COMMISSION ON WATER RESOURCE MANAGEMENT
ROUTE SLIP FOR NEW APPLICATIONS

FROM: RYAN FOR: N. -1-HARDY, R. ~ Hoagbin, S. ~ ICE, C. 4 IMATA, R. ~


TO: INIT. TO: INIT. FOR: PLEASE:
____ FUJII, N. ______ 3 KUNIMURA, I. 1 Approval See Me
1 HARDY, R. ______ 3 TAM, W. 3 Signature Take Action
1 NAKAMA, L. ______ 3 YODA, K. ______
1 UYENO, D. ______ 1 Review & Comment
2 HOAGBIN, S. ______ 3 YOSHINAGA, M. ______ Type Draft acknow letter
1 ICE, C. ______
4 IMATA, R. ______

PLEASE:
1 Review & Comment
1 Approval ✗
1 Signature ✗
1 Information

WELL NUMBER 5408-04 WELL NAME Paul's WUP Number na
☐ WELL CONSTRUCTION ☒ PUMP INSTALLATION ☐ WUPA
☐ WUP Transfer ☐ DEC-ADM97-A1 Modification

ATTACHMENTS FOR APPLICATION PROCESSING - Both applicant & staff generated
1 TRANS. LETTER
2 PERMIT PROCESS TABLE ✔ making 1-mile radius and penciling in on hanging maps ✓
3 CWRM MAPS ☐
4 APPL. FORM (11 COPIES) ✔
5 USGS MAPS (11 COPIES) ✔
6 TAX MAPS (11 COPIES) ✔
7 PARCEL OWNER VERIF. ☐
8 CONTRACTOR VERIF. ☐
9 ALL INFO FILLED IN ☐
10 BACKGROUND CHECK ☐
11 $25 FEE DEPOSIT SLIP ☐
12 DHP/CDUP/SMA pre-screen
   (SMA map printout http://gis.hicentral.com/website/parcelzoning/viewer.htm, or INGRID'S SMA/CD MAP)
   (LUC map printout http://luc.state.hi.us/luc_maps.htm, or INGRID'S SMA/CD MAP)
13 EA 343 5(a) triggers?
   YES - trigger identified is: ________________________________
   (if triggered, exemption analysis memo must be attached before accepting)

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

INCOMPLETE ACTION DATES:

DATE ACTION


Rum test date for 3568 oz?
Mr. Rod Diamond  
Diamond Construction and Water Well Drilling  
HCR #3 Box 14073  
Keeau, HI 96749

Dear Mr. Diamond:

Well Construction/Pump Installation Permit Application for Well No. 5408-04

We have received your Well Construction/Pump Installation permit application and filing fee for the Paul's Well (Well No. 5408-04). We are processing your past well completion reports, and there are some discrepancies that need to be resolved by you (specifically a pump test for well no. 3558-02). However, we can still process this application for review. If the review warrants the issuance of a permit, we will either send you: 1) the approved permits, or 2) a letter of assurance that the permit will be issued to you once your outstanding completion report issues are resolved to our satisfaction.

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 no water may be pumped other than for testing until a certificate of well construction/pump installation completion letter is issued to the well operator and landowner.

The permitted pump capacity described on the pump installation permit may be reduced if the pump test does not support the capacity. No certificate of pump installation will be issued until the Commission determines that the pump capacity will not have adverse effects on the aquifer, other nearby wells, or streams. Thus, you may need to remove the pump and install a smaller pump if the Commission decides a smaller pump is required to protect water resources before you can withdraw water for purposes other than testing.

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

Sincerely,

WILLIAM M. TAM  
Deputy Director

Attachment

c: C.L. Carlile Enterprises
August 22, 2011

TO: Honorable Loretta J. Fuddy, A.C.S.W., M.P.H., Director
   Department of Health
   Attention: Acting Chief, Wastewater Branch
   Joanna L. Seto, Chief, Safe Drinking Water Branch
   Alec Wong, Chief, Clean Water Branch
   Dr. Keith Kawaoka, Office of Hazard Evaluation and Emergency Response

FROM: William J. Aila, Jr., Chairperson

SUBJECT: Well Construction/Pump Installation Permit Application

Paul's Well (Well No. 5408-04) TMK 3-1-001:022

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 September 6, 2011. 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:

[ ] 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.

[ ] No comments/objections

Contact Person: ___________________ Phone: ___________________ Date: ________________

Signed: ___________________
August 22, 2011

TO: Russell Tsuji, Administrator
    Land Division

FROM: William M. Tam, Deputy Director
    Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
          Paul's Well (Well No. 5408-04) TMK 3-1-001:022

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 September 6, 2011. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

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

RESPONSE:

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

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

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

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

[ ] No objections

[ ] Other comments:

Contact Person: ____________________________ Phone: ____________________________

Signed: ____________________________ Date: ____________________________
August 22, 2011

TO: Dr. Puaalaokalani Aiu, Administrator
    Historic Preservation
    Attn: Theresa Donham

FROM: William M. Tam, Deputy Director
    Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
          Paul's Well (Well No. 5408-04) TMK: 3-1-001-022

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 September 6, 2011.** If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

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

RI: 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: ______________
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<th>Subdiv/Condo Tnr Address</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. Copyright ©8/10/2011
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<tr>
<th>LIC ID: CT-23379</th>
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<tr>
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<tr>
<td>TRADE NAME:</td>
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<td>CONDITIONS AND LIMITATIONS:</td>
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<td>BUSINESS ADDR: HCR #3 BOX 14073 KEAAU HI 96749</td>
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<td>MAILING ADDR:</td>
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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.
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**REMARKS:**

LINE (1) Paul's Well
LINE (2) Nahia Well
LINE (3) Powers Farm Well
LINE (4) Kainano Well
LINE (5) Lua Wai Well
LINE (6) Well #3 and Well #4
LINE (7) Well #1 and Well #2
LINE (8) 
LINE (9) 
LINE (10)
Bethany,

Thank you for the letter. I have another one that I need clearance on.

TMK: 3)3-1-001:022  Well Name: Paul's Well  Owner: C. L. Carlile Enterprises  87.20 Acres  Kamaee & Wailua Govt. Tract, North Hllo, Hawaii  Domestic use
GPS: N 19° 54 18.96  W 155° 08 31.44

Lorrie,

This one is not in the SMA and will not require and SMA permit. I will get out the formal response tomorrow.

Thank you,

This was May 31st. I have not received the letter but this should do.
Lorrie,
For the Water Commission, I was signing their form and emailing it back - now since this is going to you instead, I will need to make a new form - I'm not going to write individual letters for each well. Please be patient, there are choke people waiting for my reply on everything under the sun.

Rod Diamond <diamond.drilling.pump@gmail.com>
05/27/2011 12:49 PM To Theresa.K.Donham@hawaii.gov cc Subject Re: Conservation Clearance on following Properties
To Theresa.K.Donham@hawaii.gov
cc
Subject Re: Conservation Clearance on following Properties

Ryan,
The Hilo office is closed until June 15th. Therefore Theresa is out. I have showing above what she sent me regarding all of these applications.
Lorrie,

Tax Map Key: (3) 3-1-001: 022 is State Land Use Agricultural.

If you require clarification or further assistance please feel free to contact our office at 808.587.3822.

Mahalo,
Fred Talon
State Land Use Commission
Phone: (808) 587-3822
Fax: (808) 587-3822
E-Mail: ftalon@dbedt.hawaii.gov or luc@dbedt.hawaii.gov
Website: http://luc.state.hi.us
APPLICATION FOR A WELL CONSTRUCTION
PROPOSED WELL CONSTRUCTION

PROPOSED PUMP INSTALLATION

OTHER LEGAL REQUIREMENTS

WELL USE PERMIT

WELL DRILLER (Must be filled out if application is for Well Construction)

PUMP INSTALLER (Must be filled out if application is for Pump Installation)

For Official Use Only:

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

APPLICATION FOR A WELL CONSTRUCTION /
PUMP INSTALLATION PERMIT

RODNEY K DIAMOND

Licensee business name: C-511C-51a/A

Address: 987-8100 966-4129

Phone: Fax: E-mail: diamond.rodney@gmail.com

HCN #3 Box 14073 Kekauo HI 96749

Date: 17 May 2011

BC23379

Licensee business name: C-511C-51a/A

Address: 987-8100 966-4129

Phone: Fax: E-mail: diamond.rodney@gmail.com

HCN #3 Box 14073 Kekauo HI 96749

Date: 17 May 2011

BC23379

Licensee business name: C-511C-51a/A

Address: 987-8100 966-4129

Phone: Fax: E-mail: diamond.rodney@gmail.com

HCN #3 Box 14073 Kekauo HI 96749

Date: 17 May 2011

BC23379

E-mail: diamondrond.com
PROPOSED WELL SECTION (Please attach schematic if different from diagram provided below)

Elevation at top of casing: 304 ft., msl

Hole Diameter: 8.5 inches

Minimum of 2" Radius & 4" Thick Concrete Pad (to contain benchmark surveyed to nearest 0.01 ft.)

Ground Elevation: 363 ft., msl

Grouting method:
- Positive Displacement
- X Other

Annular space between hole and casing (1.5" for positive displacement, 3" for other methods):
- 2 in.

Rock or Gravel Packing:
- Total Depth: 390 feet
- Material: X Crushed Basalt
- X Rounded Gravel

Estimated Water Level Elevation:
- 5 ft., msl

Solid Casing: (= 90% x (Ground Elev. - Water Level Elev))

Total Length: 378 ft.
Nominal Diameter: 4.5 in.
Well Thickness: 540 in.
Bottom Elevation: 0 ft., msl

Open Casing:
- X Perforated
- X Screen

Total Length: 12 ft.
Nominal Diameter: 4.5 in.
Well Thickness: 540 in.
Bottom Elevation: -12 ft., msl

Open Hole:
- Length: NA ft.
- Diameter: in.
- Bottom Elevation: in.

* 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 = (Water Elevation - 41 x Water Level Elevation / 4)
Example: Estimated + 2 ft. Water Level Elevation >>> Bottom Elevation of Well Limit = (2 - 41 x (2 / 4)) = -18.5 ft.

Solid Casing Material:
- Carbon Steel: compliant with (check one or more):
  - ANSI/AWWA C200
  - API Spec. 5L
  - ASTM A53
  - ASTM A139
- Stainless Steel: (check one):
  - ASTM A409 (production wells)
  - ASTM A312 (monitor wells)
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one)
  - X Schedule 40
  - X Schedule 80
- PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one)
  - X Schedule 40
  - X Schedule 80
  - X Schedule 120

Thermoset Plastic: (check one)
- X Filament Wound Resin Pipe conforming to ASTM D2996
- X Centrifugally Cast Resin Pipe conforming to ASTM D2997
- X Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
- X Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
- X PTFE Fluorocarbon Tubing conforming to ASTM D3296
- X FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:
- Carbon Steel: compliant with (check one or more):
  - ANSI/AWWA C200
  - API Spec. 5L
  - ASTM A53
  - ASTM A139
- Stainless Steel: (check one):
  - X ASTM A409 (production wells)
  - X ASTM A312 (monitor wells)
- ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one)
  - X Schedule 40
  - X Schedule 80
- PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one)
  - X Schedule 40
  - X Schedule 80
  - X Schedule 120

Thermoset Plastic: (check one)
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- X PTFE Fluorocarbon Tubing conforming to ASTM D3296
- X FEP Fluorocarbon Tubing conforming to ASTM D3296

WCP1 App. Form 8/31/10
## APPLICATION FOR A WELL CONSTRUCTION / PUMP INSTALLATION PERMIT

### WELL LOCATION INFORMATION

<table>
<thead>
<tr>
<th>1. STATE WELL No. (if already assigned)</th>
<th>2. WELL NAME</th>
<th>3. ISLAND</th>
<th>4. TMD</th>
<th>5. DATE</th>
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</thead>
<tbody>
<tr>
<td>[State of Hawaii]</td>
<td>Paul's Well</td>
<td>Hawaii</td>
<td>001</td>
<td>022</td>
</tr>
</tbody>
</table>

- The following must be attached before this application is accepted as complete (check off if attached):
  - A clear and legible sketch of the proposed well site.
  - A schematic diagram showing the well site, access road and proposed well infrastructure (if applicable).

### PROPOSED WELL CONSTRUCTION

**Proposed Work:**
- **Construction Type:** New Well
- **Feature:** Drill

**Proposed PUMP INSTALLATION**
- **Proposed Work:** Install New Pump
- **Proposed Pump:** Replace Pump
- **Proposed Amount of Withdrawal:** 1500

### OTHER LEGAL REQUIREMENTS

- **Use:**
  - Use within a Coastal Zone
  - Use within a Nuisance Area
  - Use within the Waikele Special District
  - Use within a Water treatment Unit
  - Use within a Waste-to-energy facility
  - Use within a Pumped well
  - Use within the proposed facility
- **Activity:**
  - Construction, expansion or modification of facility

- **License:**
  - CS-HCA License
  - CS-HCA Permit
  - HCR Permit
  - Water Right Permit

- **County:**
  - Final Report
  - Final Report
  - Environmental Assessment
  - Environmental Report

### ADDITIONAL INFORMATION

- **Print Date:** 8/31/2010
- **Pump Installation Permit:**
- **Driller:**
  - Name: Rodney K Diamond
  - License: BCD-23379
  - Address: HCR #3 Box 14073 Keaau HI 96749
  - Phone: 187-8100
- **Installer:**
  - Name: Rodney K Diamond
  - License: BCD-23379
  - Address: HCR #3 Box 14073 Keaau HI 96749
  - Phone: 187-8100

---

**NOTES:**
- Signing below indicates that the signatories understand and agree that the information provided is accurate and true to the best of their knowledge. Further, the signatories understand that upon permit approval, the proposed work is to be completed within two (2) years of the approval date. 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 $5000/day.
PROPOSED WELL SECTION

Elevation at top of casing: 304 ft., msI

Minimum of 2" Radius & 4' Thick Concrete Pad (to contain benchmark surveyed to nearest 0.01 ft.)

Ground Elevation: 383 ft., msI

Hole Diameter: 8.5 inches

Solid Casing: (≈ 90% x (Ground Elev. - Water Level Elev.))

Total Length: 378 ft.
Nominal Diameter: 4.5 in.
Wall Thickness: 0.340 in.
Bottom Elevation: 0.0 ft., msI

Open Casing: Screen

Total Length: 12 ft.
Nominal Diameter: 4.5 in.
Wall Thickness: 0.340 in.
Bottom Elevation: -1.2 ft., msI

Solid Casing Material:
Carbon Steel: compliant with (check one or more): □ ANSI/AWWA C200 □ API Spec. 5L □ ASTM A53 □ ASTM A139
And compliant with (check one or more): □ ASTM A242 (or A606) □ 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

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Stainless Steel: (check one): □ ASTM A403 (production wells) □ ASTM A312 (monitor wells)
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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

* 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 = (Water Elevation - 41 x Water Level Elev. / 4)
Example: Estimated = 2 ft. Water Level Elev. >>> Bottom Elevation of Well Limit = (2 - 41 x (2 / 4)) = -18.5 ft.

WCPI App. Form 8/31/10
**APPLICATION FOR A WELL CONSTRUCTION / PUMP INSTALLATION PERMIT**

**STATE OF HAWAII**

**DEPARTMENT OF LAND AND NATURAL RESOURCES**

**COMMISSION ON WATER RESOURCE MANAGEMENT**

**Letterhead of the Department**

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### WELL LOCATION INFORMATION

1. **STATE WELL NO. (if already assigned):**
2. **WELL NAME:**
3. **PLAN:**
4. **TALL:**
5. **WELL OPERATOR'S NAME/COMPANY:**
6. **LANDOWNER'S NAME/COMPANY:**

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### PROPOSED WELL CONSTRUCTION

<table>
<thead>
<tr>
<th>Proposed Work</th>
<th>Proposed Pumping Rate, gpm (gallons per minute)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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### PROPOSED PUMP INSTALLATION

<table>
<thead>
<tr>
<th>Method of Well measurement</th>
<th>Proposed Amount of Withdrawal, gpd (gallons per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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### OTHER LEGAL REQUIREMENTS

- **State Historic Preservation Division (SHPD) of the Department of Land and Natural Resources**: I have consulted with SHPD regarding potential impacts of well construction activities on historic sites. I have attached applicable documentation from SHPD.

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### Water Use Permit No. (if applicable)

**Address:**

**Phone:**

**Fax:**

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### Additional Information

- **Use of state of county lands, or use of state or county funds:**
- **Use within a National or State registered historic site:**
- **A wastewater treatment unit:**
- **A well related to a vintage:**
- **A well related to a historic site:**
- **A well related to a vintage:**

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**Notes:**

- Signing below indicates that the signatures understood and swear that the information provided is accurate and true to the best of their knowledge. Further, the signatures understand that upon permit approval:
  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 completions/swall report within 60 days after the completion date of the permitted work.
  3. In the event that the application is not completed correctly, any permit may be suspended until the item is brought to compliance, and any work done while the permit is in suspension may result in fines of up to $2000 per day.

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**FOR OFFICIAL USE ONLY:**

**DATE: 2011 JUN - 8 AM 8:42**

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**WELL DRILLER (Must be filled out if application is for Well Construction):**

- **Rodney K Diamond**

**PUMPINSTALLER (Must be filled out if application is for Pump Installation):**

- **Rodney K Diamond**
PROPOSED WELL SECTION (Please attach schematic if different from diagram provided below)

Elevation at top of casing: 304 ft., msl

Ground Elevation: 383 ft., msl

Solid Casing: (= 90% x (Ground Elev - Water Level Elev))

Total Length: 378 ft.
Nominal Diameter: 4.5 in.
Wall Thickness: 340 in.
Bottom Elevation: -0 ft., msl

Open Casing:

Total Length: 12 ft.
Nominal Diameter: 4.5 in.
Wall Thickness: 340 in.
Bottom Elevation: -12 ft., msl

Grouting method:

- Positive Displacement
- X Other

Annular space between hole and casing (1.5" for positive displacement, 3" for other methods):

- 2 in.

Total Depth: 300 feet.

Rock or Gravel Packing:

- Gravel
- X Crushed Basalt
- Rounded Gravel

Estimated Water Level Elevation:

- 5 ft., msl

* 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 Basalt Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or, Bottom Elevation of Well Limit = (Water Elevation - 4 ft. Water Level Elevation / 4)

Example: Estimated + 2 ft. Water Level Elev. >>> Bottom Elevation of Well Limit = (2 - 4 x 2 / 4) = +18.5 ft.

Solid Casing Material:

- Carbon Steel: compliant with (check one or more): ANSI/AWWA C200, API Spec 5L, ASTM A53, ASTM A139
- And compliant with (check one or more): ASTM A242 (or A506), Type E, Type S, Grade B, Other

Stainless Steel: (check one): ASTM A409 (production wells) or ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) Schedule 40 or Schedule 80

PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): Schedule 40 or Schedule 80 or 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): ANSI/AWWA C200, API Spec 5L, ASTM A53, ASTM A139
- And compliant with (check one or more): ASTM A242 (or A506), Type E, Type S, Grade B, Other

Stainless Steel: (check one): ASTM A409 (production wells) or ASTM A312 (monitor wells)

ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) Schedule 40 or Schedule 80

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