the application only. If the well is to be relocated, the permittee shall apply for a new well construction/pump installation permit in accordance with Hawaii Administrative Rules §13-168-12(f).

15. Special conditions in the attached cover transmittal letter are incorporated herein by reference.

PETER T. YOUNG, Chairperson
Commission on Water Resource Management

Date of Approval: March 30, 2006
Expiration Date: March 30, 2008

I have read the conditions and terms of this permit and understand them. I accept and agree to meet these conditions as a prerequisite and underlying condition of my ability to proceed and understand that I shall not commence work until I have signed, dated, and returned the permit to the Commission. I understand that this permit is not to be transferred to any other entity. I also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $5,000 per day starting from the permit date of approval.

Driller's Signature: __________________________ C-57 License #: C-23379 Date: _______________

Printed Name: Rod Diamond Firm or Title: Diamond Construction and Water Well Drilling

Please sign both copies of this permit, return one to the Chairperson, and retain the other for your records.

Attachment
April 6, 2006

Mr. Rod Diamond
Diamond Construction and Water Well Drilling
HC#3 Box 14073
Keeau, HI 96749

Dear Mr. Diamond:

Pump Installation Permit
Erickson Well (Well No. 3586-12)

Enclosed are two (2) originals of your approved Pump Installation Permit for the captioned well(s) that authorize permanent pump installation work for your well(s). As part of the Chairperson's approval, the following special conditions were added and are part of your permit under Permit Condition 11:

Special Conditions

1. If the elevation benchmark needs to be altered, the permittee, well operator, and/or well owner shall ensure that the benchmark is transferred (or the well resurveyed) and documentation of the new benchmark shall be submitted to the Commission within sixty (60) days after the pump is installed.

2. Attached for your information are copies of the Department of Health's (DOH) review comments. Please note DOH's requirements related to discharge of effluent from well drilling and testing activities.

The permittee is responsible for all conditions of the permit. This includes ensuring the submission of a completed Well Completion Report Part II form within sixty (60) days after the pump installation work is completed. Be advised that you may be subject to fines of up to $5,000 per day for any violations of your permit conditions starting from the permit approval date.

Please sign both permit originals and return one for our files.

IMPORTANT - Pump installation shall not commence until a fully signed permit is returned to the Commission.

If you have any questions, please call Ryan Imata of the Commission staff at 587-0255 or toll-free at 974-4000 (Hawaii), 274-3141 (Kauai), 984-2400 (Maui), or 1-800-468-4644 (Lanai & Molokai), extension 70255.

Sincerely,

Peter T. Young
Chairperson

Enclosure

c: John Erickson (with applicable comments – DOH SDWB, WWB, CWB)
USGS
Hawaii DWS
This permit shall be prominently displayed at the site until the work is completed.

In accordance with Department of Land and Natural Resources, Commission on Water Resource Management's Administrative Rules, Section 13-168, entitled "Water Use, Wells, and Stream Diversion Works", this document permits the pump installation for Erickson Well (Well No. 3586-12) at TMK 1-5-031: 006, Hawaii, subject to the Hawaii Well Construction & Pump Installation Standards (HWCPIS - February 2004) which include but are not limited to the following conditions:

1. The Chairperson to the Commission on Water Resource Management (Commission), P.O. Box 621, Honolulu, HI 96809, shall be notified, in writing, at least two (2) weeks before any work covered by this permit commences and staff shall be allowed to inspect installation activities in accordance with §13-168-15, Hawaii Administrative Rules.

2. No withdrawal of water shall be made other than for testing until a Certificate of Pump Installation Completion has been issued by the Commission.

3. This permit shall be prominently displayed, or made available, at the site of construction work until work is completed.

4. The pump installation permit shall be for installation of a 10 gpm rated capacity, or less, pump in the well. This permanent capacity may be reduced in the event that the pump test data does not support the capacity.

5. A water-level measurement access shall be permanently installed, in a manner acceptable to the Chairperson, to accurately record water levels.

6. The permittee shall install an approved meter or other appropriate means for measuring and reporting withdrawals and appropriate devices or means for measuring chlorides and temperature at the well head.

7. Well Completion Report Part II shall be submitted to the Chairperson within 60 days after completion of work. This form can be obtained by contacting staff or on the internet at www.hawaii.gov/dlnr/cwrm.

8. The permittee, well operator, and/or well owner shall comply with all applicable laws, rules, and ordinances, and non-compliance may be grounds for revocation of this permit.

9. The pump installation permit application and any related staff submitted approved by the Commission are incorporated into this permit. If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result. Any variances from the HWCPIS shall be approved by the Chairperson prior to invoking the variance.

10. The work proposed in the pump installation permit application shall be completed within two (2) years from the date of permit approval, unless otherwise specified. The permit may be extended by the Chairperson upon a showing of good cause and good-faith performance. A request to extend the permit shall be submitted to the Chairperson no later than the date the permit expires.

11. The permittee, its successors, and assigns shall indemnify, defend, and hold the State of Hawaii harmless from and against any loss, liability, claim, or demand for property damage, personal injury, or death arising out of any act or omission of the applicant, assigns, officers, employees, contractors, and agents under this permit or relating to or connected with the granting of this permit.

12. Special conditions in the attached cover transmittal letter are incorporated herein by reference.

Date of Approval: March 30, 2006
Expiration Date: March 30, 2008

PETER T. YOUNG, Chairperson
Commission on Water Resource Management

I have read the conditions and terms of this permit and understand them. I accept and agree to meet these conditions as a prerequisite and underlying condition of my ability to proceed and understand that I shall not commence work until I and the pump installer have signed, dated, and returned the permit to the Commission. I understand that this permit is not to be transferred to any other entity. I also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $5,000 per day starting from the permit date of approval.

Installer’s Signature: ______________________ C-57, C-57a, or A License #: C-23379 Date: ____________
Printed Name: Rod Diamond Firm or Title: Diamond Construction and Water Well Drilling

Please sign both copies of this permit, return one to the Chairperson, and retain the other for your records.

Attachments
<table>
<thead>
<tr>
<th>Well Number</th>
<th>3586-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Name</td>
<td>Erickson</td>
</tr>
<tr>
<td>Ground Elevation</td>
<td>40</td>
</tr>
<tr>
<td>Cement Grout</td>
<td>28</td>
</tr>
<tr>
<td>Grouting Method</td>
<td>other</td>
</tr>
<tr>
<td>Hole Diameter</td>
<td>12</td>
</tr>
<tr>
<td>Total Depth</td>
<td>45</td>
</tr>
<tr>
<td>Estimated Head</td>
<td>1</td>
</tr>
<tr>
<td>Public Water Supply Well?</td>
<td>no</td>
</tr>
<tr>
<td>Solid Casing Material</td>
<td>pvc plastic plastic</td>
</tr>
<tr>
<td>Solid Casing Specification</td>
<td>Schedule 40</td>
</tr>
<tr>
<td>Solid Casing Length</td>
<td>40</td>
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<tr>
<td>Solid Casing Diameter</td>
<td>6</td>
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<tr>
<td>Solid Casing Wall Thickness</td>
<td>3</td>
</tr>
<tr>
<td>Open Casing Length</td>
<td>5</td>
</tr>
</tbody>
</table>

**Results**

<table>
<thead>
<tr>
<th>Well Depth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Theoretical Thickness of Aquifer</td>
<td>41</td>
</tr>
<tr>
<td>1/4 Aquifer Thickness</td>
<td>10.25</td>
</tr>
<tr>
<td>Depth of Well below Sea Level</td>
<td>6 okay Section 2.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Well Casing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Wall Thickness</td>
<td></td>
</tr>
<tr>
<td>Material</td>
<td>pvc plastic</td>
</tr>
<tr>
<td>Minimum Thickness per standards</td>
<td>no requirement</td>
</tr>
<tr>
<td>Wall Thickness Provided</td>
<td>0 too small</td>
</tr>
<tr>
<td>Minimum Length of Solid Casing</td>
<td></td>
</tr>
<tr>
<td>90% of ground to top of aquifer</td>
<td>35.1</td>
</tr>
<tr>
<td>Length of solid casing Provided</td>
<td>40 okay Section 2.4(c)</td>
</tr>
<tr>
<td>Casing Material</td>
<td>Schedule 40 in compliance</td>
</tr>
<tr>
<td>(for pvc only - check for 200' limit)</td>
<td>okay Section 2.4(d)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annular Space</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of Grouting</td>
<td></td>
</tr>
<tr>
<td>Calculated Depth of Grouting</td>
<td>27.3</td>
</tr>
<tr>
<td>Depth of Grouting provided</td>
<td>28 okay Section 2.6(c)</td>
</tr>
<tr>
<td>Minimum Annular Space required</td>
<td>2</td>
</tr>
<tr>
<td>Thickness of Annular Space</td>
<td>3 okay Section 2.6(d)</td>
</tr>
</tbody>
</table>
March 2, 2006

TO: Honorable Chivoine 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
Ericson Well (Well No. 3586-12)

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 March 30, 2006. 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.

Riss
Attachment(s)

RESPONSE:

This well qualifies as a source of public water to a public water system defined as serving 25 or more people at least 60 days per year of at least 15 gpm of service (combined) and meets the definition of source approved under Title 25 to comply with Hawaii Administrative Rules (RAR), Title 25, Chapter 20, Rules Relating to Public Water Systems, 811-20-06.

This well is not a well as a source serving a public water system (defined as serving 25 or more people at least 60 days per year of 15 gpm of service (combined) and if the well water is used for drinking, the private owner should request a public health assessment and to request additional information from the Commission office.

If the well is used in a public water system subject to the Hawaii Administrative Rules (RAR), Title 25, Chapter 20, Rules Relating to Public Water Systems, 811-20-06, a DOH permit is required.

If the proposed well is used in a public water system subject to the Hawaii Administrative Rules (RAR), Title 25, Chapter 20, Rules Relating to Public Water Systems, 811-20-06, an NPCDES permit is required.

Contact Person: Ann T. Zane
Phone: 586-4258

Signed: Ann T. Zane
Date: 3/22/06
The Department of Health, Safe Drinking Water Branch has the following additional comments for the Well Construction / Pump Installation Permit Application for the Erickson Well (Well No. 8-3586-12 Hawaii):

Underground Injection Control (UIC) Comments

In general, a shallow well, or a well that recharges quickly from local rainfall, should not be used as a potable water source because such a well increases the risk of having unsatisfactory groundwater quality that when consumed may compromise health. Factors that directly influence a well's groundwater quality include wastewater disposal systems (cesspools, septic systems, drainage wells), lawn/garden/crop-growing activities, and even the proximity to the ocean where salt water intrusion may occur.

3/22/06
March 2, 2006

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  
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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 connections by physically separating potable and non-potable systems by an air gap or an approved backflow preventer, and by clearly labeling all non-potable spigots 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: Lori Monkami  
Phone: 586-1294

Signed: Lori Monkami  
Date: 3-08-06
A septic tank file has been found and the following information is provided. In general, the Department of Health has reviewed and approved of the plans based on the information submitted as verification that a treatment individual wastewater system (IWS) such as a septic tank was constructed and authorized to be used for wastewater disposal from a building/dwelling.

<table>
<thead>
<tr>
<th>Tax Map Key number</th>
<th>13 1 5 031 : 006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>HPP</td>
</tr>
<tr>
<td>Septic Tank File #</td>
<td>5661</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>John Erickson</td>
</tr>
<tr>
<td>Submit Plan Date</td>
<td>11/12/2004</td>
</tr>
<tr>
<td>Plan Approval Date</td>
<td>11/18/2004</td>
</tr>
<tr>
<td>Inspection Date</td>
<td></td>
</tr>
<tr>
<td>System Approved for Use Date</td>
<td>01/24/2006</td>
</tr>
<tr>
<td>BPA Date</td>
<td></td>
</tr>
<tr>
<td>System / Disposal Via</td>
<td>Septic Tank, Bed</td>
</tr>
<tr>
<td>Use For</td>
<td>3 bedrooms</td>
</tr>
<tr>
<td>Designed By</td>
<td>Ikeda</td>
</tr>
<tr>
<td>Percolation Rate / Capacity</td>
<td>1 min/in / 1000 gallons</td>
</tr>
</tbody>
</table>

For further information, you may call the Wastewater Branch engineer as listed:

[ ] For Oahu & Kauai: contact Johnny Ong at the Wastewater Branch office on Oahu at (808) 586-4294

[ ] For Kona: Dane Hiromasa at the Kealakekua Health Center at (808)322-1507

[ X] For Hilo: Jerry Nunogawa at the Hawaii District Health Office at (808)933-0401

[ ] For Maui: Roland Tejano at the Maui District Health Office at (808)984-8232
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
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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 WELL site more than 1,000 feet from sea cliff.

☐ Other comments:

Contact Person: Larry Brown Phone: 961-8288 X258

Signed: ______________________   Date: 3/13/06

011679
March 2, 2006

TO: Russell Tsuji, Administrator
    Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
         Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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.

Attachment(s)

RESPONSE:

[X] A water lease/permit is required of this applicant and an application for such will be requested by our division.

[X] A water lease/permit is not required of this applicant.

[X] A water lease/permit has been obtained by the applicant through lease no. ____________________________

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

[X] No objections

[X] Other comments: Original source of private title was issued prior to Statehood.

Contact Person: Gary Martin Phone: 587-0421

Signed: Gary Martin Date: MAR 15 2006
March 2, 2006

TO: Honorable Chiyoone L. Fukino, M.D., Director
Department of Health
Attention: Director's Office
Harold Vee, 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
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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 Imana of the Commission staff at 587-0255.

RESPONSE:

[1] This well qualifies as a public well which will serve as a source of public water to a public water system (defined as serving 25 or more people at least 60 days per year of at least 15 or more service connections) and must receive Director of Health approval prior to site use to comply with Hawaii Administrative Rules (HAR), Title 11, Chapter 30, Rules Relating to Potable Water Systems, §§1-25-25.

[2] If the well is used to supply both public and non-potable purposes in a single system, the user shall eliminate cross-connections and backflow connections by properly separating potable and non-potable systems by an approved backflow preventer, and by clearly labelling all non-potable pipes with warning signs to prevent inadvertent contamination of potable water. Backflow prevention devices should be routinely inspected and tested.

[3] If this well will be used for consumption purposes and is not subject to Safe Drinking Water Regulations.

[4] For the applicant's information, a source of potable water contamination: [If the well is not located near the proposed well site (information attached)].


Other relevant DOH rules and 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 decision considers this comment to still be applicable, and we do not need to review the new location.

No comments/objections

Contact Person: Alec Wong
Phone: 869-4309

Signed: Alec Wong
Date: 3/9/06
The Department of Health, Clean Water Branch has the following comments:

1. **For Well-Drilling Activities**

Any discharge to State waters of treated process wastewater effluent associated with well drilling activities is regulated by Hawaii Administrative Rules, Title 11, Chapter 55, Appendix I, effective September 22, 1997. Treated process wastewater effluent covered by this general permit includes well drilling slurries, lubricating fluids, wastewaters, and well purge wastewaters. This general permit does not cover well pump testing. The applicable Notice of Intent Forms and filing fee shall be submitted at least thirty (30) days before the start of discharge to the Department of Health, Clean Water Branch at 919 Ala Moana Boulevard, Room 301, Honolulu, Hawaii 96814-4920 or P.O. Box 3378, Honolulu, Hawaii 96801-3378. Inquiries may be directed to the Clean Water Branch at (808) 586-4309 or by fax at (808) 586-4352.

2. **For Well Pump Testing**

The discharger shall take all measures necessary to prevent the discharge of pollutants from entering State waters. Such measures shall include, if necessary, containment of the initial discharge until the discharge is essentially free of pollutants. If the discharge is entering a stream or river bed, best management practices shall be implemented to prevent the discharge from disturbing the clarity of the receiving water. If the discharge is entering a storm drain, the discharger must obtain written permission from the owner of that storm drain prior to discharge. Furthermore, best management practices shall be implemented to prevent the discharge from collecting sediments and other pollutants prior to entering the storm drain.

JS cr
COMMISSION ON WATER RESOURCE MANAGEMENT
ROUTE SLIP FOR NEW APPLICATIONS

FROM: RYAN
DATE: 23-Nov-05
SUSPENSE DATE: 30-Nov-05

TO: BAUER, G.
CHING, F.
FUJI, N.
GOODING, K.
HARDY, R.
HIGA, D.
ICE, C.
IMATA, R.
KUNIMURA, J.

INIT: NAKAMA, L.
NAKANO, D.
OHYE, M.
SAKODA, E.
SUBIA, S.
SWANSON, S.
UYENO, D.
YODA, K.
YOSHINAGA, M.

FOR: 1 Approval
1 Signature
1 Review & Comment
1 See Me
3 Information
3 Take Action

PLEASE:

- Type Final w/elec.signat., label file folder
- File
- Xerox ___ copies

WELL NUMBER 3586-12
WELL NAME Erickson

☐ WELL CONSTRUCTION ☐ PUMP INSTALLATION ☐ BOTH

ATTACHMENTS FOR APPLICATION PROCESSING - Both applicant & staff generated

1 TRANS. LETTER
2 PERMIT PROCESS TABLE
3 CWRM MAP
4 APPL. FORM (11 COPIES)
5 USGS MAPS (11 COPIES)
6 TAX MAPS (11 COPIES)
7 PARCEL OWNER VERIF.
8 CONTRACTOR VERIF.
9 ALL INFO FILLED IN
10 BACKGROUND CHECK
11 $25 FEE DEPOSIT SLIP
12 DHP/CDUP/SMA pre-screen

(SMA map printout http://gis.hicentral.com/website/parcelzoning/viewer.htm, or: INGRID'S SMA/CD MAP)
(LUC map printout http://luc.state.hi.us/luc Maps.htm, or: INGRID'S SMA/CD MAP)

FOLDER:
☐ MADE NEW FILE FOLDER, ATTACHED
☐ FILE FOLDER ALREADY MADE, IN FILE CABINET

INCOMPLETE ACTION DATES:

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<td>(1) $25.00</td>
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<tr>
<td>(2) $25.00</td>
<td>Christine Bachman</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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REMARKS: LINE (1) Erickson Well
LINE (2) Bachman Well
LINE (3)
LINE (4)
LINE (5)
LINE (6)
LINE (7)
LINE (8)
LINE (9)
LINE (10)
**PUBLIC RECORD DATA**

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<th>Subdiv/Condo Tnr</th>
<th>Address</th>
<th>Owner/Lessee</th>
<th>Beds</th>
<th>Baths</th>
<th>Land area</th>
<th>Liv area</th>
<th>Last Sale Inst</th>
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<td>Hawaiian</td>
<td>Paradise Park</td>
<td>ERICKSON, JOHN W/ETAL</td>
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<td>12,632 sqft</td>
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<td>03/24/2004</td>
<td>DEED $18,000</td>
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This information has been supplied by third parties and has not been independently verified by Hawaii Information Service and is, therefore, not guaranteed.
### WELL LOCATION INFORMATION

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<th>State Well #</th>
<th>Well Name</th>
<th>Latitude</th>
<th>Longitude</th>
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<td>WELL ERICKSON</td>
<td>JOHN &amp; VICKI ERICKSON</td>
<td>21.1515</td>
<td>155.3995</td>
</tr>
</tbody>
</table>

### PROPOSED USE

- **DOMESTIC USE**: Yes
- **THERMAL USE**: No
- **INDUSTRIAL USE**: No
- **IRRIGATION**: No
- **MILITARY**: No
- **OTHER**: No

### Project Information

**Proposed Use**: Domestic
**Proposed Pump**: 10 HP, 25 GPM

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### Pump Installation Details

**Proposed Pump Rate**: 25 GPM
**Total Amount Required**: 250 gallons per day

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**Additional Remarks**: None

---

**Signature**: 10/05/04

---

**Address**: HCR #3 Box 14073 Keaau HI 96749
**Phone**: 987-8100
**Fax**: 996-4129
**Email**: 996-4129
PROPOSED WELL SECTION (Please attach schematic if different from diagram provided below)

Hole Diameter: 12 inches.
Elevation at top of casing: 41 ft., mas
Minimum of 2" Radius & 4" Thick Concrete Pad (to contain benchmark surveyed to nearest 0.01 ft.)
Ground Elevation: 40 ft., mas*

Solid Casing: (≈ 90% x (Ground Elev. - Water Level Elev.))
Total Length: 40 ft.
Nominal Diameter: 6 in.
Wall Thickness: S40 in.
Bottom Elevation: __________ ft., mas

Open Casing:
Total Length: 5 ft.
Nominal Diameter: 6 in.
Wall Thickness: S40 in.
Bottom Elevation: __________ ft., mas

Estimated Water Level Elevation: __________ ft., mas*

Casing Material:
- Plastic: (check one or more): • ASTM A242 (or A500) • Type E • Type S • Grade B • Other
- Stainless Steel: (check one): • ASTM A242 (or A500) • Type E • Type S • Grade B • Other
- Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- PTFE Fluorocarbon Tubing conforming to ASTM D3296
- FEP Fluorocarbon Tubing conforming to ASTM D3296

Grouting method:
- Positive Displacement
- Other

For non-salt water Basalt Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,
Bottom Elevation of Well Limit = (Water Elevation - )
Example: Estimated = 2 ft. Water Level Elev. Bottom Elevation of Well Limit = (2 ft) = -18.5 ft.

Solid Casing Material:
- Carbon Steel: compliant with (check one or more): ANSI/AWWA C200 • API Spec. 5L • ASTM A53 • ASTM A139
- Stainless Steel: (check one): • ASTM A242 (or A500) • Type E • Type S • Grade B • Other
- ABS Plastic: compliant with (check one or more): • ASTM A409 (production wells) • ASTM A312 (monitor wells)
- PVC Plastic: compliant with (check one or more): • Schedule 40 • Schedule 80 • Schedule 120
- Thermoset Plastic: (check one)
- Reinforced Polyester Wound Resin Pipe conforming to ASTM D2996
- Centrifugally Cast Resin Pipe conforming to ASTM D2996
- Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- PTFE Fluorocarbon Tubing conforming to ASTM D3296
- FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:
- Carbon Steel: compliant with (check one or more): ANSI/AWWA C200 • API Spec. 5L • ASTM A53 • ASTM A139
- Stainless Steel: (check one): • ASTM A242 (or A500) • Type E • Type S • Grade B • Other
- ABS Plastic: compliant with (check one or more): • ASTM A409 (production wells) • ASTM A312 (monitor wells)
- PVC Plastic: compliant with (check one or more): • Schedule 40 • Schedule 80 • Schedule 120
- Thermoset Plastic: (check one)
- Reinforced Polyester Wound Resin Pipe conforming to ASTM D2996
- Centrifugally Cast Resin Pipe conforming to ASTM D2996
- Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- PTFE Fluorocarbon Tubing conforming to ASTM D3296
- FEP Fluorocarbon Tubing conforming to ASTM D3296

Gravel Packing: 3 ft.
Material: Crushed Basalt

* The approximate elevation must be referenced to mean sea level (msl) at the time of application filing. Final elevations of well components shall be submitted in the Well Completion/Well Abandonment reports and referenced to a benchmark which has been established by a surveyor licensed by the State.

HAWAII WELL CONSTRUCTION AND PUMP INSTALLATION STANDARDS to ensure that your as-built is in compliance with applicable standards.

WCI App. Form 10/05/04
March 2, 2006

Mr. Rod Diamond
Diamond Construction and Water Well Drilling
HC#3 Box 14073
Keeau, HI 96749

Dear Mr. Diamond:

Well Construction/Pump Installation Permit Application for Well No. 3586-12

We acknowledge receipt, on December 30, 2005, of your completed Well Construction/Pump Installation permit application and filing fee for the Erickson Well (Well No. 3586-12). You can expect your application to be processed within ninety (90) days from this date.

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), 274-3141 (Kauai), 984-2400 (Maui), or 1-800-468-4644 (Lanai & Molokai) extension 70255.

Sincerely,

DEAN A. NAKANO
Acting Deputy Director

RI:ss
Attachment

c: John Erickson
March 2, 2006

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
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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.

RESPONSE:

1. 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 having 15 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.

2. 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.

3. 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 connections by physically separating potable and non-potable systems by an air gap or an approved backflow preventer, and by clearly labeling all non-potable spigots with warning signs to prevent inadvertent consumption of non-potable water. Backflow prevention devices should be routinely inspected and tested.

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

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

6. An NPDES permit is required.

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

8. 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.

9. No comments/objections

Contact Person: ____________________________ Phone: ________________

Signed: ____________________________ Date: ________________
March 2, 2006

TO: Russell Tsuji, Administrator
   Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
   Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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.

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: ___________________________
March 2, 2006

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
Erickson Well (Well No. 3586-12)

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 March 30, 2006. 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,

[Signature]

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: ___________________________