July 7, 2005

TO: Honorable Chiyoue 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
Greenlaw 3 Well (Well No. 3687-17)

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 plans, programs, and objectives specific to your department. Please respond by returning this cover memo form by August 8, 2005. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

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

RI:ss
Attachment(s)

RESPONSE:

[ ] 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 at least 60 days per year or 50 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 Public Water Systems, §§11-26-39.

[ ] This well does not qualify as a source serving a public water system (serves less than 25 people or non-service connections) and if the well water is used for drinking, the private owner should test for bacteriological and chemical presence before ensuring such use and subsequently reducers any other use. However, if future plans include this source 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 public and non-potable purposes in a single system, the user shall institute cross-contamination and backflow prevention devices by properly separating potable and non-potable systems by an air gap or an approved backflow preventer, and by clearly marking all non-potable pipes with warning tags to prevent inadvertent contamination 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 located near the proposed well site (information attached).

[ ] An SDWW permit is required.

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

[ ] In the event that the location of the well changes but it will within the permit 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/changes.

Contact Person: Alec Wong
Phone: 586-1209
Signed: 7/14/05

JUL-14-2005 09:01AM   FAX: 8085864352   ID: DLNR CWRM   PAGE: 014   R=97%
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 96801-3376. 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
July 7, 2005

TO: Harry Yada, Administrator
    Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
          Greenlaw 3 Well (Well No. 3687-17)

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

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

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

RI:ss
Attachment(s)

RESPONSE:

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

[XX] 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

[XX] Other comments: Original source of private title was issued prior to statehood.

Contact Person: Gary Martin
Phone: 587-0421

Signed: ____________________________
Date: JUL 3 2005
Mr. Chris Yuen, Director
Planning Department
County of Hawaii
101 Pauahi Street
Hilo, HI 96720

Dear Mr. Yuen:

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

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

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

Sincerely,

DEAN A. NAKANO
Acting Deputy Director

RESPONSE:

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

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

[✓] No objections

[ ] Other comments:

Contact Person: Esther Imamura Phone: 961-8288

Signed: Alice D. Kawano Date: 7/15/05
July 7, 2005

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

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

SUBJECT: Well Construction/Pump Installation Permit Application  
Greenlaw 3 Well (Well No. 3687-17)

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

RESPONSE:

- This well 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 II, 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.

X No comments/objections!

Contact Person: Law Kailiwang  
Signed: Don Kailiwang  
Phone: 586-4294  
Date: 07-10-05
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.

Tax Map Key number: 3 15 061 086
Address: Hpp 5585
Applicant Name: Daniel Greenwell
Submit Plan Date: 00 26 2004
Plan Approval Date: 09 22 2004
Inspection Date: 12 08 2004
System Approved for Use Date: 
BPA Date: 
System / Disposal Via: Septic tank
Use For: 3 Bedrooms
Designed By: Nickel
Percolation Rate / Capacity: 1 min/in / 1000 gallons

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

- Mr. Johnny Ong at the Wastewater Branch office on Oahu at (808) 586-4294
- Mr. Dane Hiromasa at the Kealakekua Health Center in Kona at (808)322-1507
- Mr. Jerry Nunogawa at the Hawaii District Health Office in Hilo at (808)933-0401
- Mr. Joe Tateyama at the Kauai District Health Office at (808)241-3323
- Mr. Roland Tejano at the Maui District Health Office at (808)984-8232

cesspool faxes.wpd sam revised February 24, 2005
July 7, 2005

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

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

SUBJECT: Well Construction/Pump Installation Permit Application

Greenlaw 3 Well (Well No. 3687-17)

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

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Ryan Imata of the Commission staff at 387-0255.

RI:

Attachment(s)

RESPONSE:

[ ] This well qualifies as a source which will serve as a source of possible water in a public water system (defined as serving 25 or more people at least 60 days per year or less than 25 people more than 60 days per year) and shall receive Director of Health approval prior to use to comply with Hawaii Administrative Rules (HAR), Title 11, Chapter 25, Rules Relating to Potable Water Systems, 811-25-79.

[ ] 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 using and routinely monitor the water quality for drinking. However, if future planned it does not source necessary to meet the public water system definition, this Director of Health approval is required prior to implementation.

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

[ ] It does not appear that this well will be used for competitive 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 included).

[ ] An NPDES permit is required.

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

[ ] In the event that the location of the well changes from as stated 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: Bill Wong

Phone: 586-4058

Signed: Bill Wong

Date: JUL 21 2005
The Department of Health, Safe Drinking Water Branch has the following additional comments for the Well Construction/Pump Installation Permit Application for the Greenlaw 3 Well (Well No. 8-3687-17 Hawaii):

1. The estimated water level elevation and either the ground elevation or top-of-well elevation in the proposed well section details appear to be in error and should be corrected.

2. 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. 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.
Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

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

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

RESPONSE:

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

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

[ ] No objections

[ ] Other comments:

Contact Person: ___________________________ Phone: ___________________________

Signed: ___________________________ Date: ___________________________
WELL NAME: Greenlaw 2  3  Island: Hawaii
Address 73 St, Keaau HI 96744, Map Key: L 5 6 1 8 6
Attn: (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 quadrangle map (b) a property tax map, showing well location referenced to established property boundaries

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

CONSTRUCTION:
☐ Drilled  ☐ Dug  ☐ Shaft  ☐ Tunnel

Is this well part of a battery of wells? ☐ Yes ☐ No (Please describe)

PROPOSED PUMPING RATE: 15 gallons per minute

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

PROPOSED AMOUNT OF WITHDRAWAL: 500 gallons per day

METHOD OF FLOW MEASUREMENT: ☐ Flowmeter  ☐ Open-pipe  ☐ Weir  ☐ Office  ☐ Other (explain):

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

Conservation District Use Permit (CDUP): To find out if a CDUP is necessary, call DLNR Land Division at 587-0414
☐ Not Required  ☐ If required, date approved

Environmental Impact Statement (EIS) or Environmental Assessment (EA): To determine if an EIS or EA is necessary, call OCEC at 586-4185
☐ Not Required  ☐ If required, date published in OCEC bulletin

Special Management Area Permit (SMAP): To determine if an SMAP is necessary, call Oahu, 527-5374; on Kauai, 961-8288; for Maui county, 570-7235; on Kauai, call 241-6677.
☐ Not Required  ☐ If required, date approved

REMARKS, EXPLANATIONS:

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 applicant 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 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 at least $100 per day.

Well Owner: Daniel Greenlaw  Landowner: Daniel Greenlaw  Contractor: Fred Page Drilling Int'l
Signature: ___________________________  Signature: ___________________________  Signature: ___________________________
Date: 12/17/04  Date: 12/17/04  Date: 12/22/2004

For official use only
Latitude ___________________________
Longitude ___________________________
Aquifer System No. ___________________________
State Well No. ___________________________
10. PROPOSED WELL SECTION (Please attach schematic if different from diagram provided below)

**HAWAII WELL CONSTRUCTION, PUMP INSTALLATION STANDARD**

Please refer to the above diagram to ensure that your as-built is in compliance with applicable standards.

**Solid Casing Material:**
- Carbon Steel: compliant (check one or more): O ANSI/AWWA C200 O API Spec. 5L O ASTM A53 O ASTM A139
- Stainless Steel: (check one): O ASTM A409 (production wells) O ASTM A139 (monitor wells)
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) O Schedule 40 O Schedule 80
- PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one) O Schedule 40 O Schedule 80 O Schedule 40
- Thermoset Plastic: (check one) O Filament Wound Resin Pipe conforming to ASTM D2986 O 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 AWWA C950 O 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): O ANSI/AWWA C200 O API Spec. 5L O ASTM A53 O ASTM A139
- Stainless Steel: (check one): O ASTM A409 (production wells) O ASTM A139 (monitor wells)
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) O Schedule 40 O Schedule 80
- PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): O Schedule 40 O Schedule 80 O Schedule 20
- Thermoset Plastic: (check one) O Filament Wound Resin Pipe conforming to ASTM D2986 O 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 AWWA C950 O PTFE Fluorocarbon Tubing conforming to ASTM D3296
- FEP Fluorocarbon Tubing conforming to ASTM D3296

* 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.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or, Bottom Elevation of Well Limit = \((\text{Water Elevation} - \text{Ground Elevation}) \div 4\) ft.

Example: Estimated + 2 ft. Water Level Elev. → Bottom Elevation of Well Limit = \(2 \div 4\) = -1.5 ft.
# Commission on Water Resource Management
## Route Slip for New Applications

<table>
<thead>
<tr>
<th>FROM: RYAN</th>
<th>DATE: 29-Dec-04</th>
<th>SUSPENSE DATE: 5-Jan-05</th>
</tr>
</thead>
</table>

### Approved Signature
- NAKAMA, L.
- NAKANO, D.
- NISHIOKA, L.
- OHYE, M.
- SAKODA, E.
- SUBIA, S.
- SWANSON, S.
- UYENO, D.
- YODA, K.
- YOSHINAGA, M.

### Approved Information
- Please review & comment

### Approval Date
- 5-Jan-05

### Attachments for Application Processing
- Both applicant & staff generated
  1. TRANS. LETTER
  2. CWRM MAP
  3. APPL. FORM (5 COPIES)
  4. USGS MAPS (5 COPIES)
  5. TAX MAPS (5 COPIES)
  6. PARCEL OWNER VERIF.
  7. MLS PRINTOUT
  8. ALL INFO FILLED IN
  9. BACKGROUND CHECK
  10. $25 FEE DEPOSIT SLIP
  11. DHP & SMA check

### Folder
- Made new file folder, attached
- File folder already made, in file cabinet

### Incomplete Action Dates

**DATE** | **ACTION**
---|---
* loose ends for previous well 3686-02, why did we accept next well 3687-15 Greenwell 3686? when we had issues with the previous Greenwell 3686? *address yellow marks*
July 7, 2005

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

Dear Mr. Page:

Well Construction/Pump Installation Permit Application for Well No. 3687-17

We have received your Well Construction/Pump Installation permit application and filing fee for the Greenlaw 3 Well (Well No. 3687-17). However, there is some unfinished business that we need to resolve with you prior to accepting the applications as complete. However, in order to expedite the approval process we will review your permit application and issue the permit upon receipt of the review comments, as well as your resolution of outstanding matters, detailed in a separate letter.

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

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

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

Sincerely,

DEAN A. NAKANO  
Acting Deputy Director

RI:ss
Attachment

c: Daniel Greenlaw
July 7, 2005

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

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

SUBJECT: Well Construction/Pump Installation Permit Application
   Greenlaw 3 Well (Well No. 3687-17)

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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 II, 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.

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

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

[ ] An NPDES permit is required.

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

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

[ ] No comments/objections

Contact Person: ____________________________________ Phone: __________________________

Signed: ____________________________ Date: _______________
July 7, 2005

TO: Harry Yada, Administrator
    Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
          Greenlaw 3 Well (Well No. 3687-17)

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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
         Greenlaw 3 Well (Well No. 3687-17)

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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.

Rl:ss
Attachment(s)

RESPONSE:

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

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

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

Contact Person: ___________________________ Phone: ___________

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

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

SUBJECT: Well Construction/Pump Installation Permit Application  
Greenlaw 3 Well (Well No. 3687-17)

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

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

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

**RESPONSE:**

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

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

[ ] No objections

[ ] Other comments:

Contact Person: ___________________________ Phone: ___________________

Signed: ___________________________ Date: ___________________
Dear Mr. Yuen:

Special Management Area Use Permit requirements for Well Construction/Pump Installation Permit Application
Greenlaw 3 Well (Well No. 3687-17)

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

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

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

Sincerely,

DEAN A. NAKANO
Acting Deputy Director
<table>
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<tr>
<th>Taxkey</th>
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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.
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[ Look up License Type Codes-> ]
Please click a link listed below to display the other screen.

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

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

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

<-Back    New Search->

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http://pahoehoe.hawaii.gov/pvl/app?_a=d&_f=n&lictp=CT&licno=16653&off=&nm=FR... 6/27/2005
Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Search

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http://www.chawaii.gov/serv/pvl?_a=d&_f=n&lictp=CT&licno=16653&off=&nm=FRE... 1/5/2005
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REMARKS:
LINE (1) Greenlaw 2 (TMK: 1-5-61:86)
APPLICANT INFORMATION: (Fill out all three, if applicable, and place a check next to the primary contact)

1. (a) **WELL OWNER**: Daniel Greenlaw
   Mailing Address: P.O. Box 2195
   Phone: 808-670-0050

2. (b) **LAND OWNER**: Daniel Greenlaw
   Mailing Address: P.O. Box 2195
   Phone: 808-670-0050

3. (c) **CONTRACTOR**: Fred Page Drilling Int.
   Mailing Address: P.O. Box 1434
   Phone: (808)965-5339

WELL & PUMP INFORMATION:

2. WELL NAME: Greenlaw
   Island: Hawaii
   Address: 1234 Main St.
   Zip: 96778
   Fax: 808-123-4567
   E-mail: info@wellinfo.com
   Map Key: 31 51 61 86
   Zone: Sec: Plat: Parcel

   (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 quadrangle
   (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/Sell

   *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)
   - 15 __________ gallons per minute

5. PROPOSED PUMPING RATE:
   - 500 __________ gallons per day

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

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

8. OTHER IMPORTANT INFORMATION:

   8. LEGAL REQUIREMENTS: If required, these permits must be obtained before the Commission can legally issue a permit.
   - Conservation District Use Permit (CDUP): To find out if a CDUP is necessary, call DLNR Land Division at 587-0414
   - Environmental Impact Statement (EIS) or Environmental Assessment (EA): To determine if an EIS or EA is necessary, call DEQ at 586-4185
   - Special Management Area Permit (SMAP): To determine if an SMAP is necessary, on Oahu, call 527-5374; on Hawaii, call 961-8288; for Maui county, call 270-7235; on Kauai, call 241-6877.

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 not exceed fines of up to $1000.

   Well Owner: Daniel Greenlaw
   Landowner: Daniel Greenlaw
   Contractor: Fred Page Drilling Inc.

   Signature: ______________________
   Signature: ______________________
   Signature: ______________________

   Date: 12/27/04
   Date: 12/27/04
   Date: 12/27/04

   For official use only
   Latitude: __________
   Aquifer System No.: __________
   Longitude: __________
   State Well No.: __________

   WSPRA Form 5/1/07
**10. PROPOSED WELL SECTION** (Please attach schematic if different from diagram provided below)

**Solid Casing Material:**
- Carbon Steel: compliant with (check one or more): □ API Spec 5L □ ASTM A53 □ ASTM A139
- Stainless Steel: compliant with (check one or more): □ ASTM A242 □ Type E □ Type S □ Grade B □ Other
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one): □ Schedule 40 □ Schedule 80
- PVC Plastic conforming to ASTM F480 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 D2996
  - □ 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 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): □ API Spec 5L □ ASTM A53 □ ASTM A139
- Stainless Steel: compliant with (check one or more): □ ASTM A242 □ Type E □ Type S □ Grade B □ Other
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one): □ Schedule 40 □ Schedule 80
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  - □ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
  - □ PTFE Fluorocarbon Tubing conforming to ASTM D3296
  - □ FEP Fluorocarbon Tubing conforming to ASTM D3296

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**Elevation at top of casing:** 47 ft., msl*

**Minimum of 2’ Radius & 4” Thick Concrete Pad (to contain bench)**

**Solid Casing:** (≥ 90% x (Ground Elev - Water Level Elev))
- Total Length: 36 ft.
- Nominal Diameter: 6 in.
- Wall Thickness: *250 in.
- Bottom Elevation: 36 ft., msl*

**Open Casing:** Φ Perforated □ Screen
- Total Length: 10 ft.
- Nominal Diameter: 6 in.
- Wall Thickness: *250 in.
- Bottom Elevation: 46 ft., msl*

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* 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.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,

\[ \text{Bottom Elevation of Well Limit} = \left( \frac{\text{Water Elevation} - \text{Ground Elevation}}{4} \right) \]

Example: Estimated + 2 ft. Water Level Elev. → Bottom Elevation of Well Limit = \( \left( \frac{41 - 38}{4} \right) = 1.75 \) ft.