**COMMISSION ON WATER RESOURCE MANAGEMENT**

**ROUTE SLIP FOR PERMIT ISSUANCE 11/14/07**

**FROM:** RYAN  
**DATE:** 6/25/08  
**TO:**
- CHENG, C.  
- CHING, F.  
- CHONG, R.  
- DANBARA, S.  
- ENGLAND, D.  
- FUJII, N.  
- HARDY, R.  
- HOAGBIN, S.  
- ICE, C.  
- IMATA, R.  
- KAWAHARA, K.  

**INIT:**
- KIMURA, J.  
- LEROUX, E.  
- KUNIMURA, I.  
- NAKAMA, L.  
- OHYE, M.  
- SAKODA, E.  
- SWANSON, S.  
- UYENO, D.  
- YODA, K.  
- YOSHINAGA, M.  

**SUSPENSE DATE:**

**PLEASE:**
- See Me  
- 1 Review & Comment  
- 2 Type Draft  
- 3 Type Final  
- 4 File  
- Xerox copies

**WELL NUMBER:** 7446-02  
**WELL NAME:** All Is Well

**Application Type:** BOTH

- 1 WCP COVER LETTER
- 2 WCP
- 3 WELL CHECK PRINTOUT
- 4 PIP COVER LETTER
- 5 PIP

**Comments:**
- SDWB
- WWB
- CWB
- LD
- HP
- LUC
- OCCL
- SMA

- in conservation district
- in SMA

**Notes:**
- DRILLER: Rod Diamond
- TMK: 5-3-007:049
- PUMP CAPACITY: 18
- WELL OWNER: Barry Ridings
- LAND OWNER: Barry Ridings
- COMMENT DEADLINE: 6/30/08
October 1, 2008

Ref: 7446-02 & -06pip

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

Dear Mr. Diamond:

Pump Installation Permit  
All Is Well #1 & #2 Wells (Well No. 7446-02 & -06)

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

**Special Conditions**

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

2. Attached for your information are copies of the Department of Health's (DOH) review comments. Please note DOH's requirements related to discharge of effluent from well drilling and testing activities. Also, please contact the Noise Radiation and Indoor Air Quality Branch at 586-4700 to check compliance with construction noise permit requirements for this project.

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

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

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

If you have any questions, please call Ryan Imata of the Commission staff at 587-0255.

Sincerely,

[Signature]

Chairperson

Enclosure

C: Barry Ridings (with applicable comments – DOH SDWB, WWB, CWB)  
USGS  
Hawaii DWS
PUMP INSTALLATION PERMIT
All Is Well #1 & #2 Wells, Well No. 7446-02 & -06

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 pump installation for All Is Well #1 & #2 Wells (Well No. 7446-02 & -06) at TMK 5-3-007:049, Hawaii, subject to the Hawaii Well Construction & Pump Installation Standards (HWCPIS - February 2004) which include but are not limited to the following conditions:

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

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

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

4. The pump installation permit shall be for installation of a 16 gpm rated capacity, or less, pump in the well. This permanent capacity may be reduced in the event that the pump test data does not support the capacity.

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

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

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

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

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

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

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

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

Date of Approval: June 30, 2008
Expiration Date: June 30, 2010

[Signature]
LAURA H. THIELEN, Chairperson
Commission on Water Resource Management

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

Installer's Signature: C-57, C-57a, or A License #: BC-23379
Date:

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

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

Attachments
Ref: 7446-02 & -06.wcp

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

Dear Mr. Diamond:

Well Construction Permit
All Is Well #1 & #2 Wells (Well No. 7446-02 & -06)

Enclosed are two (2) copies of your approved Well Construction Permit for the captioned well(s) that authorize well construction activities but excludes installation work for a permanent pump. As part of the Chairperson's approval, the following special conditions were added and are part of your permit under Permit Condition 15:

Special Conditions

1. Attached for your information are copies of the Department of Health's (DOH) review comments. Please note DOH's requirements related to discharge of effluent from well drilling and testing activities. Also, please contact the Noise Radiation and Indoor Air Quality Branch at 586-4700 to check compliance with construction noise permit requirements for this project.

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

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

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

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

If you have any questions, please call Ryan Imata of the Commission staff at 587-0255.

Sincerely,

[Signature]

Chairperson

Enclosures

c: Barry Ridings (with applicable comments – DOH SDWB, WWB, CWB)
USGS
Hawaii DWS
<table>
<thead>
<tr>
<th>Data Input</th>
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<tr>
<td><strong>Well Number</strong></td>
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<tr>
<td><strong>All Is Well</strong></td>
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<tr>
<td><strong>Ground Elevation</strong></td>
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<td><strong>Cement Grout</strong></td>
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<td><strong>Grouting Method</strong></td>
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<td><strong>Hole Diameter</strong></td>
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<td><strong>Total Depth</strong></td>
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<td><strong>Depth to Water</strong></td>
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<td><strong>Public Water Supply Well?</strong></td>
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<td><strong>Solid Casing Material</strong></td>
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<td><strong>Solid Casing Specification</strong></td>
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<td><strong>Solid Casing Length</strong></td>
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<td><strong>Solid Casing Diameter</strong></td>
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<td><strong>Solid Casing Wall Thickness</strong></td>
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<td><strong>Open Casing Length</strong></td>
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<th>Results</th>
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<tr>
<td><strong>Well Depth</strong></td>
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<td><strong>Theoretical Thickness of Aquifer</strong></td>
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<tr>
<td><strong>1/4 Aquifer Thickness</strong></td>
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<tr>
<td><strong>Depth of Well below Sea Level</strong></td>
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<tr>
<td><strong>Well Casing</strong></td>
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<td><strong>Minimum Wall Thickness</strong></td>
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<td><strong>Material</strong></td>
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<td><strong>Minimum Thickness per standards</strong></td>
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<td><strong>Wall Thickness Provided</strong></td>
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<tr>
<td><strong>Minimum Length of Solid Casing</strong></td>
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<tr>
<td><strong>90% of ground to top of aquifer</strong></td>
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<tr>
<td><strong>Length of solid casing Provided</strong></td>
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<td><strong>Casing Material</strong></td>
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<td><strong>(for pvc only - check for 200' limit)</strong></td>
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<td><strong>Annular Space</strong></td>
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<td><strong>Depth of Grouting</strong></td>
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<td><strong>Calculated Depth of Grouting</strong></td>
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<td><strong>Depth of Grouting provided</strong></td>
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<td><strong>Minimum Annular Space required</strong></td>
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<td><strong>Thickness of Annular Space</strong></td>
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TO: Honorable Chiyome L. Fukino, M.D., Director
Department of Health
Attention: Director's Office
Tomas See, Chief, Wastewater Branch
Stuart Yamada, Chief, Safe Drinking Water Branch
Alec Wong, Chief, Clean Water Branch

FROM: Laura H. Thielen, Chairperson
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
All Is Well 1 & 2 Wells (Well No. 7446-02-06)

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 30, 2008. 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 Imita of the Commission staff at 587-0255.

RI: ss
Attachment(s)

RESPONSE: UIC CONDITIONS # 2 2 4 7/11/08 NU

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

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

[3] If the well is used to supply both potable and non-potable purposes in a single system, the user shall eliminate cross-connections and backflow

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

[5] For the applicant's information, a source of possible wastewater contamination [[a]] is located near the proposed well site (information attached).


[7] Other relevant DOI rules/regulations, informative, or recommendations are attached.

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

[9] No comments/objections

Contact Person: Michael Akinwa
Phone: ___________
Signed: ________________
Date: 12/1/02

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT
P.O. BOX 631
HONOLULU, HAWAII 96823
May 20, 2008

LAURA H. THIELEN
Chairperson
MEREDITH J. CHING
JAMES A. PRAZIBER
NEAL S. FUJIMAKA
CHIYOMI L. FUKINO, M.D.
DOMINIC FUKIYAMA, M.D.
LAWRENCE H. MIKANO, M.D.

MAY 29

KAREN KAWAHARA, P.E.
DEPUTY DIRECTOR
May 20, 2008

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

Dear Mr. Yuen:

Special Management Area Use Permit Requirements for
Well Construction/Pump Installation Permit Application
All Is Well 1 & 2 Wells

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 June 30,
2008. If we do not receive comments or a request for additional review time by this date, we will assume
you have no comments.

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

Sincerely,

[Signature]

Laura H. Thielen
Chairperson

RI:[]

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. (Project sites outside of the SMA)

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

[ ] No objections

[ ] Other comments:

Contact Person: E. Imamura Phone: (808) 961-8288

Signed: [Signature] Date: 6/24/08  JUN 24 2008
TO: Honorable Chiyoue L. Fukino, M.D., Director
    Department of Health
    Attention: Director’s Office
    Tomas See, Chief, Wastewater Branch
    Stuart Yamada, Chief, Safe Drinking Water Branch
    Alec Wong, Chief, Clean Water Branch.

FROM: Laura H. Thielen, Chairperson
      Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
          All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

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 30, 2008. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

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

RIss
Attachment(s)

RESPONSE:

[1] This well qualifies 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, §§11-200-29.

[1] 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 regularly monitor the water quality thereafter. However, if Sears planned use from this source necessitates meet the public water system definition then Director of Health approval is required prior to implementation.

[1] 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 apertures with warning signs to prevent inadvertent consumption of non-potable water. Backflow prevention devices should be routinely inspected and tested.

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

[1] For the applicant’s information, a source of possible wastewater contamination [1 ka] is not located near the proposed well site (information attached).

[1] An NPDES permit is not required.

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

[1] 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.

[1] No comments/objections.

Contact Person: Joanne L. Seo
Phone: 587-4383
Signed: Joanne L. Seo
Date: 6-2-08
TO: Honorable Chiyome L. Fukino, M.D., Director  
Department of Health  
Attention: Director's Office  
Thomas See, Chief, Wastewater Branch  
Stuart Yamada, Chief, Safe Drinking Water Branch  
Alec Wong, Chief, Clean Water Branch

FROM: Laura H. Thielen, Chairperson  
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application  
All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

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 30, 2008. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

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

RI: ss
Attachment(s)

RESPONSE:

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

[ ] This well does not qualify as a source serving a public water system (serves less than 25 people or more people at least 60 days per year or 15 service connections) and if the well water is used for drinking, the private owner should test for bacteriological and chemical presence before using such use. If 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 No Records

Contact Person: Dane Thomasa in Kea Phone: 822-1963
Signed: Dan Thomasa in Kea Date: 05-29-08

Signed: Cheri Ono on Oahu
May 28, 2008

Ken C. Kawahara, P.E., Deputy Director
Commission on Water Resource Management
State of Hawaii
P.O. Box 621
Honolulu, Hawaii 96809

Dear Mr. Kawahara:

SUBJECT:  Chapter 6E-8 Historic Preservation Review –
Request for Comment on a Well Construction/Pump Installation Permit
Application, All Is Well 1 & 2 Wells (Well No. 7446-02 & -06), twenty (20)
square feet of a 40.194 acre parcel
Kukuwaluha & Apukaahou Ahupua'a, North Kohala District, Island of Hawai`i

Thank you for the opportunity to review the aforementioned project, which we received on May 28, 2008.

We determine that no historic properties will be affected by this project because:

- Intensive cultivation has altered the land
- Residential development/urbanization has altered the land
- Previous grubbing/grading has altered the land
- An accepted archaeological inventory survey (AIS) found no historic properties
- SHPD previously reviewed this project and mitigation has been completed
- Other:

In the event that historic resources, including human skeletal remains, cultural materials, lava tubes, and lava blisters/bubbles are identified during the construction activities, all work needs to cease in the immediate vicinity of the find, the find needs to be protected from additional disturbance, and the State Historic Preservation Division, Hawaii Island Section, needs to be contacted immediately at (808) 981-2797.

Aloha,

Nancy McMahon, Deputy SHPO/State Archaeologist
and Historic Preservation Manager
State Historic Preservation Division
TO: Morris Atta, Acting Administrator
Land Division

FROM: Ken C. Kawahara, P.E., Deputy Director
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

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 30, 2008.** 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.

[ ] 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: **Original source of private title was issued prior to statehood.**

Contact Person: Gary Martin
Phone: 587-0421

Signed: [Signature]
Date: MAY 27 2003
COMMISSION ON WATER RESOURCE MANAGEMENT
ROUTE SLIP FOR NEW APPLICATIONS

FROM: RYAN

DATE: 17-Jan-08

TO: CHING, F. FUKU, N. GOODING, K. HARDY, R. HIGA, D. HOAGBIN, S. ICE, C. IMAYA, R. KAWAHARA, K.

INIT: 

FOR: KUNIMURA, I. NAKAMA, L. OHYE, M. SAKODA, E. SWANSON, S. UYENO, D. YODA, K. YOSHINAGA, M.

SUSPENSE DATE: 24-Jan-08

PLEASE:
1 Review & Comment
2 Type Final, label file folder, update People.db
3 Type Draft acknow letter
4 File

WELL NUMBER 7446-02 - WELL NAME All is Well 782

☐ WELL CONSTRUCTION ☐ PUMP INSTALLATION ☑ BOTH

ATTACHMENTS FOR APPLICATION PROCESSING - Both applicant & staff generated

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

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

INCOMPLETE ACTION DATES:

DATE ACTION

3/10 Susan - attach maps in file

2nd db entry for -06

(they applied for a 2nd equivalent domestic well -
see new maps)

backup or a second drilling?

Susan

separate unit per

4/11/08
May 20, 2008

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. 7446-02 & -06

We acknowledge receipt, on April 1, 2008, of your completed Well Construction/Pump Installation permit application and filing fee for the All Is Well 1 & 2 Wells (Well No. 7446-02 & -06). You can expect your application to be processed within ninety (90) days from this date.

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

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

If you have any questions about your permit application, please contact Ryan Imata of the Commission staff at 587-0255.

Sincerely,

[Signature]

KEN C. KAWAHARA, P.E.
Deputy Director

RI:ss
Attachment

c: Barry Ridings
TO: Honorable Chiyoue L. Fukino, M.D., Director
    Department of Health
    Attention: Director's Office
    Tomas See, Chief, Wastewater Branch
    Stuart Yamada, Chief, Safe Drinking Water Branch
    Alec Wong, Chief, Clean Water Branch

FROM: Laura H. Thielen, Chairperson
      Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
         All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

May 20, 2008

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 30, 2008. If we do not receive comments or a request for
additional review time by this date, we will assume that you have no comments.

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

RI:ss
Attachment(s)

RESPONSE:

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

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

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

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

[ ] For the applicant's information, a source of possible wastewater contamination [its ] 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: ___________________________
May 20, 2008

TO: Morris Atta, Acting Administrator
    Land Division
FROM: Ken C. Kawahara, P.E., Deputy Director
       Commission on Water Resource Management
SUBJECT: Well Construction/Pump Installation Permit Application
         All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

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 30, 2008. 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.

[ ] 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: ___________________________
May 20, 2008

TO: Dr. Puaalaokalani Aiu, Administrator  
Historic Preservation

Morgan Davis, Assistant Archaeologist  
Historic Preservation

FROM: Ken C. Kawahara, P.E., Deputy Director  
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application  
All Is Well 1 & 2 Wells (Well No. 7446-02 & -06)

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 30, 2008. 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: ________________
Mr. Chris Yuen, Director  
Planning Department  
County of Hawaii  
101 Pauahi Street  
Hilo, HI 96720  

Dear Mr. Yuen:  

Special Management Area Use Permit Requirements for  
Well Construction/Pump Installation Permit Application  
All Is Well 1 & 2 Wells  

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 June 30, 2008. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.  

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

Sincerely,  

[Signature]  
LAURA H. THIELEN  
Chairperson  

RI: ss  

RESPONSE:  

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

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

[ ] No objections  

[ ] Other comments:  

Contact Person: ___________________________ Phone: ___________________________  

Signed: ___________________________ Date: ___________________________
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<tr>
<td><strong>BUSINESS ADDR:</strong> HCR #3 BOX 14073 KEAAU HI 96749</td>
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<td><strong>MAILING ADDR:</strong></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.

License information on this site reflects information in the Professional and Vocational Licensing Division as of March 7, 2008; however, application and forms are subject to standard processing time, and the information here does not reflect pending changes which are being reviewed. The site is updated daily, Monday through Friday, except holidays.

The State of Hawaii makes no guarantees as to the accuracy of the information accessed, the timeliness of the delivery of transactions, delivery of the correct party, preservation of the privacy and security of users and makes no warranties, including warranty of merchantability and fitness for particular purpose. User is advised that if the information obtained herein is to be reasonably relied upon, user should confirm the accuracy of such information with the provider thereof.

http://pvl.ehawaii.gov/pvlsearch/app?_a=d&_f=n&lictp=CT&licno=23379&off=&nm=RO... 3/7/2008
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**REMARKS:**
- Line (1) - Well No. 6734-03
- Line (2) - All is Well
- Line (3) - Ends End Well
- Line (4) - Optimum Prime Well
- Line (5) - Wall #1 (TMK: 5-3-007.048)
- Line (6) -  
- Line (7) -  
- Line (8) -  
- Line (9) -  
- Line (10) -  

**TOTAL:** $150.00
8 JAN 2008

Ryan,

All of these applications are all together. The properties touch each other. They are all big parcels, I can't begin to tell you the exact footage from property lines or exact anything at this point. They were just issued the TMK’s that are listed on the applications. The TMK map for that area does not show the property the way they are now.

The well will be located somewhere on that parcel. It is next to impossible right now to get anything exact or any measurements. The parcels are getting mowed to cut down the scrub brush, etc.

Will you process them together.

I did everything that I could with any type of measurement. They are rolling hills.

Mahalo,
Lorrie
STATE OF HAWAI‘I  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
COMMISSION ON WATER RESOURCE MANAGEMENT  
APPLICATION FOR A WELL CONSTRUCTION /
PUMP INSTALLATION PERMIT

Instructions: Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96820. Application must be accompanied by 10 copies and a non-refundable filing fee of $25.00 payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at 897-6228. For further information and updates to this application form, visit http://www.hawaii.gov/dlnr/wrm.

WELL LOCATION INFORMATION

1. STATE WELL NO. (if already assigned)  
   All Is Well

2. WELL NAME  
   All Is Well

3. ISLAND  
   Hawaii

4. TALK  
   5 007 049

5. WELL OPERATOR'S NAME/COMPANY  
   Same

6. LAUNDERER'S NAME/COMPANY  
   Barry & Ann Ridsing

Well Operator's Mailing Address  
Well Operator's Contact  

Landowner's Mailing Address  
21 Lilac Lane  
Princeton, NJ 08540  
Cell: 609-439-7639

Lot 10

Landowner's Phone  
Landowner's E-mail  
609-921-1799

PROPOSED WELL CONSTRUCTION


X Construct New Well.
X Modify Existing Well.
X Abandoned/Sealed Well.

8. Construction Type  
   X Drilled
   X Trench

9. In this well part of a battery of wells?  
   Yes  No

PROPOSED PUMP INSTALLATION


X Install New Pump.
X Replace Pump

11. Proposed Pumping Rate, gpm (gallons per minute)  
   16

12. Proposed Amount of Withdrawal, gpd (gallons per day)  
   250

13. Method of flow measurement  
   X Flow meter
   X Open Pipe
   X Well
   X Orifice
   X Other

OTHER LEGAL REQUIREMENTS if required, items 22, 23, and 24, must be obtained before the Commission can legally issue a permit.

21. Conservation District Use Permit (CDUP)  
   X Well is not in Conservation District

22. Required, CDUP #  
   date approved
   Not Required.

23. A notice attached (attach documentation from OGCCL)  
   I have not checked with OGCCL about whether or not a CDUP is required. I understand that checking with the County prior to making this application will expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.

24. Special Management Area Permit (SMA)  
   X Well is not in Special Management Area

25. Required, SMA #  
   date approved
   Not Required.

26. A notice attached (attach documentation from applicable County agency)  
   I have not checked with the county about whether or not an SMA is required. I understand that checking with the County prior to making this application will expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.

27. Historic Preservation Division (HPD) of the DLNR  
   X Well is not in Historic Preservation Division

28. Required, HPD #  
   date approved
   Not Required.

29. A notice attached (attach documentation from applicable HPD)  
   I have not consulted with the HPD regarding potential impacts of well construction activities on historic sites. I have attached applicable documentation from the HPD. I further understand that issues raised by the HPD may delay or result in denial of the permit issuance, or revocation of the permit after it is issued. Additionally, the history of past land use is affected.

30. Additional remarks, explanations, etc. (attach additional sheet if more space is needed)

OTE: Signing below indicates that the signatories understand and swear that the information provided is accurate and true to the best of their knowledge. Further, the signatories understand that upon permit approval: 1) the proposed work is to be completed within two (2) years of the approved 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; 2) in the event that the application is not completed correctly, any permit may be revoked.

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

Rodney K Diamond  
Chester business name  
Print  
CR #3 Box 14073 Keaau HI 96749

HCR #3 Box 14073 Keaau HI 96749

987-8100  
966-4129

1-8-08  
Date

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

Rodney K Diamond  
License business name  
Print  
BC23379  
DCES-PHA License No.

987-8100  
966-4129

1-8-08  
Date
PROPOSED WELL SECTION (Please attach schematic if different from diagram provided below)

Hole Diameter: 12 inches.

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

Ground Elevation: 180 ft. msl*

Cement Grouting: 133 ft. (min. 70% of distance from ground elevation to top of water surface or 500 ft. whichever is less.)

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

3 in.

Rock or Gravel Packing:

Material: 57 ft.
Crushed Basalt

Estimated Water Level Elevation:

Est. 2in. 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.

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) □ Schedule 40 □ Schedule 80

PVC Plastic conforming to ASTM F490 and (ASTM D1785 or ASTM D2241): (check one): □ Schedule 40 □ Schedule 80

Thermoset Plastic: (check one)

□ Filament Wound Resin Pipe conforming to ASTM D2996
□ Centrifugally Cast Resin Pipe conforming to ASTM D2996
□ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
□ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
□ PTFE Fluorocarbon Tubing conforming to ASTM D3299

Open Casing:

Perforated Screen

Total Length: 180 ft.
Nominal Diameter: 6 in.
Wall Thickness: 5/16 in.
Bottom Elevation: 0 ft. msl*

Open Hole:

Length: NA in.
Diameter: 190 ft. msl*

WCSI App. Form 100504

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

Solid Casing Material:

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

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Open Casing:

Perforated Screen

Total Length: 180 ft.
Nominal Diameter: 6 in.
Wall Thickness: 5/16 in.
Bottom Elevation: 0 ft. msl*

Open Hole:

Length: NA in.
Diameter: 190 ft. msl*
#1: First well shown on previous map
2nd well to be added to application
Exact footage from boundary?

Possible Dwellings
#1-Home/Boathouse
#2-Art Studio/Guest/Irrigation

All is well

Issued new TMK