CHECKLIST

Type of Permit: \( \checkmark \) Well Construction \( \checkmark \) Pump Installation _Water Use Required

<table>
<thead>
<tr>
<th>Well Name</th>
<th>Kealia - Nice</th>
<th>No.</th>
<th>0620-03</th>
<th>Island</th>
<th>Kauai</th>
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<tr>
<td>Applicant</td>
<td>Cameron Nice</td>
<td>Landowner</td>
<td>Same as w/ Martin Jacobsen</td>
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Copies Sent for Review

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| Comments Recd | |

Bulletin ____________
to Agenda ____________
Submittal ____________ to Appl ____________
CWRM _Appr _Deny ____________
Permit/Notice to Appl ____________
To whom it may concern,

I mailed in my application for permit on well drilling, but did not include a topographical map, due to non-availability. I have since received one and would like to add it to my application.

For: Martha Jacobsen
    + Cameron Nice

TMK 4-7-02-6

Any questions please reach me at 332-5928

Thank you

Martha Jacobsen
Mr. Cameron Nice
P.O. Box 1146 P.O. Box 510042
Kalaheo, HI 96741 Kalaheo, HI 96751

Dear Mr. Nice:

Well Completion Report for Well No. 0620-03

We have received your as-built well section and Well Completion Report Parts I and II for the Kealia-Nice Well (Well No. 0620-03). We appreciate your efforts to document the well construction, as your combined well construction/pump installation permit (which was issued in May, 1995 prior to the establishment of minimum well construction and pump installation standards) only required submission of an as-built section of the pump installation.

If you have any questions, please contact Lenore Nakama of the Commission staff at 587-0218 or toll-free at 274-3141, extension 70218.

Sincerely,

LINNEL T. NISHIOKA
Deputy Director

LN:ss
## WELL COMPLETION REPORT

**Form:** 2/27/98 WCR Form

**Part I. Well Construction & Part II. Permanent Pump Installation**

**Instructions:** Please print or type and submit completed report within 90 days after well completion to the Commission on Water Resource Management, P.O. Box 821, Honolulu, Hawaii 96809. An as-built drawing of the well and chemical analysis should also be submitted. For assistance call the Commission Regulation Branch at 587-0225, or 1-800-468-4644 Extension 70225.

### 1. State Well No.: 0620-03
- **Well Name:** Kealia-Nice
- **Island:** Kauai

### 2. Location/Address: Kealia, Kauai
- **Tax Map Key:** 4-7-02-6

### PART I. WELL CONSTRUCTION RECORD

<table>
<thead>
<tr>
<th>Depth (ft.)</th>
<th>Rock Description, Water Level, Dates, etc.</th>
<th>Depth (ft.)</th>
<th>Rock Description, Water Level, Dates, etc.</th>
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<tbody>
<tr>
<td>0 to 75</td>
<td>Clay</td>
<td>95 to 235</td>
<td>Clay</td>
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<tr>
<td>25 to 95</td>
<td>Blue Rock</td>
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(If more space is needed, continue on back)

### 3. Drilling Company: Shook Drilling

### 4. Name of driller who performed work: Sam S.

### 5. Type of rig/construction: Small Drill

### 6. Date(s) Well Construction and pump tests (if any) completed: 4/95

### 7. GROUND ELEVATION (referenced to mean sea level, MSL): 93 ft.
- **Well Bench Mark (description/location):** 93 ft. Elevation (MSL): 93 ft.

### 8. DRILLER'S LOG: Please attach geologic log (if available or if required by permit)

<table>
<thead>
<tr>
<th>Depths (ft.)</th>
<th>Rock Description, Water Level, Dates, etc.</th>
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</thead>
<tbody>
<tr>
<td>0 to 75</td>
<td>Clay</td>
</tr>
<tr>
<td>25 to 95</td>
<td>Blue Rock</td>
</tr>
</tbody>
</table>

(If more space is needed, continue on back)


### 10. Hole size: 5 1/2 inch dia. from 0 ft. to 235 ft. below ground

### 11. Casing installed: 4 in. I.D. x 5d 40 in. wall solid section to 230 ft. below ground
- **Casing Material/Size:**
- **Grouted from:** 0 ft. below ground to 230 ft. below ground
- **Gravel packed from:**
- **End:**

### 12. Annulus:
- **Grouted from:** 0 ft. below ground to 230 ft. below ground

### 13. Initial water level: Date and time of measurement:

### 14. Initial chloride: ppm Date and time of sampling:

### 15. Initial temperature: °F Date and time of measurement:

### 16. PUMPING TESTS: Reference Point (R.P.) used: **Note:** which elevation is ft.

1. **Step-Drawdown Test Date**
   - **Start water level:** ft. below R.P.
   - **End water level:** ft. below R.P.
2. **Long-term Aquifer Test Date**
   - **Start water level:** ft. below R.P.
   - **End water level:** ft. below R.P.

### 17. Pump Test Procedures data & graphs (12/17/97 SDPTD & CRPTD Forms) attached? _Yes _ No

### 18. As-built drawings attached? _Yes _ No

### 19. Other remarks/comments: (On back of this form)

---

**Well Drilling Contractor (print):** C-57 Lic. No. __________

**Signature:** __________

**Surveyor (print):** Lic. No. __________

**Signature:** __________

**Applicant (print):** __________

**Signature:** __________
**PART 1  [PERMANENT PUMP INSTALLATION REPORT]**

20. Pump Installation Company: D.J. + Son
21. Name of person performing work: Same
22. Date Pump Installation Completed: 6/95
23. **PUMP INSTALLATION:**
   - Pump Type, Make, Serial No.: Approx
   - Motor type, H.P., Voltage, rpm: 3/4 HP
   - Depth of Pump Intake Setting: 230 ft. below ground □ well bench mark
   - Depth to bottom of airlift: 1 ft. below □ ground □ well bench mark
   - Pumping Head is: 12 ft. Type of flow meter: ____________ which measures in ____________

24. As-built drawings attached? Yes □ No □
25. Other remarks/comments: (See below)

<table>
<thead>
<tr>
<th>Pump Installation Contractor (print)</th>
<th>C-57 Lic. No.</th>
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<tbody>
<tr>
<td>Signature</td>
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<th>Applicant (print)</th>
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8. (cont'd) **DRILLER'S LOG (cont'd):**

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<th>Depths (ft.)</th>
<th>Rock Description, Water Level, Dates, etc.</th>
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19. & 25. Remarks: There's a 3-4 gpm feed into the well hole?

**KEALIA NICE WELL 06/20-03**
13. AS-BUILT WELL SECTION

(Attach as-built if different from diagram provided below)

Elevation at top of casing: 94 ft., msl
(Survey to nearest 0.01 ft.)

Bench mark elevation: 93 ft., msl
(Survey to nearest 0.01 ft.)

Hole Diameter: 5 in.

Minimum of 2' Radius & 4" Thick Concrete Pad

Ground Elevation: 93 ft., msl

Cement Grout: ______ 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 (min. 3"):
______ in.

Rock or Gravel Packing:

g ft.

Material:
- Crushed Basalt
- Rounded Gravel

Water Level Elevation:
______ ft., msl

Total Depth:
236 ft.

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

Length:
230 ft.

Diameter:
4"

Wall Thickness:
5/8"

Bottom Elevation:
236 ft., msl

Open Casing: ✗ Perforated ✗ Screen

Length:

Diameter:

Wall Thickness:

Openings:

sq. in./A.F.

Bottom Elevation:

Open Hole:

Length:

Diameter:

Bottom Elevation:

*msl = mean sea level

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

Solid Casing: [Diagram showing specifications]

Open Casing: [Diagram showing specifications]

Open Hole: [Diagram showing specifications]
Subject: Well Completion Information

Please fill out the attached forms as best as you can (including Part II if you have also installed a pump). You may fax them in to us 808-587-0219. Thank you for your attention to this. Please call if you have any questions or problems. Lenore

* Sorry for the delay

I filled it out as best as I could

Cameron Nice
To: Cameron Nice  
Company:  
Fax Number: 821-0673  
Phone Number: 821-0496  

From: Lenore Y. Nakama  
Date: February 2, 2000  
Pages Including Header: 4  
Subject: Well Completion Information  

Notes/Comments:  
Aloha Cameron,  

Please fill out the attached forms as best as you can (including Part II if you have also installed a pump). You may fax them in to us 808-587-0219. Thank you for your attention to this. Please call if you have any questions or problems. Lenore
State of Hawaii  
COMMISSION ON WATER RESOURCE MANAGEMENT  
Department of Land and Natural Resources  

WELL COMPLETION REPORT  
2/27/98 WCR Form  

Part I. Well Construction & Part II. Permanent Pump Installation

Instructions: Please print or type and submit completed report within 60 days after well completion to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. An as-built drawing of the well and chemical analysis should also be submitted. For assistance call the Commission Regulation Branch at 587-0225, or 1-800-468-4644 Extension 70225.

1. State Well No.: 0620-03  
   Well Name: Kealia-Nice  
   Island: Kauai

2. Location/Address: Kealia, Kauai  
   Tax Map Key: 4-7-02-6

PART I. WELL CONSTRUCTION REPORT

3. Drilling Company: ________________________________

4. Name of driller who performed work: ________________________________

5. Type of rig/construction: ________________________________

6. Date(s) Well Construction and pump tests (if any) completed: ________________________________

7. GROUND ELEVATION (referenced to mean sea level, msl): __________ ft.  
   Well Bench Mark (description/location): ________________________________  
   Elevation(msl): __________ ft.

8. DRILLER’S LOG: Please attach geologic log (if available or if required by permit)
   Depths (ft.) Rock Description, Water Level, Dates, etc.  
   ________________________________  
   to  
   ________________________________  
   (If more space is needed, continue on back.)

9. Total depth of well below ground: __________ ft.

10. Hole size: __________ inch dia. from __________ ft. to __________ ft. below ground
    __________ inch dia. from __________ ft. to __________ ft. below ground
    __________ inch dia. from __________ ft. to __________ ft. below ground

11. Casing installed: __________ in. I.D. x __________ in. wall solid section to __________ ft. below ground
    __________ in. I.D. x __________ in. wall perforated section to __________ ft. below ground

12. Annulus: Grouted from __________ ft. below ground to __________ ft. below ground
    Gravel packed from __________ ft. below ground to __________ ft. below ground

13. Initial water level: __________ ft. below ground.  
    Date and time of measurement: ________________________________

14. Initial chloride: __________ ppm  
    Date and time of sampling: ________________________________

15. Initial temperature: __________ °F  
    Date and time of measurement: ________________________________

16. PUMPING TESTS: Reference Point (R.P.) used: ________________________________, which elevation is __________ ft.
   (1) Step-Drawdown Test Date ________________________________  
      Start water level __________ ft. below R.P.  
      End water level __________ ft. below R.P.
   (2) Long-term Aquifer Test Date ________________________________  
      Start water level __________ ft. below R.P.  
      End water level __________ ft. below R.P.

17. Pump Test Procedures data & graphs (12/17/97 SDPTD & CRPTD Forms) attached? __ Yes __ No

18. As-built drawings attached? __ Yes __ No

19. Other remarks/comments: (On back of this form)

Well Drilling Contractor (print) ________________________________  
C-57 Lic. No. ________________________________  
Signature ________________________________  
Date ________________________________

Surveyor (print) ________________________________  
Lic. No. ________________________________  
Signature ________________________________  
Date ________________________________

Applicant (print) ________________________________  
Signature ________________________________  
Date ________________________________
20. Pump Installation Company: ____________________________

21. Name of person performing work: ____________________________

22. Date Pump Installation Completed: ____________________________

23. PUMP INSTALLATION:
   - Pump Type, Make, Serial No.: ____________________________
   - Capacity: __________ gpm
   - Motor type, H.P., Voltage, rpm: ____________________________
   - Depth of Pump Intake Setting __________ ft. below □ ground □ well bench mark
   - Depth to bottom of airline __________ ft. below □ ground □ well bench mark
   - Pumping Head is __________ ft. Type of flow meter: __________ which measures in __________

24. As-built drawings attached attached? ___ Yes ___ No

25. Other remarks/comments: (See below)

Pump Installation Contractor (print) ____________________________ C-57 Lic. No. ____________________________

Signature ____________________________ Date ____________________________

Applicant (print) ____________________________

Signature ____________________________ Date ____________________________

8.(cont'd) DRILLER'S LOG (cont'd):

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
13. AS-BUILT WELL SECTION

(Please attach as-built if different from diagram provided below)

Elevation at top of casing _____ ft., msl
(Survey to nearest 0.01 ft.)

Hole Diameter: __________ in.

Minimum of 2' Radius & 4" Thick Concrete Pad

Ground Elevation: __________ ft., msl

Bench mark elevation:
_____ ft., msl
(Survey to nearest 0.01 ft.)

Cement Grout: __________ 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 (min. 3"):
_____ in.

Rock or Gravel Packing:
_____ ft. 
Material:
- Crushed Basalt
- Rounded Gravel

Water Level Elevation:
_____ ft. msl

Total Depth
_____ ft.

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

Length: ____________ ft.
Diameter: ____________ in.
Wall Thickness: ____________ in.
Bottom Elevation: ____________ ft., msl

Open Casing: π Perforated π Screen

Length: ____________ ft.
Diameter: ____________ in.
Wall Thickness: ____________ in.
Openings: ____________ sq. in./L.F.
Bottom Elevation: ____________ ft., msl

Open Hole:
Length: ____________ ft.
Diameter: ____________ in.
Bottom Elevation: ____________ ft., msl

*msl = mean sea level

Please refer to the HAWAII WELL CONSTRUCTION AND PUMP INSTALLATION STANDARDS to ensure that your as-built is in compliance with applicable regulations.
TO COMMISSION ON WATER RESOURCE MANAGEMENT

ATTN: GLEN BOWER

I am writing to inform you we have started our well drilling, on well 0620-03, TMK 4-7-2-6 Nice, Cameron. If you have any questions please reach us at 821-0496.

Mahalo,

Mark Jurek

11/29/95

Keari  Well

2-2-00

Left msg. to call me re:

Status of  well construction

2-2-00

Mr. nie called back.

He did construct well. Proceeding with well form. He will complete at least 1 tank at pump.
WELL CONSTRUCTION AND PUMP INSTALLATION PERMIT

for

Kealia-Nice Well
(Well No. 0620-03)
Kealia, Kawaihau, Kauai

TO: Cameron Nice
P.O. Box 1146
Kalaheo, HI 96741

In accordance with the Department of Land and Natural Resources Administrative Rules, Section 13-168, entitled "Water Use, Wells, and Stream Diversion Works", your application to construct, test, and install a pump in Kealia-Nice Well (Well No. 0620-03) is approved subject to the following conditions:

STANDARD WELL CONSTRUCTION/PUMP INSTALLATION PERMIT CONDITIONS

1. The Commission on Water Resource Management (Commission), P.O. Box 621, Honolulu, HI 96809, shall be notified, in writing, before any work covered by this permit commences.

2. The well construction/pump installation permit shall be for construction and testing, and for installation of a pump whose capacity will be determined following review of well design and construction testing results. A means to accurately measure water levels, acceptable to the Commission, shall be provided. The applicant shall submit to the Commission the test results and proposed permanent pump information, based on the test, for approval by the Chairperson.

3. The proposed use shall not adversely affect existing or future legal uses of water in the area, including any surface water or established instream flow standards. This permit or the authorization to pump water from a well shall not constitute a determination of correlative water rights. The permittee is notified and by this provision understands that the quantity of water taken from the well could be reduced by the Commission in the future. This permit is not a commitment that the pump capacity permitted here or even some lesser amount is guaranteed in the future.

4. The applicant shall comply with all applicable laws, rules, and ordinances.

5. The applicant shall provide and maintain an approved meter or other appropriate device or means for measuring and reporting total water usage. Water usage shall be measured on a monthly basis and reported to the Commission annually.
Nice-Jackson
21.04.96
started drilling
14 Oct.

LOBSED in
WECAPIC.DBF
7-19-96
6. The pump installation permit may be revoked if work is not started within six (6) months of the date of issuance or if work is suspended or abandoned for six months. 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 Commission upon a showing of good cause and good-faith performance. A request to extend the permit shall be submitted to the Commission no later than three (3) months prior to the date the permit expires. If the commencement or completion date is not met, the Commission may revoke the permit after giving the permittee notice of the proposed action and an opportunity to be heard.

7. An as-built sectional drawing of the pump installation shall be submitted to the Commission within thirty (30) days after completion of work.

8. The pump installation permit application and staff submittal approved by the Commission at its May 5, 1994 meeting are incorporated into the permit by reference.

Michael D. Wilson, Chairperson
Commission on Water Resource Management
MAY 1995
Date of Issuance

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.

Applicant's Signature: ___________________________ Date: 6/5/95
Printed Name: CADELLON NAICE
Firm or Title: ________________________________

Please sign and return one copy of this permit to the Commission and retain a copy for your record.

cc: USGS
   Department of Health
   Safe Drinking Water Branch
   Ground Water Protection Program
   Wastewater Branch
   Kauai Department of Water
   State Historic Preservation Division
April 21, 1995

MEMORANDUM

TO: Rae M. Loui, Deputy Director
Commission on Water Resource Management

FROM: Don Hibbard, Administrator
State Historic Preservation Division

SUBJECT: Historic Preservation Review -- Kealia-Nice Well
Well No. 0620-03 (Nice)
TMK: 4-7-02: 06
Kealia, Kawaihau, Kauai

This area is an old sugarcane field and the possibility of significant historic sites still being present is minimal. Thus, the proposed project will have "no effect" on significant historic sites.

NM:amk
WELL CONSTRUCTION AND PUMP INSTALLATION PERMIT

for

Kealia-Nice Well
(Well No. 0620-03)
Kealia, Kawaihau, Kauai

TO: Cameron Nice
P.O. Box 1146
Kalaheo, HI 96741

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4. The applicant shall comply with all applicable laws, rules, and ordinances.

5. The applicant shall provide and maintain an approved meter or other appropriate device or means for measuring and reporting total water usage. Water usage shall be measured on a monthly basis and reported to the Commission annually.
6. The pump installation permit may be revoked if work is not started within six (6) months of the date of issuance or if work is suspended or abandoned for six months. 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 Commission upon a showing of good cause and good-faith performance. A request to extend the permit shall be submitted to the Commission no later than three (3) months prior to the date the permit expires. If the commencement or completion date is not met, the Commission may revoke the permit after giving the permittee notice of the proposed action and an opportunity to be heard.

7. An as-built sectional drawing of the pump installation shall be submitted to the Commission within thirty (30) days after completion of work.

8. The pump installation permit application and staff submittal approved by the Commission at its May 5, 1994 meeting are incorporated into the permit by reference.

Michael D. Wilson, Chairperson
Commission on Water Resource Management
May 19, 1995

Date of Issuance

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.

Applicant's Signature: ___________________________ Date: ______________

Printed Name: ________________________________

Firm or Title: ________________________________

Please sign and return one copy of this permit to the Commission and retain a copy for your record.

cc: USGS
Department of Health
Safe Drinking Water Branch
Ground Water Protection Program
Wastewater Branch
Kauai Department of Water
State Historic Preservation Division
March 29, 1995

Ms. Rae M. Loui
DLNR - COWARM
P.O. Box 621
Honolulu, HI 96809

RE: Well Construction and Pump Installation Permit Application for Cameron Nice, Well No. 0620-03, Kealia, TMK: 4-7-2:6, Kapaa, Kauai

We have no objections to the proposed well construction and pump installation permit application.

Murl T. Nielsen
Manager & Chief Engineer

ED:dc
TO: Mr. Kali Watson, Director  
Department of Hawaiian Home Lands
Mr. Clayton H.W. Hee, Chairman and Trustee At Large  
Office of Hawaiian Affairs

FROM: Michael D. Wilson, Chairperson  
Commission on Water Resource Management

SUBJECT: Well Construction and Pump Installation Permit Applications

Please review the following permit applications pursuant to your area of concern and submit your comments to us by  

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Should you have any questions, please contact the Commission on Water Resource Management staff at 587-0225.

Enc.

Response:

We have no objections

( ) Not subject to our regulatory authority and permit
( ) Comments attached
( ) Additional information requested
( ) Extended review period requested

Contact Person: Luis A. Monrique  
Phone: 597-9035
Signed: Luis O. Balaje  
Date: 03/31/95
TO: Dr. Don Hibbard, Director
     Historic Preservation Program

     Mr. William Devick
     Division of Aquatic Resources

FROM: Rae M. Loui, Deputy Director
      Commission on Water Resource Management

SUBJECT: Well Construction and Pump Installation Permit Applications

Please review the following permit applications pursuant to your area of concern and submit your comments to us by APR 15 1995.

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Should you have any questions, please contact the Commission on Water Resource Management staff at 587-0225.

Response:

( ) We have no objections
( ) Not subject to our regulatory authority and permit
( ) Comments attached
( ) Additional information requested
( ) Extended review period requested

Contact Person: Bill Devick
Signed: Rae Loui
Phone: 587-0225
Date: 3-30-95
APPLICATION FOR PERMIT

1. APPLICANT: (may be a, b, or c, but all must be filled in)
   (a) WELL OWNER
   Firm/Name: CAMERON NICE
   Contact Person: CAMERON
   Address: PO BOX 1149
   Latitude: 96.4741
   Longitude: 159.2011

   (b) LANDOWNER
   Firm/Name: CAMERON NICE & MARTHA JACOBS
   Contact Person: CAMERON DE MARIA
   Address: PO BOX 1149
   Latitude: 96.4741
   Longitude: 159.2011

   (c) CONTRACTOR
   Firm/Name: TO BE DETERMINED LATER
   Contractor's C-57 License No.: 0620-03

2. WELL LOCATION/NAME: KEAUA, KAUAI
   Address: ____________________________________________________________
   Island: KAUAI
   Tax Map Key: 4-1-02-6

   (Attach a USGS map, scale 1"=2000', and a property tax map showing well location referenced to established property boundaries.)

3. (a) PROPOSED WORK:
   • Drill New Well
   • Modify Existing Well
   • Install New Pump
   • Replace Pump
   • Deepen
   • Abandon/Seal
   • Be sure to complete and submit well abandonment report upon completion of work.

   (b) WELL TYPE:
   • Dug
   • Bored
   • Driven
   • Drilled
   • Radial
   Is this well a part of a battery of wells? Yes
   No
   (Briefly describe and fill in the diagram on the back of this form.)

4. PROPOSED PUMP INFORMATION:
   Rated Pump Capacity: __________ gallons per minute

   Pump Type:  
   • Deep Well Turbine
   • Rotary
   • Submersible
   • Rotary-Displacement
   • Centrifugal
   • Rotary-Gear
   • Impulse
   Motor:  
   • Diesel
   • Gas
   • Electric, rated horsepower of __________

5. PROPOSED USE:
   • Municipal (including hotels, stores, etc.)
   • Industrial
   • Military
   • Domestic (individual, noncommercial water sys.)
   • Other (explain)
   • Irrigation (crop)
   • Urban
   • Agriculture
   • Rural
   • Conservation
   State Land Use District:
   County Zoning (describe)
   (If more space is needed, continue below under remarks, explanations.)

6. (a) PROPOSED AMOUNT OF WITHDRAWAL:
   • 300 acq. gallons per day
   (b) METHOD OF FLOW MEASUREMENT:
   • Flow-meter
   • Open-pipe
   • Orifice Plate
   • Weir

7. PENDING ACTIONS:
   • CDUA
   • SMA
   • EIS
   • EA
   • NON
   • Other (explain)

8. REMARKS, EXPLANATIONS:
   SEE ATTACHED LETTER

   (If more space is needed, continue on back)

NOTE: Signing below indicates that the applicant understands that, if the permit requested is granted by the Commission on Water Resource Management, the proposed work is to be completed within two (2) years of the approval date. In addition, the contractor shall submit to the Commission a well completion report, well abandonment report, or both, within 30 days after completion date of the permitted work. The applicant also agrees that monthly water use data shall be submitted to the Commission. The applicant further understands that approval to proceed shall constitute a determination of undisturbed water rights and shall not authorize the pump capacity or future use up to the permitted pump capacity.
9. PROPOSED WELL SECTION

Elevation at top of casing

Ground Elevation: ______________ ft., msl*

Cement Grout: ______________ ft.

Solid Casing:
- Material
- Length
- Diameter
- Wall thickness

Rock Packing: ______________ ft.

Hole Diameter: ______________ in.

Casing: □ Perforated  □ Screen
- Material
- Length
- Diameter
- Wall thickness
- Openings ______________ sq. in./L.F.

Total Depth: ______________ ft.

Open Hole:
- Length
- Diameter

Remarks, Explanations (cont'd):

*Approximate elevation at time of filing application. Ground elevation above mean sea level (msl) by a surveyor licensed by the State must be submitted start of construction. Final elevations of well components shall be submitted in the well completion/well abandonment reports.
Mr. Thomas Arizumi, Chief  
Environmental Management Division  
State Department of Health  
919 Ala Moana Blvd., 3rd Floor  
Honolulu, Hawaii 96814

Attn: Mr. Dennis Tulang

Dear Mr. Arizumi:

Well Construction and Pump Installation Permit Applications

Please review the following permit applications pursuant to your area of concern and submit your comments to us by APR 15 1995.

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Should you have any questions, please contact the Commission on Water Resource Management staff at 587-0225.

Sincerely,

RAE M. LOUI  
Deputy Director

Response:

- [ ] We have no objections
- [ ] Not subject to our regulatory authority and permit
- [ ] Comments attached
- [ ] Additional information requested
- [ ] Extended review period requested

Contact Person: Lori Kajiwara  
Signed: Lori Kajiwara  
Phone: 586-4294  
Date: 3-28-95
Mr. Cameron Nice  
P.O. Box 1146  
Kalaheo, Hawaii  96741

Mr. Nice:

We have received your application and filing fee for a permit to construct and install a pump in Kealia-Nice Well (Well No. 0620-03) at Kealia, Kauai, (TMK: 4-7-2:6). We are reviewing the application for completeness.

Should you have any questions, please call the Commission on Water Resource Management staff at 587-0251.

Sincerely,

[Signature]

RAE M. LOUI  
Deputy Director

CI:ss
Mr. Thomas Arizumi, Chief  
Environmental Management Division  
State Department of Health  
919 Ala Moana Blvd., 3rd Floor  
Honolulu, Hawaii 96814

Attn: Mr. William Wong

Dear Mr. Arizumi:

Well Construction and Pump Installation Permit Applications

Please review the following permit applications pursuant to your area of concern and submit your comments to us by **APR 15 1995**.

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Sincerely,

RAE M. LOUI  
Deputy Director

Response:

() We have no objections  
() Not subject to our regulatory authority and permit  
() Comments attached  
() Additional information requested  
() Extended review period requested

Contact Person: ________________________  Phone: ______________

Signed: _______________________________  Date: ______________
Mr. Thomas Arizumi, Chief
Environmental Management Division
State Department of Health
919 Ala Moana Blvd., 3rd Floor
Honolulu, Hawaii 96814

Attn: Mr. Dennis Tulang

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Should you have any questions, please contact the Commission on Water Resource Management staff at 587-0225.

Sincerely,

[Signature]

RAE M. LOUI
Deputy Director

Response:

( ) We have no objections
( ) Not subject to our regulatory authority and permit
( ) Comments attached
( ) Additional information requested
( ) Extended review period requested

Contact Person: ___________________________________________ Phone: ________________

Signed: ___________________________________________ Date: ________________
Ms. Marjorie Ziegler  
Sierra Club Legal Defense Fund, Inc.  
223 South King Street, Suite 400  
Honolulu, Hawaii 96813

Dear Ms. Ziegler:

Well Construction and Pump Installation Permit Applications

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Sincerely,

RAE M. LOUI  
Deputy Director

Response:  
() We have no objections  
() Not subject to our regulatory authority and permit  
() Comments attached  
() Additional information requested  
() Extended review period requested

Contact Person: ___________________________  Phone: ___________________________

Signed: ___________________________  Date: ___________________________

Enc.
TO: Mr. Kali Watson, Director
     Department of Hawaiian Home Lands
     Mr. Clayton H.W. Hee, Chairman and Trustee At Large
     Office of Hawaiian Affairs

FROM: Michael D. Wilson, Chairperson
     Commission on Water Resource Management

SUBJECT: Well Construction and Pump Installation Permit Applications

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Enc.

Response:

- We have no objections
- Not subject to our regulatory authority and permit
- Comments attached
- Additional information requested
- Extended review period requested

Contact Person: ____________________________ Phone: ____________________________
Signed: ____________________________ Date: ____________________________
TO: Dr. Don Hibbard, Director
Historic Preservation Program

Mr. William Devick
Division of Aquatic Resources

FROM: Rae M. Loui, Deputy Director
Commission on Water Resource Management

SUBJECT: Well Construction and Pump Installation Permit Applications

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Response:

( ) We have no objections
( ) Not subject to our regulatory authority and permit
( ) Comments attached
( ) Additional information requested
( ) Extended review period requested

Contact Person: ___________________________ Phone: ______________
Signed: ___________________________ Date: ______________
Mr. Murl T. Nielsen  
Department of Water  
County of Kauai  
4398 Pualoke Street  
Lihue, Hawaii 96766

Dear Mr. Nielsen:

Well Construction and Pump Installation Permit Applications

Please review the following permit applications pursuant to your area of concern and submit your comments to us by __________ APR 15 1995 __________.

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Sincerely,

RAE M. LOUI
Deputy Director

Response:

( ) We have no objections
( ) Not subject to our regulatory authority and permit
( ) Comments attached
( ) Additional information requested
( ) Extended review period requested

Contact Person: ___________________________________________  Phone: ________________

Signed: ___________________________________________  Date: ________________
I gave to Kathy the deposit 3/5/95
To whom it may concern,

I spoke with Mr. Ed Sukata in regards to filling out the application. We need to leave some items unanswered due to no Contractor will assist us until we have a permit.

So for pump size & well design we don't know at this time. Can we submit them once our permit is approved?

If I need to give more information please reach me on Kauai at 382-5928

Martha Jacobson

Incidentally we are submitting a waiver to the Bureau of Indigencies for county water use due to the fact no county water is available!
APPLICATION FOR PERMIT

COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources

WELL CONSTRUCTION or PUMP INSTALLATION

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 96809. Application must be accompanied by 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 587-0225.

1. APPLICANT: (may be a, b, or c, but all must be filled in)
   (a) WELL OWNER
   Firm/Name: CAMERON NICE
   Contact Person: CAMERON
   Address: PO BOX 1146
   Signature: ____________
   (b) LANDOWNER
   Firm/Name: CAMERON NICE & MARTHA JACOBS
   Contact Person: CAMERON or MARTHA
   Address: KAUAI, HI 96741
   (c) CONTRACTOR
   Firm/Name: TO BE DETERMINED LATER
   Contractor’s C-57 License No.: 0420-03
   Address: ____________

2. WELL LOCATION/NAME: KEALUA, KAUAI
   Island: KAUAI
   Address: ____________
   Tax Map Key: 4-7-02-6
   (Attach a USGS map, scale 1" = 2000', and a property tax map showing well location referenced to established property boundaries.)

3. (a) PROPOSED WORK:
   Drill New Well
   Modify Existing Well
   Install New Pump
   Replace Pump
   * After Location
   * Deepen
   * Abandon/Seal

   (b) WELL TYPE:
   Dug
   Bored
   Driven
   Drilled
   Radial
   Is this well a part of a battery of wells? Yes  No
   UNKNOWN
   (Briefly describe and fill in the diagram on the back of this form.)

4. PROPOSED PUMP INFORMATION:
   Rated Pump Capacity: ____________ gallons per minute
   Motor:
   Deep Well Turbine
   Submersible
   Centrifugal
   Rotary
   Rotary-Displacement
   Rotary-Gear
   Propeller
   Reciprocating
   Impulse
   Electric, rated horsepower of

5. PROPOSED USE:
   Municipal (including hotels, stores, etc.)
   Domestic (including residential, noncommercial water use)
   Industrial
   Irrigation (crop)
   State Land Use District:
   County Zoning (describe)
   Military
   Other (explain)
   Urban
   Agriculture
   Rural
   Conservation

6. (a) PROPOSED AMOUNT OF WITHDRAWAL:
   300 gpd
   (b) METHOD OF FLOW MEASUREMENT:
   Flow-meter
   Open-pipe
   Orifice Plate
   Weir

7. PENDING ACTIONS:
   CDUA
   SMA
   EIS
   EA
   NONE
   Other (explain)

8. REMARKS, EXPLANATIONS:
   SEE ATTACHED LETTER

(If more space is needed, continue below under remarks, explanations.)

(If more space is needed, continue on back)

For Official Use Only:
Date Received
Date Accepted
Field Checked By
Date
Longitude
Latitude
Aquifer System Name
State Well No.

6/24/92 WVR Form
9. PROPOSED WELL SECTION

- Elevation at top of casing: ___ ft., msl.
- Cement Grout: ___ ft.
- Rock Packing: ___ ft.
- Hole Diameter: ___ in.
- Total Depth: ___ ft.
- Ground Elevation: ___ ft., msl*
- Solid Casing:
  - Material
  - Length ___ ft.
  - Diameter ___ in.
  - Wall thickness ___ in.
- Casing: ☐ Perforated ☐ Screen
  - Material
  - Length ___ ft.
  - Diameter ___ in.
  - Wall thickness ___ in.
  - Openings ___ sq. in./L.F.
- Open Hole:
  - Length ___ ft.
  - Diameter ___ in.

*Approximate elevation at time of filing application. Ground elevation above mean sea level (msl) by a surveyor licensed by the State must be submitted at the start of construction. Final elevations of well components shall be submitted in the well completion/well abandonment reports.