April 22, 2010

Ms. Deborah Cronce

Dear Ms. Cronce:

Well Completion Report Parts I & II and Well Abandonment
Kihei-Burdick Well (Ref: BURDICK CA)

We received your Well Completion Report Parts I & II for the Kihei-Burdick Well on March 31, 2010 and acknowledge that they are complete. Our understanding is that this unused dug well at TMK: (2) 3-9-010:018 was capped and paved over during driveway construction in 2007.

Your notice complies with Administrative Rules Section 13-168-6(c), report of terminating water use, registered in 1989 by Carol Burdick.

If you have any questions, please contact Charley Ice of the Commission staff at (808) 587-0218.

Sincerely,

KEN C. KAWAHARA, P.E.
Deputy Director

CI:ss
MEMO and ROUTE SLIP (ver. 02/9/10)

WAR Check for Well No. None (survey to regulation memo)

1. Charley/Ryan __________

2. Construction Check  Diane England (initial)
   - Data complete
   - Followed HWCPIS
   - Well database updated

   Yes No

   2 yellow copies, please

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

ATTACHMENTS FOR

1. WCR ABANDONMENT ACCEPTANCE LET.
2. USGS MAP UPDATED
3. WELL DATABASE INPUT CHECK
4. WELL AS-BUILT CHECK PRINT

   To be sent to driller/pump installer

   Staff internal review

4. Roy __________ (initial) check (Entered WCR 1 accept date into database)
5. Susan Hoagbin __________ (initial) finalize
6. Ken __________ (initial) signature
7. Charley/Ryan File __________

4422-10 well number for "dry well" seems to be wrong.

29 March 2010

State of Hawaii
Commission on Water Resource Management
Charley Ice

RE: Dug well at 1484 Halama St., Kihei, Maui: TMK (2) 3-9-010:018

Dear Mr. Ice,

Thank you for taking the time to speak with me last week about the abandoned well on our property at 1484 Halama St., Kihei, Maui.

I’ve spoken with our contractor and he says the well was about 3 feet in diameter and quite shallow with no water in it. Since there was no water, the abandoned well was filled with sand, compacted and sealed with a concrete footing and slab.

Please do not hesitate to contact us if you have any further questions.

Thank you,

Deborah Cronce
1. State Well No.: 4427-10  
   Well Name:  
   Island:  

2. Address: 1484 Halama Street  
   Tax Map Key: 3-9-010-018-0000  

3. Drilling Company:  

4. Drilling method used during construction:  
   - Rotary  
   - Percussion  
   - Other (describe)  

5. Date Well Construction (drilled, cased, grouted) completed:  
   (month/day/year)  
   Attach Completed Driller's Log  

6. Was the subject well cored?  
   - Yes  
   - No  

7. Step-Drawdown Test completed?  
   - No  
   - Yes  
   Attach Step-Drawdown Test form (12/17/97 SDPTD Form)  

8. Constant Rate Aquifer Test completed?  
   - No  
   - Yes  
   Attach Constant Rate Aquifer Test form (12/17/97 CRPTD Form)  

<table>
<thead>
<tr>
<th>Water Level Data:</th>
<th>Reference point elevation</th>
<th>Depth to water (feet)</th>
<th>Water Level ft. above mean sea level (see note below)</th>
<th>Date/time of measurement</th>
</tr>
</thead>
</table>
| 9. Initial encountered during drilling  
   (this information should also be filled in on the driller's log) | Ground = ft. msl | | | |
| 10. Just prior to casing installation | Ground = ft. msl | | | |
| 11. After casing installation  
   (this information should be before any pump tests are performed with casing installed) | Chloride: ___ ppm, Temperature: ___ °F | | | |

Note: for all elevations referenced to mean sea level, take the ground elevation (surveyed or estimated if survey not required at this time) and subtract the depth to the water level.

12. As-built section filled in completely  

13. Photograph of well and concrete pad showing benchmark on concrete pad attached  

14. GPS coordinates provided in degrees, minutes, seconds  

15. 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.)  

16. Remarks: **Well was capped and paved over during remodel in 2007.**

Licensed Driller (print)  
C-57 Lic. No.  
Signature  
Date
12. AS-BUILT WELL SECTION (Please attach as-built if different from diagram provided below)

Solid Casing Material:
Carbon Steel: compliant with (check one or more): □ ANSI/AWWA C200 □ API Spec. 5L □ ASTM A53 □ ASTM A139
And compliant with (check one or more): □ ASTM A242 or A606 □ Type E □ Type S □ Grade B □ Other
Stainless Steel: (check one): □ ASTM A409 (production wells) □ ASTM A312 (monitor wells)
ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) □ Schedule 40 □ Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): □ Schedule 40 □ Schedule 80 □ Schedule 120
Thermoset Plastic: (check one) □ Filament Wound Resin Pipe conforming to ASTM D2996 □ Centrifugally Cast Resin Pipe conforming to ASTM D2997 □ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517 □ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950 □ PTFE Fluorocarbon Tubing conforming to ASTM D3296 □ FEP Fluorocarbon Tubing conforming to ASTM D3296

Open Casing Material:
Carbon Steel: compliant with (check one or more): □ ANSI/AWWA C200 □ API Spec. 5L □ ASTM A53 □ ASTM A139
And compliant with (check one or more): □ ASTM A242 or A606 □ Type E □ Type S □ Grade B □ Other
Stainless Steel: (check one): □ ASTM A409 (production wells) □ ASTM A312 (monitor wells)
ABS Plastic conforming to ASTM F480 and ASTM D1527: (check one) □ Schedule 40 □ Schedule 80
PVC Plastic conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one): □ Schedule 40 □ Schedule 80 □ Schedule 120
Thermoset Plastic: (check one) □ Filament Wound Resin Pipe conforming to ASTM D2996 □ Centrifugally Cast Resin Pipe conforming to ASTM D2997 □ Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517 □ Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950 □ PTFE Fluorocarbon Tubing conforming to ASTM D3296 □ FEP Fluorocarbon Tubing conforming to ASTM D3296
1. State Well No.: **4427-10**  
   Well Name:  
   Island: *Maui*  
2. Address: **1484 Halama Street**  
   Tax Map Key: **3-9-010-018-0000**  
3. Pump Installation Company:  
4. Date Pump Installed:  
5. **PERMANENT PUMP INFORMATION**  
   Pump Type, Make, Serial No.:  
   Rated Capacity: ___________________ gpm at head of: ___________________ ft.  
   Motor Type, H.P., Voltage, rpm:  
   Pump type (check one):  
   - Deep Well Turbine  
   - Rotary  
   - Propeller  
   - Submersible  
   - Rotary-Displacement  
   - Reciprocating  
   - Centrifugal  
   - Rotary-Gear  
   - Impulse  
6. Method of flow measurement:  
   - Flowmeter w/ totalizer  
   - Other, explain and attach schematic  
7. Fill in the as-built section on the other side of this sheet.  
8. Attach the rating curve for the installed pump.  
9. Attach photograph of well clearly showing the benchmark on the concrete pad, the well head, and the method of flow measurement.  
10. Well Owner  
    Company:  
    Address:  
    Phone:  
    Fax:  
11. Land Owner  
    Company:  
    Address:  
    Phone:  
    Fax:  
12. Remarks  
   Well was capped and paved over during remodel in 2017.  

**Pump Installation Contractor** (print)  
C-57/C-57a/A Lic. No.  
Signature  
Date
7. AS-BUILT PUMP SECTION  (Please attach as-built if different from diagram provided below)

**Bench mark elevation**
Surveyed to nearest 0.01 ft. = _____ ft. mean sea level

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

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

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

If airline installed, bottom of airline elevation = _____ ft. mean sea level
FROM: Charley

DATE: 19 Feb 10

TO: IMATA, R.  KAWAHARA, K. 
    MILLS, D.  HARDY, R.  
    UYENO, D.  SAKODA, E.  
    CHONG, R.  NAKAMA, L.  
    CHENG, C.  TORRES, R.  
    LAROUX, E.  
    OHYVE, M.  HOAGBIN, S.  
    FUJII, N.  CHING, F.  
    YOSHINAGA, M.  DANBARRA, S.  
    SWANSON, S.  YODA, K.  
    ENGLAND, D.  

PLEASE: 
- Review & Comment
- Type Draft
- Type Final
- File
- Copies: ______
- Take Action: ______
- Please See Me

following up on only well found close to location of recent inquiry: This well was registered but apparently not verified; not assigned a number - care to do so now? Property has changed hands, now listed under “Cronce”

please do.
March 3, 2010

Mr. Charles Cronce
1484 Halama Street
Kihei, HI 96753

Dear Mr. Cronce:

Dug Well at TMK: (2) 3-9-010:018

We are following up on this well registration to update our records. This well was initially registered by Carol Burdick when she was the property owner in 1990, but it was not assigned a well number. At that time she declared that the pump needed repair and she was using County water, but no further information was provided.

We believe the well has changed ownership since that time and you are now the current owner of the parcel and the well. We are assigning this well the number 4427-10 and requesting that you complete the enclosed well completion report forms to the best of your knowledge, so that we can issue you certificates of well completion.

Please respond to this request within 30 days. Be aware that if the well is no longer in use, it should be properly capped or sealed.

If you have any questions, please contact Charley Ice of our staff at (808) 587-0218, or toll free from Maui at 984-2400, extension 70218.

Sincerely,

KEN C. KAWAHARA, P.E.
Deputy Director

Enclosure
Assessed values and Building Details reflect tax year 2010 for Oahu, and 2009 for all other islands. Taxes reflect tax year 2009.

Search criteria: TMK Taxkey 2-3-9-10-18

<table>
<thead>
<tr>
<th>Taxkey</th>
<th>Subdiv/Condo Tnr</th>
<th>Address</th>
<th>Owner/Lessee</th>
<th>Bds</th>
<th>Bths</th>
<th>Land area</th>
<th>Liv area</th>
<th>Last Sale</th>
<th>Instr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3-9-10-18</td>
<td>Central Kihei</td>
<td>1484 CRONCE,</td>
<td>HALAMA CHARLES &amp; WF</td>
<td>3</td>
<td>1</td>
<td>17,524 sqft</td>
<td>2,314</td>
<td>1/7/2005 DEED $3,111</td>
<td>1/2</td>
</tr>
</tbody>
</table>

This information has been supplied by third parties and has not been independently verified by Hawaii Information Service and is, therefore, not guaranteed.

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TMK map: George Lappold, Jr.

 Hawaiian for help!?
Commission On Water Resource Management  
Division of Water Resource Management  
P.O. Box 373  
Honolulu, Hawaii 96809  

Regarding: File Reference – BURDICK C A, Maui

In response to your letter dated December 29, 1989 and December 19, 1989. Also in response to telephone conversation with Bill Rozeboom.

Please add this additional information to my Declaration of Water Use.

The well is located on the South East corner of the property located at 1484 Halama St., Kihel, HI, Isle 2, zone 3, sect. 9, plat 010, parcel 018.

The well has been used since the property was purchased in 1981 and was in use the entire year of 1988.

The well appears to be:

1. A dug well
2. Pump operates on 220 power
3. Motor is 2 horse power
4. Pipe is 1 1/4 inch
5. Well is 10 feet deep
6. There is no meter or capacity indicated on pump

The well water is used for daily irrigation of the landscaped property.

If any additional information is needed to remove the declaration out of Category 3, and into the proper Category please advise.

\[no \text{ existing use}\]

\[\]

Carol A. Burdick  
Property Owner  
1484 Halama St.  
Kihe, HI 96753
**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.

<table>
<thead>
<tr>
<th>STATE WELL NO.:</th>
<th>ISLAND: Maui</th>
</tr>
</thead>
</table>

**SOURCE OR STATION NAME:**

<table>
<thead>
<tr>
<th>WELL NAME OR DESIGNATION:</th>
<th>(For a battery of wells):</th>
</tr>
</thead>
</table>

**A. WELL OPERATOR**

<table>
<thead>
<tr>
<th>Firm name: Carol A. Burick</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact person: Same</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address: 1484 Hakauna St</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip: 96753</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone: 829-3949</th>
</tr>
</thead>
</table>

**B. OWNER OF WELL SITE**

<table>
<thead>
<tr>
<th>Firm name: Carol A. Burick</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact person: Same</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address: 1484 Hakauna St</th>
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</table>

<table>
<thead>
<tr>
<th>Phone: 829-3949</th>
</tr>
</thead>
</table>

**C. WELL LOCATION**

<table>
<thead>
<tr>
<th>Tax Map Key: 3-9-016</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Town, Place, District: Kihei</th>
</tr>
</thead>
</table>

**Attatch 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.

<table>
<thead>
<tr>
<th>Ground elevation (mean sea level):</th>
<th>ft.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reference point (Used to measure depth to water):</th>
<th>ft.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Elevation:</th>
<th>ft.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Depth to water (Below reference point):</th>
<th>ft.</th>
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<table>
<thead>
<tr>
<th>Maximum recorded chloride: ppm</th>
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<table>
<thead>
<tr>
<th>Minimum recorded chloride: ppm</th>
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<table>
<thead>
<tr>
<th>Maximum chloride in 1987: ppm</th>
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<tr>
<th>Casing diameter: in.</th>
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<table>
<thead>
<tr>
<th>Solid casing depth (below ground): ft.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Perforated casing depth (below ground): ft.</th>
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</table>

<table>
<thead>
<tr>
<th>Total depth of well: ft.</th>
</tr>
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<table>
<thead>
<tr>
<th>Year drilled or constructed:</th>
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<table>
<thead>
<tr>
<th>Well contractor:</th>
</tr>
</thead>
</table>

**E. INSTALLED PUMP DATA**

<table>
<thead>
<tr>
<th>Pump type:</th>
<th>Vertical shaft</th>
<th>Submersible</th>
<th>Centrifugal</th>
<th>Other (specify):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Power:</th>
<th>Diesel, HP</th>
<th>Gas, HP</th>
<th>Electric, HP</th>
<th>Other (specify):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pump capacity: gallons per minute</th>
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</table>

<table>
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<tr>
<th>Pump installation contractor:</th>
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</table>

**For Official Use Only:**

<table>
<thead>
<tr>
<th>Date received:</th>
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<table>
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<tr>
<th>Date accepted:</th>
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</table>

<table>
<thead>
<tr>
<th>Field checked by:</th>
<th>Date:</th>
<th>Latitude:</th>
<th>Hydrologic Unit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
<th>Longitude:</th>
<th>State Well No.:</th>
</tr>
</thead>
</table>

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): ☐

Method of measurement:
- Flow Meter ☐
- Orifice ☐
- Other (describe): **SEE BELOW**

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**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>January</td>
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<td>February</td>
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<td>March</td>
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<td>April</td>
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<td>May</td>
<td></td>
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<tr>
<td>June</td>
<td><strong>WELL HAS NO METER SO AMOUNT OF WATER USE HAS NOT BEEN RECORDED</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>July</td>
<td><strong>SINCE PROPERTY WAS PURCHASED IN 1981, THE PUMP IS IN NEED OF REPAIR, MILITARY WATER IS BEING USED UNTIL REPAIRS CAN BE MADE. BASED ON SPRINKLER SYSTEM WATER USE AT 80% OF CAPACITY</strong></td>
<td></td>
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</tr>
<tr>
<td>August</td>
<td><strong>WATER CURRENTLY BEING USED WOULD INDICATE NORMAL WELL WATER USE AT 127,300 GALLONS PER MONTH</strong></td>
<td></td>
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<tr>
<td>September</td>
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<td>October</td>
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<tr>
<td>December</td>
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<tr>
<td>ANNUAL</td>
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</tr>
</tbody>
</table>

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

Typical times of usage: **DAILY**

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

- ☐ Municipal (including resorts, hotels, businesses)
- ☐ Domestic (systems serving 25 people or less)
- ☑ Irrigation

Additional Information

- Number of service connections: **USED ONLY FOR YARD SPRINKLER SYSTEM**

Acres Irrigated: _______

Crop(s): ☐ Sugar ☐ Pineapple
- ☐ Other (specify): __________

Non-Crop: ☐ Landscape ☐ Golf Course
- ☐ Other (specify): __________

Method: ☐ Drip ☐ Furrow ☐ Sprinkler
- ☐ Other (specify): __________

☐ Industrial
- ☐ Cooling ☐ Manufacturing ☐ Mill
- ☐ Other (specify): __________

☐ Military
- ☐ Other (specify): __________

☐ Other
- ☐ Other (specify): __________

Specify (livestock, aquaculture, etc.): __________

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: _______ Date: _______

Printed Name: _______ Firm or Title (Well Operator, etc.): _______