MEMO and ROUTE SLIP

WCR 1 Check for Well No. 3587-05 (survey to regulation memo)

1. **Pump Tests Check** Glenn Bauer ________ (initial)
   - Step-Drawdown Test:
     - followed WCPI Stds ____________
     - analysis attached ____________
     - proposed pump cap o.k. ____________
   - Aquifer Pump Test:
     - followed WCPI Stds ____________
     - T & S analysis attached ____________
   - Well Interference:
     - estimated Steady-State drawdown at 1-mile radius is ____________ ft.
     - analysis attached ____________
   - Stream Surface Water Impacted: ____________

2. **Construction Check** Mitch Ohye ________ (initial)
   - data complete ____________
   - followed WCPI Stds ____________
   - well database updated ____________

3. Charley/Lenore/Ryan ________ (initial) take action based on above analysis

ATTACHMENTS FOR PUMP INSTALLATION PERMIT:
- COVER LETTER
- PERMIT (2x)
- DOH COMMENTS
- LAND DIV. COMMENTS
- WCR 2 FORM
- SWUR FORM

4. Roy ________ (initial) check
5. Subia ________ (initial) finalize
6. Linnet ________ (initial) signature
7. Charley/Lenore/Ryan File

If no, describe deficiency

If yes, identify most probable stream

not necessary – only WCP.

To be sent to applicant

legitimately drilled? No survey
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources

WELL COMPLETION REPORT - PART I
Well Construction

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 521, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For updates to this form or additional information, please visit our website at http://www.state.hi.us/dlnr/cwrm/

<table>
<thead>
<tr>
<th>1. State Well No.:</th>
<th>3587-05</th>
<th>Well Name:</th>
<th>Bazin Well</th>
<th>Island:</th>
<th>Hawaii</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Address:</td>
<td>HCR 3 Box 11079</td>
<td>Tax Map Key:</td>
<td>1-5-028: 144</td>
<td></td>
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<tr>
<td>3. Drilling Company:</td>
<td>Couch Well Drilling PO Box 1329 Kealakekua HI 96750</td>
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<tr>
<td>4. Drilling method used during construction:</td>
<td>☐ Rotary ☑ Percussion ☐ Other (describe)</td>
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<td>5. Date Well Construction (drilled, cased, grouted) completed:</td>
<td>10/4/02</td>
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<td>6. Was the subject well cored?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>7. Initial water-level encountered:</td>
<td>79.6 ft. below ground</td>
<td>Date and time of measurement:</td>
<td>9/28/02 1:00 pm</td>
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<tr>
<td>8. Step-Drawdown Test completed?</td>
<td>☑ No ☐ Yes</td>
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<td>9. Constant Rate Aquifer Test completed?</td>
<td>☑ No ☐ Yes</td>
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<tr>
<td>10. Water-level:</td>
<td>69 ft. above msl</td>
<td>Date and time of measurement:</td>
<td></td>
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<tr>
<td>11. Chloride:</td>
<td>375 ppm</td>
<td>Date and time of sampling:</td>
<td></td>
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</tr>
<tr>
<td>12. Temperature:</td>
<td>69°F</td>
<td>Date and time of measurement:</td>
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<tr>
<td>13. Fill in the as-built section on the other side of this sheet.</td>
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<tr>
<td>14. Fill in attached surveyor's report.</td>
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<td>15. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)</td>
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<td>16. The proposed manufacturer's rated pump capacity is 20 gpm at a head of 100 ft.</td>
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<tr>
<td>17. Remarks:</td>
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</tbody>
</table>

Licensed Driller (print) | Rodney Cook |
Signature | |
Permittee (print) | Barney P. Bazin Jr. |
Signature | |

WCR1 Form 9/12/01 Page 1/4
**DRILLER'S LOG**

**WELL NUMBER:** 3587-05  **Basin**

<table>
<thead>
<tr>
<th>Depths (ft.)</th>
<th>Rock Description, Water Level, etc.</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 10</td>
<td>Black Lava Rock</td>
<td>9/1/02</td>
</tr>
<tr>
<td>10 to 20</td>
<td>Med. Basalt</td>
<td>9/2/02</td>
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<tr>
<td>20 to 30</td>
<td>Red Cinder</td>
<td>9/4/02</td>
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<tr>
<td>30 to 40</td>
<td>Med. Basalt</td>
<td>9/7/02</td>
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<tr>
<td>40 to 50</td>
<td>Hard Blue Rock</td>
<td>9/10/02</td>
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<tr>
<td>50 to 60</td>
<td>Soft Broken Layers</td>
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<tr>
<td>60 to 70</td>
<td>Med. Black Rock</td>
<td>9/13/02</td>
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<td>70 to 80</td>
<td>Hard Blue Rock</td>
<td>9/21/02</td>
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<tr>
<td>80 to 90</td>
<td>Hard Blue Rock</td>
<td>9/28/02</td>
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<tr>
<td>90 to 95</td>
<td>Soft Red Cinder</td>
<td>9/29/02</td>
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<td></td>
<td>(Water Zone)</td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**
Mr. Barney Bazin
HC 3 Box 11079
Keaau, HI 96749

Tel # (808) 982-5288
Fax (808) 433-6086
WATER ANALYSIS REPORT

CLIENT: BARNEY & MARGE BAZIN
PROJECT:
PROJECT ADDRESS:
PERIOD: OCTOBER 15, 2002

<table>
<thead>
<tr>
<th>ANALYSIS</th>
<th>RESULTS</th>
</tr>
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<tbody>
<tr>
<td>Total Dissolved Solids</td>
<td>90 ppm</td>
</tr>
<tr>
<td>Total Hardness</td>
<td>2 grains</td>
</tr>
<tr>
<td>Total Chlorides</td>
<td>60 mg/L</td>
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<tr>
<td>Sodium Chlorides</td>
<td>37.5 mg/L</td>
</tr>
</tbody>
</table>

Analysed By - American Water Purification, Inc.

Submitted By - Hope Northway

835-3130
244-5494
**STEP-DRAWDOWN PUMP TEST DATA**

(not required for wells producing < 100,000 gpd or 70 gpm)

Pumped Well No. **3597-96**

Pumped Well Name **Bazin Well**

Target Q **__________** gpm

Observation well no. ____________________________

Distance between Obs. & Pumped Well ____ ft.

Reference pt. for depth to water ft. msl

Static Water Level @ start of test __________ ft. msl

Water level measurements by: □ steel tape □ pressure transducer □ airline

START TEST  Date: ___________  Time of day: ___________

Flow Meter Reading Start: __________ gals

<table>
<thead>
<tr>
<th>Suggested Elapsed time</th>
<th>Actual Elapsed time</th>
<th>Depth to water (ft)</th>
<th>Drawdown (ft)</th>
<th>Pumped Q (gpm)</th>
<th>Pressure (psi)</th>
<th>EC (ppm)</th>
<th>Static Water Level (ft)</th>
<th>Chloride sample taken</th>
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<tbody>
<tr>
<td>-45</td>
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<td>Chloride sample taken</td>
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</tbody>
</table>

**Step 2 begin?**
1. Starting pumping rate \( Q \)
2. Minimum length of step period of constant pumping rate
3. Minimum mandatory Chloride (Cl\(^-\)) measurement/sampling at end of every step
4. Use same ending drawdown figure as start for recovery

<table>
<thead>
<tr>
<th>Suggested Expected Unit</th>
<th>Actual Expected Time</th>
<th>Depth</th>
<th>Drawdown</th>
<th>Pumping Rate</th>
<th>Max Possible Duration, Water level or quality did not stabilize for any 24 period</th>
<th>Begin recovery data next page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Flow meter reading at end of pumped period:</td>
</tr>
</tbody>
</table>

---

1. Suggested Expected Unit
2. Actual Expected Time
3. Depth
4. Drawdown
5. Pumping Rate
6. Max Possible Duration
7. Begin recovery data
8. Flow meter reading at end of pumped period
9. ____________ gals
## Table 1 (SDPTD Form 12/17/07)

<table>
<thead>
<tr>
<th>Suggested elapsed time (min)</th>
<th>Actual elapsed time (min)</th>
<th>Desired elevation (feet)</th>
<th>Recovery Drawdown (feet)</th>
<th>Pumping rate (gpm)</th>
<th>Temp (°F)</th>
<th>CH (mg/l)</th>
<th>Data in the table is for 20% recovery or more unless otherwise indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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<td>Pump off, start recovery</td>
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</table>

**END TEST**  
Date: ____________  Time of day: ____________

**ADDITIONAL REMARKS:**

Person in charge of pump test (print): ________________________________

Signature: ________________________________

The signature above indicates that the data reported on this form is accurate and true to the best of the person's knowledge who operated this pump test.
## CONSTANT-RATE PUMP TEST DATA

Table 2 (CRPTD Form 12/17/97)

<table>
<thead>
<tr>
<th>Pumped Well No.</th>
<th>Observation well no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3587-05</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pumped Well Name</th>
<th>Distance between Obs. &amp; Pumped Well</th>
<th>ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bazin Well</td>
<td></td>
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</tbody>
</table>

Target Q: gpm

Reference pt. for depth to water: ft. msl

Static Water Level @ start of test: ft. msl

Water level measurements by: □ steel tape □ pressure transducer □ airline

START TEST

Date: ____________

Time of day: ________

<table>
<thead>
<tr>
<th>Flow Meter Reading</th>
<th>Start: gals</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suggested elapsed time (min)</th>
<th>Actual elapsed time (min)</th>
<th>Depth of Water (nearest 0.1 ft)</th>
<th>Drawdown Time (hr)</th>
<th>Drawdown Rate (gpm)</th>
<th>EC (microsiemens/m)</th>
<th>pH</th>
<th>Millivolt Readings</th>
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\(^2\) Begin recovery data next page

Flow meter reading at end of pumped period: ___________ gals

\(^1\) Chloride sampling required

\(^2\) Use same ending drawdown figure as start for recovery
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END TEST  Date: ___________  Time of day: ___________

ADDITIONAL REMARKS: ____________________________________________________________

Person in charge of pump test (print): _____________________________________________

Signature: __________________________________________________

The signature above indicates that the data reported on this form is accurate and true to the best of the person's knowledge who operated this pump test.
8/16/2002

To: STATE Hi - Commission WATER RES. Mg.
Dept Land & Nat. Rec.

Attn: MR. GILBERT J. COLONA-AGARAN

RE: BAZIN WATER WELL
PERMIT NO. 3587-05

Attached copy signed
WELL Constructed PERMIT.

WE REQUEST PERMISSION TO INSTALL
THE PERMANENT PUMP PRIOR TO
FINAL PUMP INSTALLATION PERMIT
ISSUANCE

Thank You!

Sincerely,

[Signature]

HCR 3 - Box 11079
Kona, HI 96749-8221

TEL # 808-966-9670
WELL CONSTRUCTION PERMIT
Bazin Well, Well No. 3587-05

Note: 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 construction and testing of Bazin Well (Well No. 3587-05) at 15-1398 9th Ave., Hawaii, TMK 1-5-028; 144, subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97) 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 §13-168-12, Hawaii Administrative Rules.

2. The well construction permit shall be for construction and testing of the well only. A minimum 1¼-inch diameter monitor tube shall be permanently installed, in a manner acceptable to the Chairperson, to accurately record water levels. The permittee, well operator, and/or well owner shall coordinate with the Chairperson and conduct a pumping test in accordance with the Standards (a pump testing worksheet is attached). The permittee, well operator, and/or well owner shall submit to the Chairperson the test results as a basis for supporting an application to install a permanent pump and withdraw water for use. No permanent pump may be installed until a pump installation permit is approved and issued by the Chairperson.

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

4. The permittee, well operator, and/or well owner 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.

5. In the event that subsurface cultural remains such as artifacts, burials or concentrations of shells or charcoal are encountered during construction, the permittee, well operator, and/or well owner shall stop work and contact the Department's Historic Preservation immediately.

6. 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 correlative water rights.

7. The following shall be submitted to the Chairperson within sixty (60) days after completion of work:
   b. Elevation (referenced to mean sea level, msl) survey by a Hawaii-licensed surveyor.
   c. As-built sectional drawing of the well.
   d. Plot plan and map showing the exact location of the well.
   e. Complete pumping test records, including time, pumping rate, drawdown, chloride content, and other data.

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

9. The well construction permit application is incorporated into the permit by reference and is subject to the Hawaii Well Construction & Pump Installation Standards (January 23, 1997; HWCPIS). If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result.

10. The permit may be revoked by the Commission if work is not started within six (6) months after the date of approval or if work is suspended or abandoned for six (6) months, unless otherwise specified. 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 three (3) months prior to the date the permit expires. If the commencement date is not met, the Commission may revoke the permit after giving the permittee, well operator, and/or well owner notice of the proposed action and an opportunity to be heard.

11. If the well is not to be used it must be properly capped. If the well is to be abandoned then the permittee, well operator, and/or well owner shall apply for a well abandonment permit in accordance with §13-168-12(f) prior to any well sealing or plugging work.

12. 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.

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

Date of Approval: June 12, 2002
Expiration Date: June 12, 2004

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 driller have signed, dated, and returned the permit to the Commission. I also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $1000 per day starting from the permit date of approval.

Permittee's Signature: [Signature]
Firm or Title: Owner
Date: 6-16-2002

Printed Name: Darley P. Bazin
Driller's Signature: [Signature]
C-57 License #: 23094
Date: 8-14-02
Printed Name: Rodney Cook
Firm or Title: Cocul, Weli Driller

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

GILBERT S. COLOMA-AGARAN, Chairperson
Commission on Water Resource Management

Attachment
USGS
Department of Health/Safe Drinking Water, Wastewater, and Clean Water Branches
Hawaii Department of Water Supply
June 27, 2002

Mr. Barney Bazin  
HCR 3 Box 11079  
Keeau, HI 96749-9221

Dear Mr. Bazin:

Well Construction Permit  
Bazin Well (Well No. 3587-05)

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 your 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 is a copy 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.

2. Please be aware that Turner Drilling has unfinished business with the Water Commission, and it will need to be resolved before we can accept his signature on this permit, and no work shall commence unless a copy of the permit has been fully signed by both permittee and driller.

This permit does not authorize work for your permanent pump installation. Approval and issuance of your pump installation permit is contingent upon completed application and information provided to and accepted by Commission staff as required in the Well Construction & Pump Installation Standards (1/23/97) and any special conditions performed under this permit. However, a permanent pump may be installed prior to the permanent pump installation permit issuance in accordance with the Commission's April 15, 1998 Declaratory Ruling No. DEC-ADM98-G5, which states that:

"Permanent pump installation for capacities between 0-70 gpm and where the proposed use is for private individual needs in non-ground-water management areas may be allowed prior to the final pump installation permit issuance. When required as a condition of the well construction permit, subsequent pumping tests shall validate the acceptability of the permanent pump. The permanent pump installed prior to final pump installation permit issuance is subject to removal if the testing shows that a smaller pump is required to reduce the potential of affecting neighboring wells and localized upconing at the applicant's well."
If you qualify and wish to take advantage of this ruling, please include a written request to install the permanent pump prior to final pump installation permit issuance when you return to us your signed well construction permit.

Please sign and have the contractor sign both permit originals and return one for our files. Also, copies of the aquifer pump test worksheet and the well completion report form are enclosed for your use.

**IMPORTANT** - Drilling work shall not commence until a fully signed permit is returned to the Commission. Please provide all the information in this packet to your well drilling contractor. The permittee, well operator, and/or well owner are responsible for all conditions of the permit. This includes ensuring that the well construction contractor, or other party who constructs the well(s), submits a completed Part I of the Well Completion Report form (enclosed) within sixty (60) days after the well construction work is completed. Be advised that you may be subject to fines of up to $1000 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.

Aloha,

GILBERT S. COLOMA-AGARAN
Chairperson

Enclosures
WELL CONSTRUCTION PERMIT

Bazin Well, Well No. 3587-05

Note: 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 13-188, entitled "Water Use, Wells, and Stream Diversion Works", this document permits the construction and testing of Bazin Well (Well No. 3587-05) at 15-1938 9th Ave., Hawaii, TMK 1-5-028: 144, subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97) 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 96609, 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 §13-188-15, Hawaii Administrative Rules.

2. The well construction permit shall be for construction and testing of the well only. A minimum 1 3/4-inch diameter monitor tube shall be permanently installed, in a manner acceptable to the Chairperson, to accurately record water levels. The permittee, well operator, and/or well owner shall coordinate with the Chairperson and conduct a pumping test in accordance with the Standards (a pump testing worksheet is attached). The permittee, well operator, and/or well owner shall submit to the Chairperson the test results as a basis for supporting an application to install a permanent pump and withdraw water for use. No permanent pump may be installed until a pump installation permit is approved and issued by the Chairperson.

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

4. The permittee, well operator, and/or well owner 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.

5. In the event that subsurface cultural remains such as artifacts, burials or concentrations of shells or charcoal are encountered during construction, the permittee, well operator, and/or well owner shall stop work and contact the Department's Historic Preservation immediately.

6. 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 correlative water rights.

7. The following shall be submitted to the Chairperson within sixty (60) days after completion of work:
   b. Elevation (referenced to mean sea level, msI) survey by a Hawaii-licensed surveyor.
   c. As-built sectional drawing of the well.
   d. Plot plan and map showing the exact location of the well.
   e. Complete pumping test records, including time, pumping rate, drawdown, chloride content, and other data.

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

9. The well construction permit application is incorporated into this permit by reference and is subject to the Hawaii Well Construction & Pump Installation Standards (January 23, 1997; HWCPIS). If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result.

10. The permit may be revoked by the Commission if work is not started within six (6) months after the date of approval or if work is suspended or abandoned for six (6) months, unless otherwise specified. 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 three (3) months prior to the date the permit expires. If the commencement date is not met, the Commission may revoke the permit after giving the permittee, well operator, and/or well owner notice of the proposed action and an opportunity to be heard.

11. If the well is not to be used it must be properly capped. If the well is to be abandoned then the permittee, well operator, and/or well owner must apply for a well abandonment permit in accordance with §13-188-12f prior to any well sealing or plugging work.

12. 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.

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

Date of Approval: June 12, 2002
Expiration Date: June 12, 2004

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 driller have signed, dated, and returned the permit to the Commission. I also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $1000 per day starting from the permit date of approval.

Permittee's Signature: ________________________ Date: __________

Printed Name: ______________________________ Firm or Title: ______________________________

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

Printed Name: ______________________________ Firm or Title: ______________________________

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

Attachment

Department of Health- State Drinking Water, Wastewater, and Clean Water Branches
Hawaii Department of Water Supply
**COMMISSION ON WATER RESOURCE MANAGEMENT**

**ROUTE SLIP FOR PERMIT ISSUANCE**

**FROM:** RYAN  
**DATE:** 6/25/02  
**SUSPENSE DATE:**

<table>
<thead>
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**WELL NUMBER** 3587-05  
**WELL NAME** Bazin well

☑ WELL CONSTRUCTION

**ATTACHMENTS FOR WELL CONSTRUCTION PERMIT:**
1 COVER LETTER  
2 PERMIT (2x)  
3 DOH COMMENTS  
4 LAND DIV. COMMENTS  
5 PUMP TEST  
6 WCR FORM  
7 WELL CHECK FORM

☐ PUMP INSTALLATION

**ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**
1 COVER LETTER  
2 PERMIT (2x)  
3 WCR FORM  
4 WUR FORM  
5 DOH COMMENTS  
6 LAND DIV. COMMENTS  
7 PUMP INSTALLATION

TO BE SENT TO APPLICANT

FOR OFFICE USE ONLY

See Me
Review & Comment
Take Action
Type Draft
Type Final
File
Xerox copies
May 22, 2002

TO: Honorable Bruce S. Anderson, Director
   Department of Health
   Attention: Dennis Tulang, Wastewater Branch
         William Wong, Safe Drinking Water Branch
         Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
         Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
       Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
         Basin Well (Well No. 3587-05)

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 June 14, 2002. 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:

Attachment(s)

This well qualifies as a source which will serve as a source of public water to a public water system (defined as serving 25 or more people in 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, §11-20-26.

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 (the [ ] is located near the proposed well site (information attached). An NPDES permit is required.

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

No comments/objections

Contact Person: Alec Wong
   Phone: 586-4209

Signed: Alec Wong
   Date: 5/31/02

02-7-05
APPLICATION FOR PERMIT

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

2 WELL NAME: Pahako

Address: 15-193 Kauai, Kaunakakai, Kauai, HI 96748

Attach the main-purpose map of (a) a 7-3-minute series USGS topographic map (scale 1:24,000) and include the name of the quad map, and (b) a property tax map, showing well location referenced to established property boundaries.

3. PROPOSED WORK: (check all that apply)
   - [ ] Construct new well
   - [ ] Modify Existing Well
   - [ ] Abandon/Seal

   State Well No.: (If unknown, please call Commission at 643-4228)

4. CONSTRUCTION:
   - [ ] Drilled
   - [ ] Dug
   - [ ] Shaft
   - [ ] Tunnel

   Is this well part of a battery of wells? (Y/N) Yes

5. PROPOSED PUMP INFORMATION: Rated Pump Capacity: 25 gallons per minute

   Pump Type (check one):
   - [ ] Deep Well Turbine
   - [ ] Rotary
   - [ ] Propeller

   Submersible
   - [ ] Rotary-Displacement
   - [ ] Reciprocating
   - [ ] Impulse

6. PROPOSED USE: (check all that apply)
   - [ ] Municipal (including private, State, etc.)
   - [ ] Industrial

   Domestic (private, non-commercial water system)
   - [ ] Irrigation (crop)

   Other (specify):

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: 500 gallons per day

   (b) METHOD OF FLOW MEASUREMENT:
   - [ ] Flowmeter
   - [ ] Open-steel

   Other (specify):

8. LEGAL REQUIREMENTS:
   - [ ] CDUP
   - [ ] SNAP
   - [ ] EIS
   - [ ] EA
   - [ ] Other

9. REMARKS, EXPLANATIONS:

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

10. [Signature]

Well Owner: Pahako
    Landowner: Kamehameha
    Contractor: Turner
    Date: 1-1-02

For official use only

Well Location: (If applicable) Aquifer System No.

Latitude: X

Longitude: X

State Well No.:

WOPPA Form 9-200
ER'S CERTIFICATION STATEMENT

I certify that I am the owner/duly authorized agent of the individual wastewater system described on the attached plot plan and drawing(s) and that said individual wastewater system installed complies with Chapter 57, Title 11, Administrative Rules, which I have read and understand.

SIGNATURE AND DATE:

[Signature]
9/10/84

NOTARY PUBLIC

Notary public signature required if persons other than owner signs "Owners Certification Statement."

Subscribed and sworn to before me this 9/10/84.

[Signature]
Circuit, State of Hawaii

[Seal]
The Independent Hawaii Surveyors
1927A Kilauea Avenue, Hilo, Hawaii 96720
Phone/FAX 808 959-0360 Email niels@aloha.net
Niels Christensen, Surveyor

To: First American Long and Melona Title Company, Ltd.
120 Pauahi Street, Suite 312
Hilo, Hawaii 96720

Escrow Acct. # 405928

TMK: (3) 1-5-28: 144

Description of Services:

DROA C-41 Staking of Hawaiian Paradise Park, Lot 915, Block 9

Boundary corners are VERIFIED AS CORRECT and have an average error of 0.24 feet which is within acceptable tolerance for property of this type and in this subdivision.

The following sketch gives the dimensions found by this field survey (F) as compared to the record dimensions (R) of this property, and the type of pins found (PND) and set at the corners.

Improvements were not located on this staking.

For services rendered: $350.00
For: 14.58
AMOUNT DUE: $364.58

cc: Barney Sazin, P.O. Box 1102, Kamuela, HI 96743

Invoices are due and payable within 30 days of billing date shown and due whether an escrow is closed or canceled. A service charge of $10.00 will be assessed for future statements and our policy is to charge a 1% monthly late charge (annual percentage rate of 12%) on all past due accounts.
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
STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 2078
HONOLULU, HAWAII 96801

STATE MESSENGER

Date: June 4, 2002

To: Commission on Water Resource Management
    Department of Land and Natural Resources
    State of Hawaii

Attention: Ryan Imata
            Commission Staff Member

From: Wastewater Branch
      Department of Health
      State of Hawaii

Attention: Lori Kailiwara
           Planner, Planning/Design Section
           Phone (808) 586-4294; Fax (808) 586-4300
           Email: kailiwara@oha.health.state.hi.us

Subject: Well Construction/Pump Installation Permit Application Response

STATE MESSENGER
STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. BOX 3576
HONOLULU, HAWAII 96801

STATE MESSENGER

Date: June 4, 2002

To: Commission on Water Resource Management
Department of Land and Natural Resources
State of Hawaii

Attention: Ryan Imata
Commission Staff Member

From: Wastewater Branch
Department of Health
State of Hawaii

Attention: Lori Kajiwara
Planner, Planning/Design Section
Phone (808) 586-4294  Fax (808) 586-4300
Email: lkajiwara@oha.health.state.hi.us

Subject: Well Construction/Pump Installation Permit Application Response

STATE MESSENGER
May 22, 2002

TO: Honorable Bruce S. Anderson, Director
Department of Health
Attention: Dennis Tulang, Wastewater Branch
William Wong, Safe Drinking Water Branch
Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
Bazin Well (Well No. 3587-05)

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 June 14, 2002. 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:

[Signature]
Date: 6-3-2002
Date: May 31, 2002

To: Laverne Hayamoto
Hawaii District Health Office (Hilo)
Ph (808) 933-0401
Fax (808) 933-0400

From: Lori Kajiwara, Planning/Design Section
Email: lkajiwara@hawaii.health.state.hi.us

Subject: Request for Information

Do you have any IWS files or records on or nearby the following:

(3) 1-5-28-144 Buzin 15-1938 94th Avenue

Please check all that apply:

- [ ] sewered
- [ ] no record
- [ ] cesspool
- [ ] septic tank
- [ ] aerobic unit

File # if applicable: ___________ # of Bedrooms ___________

Record Date: __________________________
Submit Date: __________________________
Plan Approval Date: __________________________
Inspection Date: __________________________
System "Approval for Use" Date: __________________________

Other: __________________________________
_____________________________________
_____________________________________

Please fax site/plot plan if available. Thank you.
I certify that I am the owner/duly authorized agent of the individual wastewater system described on the attached plot plan and drawings and that said individual wastewater system is installed complies with Chapter 57, Title 11, Administrative Rules, which I have read and understand.

DEPARTMENT OF HEALTH SECTION

accepted by: [Signature]

signature: [Signature]

name: [Signature]

title: [Signature]

date: 9/13/84

NOTARY PUBLIC

Notary public signature required if persons other than owner signs "Owners Certification Statement."

Subscribed and sworn to before me this 9-16-84.


M. Providence Estates
TO: Dede Mamiya, Administrator
    Land Division

FROM: Linnel T. Nishioka, Deputy Director
    Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
         Bazin Well (Well No. 3587-05)

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 June 14, 2002. 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. _______________________.

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

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

[ ] No objections

[ ] Other comments: Original source of private title is Land Commission Award 8559-B, Apana 16 to W.C. Lunalilo, issued between 1845 and 1855.

Contact Person: Gary Martin Phone: 587-0421

Signed: ___________________________ Date: ___________________
TO:  Honorable Bruce S. Anderson, Director
     Department of Health
     Attention:  Dennis Tulang, Westwater Branch
                William Wong, Safe Drinking Water Branch
                Dr. Keith Kawako, Hazardous Evaluation and Emergency Response
                Alex Wong, Clean Water Branch

FROM:   Gilbert S. Coloma-Agana, Chairperson
         Commission on Water Resource Management

SUBJECT:  Well Construction/ Pump Installation Permit Application
           Baza Well (Well No. 3697-66)

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 program, plans, and objectives specific to your department. Please respond by returning this cover memo form by June 14, 2002. 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 Inaka of the Commission staff at 587-0255.

A: No

REFERENCE:

The 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 10 or more service connections) and is subject to the regulations for public and nondesignated water (Title 17, Chapter 20, Hawaii Administrative Rules). The well must be properly constructed, equipped with a cover, properly insulated, and properly protected from contamination. If the well must be used to supply both potable and non-potable purposes, the water must be properly protected from contamination. (Hawaii Administrative Rules, Title 17, Chapter 20, Hawaii Administrative Rules, Title 17, Chapter 20.)

The well does not qualify as a source serving a public water system (defined as serving 25 or more people at least 60 days per year or 10 or more service connections) and is subject to the regulations for public and nondesignated water (Title 17, Chapter 20, Hawaii Administrative Rules). The well must be properly constructed, equipped with a cover, properly insulated, and properly protected from contamination. If the well must be used to supply both potable and non-potable purposes, the water must be properly protected from contamination. (Hawaii Administrative Rules, Title 17, Chapter 20, Hawaii Administrative Rules, Title 17, Chapter 20.)

This well does not qualify as a source serving a public water system (defined as serving 25 or more people at least 60 days per year or 10 or more service connections) and is subject to the regulations for public and nondesignated water (Title 17, Chapter 20, Hawaii Administrative Rules). The well must be properly constructed, equipped with a cover, properly insulated, and properly protected from contamination. If the well must be used to supply both potable and non-potable purposes, the water must be properly protected from contamination. (Hawaii Administrative Rules, Title 17, Chapter 20, Hawaii Administrative Rules, Title 17, Chapter 20.)

Other actions can be taken to reduce the risks of contamination. However, if future problems arise from this source increases to meet the public water system definition (Title 17, Chapter 20, Hawaii Administrative Rules), the following steps must be taken to implement those regulations.

The well must be properly constructed, equipped with a cover, properly insulated, and properly protected from contamination. If the well must be used to supply both potable and non-potable purposes, the water must be properly protected from contamination. (Hawaii Administrative Rules, Title 17, Chapter 20, Hawaii Administrative Rules, Title 17, Chapter 20.)

For the applicant’s information, a source of possible contamination (i.e., [ ] is not located near the proposed well site and information attached).

An NFDS permit is required.

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

No commercial objections.

Signed:  [Signature]

Date:  8/12/02

Contact Person:  [Name]  Phone:  586-4258
The Department of Health, Safe Drinking Water Branch has the following additional comments for the Well Construction / Pump Installation Permit Application for the Bazin Well (Well No. B-3587-05 Hawaii):

Please be advised that the Department of Health has experienced drinking water and groundwater contamination by submersible pumps containing mercury. Specifically, the failure of the seals of the pumps allowed mercury to leak out into the well shaft resulting in contamination of the well and the water served by the well. Please review your pump specifications to be sure that the submersible pump(s) you are proposing to use do not contain materials which could result in either groundwater contamination or drinking water contamination,
Mr. Barney Bazin
HCR 3 Box 11079
Keeau, Hi 96749-9221

Dear Mr. Bazin:

Well Construction/Pump Installation Permit Application for Well No. 3587-05

We acknowledge receipt, on May 1, 2002, of your completed Well Construction/Pump Installation permit application and filing fee for the Bazin Well (Well No. 3587-05). You can expect your application to be processed within ninety (90) days from this date.

According to a phone conversation between yourself and Ryan Imata of Commission staff, it is our understanding that you will be deleting Turner Drilling from your application form, because all applications made by Turner Drilling are in suspension until Turner Drilling pays a fine unrelated to this well.

For your information, the process of constructing a well is normally regulated and permitted in two (2) steps. First, a well construction permit is issued for drilling and testing purposes only. Based upon information provided by you through a Well Completion Report Part 1 (Well Construction), a pump installation permit (upon completed application) may then be issued to authorize pump work. If a pump is installed then a Well Completion Report Part 2 (Pump Installation) is required.

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,

LINNEL T. NISHIOKA
Deputy Director

RI:ss
TO: Honorable Bruce S. Anderson, Director
Department of Health
Attention: Dennis Tulang, Wastewater Branch
William Wong, Safe Drinking Water Branch
Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
Bazin Well (Well No. 3587-05)

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 June 14, 2002. 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 Inata of the Commission staff at 587-0255.

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 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.

[ ] No comments/objections

Contact Person: ____________________________ Phone: ______________

Signed: ____________________________ Date: ______________
TO: Dede Mamiya, Administrator
Land Division

FROM: Linnei T. Nishioka, Deputy Director
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
Bazin Well (Well No. 3587-05)

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 June 14, 2002. 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. ________________________.

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

[ ] No objections

[ ] Other comments:

Contact Person: ___________________________ Phone: ______________

Signed: _______________________________ Date: ______________
May 22, 2002

TO:     Don Hibbard, Administrator  
     Historic Preservation

FROM:  Linnel T. Nishioka, Deputy Director  
     Commission on Water Resource Management

SUBJECT:  Well Construction/Pump Installation Permit Application  
          Bazin Well (Well No. 3587-05)

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 June 14, 2002. 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:

[ ] There may be areas in the vicinity of the well site that contain subsurface cultural remains such as artifacts,  
burials or concentrations of shells or charcoal.

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

[ ] No objections

[ ] Other comments:

Contact Person: ___________________________  Phone: __________________

Signed: ___________________________  Date: __________________
<table>
<thead>
<tr>
<th>F</th>
<th>YR</th>
<th>APP</th>
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<th>COST</th>
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<th>ACT</th>
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<td>Barney P. Bazin Jr. &amp; Margaret F. Baz</td>
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REMARKS:

LINE (1) Well No. 3587-05

LINE (2) 

LINE (3) 

LINE (4) 

BARNEY P. BAZIN JR.
MARGARET F. BAZIN
PH: (808) 886-9890
MCR 3 BOX 11079
KEAAU, HI 96749-9221

Pay to the Order of

$25.00

Twenty Five Dollars

DEPARTMENT OF LAND AND NATURAL RESOURCES
UAC OR ATTACHED WORKSHEET
DATE: MAY 21, 2002
Ryan:

With regards to the Charles Manning Well, TMK #1-5-051-092, #8 Legal Requirements on the Permit is NONE per Sam @ CDUP @ 587-0414 & Larry @ 961-8288.

Regarding Barney Bazin, TMK #1-5-028-144, #8 Legal Requirements on the Permit is NONE per Same @ CDUP @ 587-0414 & Larry @ 961-8288.

Please let us know how the permit for Dale Okuno is coming along.

Thank you.

Naomi Turner
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

[Graphic of the application form]

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

1. (a) WELL OWNER:
   Barnert Brain
   Contact Person: Barnert
   Phone: 966-9628
   Mailing Address: H-82 Box 11079, Hilo, Hi 96724-9221
   Fax: 962-7906
   E-mail: 

(b) LAND OWNER:
   Sam
   Contact Person: 
   Phone: 
   Mailing Address:  
   Fax: 808-982-8255
   E-mail: 

(c) CONTRACTOR:
   Turner Drilling
   Contact Person: Frank
   Phone: 962-8265
   Mailing Address: PO Box 1491, Hilo, Hi 96720
   Fax: 808-982-8255
   E-mail: 

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

2. WELL NAME: Barnert
   Island: Maui
   Address 15-1936 9TH AVE. MEX.
   Tax Map Key: 1 30 028 144
   Attach the relevant portion of (a) a 7.5-Minute Series USGS topographic map (scale 1:24,000) and include the name of the quad map, and (b) a property tax map, showing well location referenced to established property boundaries.

3. PROPOSED WORK: (check all that apply)
   - Construct New Well
   - Install New Pump*
   - Modify Existing Well*
   - Modify Pump*
   - Abandon/Seal*
   *State Well No. (if unknown, please call Commission at 587-0225)

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

5. PROPOSED PUMP INFORMATION:
   Rated Pump Capacity: 26 gallons per minute
   - Rated Pump Capacity: 26 gallons per minute

   Pump Type (check one):
   - Deep Well Turbine
   - rotary
   - Centrifugal
   - Submersible
   - Rotary-Displacement
   - Reciprocating
   - Rotary-Gear
   - Impulse

6. PROPOSED USE: (check all that apply)
   - Municipal (including hotels, stores, etc.)
   - Industrial
   - Domestic (individual, noncommercial water system)
   - Irrigation (crop)
   - Military
   - Other (explain)
   X No. of Dwelling Units: 1
   X No. of Acres: 1
   - Other (explain): 

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: 500 gallons per day
   (b) METHOD OF FLOW MEASUREMENT:

   OTHER IMPORTANT INFORMATION:

8. LEGAL REQUIREMENTS:
   - CDUP
   - SIAP
   - EIS
   - EA
   - None
   - Other (explain)

9. REMARKS, EXPLANATIONS:

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

I 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 60 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.

Well Owner: Barnert Brain
Signature: 
Date: 1-18-2002

Landowner: Sam
Signature: 
Date: 

Contractor: Turner Drilling
Signature: 
Date: 1-18-02

For official use only
Latitude: Aquifer System No: State Well No:
Longitude: 3847-2

WCP/IPA Form 5/2000
Solid Casing Material:

Carbon Steel: compliant with (check one or more):
-ANSI/AWWA C200
- API Spec. 5L
- ASME A53
- ASTM A53
- ASTM A139

And compliant with (check one or more):
- ASTM A242
- Type E
- Type S
- Grade B
- Other

Stainless Steel: (check one):
- ASTM A409 (production welds)
- ASTM A312 (monotower)

ABS Plastic conforming to ASTM F490 and ASTM D1587: (check one)
- Schedule 40
- Schedule 80

PVC Plastic conforming to ASTM F460 and ASTM D1785 or ASTM D2241:
- (check one):
- Schedule 40
- Schedule 80
- Schedule 120

Thermoset Plastic: (check one)
- Filament Wound Resin Pipe conforming to ASTM D2966
- Centrifugally Cast Resin Pipe conforming to ASTM D2997
- Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- Steel or Internally Reinforced Fiber Cement Mortar Pressure Pipe conforming to ASTM D3520
- FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:

Carbon Steel: compliant with (check one or more):
- ANSI/AWWA C200
- API Spec. 5L
- ASME A53
- ASTM A53
- ASTM A139

And compliant with (check one or more):
- ASTM A242
- Type E
- Type S
- Grade B
- Other

Stainless Steel: (check one):
- ASTM A409 (production welds)
- ASTM A312 (monotower)

ABS Plastic conforming to ASTM F490 and ASTM D1587: (check one)
- Schedule 40
- Schedule 80

PVC Plastic conforming to ASTM F460 and ASTM D1785 or ASTM D2241:
- (check one):
- Schedule 40
- Schedule 80
- Schedule 120

Thermoset Plastic: (check one)
- Filament Wound Resin Pipe conforming to ASTM D2966
- Centrifugally Cast Resin Pipe conforming to ASTM D2997
- Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- Glass Fiber Reinforced Resin Pressure Pipe conforming to AWS C550
- FEP Fluorocarbon Tubing conforming to ASTM D3296
- FEP Fluorocarbon Tubing conforming to ASTM D3296
STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT
P.O. BOX 621
HONOLULU, HAWAII 96809

FACSIMILE TRANSMITTAL

To: Frank Turner
Company: Turner Drilling
Fax Number: 530-257-6250
Phone Number: 530-257-6250

From: Ryan Imata
Date: February 6, 2002
Pages Including Header: 3
Subject: Bazin Well

Notes/Comments:

Frank, please complete Item 8 (where I circled as A). You can use the phone numbers shown on the sheet where I circled B. You can call me at 587-0255 if you have any questions.
WELL & PUMP INFORMATION: (Please fill in the diagram on the back of this form.)

1. WELL NAME: Island:
   Address: Tax Map Key: Zon Sec Pla Pel
   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 map
   (b) a property tax map showing well location referenced to established property boundaries

3. PROPOSED WORK: (check all that apply)
   - Construct New Well
   - Install New Pump*
   - Modify Existing Well*
   - Modify Pump*
   - Abandon/Seal*

   *State Well No.: (if unknown, please call Commission at 587-0225)

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

5. PROPOSED PUMPING RATE:  
   Gallons per minute

6. PROPOSED USE:  
   (check all that apply)
   - Domestic (individual, noncommercial water system)
   - Industrial
   - Municipal (including hotels, stores, etc.)
   - Military
   - Other (explain):

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

8. LEGAL REQUIREMENTS:  
   (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 587-2414
   - Not Required
   - Required, date approved
   Environmental Impact Statement (EIS) or Environmental Assessment (EA): To determine if an EIS or EA is necessary, call OEGC at 586-4185
   - Not Required
   - Required, date published in OEGC bulletin
   Special Management Area Permit (SMAP): To determine if an SMAP is necessary: on Oahu, call 527-5374; on Maui, call 961-6288; for Kauai, call 241-6677
   - Not Required
   - 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 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 60 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/day.

Well Owner  
(print legibly)
Landowner  
(print legibly)
Contractor  
(print legibly)
Signature  
(print legibly)
Signature  
(print legibly)
Date  
Date

For official use only
Aquifer System No.
State Well No.
ON WATER RESOURCE MANAGEMENT
Land and Natural Resources
ON FOR PERMIT

on and/or Pump Installation

send completed application with attachments to the Commission
The permit for the work shall be dated 90 days after the completion date of
the work and 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.

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 60 days after the completion date of
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.

Well Owner: BAZIN, BARNEY, JR. Signature: BAZIN, BARNEY, JR. Date: 10-02-2002

Landowner: SAME Signature: SAME Date: 10-02-2002

Contractor: T Immel DRILLING Signature: T Immel DRILLING Date: 1-8-02

For official use only

Latitude: 25.97-01

Longitude: 111-12

Aquifer System No.: 36001

State Well No.: 25097 - 01
<table>
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<tr>
<th>Taxkey</th>
<th>Subdiv/Condo</th>
<th>Property</th>
<th>TnrAddress</th>
<th>Owner/Lessee</th>
<th>Beds</th>
<th>Baths</th>
<th>Land area</th>
<th>Living area</th>
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<tbody>
<tr>
<td>3-1-5-28-144</td>
<td>Hawaiian Paradise Park</td>
<td>F</td>
<td></td>
<td>BAZIN,BARNEY P JR/MARGARET F</td>
<td>3</td>
<td>2</td>
<td>1.00 ac</td>
<td>1056</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.
License Screen

Look up License Type Codes ->

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

***** GENERAL LICENSEE *****

LIC ID: CT-22597  Active/Inactive: ACTIVE
NAME: FRANK P TURNER
TRADE NAME: TURNER DRILLING & PUMP
STATUS: CURRENT, VALID & IN GOOD STANDING
ENTITY: INDIVIDUAL  BUSINESS CODE: SOLE OWNER
ORIG LIC DATE: 7/11/00  EXPIRE DATE: 9/30/02
CLASS PREFIX: C  SPECIAL PRIVILEGE:
RESTRICTION:  EDUCATION CODE:
BUSINESS ADDR: 15-2027 31ST ST  KEAAU HI 96749
MAILING ADDR: 472-205 JOHNSTONVILLE RD  SUSANVILLE CA 96130

Click here to enter search criteria for prior complaints history ->
For prior complaints and disciplinary history, contact licensing and business information center at (808)587-3295.

<-Back  New Search->

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

Copyright 2000 Professional and Vocational Licensing Division

Hawaii State homepage || DCCA || Professional and Vocational Licensing Division

http://www.ehawaiigov.org/serv/pvl_a=d&_f=n&lictp=CT&licno=22597&off=&nm=FRA...  2/5/2002
### SECTION 1: WELL LOCATION INFORMATION

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<th>HAWAII</th>
<th>Proposed Use</th>
<th>#VALUE!</th>
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<td>Aquifer System</td>
<td>####</td>
<td>Proposed Withdrawal</td>
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<tr>
<td>Aquifer Sector</td>
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<td>System Sustainable Yield</td>
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### SECTION 2: WELL SECTION DATA  (enter data in grey cells only)

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</table>

| Elevation at top of casing | ft., m.s.l. |
| Ground Elevation           | ft., m.s.l. |
| Cement Grout               | ft.          |
| Rock Packing               | ft.          |
| Hole Diameter              | in.          |
| Total Depth                | ft.          |

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<th>Estimated Head</th>
<th>ft., m.s.l.</th>
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<tr>
<td>Calculated Aquifer Thickness</td>
<td>82 ft.</td>
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<tr>
<td>County Water Supply (Y/N ?)</td>
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</table>

### SECTION 3: CHECKLIST  (values to check are shaded)

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<th>Well Depth</th>
<th>Theoretical Thickness of Aquifer</th>
<th>82 ft.</th>
<th>okay (refer to HWCPIS Section 2.2)</th>
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<td>1/4 Aquifer Thickness</td>
<td>20.5 ft.</td>
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<tr>
<td>Depth of Well below Sea Level</td>
<td>14 ft.</td>
<td>okay (refer to HWCPIS Section 2.2)</td>
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<tr>
<th>Well Casing</th>
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<td>Minimum Thickness per standards</td>
<td>#N/A in.</td>
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<tr>
<td></td>
<td>Wall Thickness Provided</td>
<td>0.188 in.</td>
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</tbody>
</table>

| Minimum Length of Solid Casing | 75.6 ft. | okay (refer to HWCPIS Section 2.4 d) |
| Longest portion of ground to top of aquifer Provided | 90 ft. | okay (refer to HWCPIS Section 2.4 d) |
| Casing Material | ASTM A53 | okay (refer to HWCPIS Section 2.4 e) |

<table>
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<tr>
<th>Annular Space</th>
<th>if the cell above reads #N/A, reference HWCPIS</th>
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<tr>
<td>Depth of Grouting</td>
<td>58.8 ft.</td>
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<tr>
<td>Depth of Grouting provided</td>
<td>80 ft.</td>
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<tr>
<td>Thickness of Annular Space</td>
<td>3 in.</td>
</tr>
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</table>
**MISSION ON WATER RESOURCE MANAGEMENT**

**ROUTE SLIP FOR NEW APPLICATIONS**

**FROM:** RYAN  
**DATE:** **18-Jan-02**  
**SUSPENSE DATE:**

**TO:**  
- BAUER, G.  
- CHING, F.  
- FUJII, N.  
- HARDY, R.  
- HIGA, D.  
- HIRANO, E.  
- ICE, C.  
- IMATA, R.  
- JINNAI, R.  
- KUNIMURA, I.

**INIT.**  
- UM, A.  
- NAKAMA, L.  
- NAKANO, D.  
- NISHIOKA, L.  
- OHYE, M.  
- SAKODA, E.  
- SUBIA, S.  
- SWANSON, S.  
- UYENO, D.  
- YODA, K.

<table>
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<th>INIT.</th>
<th>FOR</th>
<th>PLEASE</th>
<th>ACTION</th>
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<tr>
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<td>See Me</td>
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<tr>
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<td></td>
<td>Review &amp; Comment</td>
<td>Type Draft acknow letter</td>
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<td>Type Final, label new file folder</td>
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<tr>
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**WELL NUMBER:** 3537-05  
**WELL NAME:** Bazin

- [ ] WELL CONSTRUCTION  
- [ ] PUMP INSTALLATION  
- [x] BOTH

**ATTACHMENTS FOR APPLICATION PROCESSING** - Both applicant & staff generated

1. TRANSL. LETTER  
2. CWRM MAP  
3. APPL. FORM (3X)  
4. USGS MAPS (3X)  
5. TAX MAPS (3X)  
6. PARCEL OWNER VERIF.  
7. CONTRACTOR VERIF.  
8. ALL INFO FILLED IN  
9. BACKGROUND CHECK  

**FOLDER:**
- [x] MADE NEW FILE FOLDER, ATTACHED  
- [ ] FILE FOLDER ALREADY MADE, IN FILE CABINET

**INCOMPLETE ACTION DATES:**

**DATE**  
**ACTION**

- **Backward**
- **Forward**
- **Back to Index**
To: First American Long and Melone Title Company, Ltd.
120 Pauahi Street, Suite 312
Hilo, Hawaii 96720

Escrow Acct. # 405928

TMK: (3) 1-5-28: 144

Description of Services:

DROA C-41 Staking of Hawaiian Paradise Park, Lot 915, Block 9

Boundary corners are VERIFIED AS CORRECT and have an average error of 0.24 feet which is within acceptable tolerance for property of this type and in this subdivision.

The following sketch gives the dimensions found by this field survey (F) as compared to the record dimensions (R) of this property, and the type of pins found (FND.) and set at the corners. Improvements were not located on this staking.

For services rendered ........... $350.00
TAX .................. 14.58
AMOUNT DUE ........... $364.58

cc: Barney Bazin, P.O. Box 1102, Kamuela, HI 96743

Invoices are due and payable within 30 days of billing date hereon and due whether an escrow is closed or canceled. A service charge of $10.00 will be accessed for future statements and our policy is to charge a 1% monthly late charge (annual percentage rate of 12%) on all past due accounts.
Property Owner: James B. Brown
Address: P.O. Box 1040, Hilo, HI 96720
Lot Size: 1 ACRE

Builder or Contractor: David Hahn

Intended for: Wastewater Treatment System

Owner's/Agent's Mailing Address: SR 4670 Keau
Phone: 966-8102

Plot Plan

Location of all buildings, utility lines external to the buildings, property lines, and other legal boundaries, individual wastewater system systems, surface waters, and roadways.

Property Certification Statement

I certify that I am the owner/duly authorized agent of the individual wastewater system described on the attached plot plan and drawing(s) and that said individual wastewater systems installed complies with Chapter 57, Title 11, Administrative Rules, which I have read and understand.

Signature and Date:
David Hahn 9/10/84

Notary Public

Notary public signature required if persons other than owner signs "Owners Certification Statement."