MEMO and ROUTE SLIP

WCR Check for Well No. 1123-01 (survey to regulation memo)

1. **Pump Tests Check** Glenn Bauer (initial)
   - **Step-Drawdown Test:**
     - followed WCPI Stds □ □
     - analysis attached □ □
     - proposed pump cap o.k. □ □
   - **Aquifer Pump Test:**
     - followed WCPI Stds □ □
     - T & S analysis attached □ □
   - **Well Interference:**
     - estimated Steady-State drawdown at 1-mile radius is __________ ft.
     - analysis attached □ □
   - **Stream Surface Water Impacted:** □ □ ← If yes, identify most probable stream

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

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

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

not necessary – only WCP.

To be sent to applicant

4. Roy (initial) check
5. Subia (initial) finalize
6. Linnet (initial) signature
7. Charley/Lenore/Ryan File
January 24, 2002

Mr. Steve Goldberg  
Oasis Water Systems  
P.O. Box 535  
Kilauea, HI 96754

Dear Mr. Goldberg:

Well Completion Report for Well No. 1123-01

We received your Well Completion Report Part II for the BJ Barnard (Well No. 1123-01) on January 10, 2002 and acknowledge that it is complete.

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

c: B. Jacquelyn Barnard
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources

WELL COMPLETION REPORT - PART II
Pump Installation

Pump Type: Submersible, Franklin, Model 1103B
Rated Capacity: 225 gpm at head of: 100 ft
Motor Type: Franklin, 36V, 2.304, 3.457
Type of raw water: Open, which measures in Gallons

Method of flow measurement:
Flowmeter
Manufacturer
Make
Size

7. Filling in the as-built section on the other side of this sheet.
8. Other remarks/comments:

Pump Installation Contractor (print)  Signature  Date  B. J. BARNARD  9-14-01
Lic. No. 21457

Pump Installation Contractor (print)  Signature  Date  8-27-01

[Signature]

[Signature]
9. AS-BUILT PUMP SECTION (Please attach as-built if different from diagram provided below)

Bench mark elevation surveyed to nearest 0.01 ft. = 578.7 ft. mean sea level

Elevation of top of chase tube = 490.3 ft. mean sea level

Pump intake depth = 255 ft. (referenced to bench mark)

Chase tube depth = 250 ft. (referenced to bench mark)

If airline installed, bottom of airline elevation = ______ ft. mean sea level

Barnard
PUMP INSTALLATION PERMIT

S.J. Bernard, Well No. 1123-01

In accordance with Department of Land and Natural Resources, Commission on Water Resource Management Administrative Rules, Section 19-160, entitled "Water Use, Wells, and Stream Diversion Water", the subsequent permits the applicant to install the following:

1. The applicant shall be responsible for the installation of a 1,000-gallon capacity, non-pressure pump and well.

2. The pump and well installation shall be completed within 60 days after the date of approval.

3. The installation shall be in accordance with all local and state health codes and regulations.

4. The well shall be tested for water quality and shall be certified by a certified water testing laboratory.

5. The pump shall be certified by a certified pump testing laboratory.

6. The pump and well installation shall be completed within 60 days after the date of approval.

7. The pump and well installation shall be completed within 60 days after the date of approval.

8. The well shall be tested for water quality and shall be certified by a certified water testing laboratory.

9. The pump shall be certified by a certified pump testing laboratory.

10. The well shall be tested for water quality and shall be certified by a certified water testing laboratory.

11. The pump shall be certified by a certified pump testing laboratory.

Date of Approval: July 17, 2001
Expiration Date: July 17, 2003

Gilbert A. Coloma-Agaran, Chairman
Commission on Water Resource Management

I have read the provisions and terms of this permit and understand them. I agree and agree to meet these conditions and to comply with all local and state health codes and regulations. I hereby agree to the terms and conditions of this permit.

Permittee's Signature:
Printed Name: BARNARD, JORDAN

Installer's Signature:
Printed Name: BARNARD, JORDAN

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

Dated: 7-14-01

Page 84

FROM: BARNARD/JORDAN

FRX NO.: 009-023-1648

OASIS WATER SYSTEMS

P.O. Box 221, Building No. 1

Hilo, HI 96720

Telephone: 808-935-6699

Fax: 808-935-6699

Web: http://www.oasiswater.com

E-mail: info@oasiswater.com

Office Hours: Monday - Friday, 8:30 AM - 5:00 PM

 Toll-Free: 800-935-6699

Copyright © 2001 Oasis Water Systems

All rights reserved.
PUMP INSTALLATION PERMIT
BJ Barnard, Well No. 1123-01

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 BJ Barnard (Well No. 1123-01) at 4901 Waiauakaua Street, Kauai, TMK 5-1-005:036, subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97) which include but are not limited to the following conditions:

1. The Chairperson 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. The pump installation permit shall be for installation of a 20 gpm capacity, or less, pump in the well.

3. The permittee, well operator, and/or well owner shall provide and maintain an approved meter or other appropriate means for measuring and reporting withdrawals and water levels, and appropriate devices or means for measuring chlorides and temperature. These data shall be measured monthly and reported to the Commission on an annual basis, on forms provided by the Chairperson (attached).

4. 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, well operator, and/or well owner are 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.

5. The permittee, well operator, and/or well owner shall complete and submit as-built drawings and Part II - (Permanent) Pump Installation Report of the Well Completion Report (attached) to the Chairperson within sixty (60) days after completion of work.

6. 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.

7. 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 Hawaii Well Construction & Pump Installation Standards (1/23/97). If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result.

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

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

10. 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.

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

Date of Approval: July 17, 2001
Expiration Date: July 17, 2003

GILBERT S. COLOMA-AGARAN, 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 also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $1000 per day starting from the permit date of approval.

Permittee’s Signature: ___________________________ Date: __________

Printed Name: ___________________________ Firm or Title: ___________________________

Installer’s Signature: ___________________________ Date: __________

Printed Name: ___________________________ Firm or Title: ___________________________

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

Attachments
C: USGS
Department of Health/ Safe Drinking Water & Wastewater Branch
Kauai Department of Water Supply
BJ Barnard
Sept. 9, 2001

State Of Hawaii
Water Commission
ATT: Lenore Nakama
Fax # 808-587-0219

Dear Sir,

Please be advised that Oasis Water, Inc. License No. C-21457, We will begin work on wells # 1123-01 in the next few weeks.

Sincerely,

Steve Goldberg
Oasis Water Inc. C-21457
MEMO and ROUTE SLIP

WCR 1 Check for Well No. 1123-01 (survey to regulation memo)

1. Pump Tests Check
   Glenn Bauer __________ (initial)  Yes  No  If no, describe deficiency
   Step-Drawdown Test:
   followed WCPI Stds  ☐  ☐
   analysis attached  ☐  ☐
   proposed pump cap o.k.  ☐  ☐
   Aquifer Pump Test:
   followed WCPI Stds  ☐  ☐
   T & S analysis attached  ☐  ☐
   Well Interference:
   estimated Steady-State drawdown at 1-mile radius is ______ ft.
   analysis attached  ☐  ☐
   Stream Surface Water Impacted:  ☐  ☐ ← If yes, identify most probable stream

2. Construction Check
   Mitch Ohye __________ (initial)  Yes  No  If no, describe deficiency
   data complete  ☐  ☐
   followed WCPI Stds  ☐  ☐
   well database updated  ☐  ☐

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

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

not necessary – only WCP.

To be sent to applicant
OK to accept now?

4. Roy __________ (initial) check
5. Kathy __________ (initial) finalize
6. Linnel ________ (initial) signature
7. Charley/Lenore/Ryan File
Oasis Water System  
P.O. Box 535  
Kilauea, HI 96754

Dear Mr. Goldberg:

Pump Installation Permit  
BJ Barnard (Well No. 1123-01)

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.

The permittee, well operator, and/or well owner are responsible for all conditions of the permit. This includes ensuring that the pump installation contractor submits a completed Part II of the Well Completion Report form (enclosed) within sixty (60) days after the pump installation work is completed. Be advised that you may be subject to fines of up to $1000 per day for any violations of your permit conditions starting from the permit approval date.

Please sign and have the landowner sign both permit originals and return one for our files. A copy of the Well Completion Report (Part II) and a copy of your water use report form are enclosed for your use.

IMPORTANT - Pump installation shall not commence until a fully signed permit is returned to the Commission. Except for the monthly water use report form, please provide copies of all the information in this packet to your pump installation contractor.

Finally, this letter is notice that we have accepted your Well Completion Report - Part I as complete as of July 17, 2001.

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

Aloha,

GILBERT S. COLOMA-AGARAN  
Chairperson

Enclosure  
c. BJ Barnard
PUMP INSTALLATION PERMIT
BJ Barnard, Well No. 1123-01

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 BJ Barnard (Well No. 1123-01) at 4901 Waiakalua Street, Kauai, TMK 5-1-005:036, subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97) which include but are not limited to the following conditions:

1. The Permittee 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. The pump installation permit shall be for installation of a 20 gpm capacity, or less, pump in the well.

3. The permittee, well operator, and/or well owner shall provide and maintain an approved meter or other appropriate means for measuring and reporting withdrawals and water levels, and appropriate devices or means for measuring chlorides and temperature. These data shall be measured monthly and reported to the Commission on an annual basis, on forms provided by the Chairperson (attached).

4. 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, well operator, and/or well owner are 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.

5. The permittee, well operator, and/or well owner shall complete and submit as-built drawings and Part II - (Permanent) Pump Installation Report of the Well Completion Report (attached) to the Chairperson within sixty (60) days after completion of work.

6. 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.

7. The pump installation permit application and any related staff submittal approved by the Commission are incorporated into this permit by reference. The this permit is also subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97). If the HWCPIS are not followed and as a consequence water is wasted or contaminated, a lien on the property may result.

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

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

10. 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.

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

Date of Approval: July 17, 2001
Expiration Date: July 17, 2003

GILBERT S. COLOMA-AGARAN, 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 also understand that non-compliance with any permit condition may be grounds for revocation and fines of up to $1000 per day starting from the permit date of approval.

Permittee’s Signature: ____________________________ Date: __________

Printed Name: ____________________________ Firm or Title: ____________________________

Installer’s Signature: ____________________________ C-57, C-57a, or A License #: ____________________________ Date: __________

Printed Name: ____________________________ Firm or Title: ____________________________

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

Attachments
C:
USGS
Department of Health Safe Drinking Water & Wastewater Branch
Kauai Department of Water Supply
BJ Barnard
TO: Lenore Nakama
Phone 808-587-0219
Fax Phone 808-828-0778

FROM: Steve Goldberg
Oasis Water Systems Inc.
P.O.Box 535
Kilauea Hi 96754
Phone 808-828-6876
Fax Phone 808-828-0778

Date 7/12/01
Number of pages including cover sheet

REMARKS: ☑ Urgent ☑ For your review ☐ Reply ASAP ☐ Please Comment

Hi Lenore:
In ref. to your questions on the following wells:

1- I have enclosed the permanent pump info for wells 1120-26 & 1120-30
2- I have also enclosed a revised as built well section for well # 1123-01
3- I have enclosed a revised as built well section for well # 1120-32
   The water level was 289' below top of casing, which equals 23' above sea level
4- I have enclosed a revised as built well section for well # 1120-31
   The original measurement was taken for top of casing instead of ground level

Thanks

Steve
# WELL COMPLETION REPORT - PART I

## Well Construction

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96806. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 808-586-2226. For updates to this form or additional information, please visit our website at http://www.state.hi.us/dlnr/wrm/

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State Well No.:</td>
<td>1123-01</td>
</tr>
<tr>
<td>2. Well Name:</td>
<td>BJ Barnard</td>
</tr>
<tr>
<td>3. Address:</td>
<td>4901 Walakalu Street</td>
</tr>
<tr>
<td>4. Drilling Company:</td>
<td>OASIS WATER SYSTEMS INC</td>
</tr>
<tr>
<td>5. Drilling method used during construction:</td>
<td>Rotary</td>
</tr>
<tr>
<td>6. Data Well Construction (drilled, cased, grouted) completed:</td>
<td>3-23-01</td>
</tr>
<tr>
<td>7. Was the subject well cored?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Initial water-level encountered ft. below ground</td>
<td>36</td>
</tr>
<tr>
<td>9. Step-Drawdown Test completed?</td>
<td>No</td>
</tr>
<tr>
<td>10. Constant Rate Aquifer Test completed?</td>
<td>No</td>
</tr>
<tr>
<td>11. Water-level: ft. above msl</td>
<td>332</td>
</tr>
<tr>
<td>12. Chloride: ppm</td>
<td>20</td>
</tr>
<tr>
<td>13. Temperature: °F</td>
<td>71</td>
</tr>
<tr>
<td>14. Fill in the as-built section on the other side of this sheet.</td>
<td></td>
</tr>
<tr>
<td>15. Attach plot plan and surveyor's stamped elevation report.</td>
<td></td>
</tr>
<tr>
<td>16. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)</td>
<td></td>
</tr>
<tr>
<td>17. Remarks:</td>
<td></td>
</tr>
</tbody>
</table>

### Licensed Driller (print)

*Oasis Water*

C-57 Lic. No. 21457

Signature: [Signature]

Date: 6-12-01

### Surveyor (print)

*See Attached*

L.P.L.S. Lic. No. [Signature]

Date: [Date]

### Permitter (print)

*See Attached*

Signature: [Signature]

Date: [Date]
14. AS-BUILT WELL SECTION

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

Solid Casing Material:
Carbon Steel: compliant with (check one or more): 0 ANSI/AWWA C200 0 API Spec. 5L 0 ASTM A53 0 ASTM A139
And compliant with (check one or more): 0 ASTM A242 0 Type E 0 Type 8 0 Grade B6 Other
Stainless Steel: (check one): 0 ASTM A409 (production wells) 0 ASTM A312 (monitor wells)
ABB Plastic conforming to ASTM F480 and ASTM D1527: (check one) 0 Schedule 40 0 Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): 0 Schedule 40 0 Schedule 80 0 Schedule 120
Thermoset Plastic: (check one) 0 Filament Wound Resin Pipe conforming to ASTM D2996
0 Centrifugally Cast Resin Pipe conforming to ASTM D2997
0 Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
0 Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C900
0 PTFE Fluorocarbon Tubing conforming to ASTM D3286
0 FEP Fluorocarbon Tubing conforming to ASTM D3286

Open Casing Material:
Carbon Steel: compliant with (check one or more): 0 ANSI/AWWA C200 0 API Spec. 5L 0 ASTM A53 0 ASTM A139
And compliant with (check one or more): 0 ASTM A242 0 Type E 0 Type 8 0 Grade B 0 Other
Stainless Steel: (check one): 0 ASTM A409 (production wells) 0 ASTM A312 (monitor wells)
ABB Plastic conforming to ASTM F480 and ASTM D1527: (check one) 0 Schedule 40 0 Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): 0 Schedule 40 0 Schedule 80 0 Schedule 120
Thermoset Plastic: (check one) 0 Filament Wound Resin Pipe conforming to ASTM D2996
0 Centrifugally Cast Resin Pipe conforming to ASTM D2997
0 Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
0 Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C900
0 PTFE Fluorocarbon Tubing conforming to ASTM D3286
0 FEP Fluorocarbon Tubing conforming to ASTM D3286

Elevation at top of casing: 490.2 ft., msl
Hole Diameter: 13 in.
Minimum of 2' Radius & 4" Thick Concrete Pad
Ground Elevation: 178.36 ft., msl

Solid Casing: (≥ 90% x (Ground Elev.-Water Level Elev.))
Length: ______________ ft.
Nominal Diameter: ______ in.
Wall Thickness: ______ in.
Bottom Elevation: ______________ ft., msl

Open Casing: 0 Perforated 0 Screen
Length: ______________ ft.
Nominal Diameter: ______ in.
Wall Thickness: ______ in.
Bottom Elevation: ______________ ft., msl

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

*msl = mean sea level
MEMO and ROUTE SLIP

WCR 1 Check for Well No. 1123-01 (survey to regulation memo)

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

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

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

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

not necessary – only WCP.
To be sent to applicant

4. Roy (initial) check
5. Kathy (initial) finalize
6. Linnel (initial) signature
7. Charley Lenore Ryan File
June 26, 2001

Mr. Steve Goldberg
Oasis Water Systems
P.O. Box 535
Kilauea, HI 96754

Dear Mr. Goldberg:

Well Completion Report for Well No. 1123-01

We have received your Well Completion Report Part I for the Kilauea (Well No. 1123-01). However, matters which must be addressed before we accept your report as complete are as follows:

1. Please verify the total depth of the well and casing lengths. The well completion report shows a total well depth of 262 ft, while the lengths of the solid casing (242 ft) and perforated casing (40 ft) total to 282 ft.

Please respond to the above item(s) within sixty (60) days of this letter’s date. Failure to do so may result in fines of up to $1000 per day.

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:ky
c. B. Jacquelyn Barnard
### SECTION 1: WELL LOCATION INFORMATION

<table>
<thead>
<tr>
<th>Island</th>
<th>KAUAI</th>
<th>Aquifer System</th>
<th>LIHUE</th>
<th>Aquifer Sector</th>
<th>KILAUEA</th>
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<table>
<thead>
<tr>
<th>Proposed Use</th>
<th>Domestic</th>
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<tbody>
<tr>
<td>Proposed Withdrawal</td>
<td>System Sustainable Yield</td>
</tr>
<tr>
<td></td>
<td>5000</td>
</tr>
<tr>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

### SECTION 2: WELL SECTION DATA  
(enter data in grey cells only)

<table>
<thead>
<tr>
<th>Elevation at top of casing</th>
<th>Solid Casing</th>
</tr>
</thead>
<tbody>
<tr>
<td>456.4 ft., m.s.l.</td>
<td></td>
</tr>
<tr>
<td>Ground Elevation</td>
<td>Material</td>
</tr>
<tr>
<td>474.3 ft., m.s.l.</td>
<td>Designation</td>
</tr>
<tr>
<td>Cement Grout</td>
<td>Length</td>
</tr>
<tr>
<td>487 ft.</td>
<td></td>
</tr>
<tr>
<td>Rock Packing</td>
<td>Diameter</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Hole Diameter</td>
<td>Wall Thickness</td>
</tr>
<tr>
<td>13 in.</td>
<td></td>
</tr>
<tr>
<td>Total Depth</td>
<td></td>
</tr>
<tr>
<td>262 ft.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Head</th>
<th>Calculated Aquifer Thickness</th>
<th>County Water Supply (Y/N ?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2132 ft., m.s.l.</td>
<td>13612 ft.</td>
<td>NO</td>
</tr>
</tbody>
</table>

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

#### Well Depth

<table>
<thead>
<tr>
<th>Depth of Wall below Sea Level</th>
<th>Theoretical Thickness of Aquifer</th>
<th>1/4 Aquifer Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>-196 ft.</td>
<td>13612 ft.</td>
<td>3403 ft.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Well Casing</th>
<th>Minimum Wall Thickness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Material PVC</td>
<td>County or Non-County</td>
</tr>
<tr>
<td>0.280 in.</td>
<td>Minimum Thickness per standards</td>
</tr>
<tr>
<td>Wall Thickness Provided</td>
<td>non-county</td>
</tr>
<tr>
<td>0.000 in.</td>
<td>(disregard if the well is not basal)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Length of Solid Casing</th>
<th>90% of ground to top of aquifer</th>
</tr>
</thead>
<tbody>
<tr>
<td>131.7 ft.</td>
<td>Length of solid casing Provided</td>
</tr>
<tr>
<td>242 ft.</td>
<td>242 ft.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Casing Material</th>
<th>If the cell above reads #N/A, reference HWCPIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sch 40</td>
<td>ok (refer to HWCPIS Section 2.4 e)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annular Space</th>
<th>Depth of Grouting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculated Depth of Grouting</td>
<td>102.5 ft.</td>
</tr>
<tr>
<td>Depth of Grouting provided</td>
<td>139 ft.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thickness of Annular Space</th>
<th>ok (refer to HWCPIS Section 2.6 d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 in.</td>
<td>ok</td>
</tr>
</tbody>
</table>

Page 1
### State of Hawai'i
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
Department of Land and Natural Resources

**WELL COMPLETION REPORT - PART I**  
Well Construction

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For updates to this form or additional information, please visit our website at [http://www.state.hi.us/dlnr/cwrm/](http://www.state.hi.us/dlnr/cwrm/)

<table>
<thead>
<tr>
<th>1. State Well No.:</th>
<th>1123-01</th>
<th>Well Name:</th>
<th>BJ Barnard</th>
<th>Island:</th>
<th>Kauai</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Address:</td>
<td>4901 Waiaikolu Street</td>
<td>Tax Map Key:</td>
<td>5-1-005:036</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Drilling Company:</td>
<td>OASIS WATER SYSTEMS INC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Drilling method used during construction:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Date Well Construction (drilled, cased, grouted) completed:</td>
<td>3-23-01</td>
<td>Attach Driller's Log (7/28/99 DL Form)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In addition to the driller's log, if a geologic log was prepared, please submit with this form.**

| 7. Was the subject well cored? | No |
| 8. Initial water-level encountered: | 36 ft. below ground | Date and time of measurement: | 3-15-01 9 AM |

| 9. Step-Drawdown Test completed? | No |
| 10. Constant Rate Aquifer Test completed? | No |

**Parameters prior to pump test:**

| 11. Water-level: | 332 ft. above msl | Date and time of measurement: | 3-30-01 9 AM |
| 12. Chloride: | 20 ppm | Date and time of sampling: | |
| 13. Temperature: | 71°F | Date and time of measurement: | |

14. **Fill in the as-built section on the other side of this sheet.**

15. Attach plot plan and surveyor's stamped elevation report.

16. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)

17. **Remarks:**

---

**Licensed Driller (print):** OASIS WATER  
Signature: [Signature]  
C-57 Lic. No.: 21457  
Date: 6-12-01

**Surveyor (print):** [Surveyor]  
Signature: [Signature]  
L.P.L.S. Lic. No.:  
Date: 

**Permittee (print):** [Permittee]  
Signature: [Signature]  
Date: 

---

**WCR1 Form 9/29/00**
14. AS-BUILT WELL SECTION (Please attach as-built if different from diagram provided below)

Bench mark elevation:

14 ft., msl* (Survey to nearest 0.01 ft.)

Elevation at top of casing 1400.36 ft., msl
(to nearest 0.01 ft.)

Cement Grout: 137 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"):
3 in.

Rock or Gravel Packing:

Material:
- Crushed Basalt
- Rounded Gravel

Total Depth 262 ft.

Water Level Elevation: +332 ft., msl*

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
- Type E
- Type S
- Grade B
- Other

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

ABS Plastic conforming to ASTM F490 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
- 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
- Type E
- Type S
- Grade B
- Other

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

ABS Plastic conforming to ASTM F490 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
- 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

Solid Casing:

Length: 243 ft.
Nominal Diameter: sch 40 in.
Wall Thickness: 5.5 in.
Bottom Elevation: +2.56 ft., msl

Open Casing:

Length: 40 ft.
Nominal Diameter: 6 in.
Wall Thickness: sch 40 in.
Bottom Elevation: +2.16 ft., msl

Open Hole:

Length: _____________ ft.
Diameter: _____________ in.
Bottom Elevation: _____________ ft., msl

*msl = mean sea level

Barnard

E - 112-01
State of Hawaii  
COMMISSION ON WATER RESOURCE MANAGEMENT  
Department of Land and Natural Resources  
WELL COMPLETION REPORT - PART I  
Well Construction

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resources Management, P.O. Box 921, Honolulu, Hawaii 96809. The Commission may not accept illegible reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulations Branch at 808-586-8285. For updates to this form or additional information, please visit our website at http://www.state.hi.us/brwrmn/

1. State Well No.: 1123-01  
2. Well Name: BJ Bernard  
3. Island: Kauai

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State Well No.:</td>
<td>1123-01</td>
</tr>
<tr>
<td>2. Well Name:</td>
<td>BJ Bernard</td>
</tr>
<tr>
<td>3. Island:</td>
<td>Kauai</td>
</tr>
<tr>
<td>4. Drilling Company:</td>
<td>OASIS WATER SYSTEMS INC</td>
</tr>
<tr>
<td>5. Date Well Construction (drilled, cased, grouted) completed:</td>
<td>3-23-01</td>
</tr>
<tr>
<td>6. Drilling method used during construction:</td>
<td>Rotary</td>
</tr>
<tr>
<td>7. Was the subject well capped?</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Initial water-level encountered:</td>
<td>36 ft below ground</td>
</tr>
<tr>
<td>9. Step-Drawdown Test completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Constant Rate Aquifer Test completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Water-level:</td>
<td>332 ft above msl</td>
</tr>
<tr>
<td>12. Chloride:</td>
<td>20 ppm</td>
</tr>
<tr>
<td>13. Temperature:</td>
<td>71 °F</td>
</tr>
<tr>
<td>14. Filling in the as-built section on the other side of this sheet.</td>
<td></td>
</tr>
<tr>
<td>15. Attach plot plan and surveyor's stamped elevation report.</td>
<td></td>
</tr>
<tr>
<td>16. If a pump is not planned to be installed, please describe (below in the remarks section) how well is secured to prevent unauthorized access (example: lockable cover, threaded coupling, etc.)</td>
<td></td>
</tr>
<tr>
<td>17. Remarks:</td>
<td></td>
</tr>
</tbody>
</table>

**Licensed Driller (print):**

Signature: [Signature]

C-57 Lic. No.: 21457

Date: 6-12-01

**Surveyor (print):**

Signature: [Signature]

L.P.L.S. Lic. No.: 

Date: 

**Permittee (print):**

Signature: [Signature]

Date: 6-13-01
ELEVATION OF THE 4" CONCRETE SLAB = 478.70'

GROUND ELEVATION = 478.36'

WELL ELEVATION

WELL # 1123-01 (B J BARNARD WELL)

OWNER: JACQUELYN BARNARD

T.M.K.(4)5-1-05:36

BENCH MARK USED: WAIKALUA RD Q. MON STA:17+61.22 ELEV = 358.66'

PETER N. TAYLOR
LICENSED PROFESSIONAL LAND SURVEYOR
No.9149
**WELL NUMBER:** 1123-01

**DRILLER'S LOG (7/26/99 DL Form)**

<table>
<thead>
<tr>
<th>Depths (ft.)</th>
<th>Rock Description, Water Level, etc.</th>
<th>Dates</th>
<th>Depths (ft.)</th>
<th>Rock Description, Water Level, etc.</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 139</td>
<td>Open well</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>139 to 143</td>
<td>Blue Rock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>143 to 152</td>
<td>Weathered Rock + Red Clay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>152 to 191</td>
<td>Fracture Rock + Cinder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>191 to 232</td>
<td>Blue Rock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>232 to 262</td>
<td>Fracture Rock + Blue Pits + Rock</td>
<td>12-17-00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**
Oasis Water Systems, Inc.
P.O BOX 535
KILAUEA, HI 96754
Phone: 808-828-6876

March 13, 2001

State Of Hawaii
Water Commission
ATT: Lenore Nakama
Fax # 808-587-0219

Dear Lenore,

Please be advised that Oasis Water, Inc. License No. C-21457, We will begin work on the BJ Barnard Well # 1123-01 in the next few weeks.

Sincerely,

Steve Goldberg
Oasis Water inc. C-21457

Start date = 3/27/01
WELL CONSTRUCTION PERMIT
B.J. Bernard, Well No. 1122-91

In accordance with the Department of Land and Natural Resources, Commission on Water Resource Management's Administrative Rules, Section 13-196-11, entitled "Water Use, Waste, and Drainage Division: Wells", this document permits the construction and testing of BJ Bernard (Well No. 1122-91) at 4001 Waiakolu St., Kailua, TMK 0-1-066-086, subject to the Hawaii Well Construction & Pump Installation Standards (13-196-7) which include but are not limited to the following conditions:

1. The Chairman of the Commission on Water Resource Management (Commission), P.O. Box 881, Honolulu, HI 96801, shall be notified in writing at least 30 days before any work is commenced and a copy shall be submitted to the Department of Land and Natural Resources, Commission on Water Resource Management, Waste Divisions. This work shall be performed in accordance with the conditions of this permit and shall be supervised by a qualified person.

2. The well construction permit shall be for construction and testing of the well only. A minimum 6-inch diameter monitor well must be permanently installed at the periphery of the well. The permittee, well operator, and/or well owner shall monitor and test the well and the monitor well in accordance with the conditions of this permit. No well or monitor well shall be drilled or constructed by the permittee, well operator, and/or well owner without prior written approval of the Commission.

3. In event of damage or alteration of any kind, the permittee, well operator, and/or well owner shall report such damage or alteration to the Commission immediately.

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

5. The well construction permit is effective for a period of 36 months from the date of approval. If any work is not commenced within 36 months of the date of approval, the permit shall be revoked.

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

7. The permittee, well operator, and/or well owner shall provide all necessary equipment, materials, labor, and facilities necessary for the construction and testing of the well.

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

9. The permittee, well operator, and/or well owner shall maintain all records required by the Commission. These records shall be kept for a period of 36 months from the date of approval. If any work is not commenced within 36 months of the date of approval, the permit shall be revoked.

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

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

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

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

Date of Approval: October 19, 2000

Timothy S. Johns, Chairman
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 with and use the well. I certify that the information contained in this permit is true and correct to the best of my knowledge and belief.

Signature: timothy johns, chair
Printed Name: Timothy S. Johns
Firm or Title: Commission on Water Resource Management

I certify that the information contained in this permit is true and correct to the best of my knowledge and belief.

Signature: B.J. Bernard
Printed Name: B.J. Bernard
Firm or Title: Owner

I certify that the information contained in this permit is true and correct to the best of my knowledge and belief.

Signature: Steve Goldie
Printed Name: Steve Goldie
Firm or Title: Oahu Island Water Treatment District
Mr. Steve Goldberg  
Oasis Water Systems  
P.O. Box 535  
Kilauea, HI 96754

Dear Mr. Goldberg:

Well Construction Permit  
BJ Barnard (Well No. 1123-01)

Enclosed are two (2) copies of your approved Well Construction Permit for the captioned well(s) that authorize well construction activities but excludes installation work for your permanent pump. As part of the Chairperson’s approval, the following special conditions were added and are part of your permit under Permit Condition 13:

**Special Conditions**

1. Attached for your information is a copy of the Department of Health’s (DOH) review comments. Please note DOH’s requirements related to discharge of effluent from well drilling and testing activities.

2. Except for salt-water wells, any well constructed in basal aquifers for the purpose of nonpotable or potable water withdrawal shall be initially designed and pump tested at a depth below sea level not exceeding one-fourth of the theoretical thickness (41 times the head) of the basal ground-water body, unless authorized by the chairperson.

3. The wall thickness of well casing shall be selected in accordance with good design practices applied with due consideration to conditions at the site of the well and shall be sufficient to withstand anticipated formation and hydrostatic pressures imposed on the casing during its installation, grouting, well development, and use.

4. All wells (excepting salt-water wells, artesian wells, and temporary monitor wells designed for immediate or short-term monitoring purposes and subsequent abandonment/sealing) shall be constructed with a casing string having a minimum length of solid casing equal to 90 percent of the depth measured from the ground surface to the top of the selected aquifer.

5. To prevent surface contamination, the annular space of all cased non-artesian wells (except monitor wells designed for immediate and short-term monitoring purposes and subsequent abandonment) must be sealed with grout from the ground surface to a minimum depth of 500 feet or 70% of the vertical distance between the ground surface and the top of the aquifer selected for exploration, long-term monitoring, or development, whichever depth is less.

6. The well casing material and all other aspects of the well construction shall conform to the Hawaii Well Construction and Pump Installation Standards (January, 1997).
7. Standard Condition 2 is modified to exempt the permittee from the requirements for pump tests, for pump capacities less than 50 gpm.

8. Standard Condition 7.e. is waived for pump capacities less than 50 gpm.

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

"Permanent pump installation for capacities between 0-70 gpm and where the proposed use is for private individual needs in non-ground-water management areas may be allowed prior to the final pump installation permit issuance. When required as a condition of the well construction permit, subsequent pumping tests shall validate the acceptability of the permanent pump. The permanent pump installed prior to final pump installation permit issuance is subject to removal if the testing shows that a smaller pump is required to reduce the potential of affecting neighboring wells and localized upconing at the applicant's well."

If you qualify and wish to take advantage of this ruling, please include a written request to install the permanent pump prior to final pump installation permit issuance when you return to us your signed well construction permit.

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

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

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

Aloha,

[Signature]

TIMOTHY E. JOHNS
Chairperson

Enclosures

c: B. Jacquelyn Barnard
In accordance with Department of Land and Natural Resources, Commission on Water Resource Management’s Administrative Rules, Section 13-168, entitled “Water Use, Wells, and Stream Diversion Works”, this document permits the construction and testing of BJ Barnard (Well No. 1123-01) at 4901 Waiakalua St., Kauai, TMK 5-1-005.036, subject to the Hawaii Well Construction & Pump Installation Standards (1/23/97) which include but are not limited to the following conditions:

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

2. The well construction permit shall be for construction and testing of the well only. A minimum 1½-inch diameter monitor tube shall be permanently installed, in a manner acceptable to the Chairperson, to accurately record water levels. The permittee, well operator, and/or well owner shall coordinate with the Chairperson and conduct a pumping test in accordance with the Standards (a pump testing worksheet is attached). The permittee, well operator, and/or well owner shall submit to the Chairperson the test results as a basis for supporting an application to install a permanent pump and withdraw water for use. No permanent pump may be installed until a pump installation permit is approved and issued by the Chairperson.

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

4. The permittee, well operator, and/or well owner shall incorporate mitigation measures to prevent construction debris from entering the aquatic environment, to schedule work to avoid periods of high rainfall, and to revegetate any cleared areas as soon as possible.

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

6. The proposed well construction shall not adversely affect existing or future legal uses of water in the area, including any surface water or established instream flow standards. This permit or the authorization to construct the well shall not constitute a determination of correlative water rights.

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

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

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

10. The permit may be revoked by the Commission if work is not started within six (6) months after the date of approval or if work is suspended or abandoned for six (6) months, unless otherwise specified. The work proposed in the well construction permit application shall be completed within two (2) years from the date of permit approval, unless otherwise specified. The permit may be extended by the Chairperson upon a showing of good cause and good-faith performance. A request to extend the permit shall be submitted to the Chairperson no later than three (3) months prior to the date the permit expires. If the commencement date is not met, the Commission may revoke the permit after giving the permittee, well operator, and/or well owner notice of the proposed action and an opportunity to be heard.

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

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

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

Date of Approval: October 19, 2000
Expiration Date: October 19, 2002

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

Permittee’s Signature: ___________________________ Date: ________________
Printed Name: ___________________________ Firm or Title: ___________________________

Driller’s Signature: ___________________________ C-57 License #: ___________________________ Date: ________________
Printed Name: ___________________________ Firm or Title: ___________________________

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

Attachment
C: USGS
Department of Health’s Safe Drinking Water, Wastewater, and Clean Water Branches
Kauai Department of Water Supply
B. Jacqueline Barnard
**SECTION 1: WELL LOCATION INFORMATION**

<table>
<thead>
<tr>
<th>Island</th>
<th>KAUAI</th>
<th>Aquifer System</th>
<th>LIHUE</th>
<th>Aquifer Sector</th>
<th>KILAUEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Use</td>
<td>Domestic</td>
<td>Proposed Withdrawal</td>
<td>5000</td>
<td>System Sustainable Yield</td>
<td>17</td>
</tr>
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**SECTION 2: WELL SECTION DATA** (enter data in grey cells only)

<table>
<thead>
<tr>
<th>Elevation at top of casing</th>
<th>Solid Casing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Material</td>
</tr>
<tr>
<td></td>
<td>Designation</td>
</tr>
<tr>
<td></td>
<td>Length</td>
</tr>
<tr>
<td></td>
<td>Diameter</td>
</tr>
<tr>
<td></td>
<td>Wall Thickness</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rock Packing</th>
<th>Hole Diameter</th>
<th>Total Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td>ft.</td>
<td>cm</td>
<td>ft.</td>
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</table>

<table>
<thead>
<tr>
<th>Estimated Head</th>
<th>Calculated Aquifer Thickness</th>
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</thead>
<tbody>
<tr>
<td>ft., m.s.l.</td>
<td>0 ft.</td>
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</table>

<table>
<thead>
<tr>
<th>County Water Supply (Y/N ?)</th>
<th>Solid Casing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
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</tbody>
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**SECTION 3: CHECKLIST** (values to check are shaded)

<table>
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<tr>
<th>Well Depth</th>
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<tbody>
<tr>
<td>Theoretical Thickness of Aquifer</td>
</tr>
<tr>
<td>1/4 Aquifer Thickness</td>
</tr>
<tr>
<td>Depth of Well below Sea Level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Well Casing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Wall Thickness</td>
</tr>
<tr>
<td>Material</td>
</tr>
<tr>
<td>County or Non-County</td>
</tr>
<tr>
<td>Minimum Thickness per standards</td>
</tr>
<tr>
<td>Wall Thickness Provided</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minimum Length of Solid Casing</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of ground to top of aquifer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Calculated Depth of Grouting</th>
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</thead>
<tbody>
<tr>
<td>0 ft.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depth of Grouting provided</th>
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</thead>
<tbody>
<tr>
<td>0 ft. okay (refer to HWCPIS Section 2.6 c)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annular Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the cell above reads #N/A, reference HWCPIS)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depth of Grouting</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 ft. too small (refer to HWCPIS Section 2.6 d)</td>
</tr>
</tbody>
</table>
September 28, 2000

TO: Honorable Bruce S. Anderson, Director
    Department of Health
    Attention: Dennis Tulang, Wastewater Branch
    William Wong, Safe Drinking Water Branch

FROM: Timothy E. Johns, Chairperson
    Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
BJ Barnard (Well No. 1123-01)

Transmitted for your review and comment is a copy of the captioned well 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 October 20, 2000.

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 Lenore Nakama of the Commission staff at 587-0218.

LN:ky
Attachment(s)

RESPONSE:

[ ] This well qualifies as a source which will serve as a source of potable water to a public water system (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 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 [ ] is not located near the proposed well site (information attached).

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

[ ] No comments/objections

Contact Person: [Name of Contact Person] Phone: [Phone Number]

Signed: [Signature] Date: [Date]
September 28, 2000

TO: Dean Y. Uchida, Administrator
   Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
         BJ Barnard (Well No. 1123-01)

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LN:ky
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 Land Commission Award 11216 issued between 1845 and 1855.

Contact Person: Gary Martin  Phone: 587-0421

Signed: Gary Martin  Date: October 9, 2000
September 28, 2000

TO:  Honorable Bruce S. Anderson, Director
     Department of Health
     Attention:  Dennis Tulang, Wastewater Branch
             William Wong, Safe Drinking Water Branch

FROM:  Timothy E. Johns, Chairperson
        Commission on Water Resource Management

SUBJECT:  Well Construction/Pump Installation Permit Application
           BJ Barnard (Well No. 1123-01)

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LN:ky
Attachment(s)

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

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

X No comments/objections

Contact Person:  Lori N. Kajiwara
Phone:  586-4294

Signed:  Vin N. Kajiwara
Date:  10-4-2000
September 28, 2000

Mr. Steve Goldberg
P.O. Box 535
Kilauea, HI 96754

Dear Mr. Goldberg:

Well Construction/Pump Installation Permit Application for Well No. 1123-01

We acknowledge receipt, on September 19, 2000, of your completed Well Construction/Pump Installation permit application for the BJ Barnard (Well No. 1123-01). You can expect your application to be processed within ninety (90) days from this date.

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

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

Sincerely,

LINNEL T. NISHIOKA
Deputy Director

LN:ky

c: B. Jacquelyn Barnard
September 28, 2000

TO: Honorable Bruce S. Anderson, Director  
   Department of Health  
   Attention: Dennis Tulang, Wastewater Branch  
          William Wong, Safe Drinking Water Branch

FROM: Timothy E. Johns, Chairperson  
        Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application  
          BJ Barnard (Well No. 1123-01)

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LN:ky  
Attachment(s)

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

[ ] No comments/objections

Contact Person: ___________________________ Phone: ______________

Signed: ___________________________ Date: ______________
September 28, 2000

TO: Dean Y. Uchida, Administrator
   Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
         BJ Barnard (Well No. 1123-01)

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LN:ky
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: ______________
<table>
<thead>
<tr>
<th>F</th>
<th>YR</th>
<th>APP</th>
<th>D</th>
<th>SRC/CTR</th>
<th>COSTCTR</th>
<th>PROJECT</th>
<th>PH</th>
<th>ACT</th>
<th>AMOUNT</th>
<th>NAME/DESCRIPTION (WANG INPUT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>01</td>
<td>326</td>
<td>C</td>
<td>1026</td>
<td>0752</td>
<td></td>
<td></td>
<td></td>
<td>(1) $25.00</td>
<td>Oasis Water Systems, Inc. (Ck #1208)</td>
</tr>
<tr>
<td>S</td>
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<td>326</td>
<td>C</td>
<td>1026</td>
<td>0752</td>
<td></td>
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<td>(2) $25.00</td>
<td>B. Jacquelyn Barnard (Ck #3919)</td>
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<td></td>
<td></td>
<td></td>
<td>(3) $25.00</td>
<td>Lee Joseph (Ck #505)</td>
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</table>

**TOTAL** $75.00

**REMARKS:**

**LINE (1)**  Wai Puna Ohana Well (Well No. 1123-07)

**LINE (2)**  BJ Barnard Well (Well No. 1123-01)

**LINE (3)**  Larsen Beach Well (Well No. 1120-32)
<table>
<thead>
<tr>
<th>Approved Well No.</th>
<th>Well Name</th>
<th>Applicant</th>
<th>Driller</th>
<th>Type</th>
<th>Well Construction</th>
<th>Pump Installation</th>
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</thead>
<tbody>
<tr>
<td>7/14/2000</td>
<td>1221-05</td>
<td>Wai Oia</td>
<td>C-21457</td>
<td>BOTH</td>
<td>7/18/2000</td>
<td>7/18/2000</td>
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<tr>
<td>7/14/2000</td>
<td>1121-01</td>
<td>Nancy Irene</td>
<td>C-21457</td>
<td>BOTH</td>
<td>7/18/2000</td>
<td>7/18/2000</td>
</tr>
</tbody>
</table>

*will sign & submit this week (issu ed in march)*

*Still working on well (N/I, Nancy)*

WCP expires 11/6/00

Tuesday, September 19, 2000
APPLICATION FOR PERMIT

If Well Construction and/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 3 copies and a non-refundable filing fee of $25.00 payable to the Dept. of Land and Natural Resources. This Commission may not accept incomplete applications. For assistance, call the Regulation Branch at 587-0225. For further information and updates to this application form, visit http://www.state.hi.us/dlnr/cwrm.

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

   Name: B.Jacquelyn Barnard
   Address: P.O. Box 673 - Kilauea HI 96754
   Phone: 808-632-5050
   Fax: 808-632-5050
   Mailing Address: SAME
   Contact Person: SAME
   E-mail: SAME

2. LAND OWNER:

   Name: B.Jacquelyn Barnard
   Address: P.O. Box 673 - Kilauea HI 96754
   Phone: 808-632-5050
   Fax: 808-632-5050
   Mailing Address: SAME
   Contact Person: SAME
   E-mail: SAME

3. CONTRACTOR:

   Name: Oasis Water
   Address: P.O. Box 533 Kilauea HI 96754
   Phone: 808-687-6926
   Fax: 808-607-778
   Mailing Address: SAME
   Contact Person: Steve Goldby Phone: 808-687-6926
   E-mail: SAME
   Lic. #: C-21457
   (Circle one: C-57a or A)

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

2. WELL NAME: Hanalei Barnard
   Island: Kauai
   Address: 9901 Waialua St
   Tax Map Key: Zone: L - 005 - 036
   Use: Commercial (including hotels, stores, etc.)
   Governor's No. Waipoulo Aquifer System No. 2005
   Aquifer Field: WP
   No. of Acres: 5
   No. of Wells: 1
   Well Turbine
   Shaft: 24
   Type: Submersible
   Impulse
   Rated Pump Capacity: 15-20 gallons per minute
   Pump Type: Deep Well Turbine
   Rotary-Gear
   Propeller
   Reciprocating
   Centrifugal
   Impulse

6. PROPOSED USE: (check all that apply)

   Municipal (including hotels, stores, etc.)
   Domestic (individual, noncommercial water system)
   Irrigation (crop)
   Industrial
   No. of Dwelling Units: 1
   No. of Acres:
   No. of Wells: 1
   Other (explain):
   Military

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: ~ 5000 gallons per day
   (b) METHOD OF FLOW MEASUREMENT:

   Flowmeter
   Open-pipe
   Weir
   Office
   Other (explain):

OTHER IMPORTANT INFORMATION:

8. LEGAL REQUIREMENTS:

   CDUP
   SMAP
   EIS
   EA

9. REMARKS, EXPLANATIONS:

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

I understand that approval of this application attaches the following standard conditions: 1) the proposed work is to be completed within two (2) years of the approval date; 2) the contractor shall submit to the Commission a well completion/abandonment report within 60 days after the completion date of the permitted work; 3) monthly water use data shall be submitted to the Commission; 4) such approval shall not constitute a determination of correlative water rights and shall not guarantee the pump capacity or future use up to the permitted pump capacity.

Well Owner
Signature
Date
Landowner
Signature
Date
Contractor
Signature
Date

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

For Official Use Only:

For Official Use Only:

For Official Use Only:

For Official Use Only:

For Official Use Only:

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Solid Casing Material:
Carbon Steel: compliant with (check one or more): ASTM A53 / ASTM A139
Stainless Steel: (check one):
ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one):
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):
Thermoset Plastic: (check one):

Open Casing Material:
Carbon Steel: compliant with (check one or more): ASTM A53 / ASTM A139
Stainless Steel: (check one):
ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one):
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):
Thermoset Plastic: (check one):

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 - 0.25 x Water Level Elev.)
Example: Estimated + 2 ft. Water Level Elev. → Bottom Elevation of Well Limit = (2 - 0.5 x 4) = 18.5 ft.

Solid Casing: (≥ 90% x [Ground Elev. - Water Level Elev.])
Total Length: ______ ft.
Nominal Diameter: ______ in.
Wall Thickness: ______ in.
Bottom Elevation: ______ ft., msl

Open Casing: □ Perforated □ Screen
Total Length: ______ ft.
Nominal Diameter: ______ in.
Wall Thickness: ______ in.
Bottom Elevation: ______ ft., msl

note: Neither bentonite nor mud should be used in saturated zone during drilling

Open Hole:
Length: ______ ft.
Diameter: ______ in.
Bottom Elevation: ______ ft., msl
COUNTY OF KA`UAI  
REAL PROPERTY ASSESSMENT DIV.  
444 RICE STREET, SUITE A-454  
LIHUE, HAWAII 96766-1391  

ADDRESS SERVICE REQUESTED

NOTICE OF PROPERTY ASSESSMENT – 2000
THIS IS NOT A BILL

<table>
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<tr>
<th>RP-2</th>
<th>VALUE</th>
<th>EXEMPTION</th>
<th>NET TAXABLE</th>
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<tr>
<td>TOTAL</td>
<td>450,500</td>
<td>140,000</td>
<td>310,500</td>
</tr>
</tbody>
</table>

FEE OWNER  
BARNARD, B JACQUELYN
JORDAN, JUDY L
LESSEE /ASSIGNEE

CAR-RT SORT ** B013  
0014781 AD  **AUTHOR 16 3 0396 96764-067573

BARNARD B JACQUELYN  
P.O BOX 673  
KILAUEA HI 96754-0673
STATE OF HAWAI'I
COMMISSION ON WATER RESOURCE MANAGEMENT
DEPARTMENT OF LAND AND NATURAL RESOURCES
DIVISION OF WATER RESOURCE MANAGEMENT

REGISTRATION OF WELL AND
DECLARATION OF WATER USE

INSTRUCTIONS: Please type or print. If information is not available or not applicable, indicate as N/A. Fill out as completely as possible, sign, and file form with the Division of Water Resource Management, P.O. Box 373, Honolulu, Hawaii 96809. Phone: 548-3948 or 548-7543 for assistance.

BATTERY OF WELLS: For a battery of wells, on the surface, in a tunnel, or in a shaft, submit a registration form for each well together with a single map or plot plan showing layout of wells.

STATE WELL NO.: 1129-01
WELL NAME OR DESIGNATION: KILAUEA
ISLAND: KAUAI

A. WELL OPERATOR
Firm name: B. J. BARNARD
Contact person: B. J. BARNARD
Address: P.O. BOX 613
KILAUEA, HAWAII
Zip: 96754 Phone: ____________

B. OWNER OF WELL SITE
Firm name: ____________
Contact person: ______
Address: ____________
Zip: ______ Phone: ______

C. WELL LOCATION
Tax Map Key: 5/1/05/36
Town, Place, District: KILAUEA, KAUAI (HanaLei district)
Attach USGS "Quad" map (scale 1:24,000), tax map, or other map showing the well location.

D. WELL DATA
For Drilled Wells, submit "as-built" drawing, driller's log, and pump test results, and complete Items below. For Tunnels and Shafts, submit construction drawings, plot plan, or sketch map.

Ground elevation (Mean sea level): 435 ft.
Reference point (Used to measure depth to water):__________
Elevation:__________
Description:__________
Depth to water (Below reference point): 360 ft.
Maximum recorded chloride: 24 ppm
Minimum recorded chloride: ______ ppm
Maximum chloride in 1987: ______ ppm
Year drilled or constructed: 1986
Well contractor: ALOHA DRILLING
Casing diameter: 8 3/8 in.
Solid casing depth (Below ground): 63 ft.
Perforated casing depth (Below ground): 60 ft.
Total depth of well: 131 ft.
Minimum chloride in 1987: N/A

E. INSTALLED PUMP DATA
Pump type: Vertical shaft
Submersible
Centrifugal
Other (specify):__________
Power: Diesel, __ HP
Gas, __ HP
Electric, __ HP
Other (specify):__________
Pump capacity: ______ gallons per minute
Pump installation contractor: ALOHA DRILLING * 12808

For Official Use Only:
Date received: 9-27-89
Date accepted: ____________
Field checked by: ____________
Date: ______
Latitude: 22° 12' 21"
Longitude: 159° 19' 13"
Hydrologic Unit: ______
State Well No.: 1129-01

References: Hawaii Revised Statutes, Chapter 174C,
Hawaii Administrative Rules, Chapters 13-167 to 13-171.
F. DECLARATION OF WATER USE

NOTE: The purpose of the Declaration of Water Use is to obtain information necessary for the management of the State's water resources. The Declaration does not confer a legal right to water or its use.

Water use data are recorded: □ Daily □ Weekly □ Monthly □ Other (Describe): [Signature]

Method of measurement: □ Flow Meter □ Orifice □ Other (Describe): [Signature]

Quantity of Use (Report metered or estimated monthly water use from the well described on the reverse side of this form, for the calendar years 1983 through 1987. For a battery of wells which are not individually metered, but which are connected to a single meter or other measuring device, report total use from the battery):

WATER USE, IN GALLONS x 1000

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<td>186</td>
<td>1045</td>
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</tbody>
</table>

Minimum day's use: __________ gallons Maximum day's use: __________ gallons

Typical times of usage:

Type of Use (Check all category boxes that apply and provide additional information as indicated):

Category: [Signature]

Additional Information

Number of service connections: [Signature]

Acres Irrigated:

Crop(s): □ Sugar □ Pineapple □ Other (specify): [Signature]

Non-Crop: □ Landscape □ Golf Course □ Other (specify): [Signature]

Method: □ Drip □ Furrow □ Sprinkler

□ Industrial □ Cooling □ Manufacturing □ Mill □ Other (specify): [Signature]

□ Military

□ Other

Specify (livestock, aquaculture, etc.): [Signature]

I declare that the contents of the above Declaration of Water Use are, to the best of my knowledge and belief, true, correct, and complete.

Water User's Signature: [Signature] Date: 2-22-87

Printed Name: [Signature]

Firm or Title (Well Operator, etc.): [Signature]
December 8, 1986

Ms. B.J. Barnard
P.O. Box 673
Kilauea, Hawaii 96754

Dear Ms. Barnard:

Location Map of Kilauea Well 1123-01,
   TMK: 5-1-05:36, Kauai

Enclosed is a map of the project area. Please mark the location of the well accurately and return the map to our office. Thank you very much for your cooperation.

Sincerely,

MANABU TAGOMORI
Manager-Chief Engineer

MC:ko
Enc.
**DEPARTMENT OF LAND & NATURAL RESOURCES**
**DIVISION OF WATER AND LAND DEVELOPMENT**
**DRILLER'S REPORT**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td><strong>Date of report</strong></td>
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<tr>
<td><strong>Person filing report</strong></td>
</tr>
</tbody>
</table>

**A. OWNER**

**NAME** | 1123-01 KIALUA FARMS, 5-1-05-36 | **ISLAND** | KAUAI |

**B. GENERAL LOCATION**

**DRILLING COMPANY** | ALOHA DRILLING | **DRILLING COMPLETED** | Oct 21, 1986 |

**C. TYPE OF RIG**

**CABLE TOOL**

**ELEVATION, msl:**

**Top of drilling platform:** 475 ft. Bench mark and method used to determine.

**Height of drilling platform above ground surface:** 475 ft., elevation: N.A.

**F. HOLE SIZE:**

**10 inch dia. to 63 ft. below drilling platform.**

**8 inch dia. to 132 ft. below drilling platform.**

**G. CASING INSTALLED:**

**8 in. I.D. x 32 in. wall solid section to 63 ft. below drilling platform.**

**6 in. I.D. x 280 ft. wall perforated section to 132 ft. below drilling platform.**

**Type of perforation:** 1/8 X 3 INCH VERTICAL SLITS 4 ROWS BCUTS PER FOOT.

**H. ANNULUS:**

**Grouted:** 0 ft. to 63 ft. below drilling platform.

**Gravel packed:** NO ft. to 63 ft. below drilling platform.

**I. PERMANENT PUMP INSTALLATION:**

- **Submersible, Goulds 10E105412**
- **Capacity:** 18.0 g.p.m.
- **Motor type, H.P., voltage, r.p.m.** 1/2 H.P., 230 V., 14-3 wire, 475 ft.
- **Depth of pump intake setting:** 120 ft. below LAND SURFACE
- **Depth of bottom of airliner:** NO ft. below drilling platform.

**HYDROLOGY**

**J. INITIAL WATER LEVEL:**

**36 ft. below drilling platform.**

**Date:** Oct 5, 1986

**Reference point (R.P.) used:** NONE which elevation is __ ft. below drilling platform.

**K. INITIAL CHLORIDE:**

**64 ppm, total depth of well:** 132 ft. below drilling platform.

**Sampling Date:** Oct 5, 1986

**L. PUMPING TESTS:**

**Date:** Oct 5, 1986

| Start water level | 36 ft. below R. P. |
| End water level | 126 ft. below R. P. |
| Depth of well | 132 ft. below R. P. |

**Elapsed Time (hours)** | **Rate (gpm)** | **Draw down (ft.)** | **Cl (ppm)** | **Temp (F)** |
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<td>126</td>
<td>12</td>
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<td>22 to</td>
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<td>12</td>
<td>72</td>
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**M. DRILLER’S LOG:**

<table>
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<th><strong>Depth, ft.</strong></th>
<th><strong>Rock Description &amp; Remarks</strong></th>
<th><strong>Water Level, ft.</strong></th>
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<tr>
<td>0 to 60</td>
<td>BROWN CLAY MEDIUM</td>
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<td>60 to 70</td>
<td>BLUE ROCK HARD</td>
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<td>70 to 100</td>
<td>RED BROWN CLAY MEDIUM</td>
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<td>100 to 107</td>
<td>BLUE ROCK HARD</td>
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<td>107 to 116</td>
<td>BROWN ROCK MEDIUM</td>
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<td>116 to 125</td>
<td>BLUE ROCK HARD</td>
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<td>125 to 132</td>
<td>BROWN CLAY SOFT</td>
<td>to</td>
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**N. REMARKS:**

_U.S. Department of the Interior_ Policy for New & Existing Wells 96-105-P-1/2001

**FOR OFFICIAL USE**

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<tr>
<th>Latitude</th>
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<tbody>
<tr>
<td>Longitude</td>
<td>159° 23' 14&quot;</td>
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**Well No.** 1123-01

**FOR DRILLER’S USE**

<table>
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<tr>
<th>Job Name</th>
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<tbody>
<tr>
<td>Job No.</td>
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</table>

**INSTRUCTIONS:** Send three (3) copies to: Manager-Chief Engineer, Division of Water and Land Development, P. O. Box 373 Honolulu, Hawaii 96809.

1986  Jackie Barnard Well  Kilauea Farms
PO Box 673  O  5-36
Kilauea, Hawaii 96754  Well Name 1123-01
T- 808-828-1640

8 1/2 X 322 WALL THICKNESS
63 FEET

Surface Elevation 405 Feet
Static Water Level 36'
PPM Chloride 24
Production By Test
Pumping 8 G.P.M.
Water Temp 72°

Cement Grouted From Ground
To 63 Feet

61 FEET OF 6 1/2 SCHEDULE 40 PVC SCHEDULE 40 PVC. SOLID PIPE
60 FEET OF 6 3/8 SCHEDULE 40 PVC. PLASTIC PIPE
With 4 ROWS OF 1/8 X 3 INCH LONG PERFORATIONS. 8 CUTS PER FOOT
8. Submersible Pump

Model IC-ESJ5/4
1/2 HP Goulds Submersible Pump

W. T. Miller Farms - S-5-1-05-36

SM Revision 08.02.01

1. Pump
2. Pressure tank
3. Stratus 320 CA
4. Water
5. Dohn
6. Ground
7. Schedule 40 PVC pipe
8. Pressure switch
9. Square 2 pressure switch
10. 80 x 1 circuit breaker
11. Pressure tank
12. 13-3 ft with ground to prove source inside PVC conduit
13. Schedule 40 PVC pipe
14. 3-way pump control box
15. 1/2" PVC conduit box
16. 1/2" Schedule 40 PVC drop
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<th>PLEASE:</th>
<th>REMARKS:</th>
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<tr>
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<td>M. TAGOMORI</td>
<td>See Me</td>
<td>TELEPHONE CONVERSATION</td>
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<tr>
<td></td>
<td>T. Fujii</td>
<td>Take Action By</td>
<td>WITH B. J. BARNARD, 01 JUL 88</td>
</tr>
<tr>
<td></td>
<td>H. Sakai</td>
<td>Route to Your Branch</td>
<td></td>
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<tr>
<td></td>
<td>H. Morimatsu</td>
<td>Review &amp; Comment</td>
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<td>A. Ching</td>
<td>Draft Reply By</td>
<td></td>
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<tr>
<td></td>
<td>G. Morimoto</td>
<td>Acknowledge Receipt</td>
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<td>P. Matsuo</td>
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<td></td>
<td>L. Asari</td>
<td>For Information</td>
<td>SIZE OF WELL: START 11/6 IN.</td>
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<td></td>
<td>D. Lum</td>
<td></td>
<td>MATERIAL: PVC</td>
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<td>S. Samuels</td>
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</tbody>
</table>

CIRCUIT: Hope to Visit Tail By
WELL DRILLING PERMIT
for
State Well No. 1123-01
Hanalei, Kauai

TO: Ms. B. Jacquelyn Barnard
P.O. Box 673
Kilauea, Hawaii 96754

In accordance with Chapter 166 of Title 13, "Rules for the Control of Ground Water Use in the State of Hawaii," your application to drill State Well No. 1123-01 for domestic use is approved subject to the following conditions:

1. A Driller's Well Completion Report (enclosed) shall be submitted to the Division of Water and Land Development within 60 days after completion of the well.
2. Pumping test data shall be submitted to the Division of Water and Land Development within 60 days after testing of the well.
3. Monthly reports of pumpage shall be submitted after well is put into production.
4. Upon completion of the well, submit an "as-built" drawing of the well and a map showing the exact location of the well.
5. The applicant comply with all applicable laws, rules and ordinances.
6. Fifty feet of cement grout shall be installed as indicated in red on the attached copy of your application.

Date of Issuance
Enc. Driller's Report Form & Application
cc: USGS
    Dept. of Health, Drinking Water Program
    Kauai DWS

SUSUMU ONO
Chairperson of the Board
State of Hawaii
DEPARTMENT OF LAND AND NATURAL RESOURCES

APPLICATION FOR (check one):
☒ WELL DRILLING PERMIT   ☐ WELL MODIFICATION PERMIT

Instructions: Send completed application and attachments to Department of Land and Natural Resources, P.O. Box 373, Honolulu, Hawaii 96809.
Reference: Regulation 9, Dept. of Land & Natural Resources.

Is the well located in a Designated Ground Water Control Area?  ☐ Yes ☒ No

If "yes", application must be accompanied by a Water Use and/or Water Supply Permit and a non-refundable filing fee of $100 payable to the Department of Land & Natural Resources. However, if application is for minor modification of well, filing fee may be waived. If "no", no filing fee is required. Filing fee is waived for federal, state, and county government agencies.

1. WELL LOCATION: Island Kauai  Tax Map Key 5/1/05/36. Attach a plot plan showing well location referenced to established property boundaries.

2. WATER USER: B J BARNARD  Telephone  [#

Address P.O.Box 673, Kailua - Hi

Zip Code 96734

3. PROPOSED DRILLING COMPANY: Alpha Drilling lic# C 12308

4. PROPOSED WORK: ☒ Drill new well ☐ Deepen ☐ Redrill ☐ Alter ☐ Seal ☐ Abandon ☐ Install new pump ☐ Replace pump ☐ Modify pump

Fill in the diagram and briefly describe the proposed work (use back of form if necessary):

PROPOSED SECTION OF WELL

Elevation at top of casing

Ground Elev. 450 ft. msl.

Solid casing:
Material PVC
Length ft.
Diameter in.
Wall thickness in.

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

Open Hole:
Length ft.
Diameter in.

5. PROPOSED USE: ☒ Municipal ☐ Military ☐ Agricultural ☐ Industrial ☐ Domestic ☐ Disposal ☐ Other (specify) ☐

6. PROPOSED AMOUNT OF WITHDRAWAL: Check most appropriate box and fill in amount.

☐ Daily 3000 gallons ☐ Monthly gallons ☐ Yearly gallons

7. PROPOSED PUMP OR FLOW CAPACITY: gallons per minute

Signature: Bequelyn Bernard  Date: 6-17-86

Water User

Signature: Bequelyn Bernard  Date: 6-17-86

Landowner of Well Site

For Official Use:

State Well No. 1123-01
DLNR Permit No.
DLNR Application No.