PUBLIC RECORD DATA

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

see subdivision map for Waltman/Castellani Subn.

make note on ftr accompanying survey to clarify "interim" status to be redone before acceptance.
Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division

Professional and Vocational Licensing Search

LICENSE SCREEN

[ Look up License Type Codes-> ]
Please click a link listed below to display the other screen.

***** GENERAL LICENSEE *****

| LIC ID: CT-20115 | Active/Inactive: ACTIVE |
| NAME: MICHAEL H ROBERTSON |
| TRADE NAME: WAILANI DRILLING COMPANY |
| STATUS: CURRENT, VALID & IN GOOD STANDING |
| ENTITY: INDIVIDUAL | BUSINESS CODE: SOLE OWNER |
| ORIG LIC DATE: 12/13/95 | EXPIRE DATE: 9/30/02 |
| CLASS PREFIX: C | SPECIAL PRIVILEGE: |
| RESTRICTION: | EDUCATION CODE: |
| BUSINESS ADDR: 655 KULIKE RD HAIKU HI 96708 | Mailing ADDR: |

Click here to enter search criteria for prior complaints history ->
For prior complaints and disciplinary history, contact licensing and business information center at (808)587-3295.

<-Back  New Search->

EMPLOYEES LIST || EMPLOYERS LIST || INSURANCE/BOND || LICENSE CLASS

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Hawaii State homepage || DCCA || Professional and Vocational Licensing Division

http://www.ehawaiigov.org/serv/pvl?_a=d&_=f=n&lictp=CT&licno=20115&off=&nm=MICHA  6/10/02
August 31, 2004

Mr. Andrew Castellini
P.O. Box 790096
Paia, HI 96779

Dear Mr. Castellini:

Well Completion Report for Well No. 5514-08

We received your corrected pump curve for the Namale-Castellini (Well No. 5514-08) on August 25, 2004 and acknowledge that the Well Completion Report Part II is now complete. Other than the continuing water use reporting requirement, the permitting requirements for this well are complete.

If you have any questions, please contact Charley Ice of the Commission staff at 587-0251 or toll-free at 984-2400, extension 70251.

Sincerely,

YVONNE Y. IZU
Deputy Director

Cl: ss

c: Wailani Drilling, Inc.
MEMO and ROUTE SLIP

WCR 2 Check for Well No. 5514-08 (survey to regulation memo)

1. **Pump Tests Check** (special condition of PIP? Yes/No)
   - Glenn Bau  
   - 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:
     - Geology Code for Well Index:

2. **Pump Installation Check**
   - Mitch Ohye
   - Yes No If no, describe deficiency
   - data complete
   - followed Special Cond & Elev.
   - well database updated
   - Pump issue transmitted earlier but different pump corrected 25 Aug 04 (attached)

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

4. Roy
   - (initial) check

5. Subia
   - (initial) finalize

6. Ernie
   - (initial) signature

7. Charley Lenore/Ryan File
Finally complete W2R 2?
Fax Memo

To: State of Hawaii
Water Resource Commission
For: Charley Ice

Dear Charley,

Enclosed is the pump curve for Castellini.
Also I'm Looking for info on a Big Isle Well on tmk 3-8-7-13-14-60 in the Opihial area.
And Naish PIP and forms for wcrlf.

Mahalo, Michael Robertson
Performance Curves

16 GPM
Model 16S

FLOW RANGE: 10 - 20 GPM
OUTLET SIZE: 1\(\frac{1}{4}\) " NPT
NOMINAL DIA. 4"

OPERATING RANGE: 10 to 20 GPM
CAPACITIES BELOW 10 GPM
SEE MODEL 108

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE.
4" MOTOR STANDARD, 5 - 5 HP/3450 RPM.
6" MOTOR STANDARD, 7.5 - 10 HP/3450 RPM.

Performance conforms to ISO 9906 Annex A
@ 2 ft. min. submergence.

GRUNDFOS
The pump curve doesn't match the WCR 2 description. Can you send the correct one?

/spoke by phone 23 Aug 04; Mike will send correct pump curve/
Return Receipt Fax Memo

For: Charley Ice  
Re. Maui Hill Pump Permit and other items

Charley. Enclosed are the following items:

- WCR II and signed PIP for Maui Hill Well 4226-18
- WCR II and signed PIP for Castallini Well 5514-08
- WCR II and signed PIP for Kahana Delaney Well 5840-06

Please confirm receipt by checking off the enclosed items and faxing a copy of this memo to me at 808-322-6797

Thank you:
Michael Robertson
### WELL COMPLETION REPORT - PART II

**Pump Installation**

**State of Hawai‘i**
**Commission on Water Resource Management**
**Department of Land and Natural Resources**

**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.hawaii.gov/dlnr/cwrm/](http://www.hawaii.gov/dlnr/cwrm/)

---

1. **State Well No.:** 5514-08  
   **Well Name:** Namale-Castellini  
   **Island:** Maui

2. **Address:** Hoolawa Road, Hoolawa, Makawao  
   **Tax Map Key:** 2-9-3:2

3. **Pump Installation Company:** Wailani Drilling Inc.

4. **Date Pump Installed:** 4/16/03

5. **PERMANENT PUMP INFORMATION**
   - **Pump Type, Make, Serial No.:** Grundfos 16S 20-18 A138 60003
   - **Rated Capacity:** 14 gpm  
     **at head of:** 400 ft.
   - **Motor Type, H.P., Voltage, rpm:** 2 HP 230V 3450 RPM
   - **Type of flow meter:** Master Meter, which measures in gallons  
     **Model Number:** MM1.4  
     **Serial Number:**

   - **Pump type (check one):**
     - [ ] Deep Well Turbine  
     - [X] Submersible  
     - [ ] Centrifugal  
     - [ ] Propeller  
     - [ ] Rotary  
     - [ ] Rotary-Displacement  
     - [ ] Reciprocating  
     - [ ] Rotary-Gear  
     - [ ] Impulse

6. **Method of flow measurement:**
   - [X] Flowmeter  
     **Manufacturer:** Master  
     **Make:** MM1.4  
     **Size:** 1-1/4"
   - [ ] Weir  
   - [ ] Open Pipe  
   - [ ] Orifice*  
   - [ ] Other*, explain below  
   *attach schematic

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

8. **Attach photograph of well and concrete pad clearly showing benchmark on concrete pad.**

9. **Other remarks/comments:**
   - actual capacity installed is 10 gpm

---

**Pump Installation Contractor (print):** Michael Robertson  
**Lic. No.:** 20115

**Signature:** Michael Robertson  
**Date:** 3/23/04

**Permittee (print):** Andrew Castellini

**Signature:** Andrew Castellini  
**Date:** 3-15-04
Bench mark elevation surveyed to nearest 0.01 ft. = 394.3 ft. mean sea level

Elevation of top of chase tube 395.31 ft. mean sea level

Pump intake depth = 401 ft. (referenced to bench mark)

Chase tube depth = 401 ft. (referenced to bench mark)

If airline installed, bottom of airline elevation = _____ ft. mean sea level
Performance Curves  10 GPM  Model 10S

FLOW RANGE: 5 - 14 GPM  OUTLET SIZE: 1¼ " NPT  NOMINAL DIA. 4"

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE.
4" MOTOR STANDARD, 3450 RPM.
Performance conforms to ISO 9906 Annex A
© 2 ft. min. submergence.
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 Namale-Castellini Well (Well No. 5514-08) at Hoolawa Road, Hoolawa, Makawao, Maui, TMK 2-3-9:2, 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 10 gpm rated capacity at 500 ft. of head, 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: February 6, 2004
Expiration Date: February 6, 2006

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: Andrew Castellini Date: 3-15-04
Printed Name: Andrew Castellini Firm or Title: Owner

Installer's Signature: Michael R. Roberts C-57a, or A License #: 2015 Date: 3/23/09
Printed Name: Michael Roberts Firm or Title: Wailani Drilling Inc

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

Attachments:
· USGS
· Department of Health' Safe Drinking Water & Wastewater Branch
· Maui Department of Water Supply
· Wailani Drilling, Inc.
FILE: 5011
August 12, 2002

TO WHOM IT MAY CONCERN:

Re: Well Bench Mark
Lot 1 Waltman-Castellini Subdivision
TMK: 2nd, 2-9-03:02 (Lot 1)

This is to certify that the elevation of the well temporary bench mark (TBM) is 393.56 feet above MSL as established by trigonometric leveling from a bench mark at Hoolawa Bridge.

If you have any questions, please give me a call.

Wailuku, Hawaii
VALERA, INC.

EDGARO V. VALERA
Licensed Professional Land Surveyor
State of Hawaii Certificate #5076

EVV: asv
February 9, 2004

Ref:5514-08.pip

Mr. Andrew Castellini
P.O. Box 790096
Paia, HI 96779

Dear Mr. Castellini:

Pump Installation Permit
Namale-Castellini Well (Well No. 5514-08)

Enclosed are two (2) originals of your approved Pump Installation Permit for the captioned well that authorize permanent pump installation work for your well. 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. 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 contractor sign both permit originals and return one for our files. A copy of your water use report form is enclosed for your use.

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.

If you have any questions, please call Charley Ice of the Commission staff at 587-0251 or toll-free at 984-2400, extension 70251.

Sincerely,

Peter T. Young
Chairperson

Enclosure

c: Wailani Drilling, Inc.
PUMP INSTALLATION PERMIT

Namale-Castellini Well, Well No. 5514

Note: This permit shall be prominently displayed at the site until the work is completed

In accordance with Department of Land and Natural Resources, Commission on Water Resource Management's Administrative Rules, Section 13-168, entitled "Water Use, Wells, and Stream Diversion Works", this document permits the pump installation for Namale-Castellini Well (Well No. 5514-08) at Hoolawa Road, Hoolawa, Makawao, Maui, TMK 2-3-9-2, 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 10 gpm rated capacity at 500 ft. of head, 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.

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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.

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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: February 6, 2004
Expiration Date: February 6, 2006

PETER TI YOUNG, 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
   Maui Department of Water Supply
   Wailani Drilling, Inc.
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**WELL NUMBER:** 5544-08  **WELL NAME:** Namele-Castellini

**WELL CONSTRUCTION**

**ATTACHMENTS FOR WELL CONSTRUCTION PERMIT:**
1. COVER LETTER
2. PERMIT (2x)
3. SDWB
4. WWB
5. CWB
6. HEER
7. LD
8. HP
9. PUMP TEST
10. WCR I FORM
11. WELL CHECK PRINTOUT

**PUMP INSTALLATION**

**ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**
1. COVER LETTER
2. PERMIT (2x)
3. SDWB
4. WWB
5. CWB
6. HEER
7. LD
8. HP
9. WCR II FORM
10. WUR FORM
11. GLENNY'S WORKSHEET
The correction turned out to be only -0.25 ft., not -2 ft. Please log into database.

The more piece, Mitch - thanks! On to Roy.
MEMO and ROUTE SLIP
WCR 1 Check for Well No. **5514-08** (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:**
     - Geology Code for Well Index: Tho [ ]

2. **Construction Check** Mitch Ohye [initial]
   - **Yes**  |  **No**  | **If no, describe deficiency**
   - data complete [ ] [ ]
   - followed Special Cond & elevations [ ] [ ]
   - well database updated [ ] [ ]
   - **Latitude**  |  **Longitude**
   - **NAD27**
   - **NAD83**

3. Char[ ]Lenore[ ]Ryan [initial] take action based on above analysis

**ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**
- COVER LETTER
- PERMIT (2x)
- DOH COMMENTS
- LAND DIV. COMMENTS
- 5WCR 2 FORM
- 6WUR FORM
- USGS MAP
- ORANGE CHECK
- DATABASE PRINTOUT
- GLENN'S WORKSHEET
- WELL AS-BUILT CHECK PRINT

4. Roy [initial] check
5. Subia [initial] finalize
6. Dean [initial] signature
7. Charles Lenore Ryan File
Geographic Coordinates:
Latitude: 20° 55' 16.81" N.
Longitude: 156° 14' 25.54" W.

PLOT PLAN
(Provide Latitude and Longitude of well referenced to NAD27 to nearest second)
Charley,

Enclosed are the following items:

- WCR I for Stream Resources Well 3 # 5617-04 complete.
- WCR I for Stream Resources Well 1 # 5617-02 complete.
- PIP for Ronald Sandate WELL # 5424-10 signed
- WCR I with corrected survey for Namale Castellini Well # 5514-08

Please note; Ed Valera still hasn’t completed the official survey form, but this is the correct data.

Bruce Lee has to go back out to survey Opana Serle Well #2 before I can send the WCR I

Please confirm receipt by checking off the enclosed items and faxing a copy of this memo to me at 808/322-6797. Hard copies to follow in the mail.

Thank you.

Sincerely, Michael Robertson
13. AS-BUILT WELL SECTION

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

Minimum of 2' Radius & 2~.

Bench mark elevation: 39.5' ft, msl*
(Survey to nearest 0.01 ft.)

Cement Grout: 29.5' 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:
N/A ft.
Material:
[] Crushed Basalt
[] Rounded Gravel

Total Depth: 418 ft.

Water Level Elevation:
2.39' ft, msl*

Hole Diameter: 12 in.

Minimum of 2' Radius & 4" Thick Concrete Pad

Ground Elevation: 394.35' ft, msl

Solid Casing: (≥ 90% x (Ground Elev.-Water Level Elev))
Length: 399' ft.
Nominal Diameter: 6 in.
Wall Thickness: .24 in.
Bottom Elevation: -3.28' ft, msl

Open Casing: [Perforated □ Screen]
Length: 20' ft.
Nominal Diameter: 6 in.
Wall Thickness: .24 in.
Bottom Elevation: -23.28' ft, msl

Open Hole:
Length: N/A ft.
Diameter: N/A in.
Bottom Elevation: N/A ft, msl

*msl = mean sea level

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 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 □ 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
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[] 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
FILE: 5011
August 12, 2002

TO WHOM IT MAY CONCERN:

Re: Well Bench Mark
Lot 1 Waltman-Castellini Subdivision
TMK: 2nd, 2-9-03:02 (Lot 1)

This is to certify that the elevation of the well temporary bench mark (TBM) is 393.56 feet above MSL as established by trigonometric leveling from a bench mark at Hoolawa Bridge.  

If you have any questions, please give me a call.

Wailuku, Hawaii
VALERA, INC.

EDCARDO V. VALERA
Licensed Professional Land Surveyor
State of Hawaii Certificate #5076

EVV: asv
July 2, 2003

Mr. Andrew Castellini
P.O. Box 790096
Paia, HI 96779

Dear Mr. Castellini:

Well Completion Report for Well No. 5514-08

We have received your Well Completion Report Part I for the Namale-Castellini (Well No. 5514-08). However, matters which must be addressed before we accept your report as complete and issue your Pump Installation permit are as follows:

1. The wellhead elevation survey must be completed. The driller has indicated that the "temporary" survey will be redone at the earliest possible date.

If you have any questions, please contact Charley Ice of the Commission staff at 587-0251 or toll-free at 984-2400 extension 70251.

Sincerely,

ERNEST Y.W. LAU
Deputy Director

Cl:ss

c: Wailani Drilling, Inc.
1. **Pump Tests Check** Glenn Bauer  
   ![Signature](initial)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If no, describe deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Yes" alt="Checkmark" /></td>
<td><img src="No" alt="Checkmark" /></td>
<td><img src="No" alt="Checkmark" /></td>
</tr>
</tbody>
</table>

   **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:**
   - ![Checkmark](Yes) ![Checkmark](No)
   - If yes, identify most probable stream

   **Geology Code for Well Index:** TK

2. **Construction Check** Mitch Ohye  
   ![Signature](initial)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If no, describe deficiency</th>
</tr>
</thead>
<tbody>
<tr>
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<td><img src="No" alt="Checkmark" /></td>
<td><img src="No" alt="Checkmark" /></td>
</tr>
</tbody>
</table>

   - Data complete
   - Followed Special Cond & elevations
   - Well database updated

   **Latitude**
   - NAD27
   - NAD83

3. Charley/Lenore/Ryan  
   ![Signature](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
   - 7 USGS MAP
   - 8 PARCEL CHECK
   - 9 DATABASE PRINTOUT
   - 10 GLENNS WORKSHEET
   - 11 WELL A-B C D E F CHECK PRINT

   ![Checkmark](Yes) ![Checkmark](No)

   **ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**
   - Not necessary – only WCP.

   **To be sent to applicant**

4. Roy  
   ![Signature](initial)

5. Subia  
   ![Signature](initial) finalize

6. Charley/Lenore/Ryan  
   ![Signature](initial) signature

7. Charley/Lenore/Ryan File
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/

1. State Well No.: 5514-08 Well Name: Namale-Castelli Island: Maui
2. Address: Ho'olawa Road, Ho'olawa, Makawao Tax Map Key: 2-3-9-2 (lot 1)
3. Drilling Company: Wailani Drilling Inc
4. Drilling method used during construction: Rotary percussion Other (describe)
5. Date Well Construction (drilled, cased, grouted) completed: 4/14/03 Fill out attached Driller's Log

In addition to the driller's log, if a geologic log was prepared, please submit with this form.
6. Was the subject well cored? No Yes
7. Initial water-level encountered 2.34 ft. below ground Date and time of measurement: 4/16/03
8. Step-Drawdown Test completed? Yes No
9. Constant Rate Aquifer Test completed? Yes No
Parameters prior to pump test:
10. Water-level: 2.34 ft. above msl Date and time of measurement: 4/16/03
11. Chloride: 140 ppm Date and time of sampling: 4/16/03
12. Temperature: 69.8 °F Date and time of measurement: 4/16/03
13. Fill in the as-built section on the other side of this sheet.
14. Fill in attached surveyor's report.
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. The proposed manufacturer's rated pump capacity is 10 gpm at a head of 500 ft.
17. Remarks:

Licensed Driller (print) Mike Robertson C-57 Lic. No. 20115
Signature Mike Robertson Date 4/20/03
Permittee (print) Andrew D. Castelli
Signature Andrew D. Castelli Date 4/21/03
### Solid Casing Material:
- **Carbon Steel**: compliant with (check one or more):
  - ANSI/AWWA C200
  - API Spec. 5L
  - ASTM A53
  - ASTM A139
- **Stainless Steel**: (check one):
  - ASTM A242
  - Type E
  - Type S
  - Grade B
  - Other
- **ABS Plastic**: (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):
  - 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
- **Stainless Steel**: (check one):
  - ASTM A242
  - Type E
  - Type S
  - Grade B
  - Other
- **ABS Plastic**: (check one):
  - Schedule 40
  - Schedule 80
- **PVC Plastic** conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):
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  - Schedule 80
  - Schedule 120
- **Thermoset Plastic**: (check one):
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  - 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**

Material:
- **Carbon Steel**: compliant with ASTM A53
- **Stainless Steel**: compliant with ASTM F480 and ASTM A1527
- **ABS Plastic**: compliant with ASTM A409 and ASTM A1785
- **PVC Plastic**: compliant with ASTM D2996
- **Thermoset Plastic**: compliant with ASTM A409 and ASTM D3296

**Open Casing**

Material:
- **Carbon Steel**: compliant with ASTM A53
- **Stainless Steel**: compliant with ASTM A409
- **ABS Plastic**: compliant with ASTM A409
- **PVC Plastic**: compliant with ASTM D2996
- **Thermoset Plastic**: compliant with ASTM A409

---

**Annotation Details**

- **Elevation at top of casing**:
  - **Hole Diameter**: 12 in.

- **Minimum of 2' Radius & 4' Thick Concrete Pad**

- **Total Depth**: 418 ft.

- **Solid Casing**:
  - Length: 399 ft.
  - Nominal Diameter: 6 in.
  - Wall Thickness: 0.24 in.
  - Bottom Elevation: -3.28 ft., msl

- **Open Casing**:
  - Length: 20 ft.
  - Nominal Diameter: 6 in.
  - Wall Thickness: 0.24 in.
  - Bottom Elevation: -23.28 ft., msl

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**Note**

- *msl = mean sea level

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**Construction Standards**

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

---

**As-Built Section**

- **Bench mark elevation**:
  - 395.5 ft., msl* (Survey to nearest 0.01 ft.)

- **Cement Grout**:
  - Length: 295 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**:
  - 3 in.

- **Rock or Gravel Packing**:
  - Material:
    - Crushed Basalt
    - Rounded Gravel

- **Water Level Elevation**:
  - 2.34 ft., msl*

---

**Diagrams**

- **Diagram 1**: Foundation and structural details.
- **Diagram 2**: Water level and elevation details.

---

**Castellini**

- L0 5514 08
Dear Charley,

We have been unable to get the surveyor to return to the Castellini property to complete the final well head elevation survey on Namale-Castellini Well (No. 5514.08). We have spoken with him, as have the owners of the property, numerous times, and he assures us that he will get to it as soon as possible (whatever that means).

In order to not be delinquent in submitting Part I of the Well Completion Report, we are submitting the paperwork with the temporary well head elevation which was actually a couple of feet lower in elevation from the final point that the well was drilled. We have indicated the difference in our data.

We will submit the final well head elevation survey as soon as we receive it and make the necessary adjustments and corrections to the Well Completion Report.

If you have any questions please feel free to give us a call.

Sincerely,

Hannah Robertson
Wailani Drilling Company

Mike Robertson
655 Kulike Road Haiku, Maui, Hawaii 96708
Ph. 808/572-2673 Fax 572-0925 Cellular 264-7079

6/11/2003

Return Receipt Fax Memo

Charley,

Enclosed are the following items:

- ✔ Well Completion Report Part 1 for Honokala-McKinney Well No. 5514-09
- ✔ Driller's Log for Honokala-McKinney Well No. 5514-09
- ✔ Constant Rate Pump Test for Honokala-McKinney Well No. 5514-09
- ✔ Pump Curve for Honokala-McKinney Well No. 5514-09
- ✔ Well Head Elevation Survey for Honokala-McKinney Well No. 5514-09
- ✔ Well Completion Report Part 1 for Namale-Castelinni Well No. 5514-08
- ✔ Driller's Log for Namale-Castelinni Well No. 5514-08
- ✔ Constant Rate Pump Test for Namale-Castelinni Well No. 5514-08
- ✔ Pump Curve for Namale-Castelinni Well No. 5514-08
- ✔ Temporary Well Head Elevation Survey for Namale-Castelinni Well No. 5514-08

Please confirm receipt by checking off the enclosed items and faxing a copy of this memo to me at 808/572-0925. Thank you.

Sincerely,

Hannah Robertson
## DRILLER'S LOG

**WELL NUMBER:** 5514-08

<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 20</td>
<td>Top soil &amp; clay</td>
<td>3/1/03</td>
<td>290 to 305</td>
<td>Soft blue rock</td>
<td>4/1/03</td>
</tr>
<tr>
<td>20 to 35</td>
<td>Brown clay</td>
<td></td>
<td>295 to 310</td>
<td>Tan rock</td>
<td></td>
</tr>
<tr>
<td>35 to 95</td>
<td>Soft tan rock</td>
<td></td>
<td>305 to 310</td>
<td>Hard blue rock</td>
<td></td>
</tr>
<tr>
<td>95 to 115</td>
<td>Br. clay + soft rock</td>
<td></td>
<td>310 to 335</td>
<td>Med. blue rock</td>
<td></td>
</tr>
<tr>
<td>115 to 120</td>
<td>Hard tan rock</td>
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<td>335 to 355</td>
<td>Hard blue rock</td>
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<tr>
<td>120 to 130</td>
<td>Blue rock</td>
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<td>355 to 375</td>
<td>Med. blue rock</td>
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<td>130 to 135</td>
<td>Tan rock</td>
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<td>375 to 395</td>
<td>Hard blue rock</td>
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<td>135 to 170</td>
<td>Blue rock</td>
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<td>395 to 400</td>
<td>Med. blue Rock</td>
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<tr>
<td>170 to 175</td>
<td>Tan rock</td>
<td>4/1/03</td>
<td>400 to 410</td>
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<td>175 to 185</td>
<td>Blue rock</td>
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<td>410 to 415</td>
<td>Med. to Soft blue Rock</td>
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<td>185 to 190</td>
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<td>415 to 418</td>
<td>AA / Water</td>
<td>4/1/03</td>
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<td>190 to 210</td>
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</tr>
<tr>
<td>210 to 215</td>
<td>Softer blue rock</td>
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<td></td>
<td>to</td>
<td></td>
</tr>
<tr>
<td>215 to 225</td>
<td>Weathered blue rock</td>
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<td>225 to 231</td>
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<td>275 to 290</td>
<td>Hard blue rock</td>
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</tbody>
</table>

**Remarks:**
**CONSTANT-RATE PUMP TEST DATA**

<table>
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<tr>
<th>Pumped Well No.</th>
<th>Target Q</th>
<th>Observation well no.</th>
<th>Distance between Obs. &amp; Pumped Well</th>
<th>Reference pt. for depth to water</th>
<th>Static Water Level @ start of test</th>
</tr>
</thead>
<tbody>
<tr>
<td>5514-08</td>
<td>15 gpm</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Water level measurements by:  
- ☑ steel tape  
- ☐ pressure transducer  
- ☐ airline

START TEST Date: 4/16/03  
Time of day: 7:45 a.m.

<table>
<thead>
<tr>
<th>Flow Meter Reading Start: 75 gals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suggested elapsed time (min)</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>-45</td>
</tr>
<tr>
<td>-30</td>
</tr>
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<td>80</td>
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<tr>
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</tr>
<tr>
<td>100</td>
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</tbody>
</table>

Data in this table is for:  
- ☑ Pumped Well  
- ☐ Observation Well

Remarks:  
- Start Test  
- Start pump/Cl' taken
<table>
<thead>
<tr>
<th>Suggested elapsed time (min)</th>
<th>Actual elapsed time (min)</th>
<th>Depth to water (unadjusted to nearest 0.1 ft)</th>
<th>Drawdown (unadjusted to nearest 0.1 ft)</th>
<th>Pumping rate Q (gpm)</th>
<th>EC (µhos)</th>
<th>Cl⁻ (mg/l)</th>
<th>Temp. °F</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>150</td>
<td></td>
<td>393.38</td>
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<td>Cl⁻ sample taken</td>
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Max possible duration. water level or quality did not stabilize for any 24 period

Begin recovery data next page
Flow meter reading at end of pumped period: 4,887 gals

1 Chloride sampling required
2 Use same ending drawdown figure as start for recovery
<table>
<thead>
<tr>
<th>Suggested elapsed time (min)</th>
<th>Actual elapsed time (min)</th>
<th>Depth to water (nearest 0.1 ft)</th>
<th>Recovery Drawdown (unadjusted to nearest 0.1 ft)</th>
<th>Pumping rate (gpm)</th>
<th>EC (mhos)</th>
<th>Cl⁻ (mg/l)</th>
<th>Temp. °F or °C</th>
<th>Remarks</th>
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<td>0.00</td>
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<td>Start recovery</td>
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</table>

END TEST Date: 4/16/83 Time of day: 4:40 pm

Additional remarks:

Person in charge of pump test (print): Michael Robertson

Signature: Michael Robertson

The signature above indicates that the data reported on this form is accurate and true to the best of the person's knowledge who operated this pump test.
Return Receipt Fax Memo

Charley,

Enclosed are the following items:

- "Loose ends" check list with responses.
- Revised Lat. & Long. on Survey for Huelo-Jones Well (No.5413-12)
- Revised Lat. & Long. on Survey for Uoa-Grossman Well (No.5616-08)
- Signed Pump Installation Permit for Papaula-Golting Well (No.5425-03)
- Well Completion Report Part II for Papaula-Golting Well (No.5425-03)
- Pump Rating Curve for Papaula-Golting Well (No.5425-03)
- Signed Well Construction Permit for Namale-Castellini Well (No.5514-08)
- Start Work Notice for Namale-Castellini Well (No.5514-08)
- Signed Well Construction Permit for Honokala-McKinney Well (No.5514-09)
- Start Work Notice for Honokala-McKinney Well (No.5514-09)

Please confirm receipt by checking off the enclosed items and faxing a copy of this memo to me at 808/572-0925. Thank you.

Sincerely,

Mike Robertson
To: Charley Ice

From: Michael Robertson

Re: Start Work Notice

This is to provide written notice for starting work on the following wells:

Namale-Castellini Well No.5514-08
Honokala-McKinney Well No.5514-09

These owners also want to take advantage of the declaratory ruling #DEC-ADM98-G5 as proposed pumps are rated less than 70 gpm.

Please fax a response to confirm. Thank you.

Sincerely,

Michael Robertson
September 13, 2002

Mr. Andrew Castellini
P.O. Box 790096
Paia, HI 96779

Dear Mr. Castellini:

Well Construction Permit
Namale-Castellini (Well No. 5514-08)

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.

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 Charley Ice of the Commission staff at 587-0251 or toll-free at 984-2400 extension 70251.

Aloha,

GILBERT S. COLOMA-AGARAN
Chairperson

Enclosures

c: Wailani Drilling, Inc.
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 Namale-Castellini (Well No. 5514-08) at Ho'olawa Road, Ho'olawa, Makawao, Maui, TMK 2-3-9:2 (lot1), 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 (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 1/4-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 heavy 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 existing 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: June 26, 2002
Expiration Date: June 26, 2004

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 Safe Drinking Water, Wastewater, and Clean Water Branches
Maui Department of Water Supply
Wailani Drilling, Inc.
CELL CONSTRUCTION PERMIT

Nalamale-Castellini, Well No. 5514-08

Note: This permit shall be prominently displayed at the site until the work is completed.

In accordance with Department of Land and Natural Resources, Commission on Water Resource Management Administrative Rules, Section 13-168, entitled "Water Use, Wells, and Stream Diversion Works", this document permits the construction and testing of Nalamale-Castellini (Well No. 5514-08) at Ho'olawa Road, Ho'olawa, Makawao, Maui, TMK 2-3-9:2 (lot1), 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), in accordance with Department of Land and Natural Resources, Commission on Water Resource Management Administrative Rules, shall notify 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 of three (3) months after the well construction is completed, the well 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 attached (or 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. The well construction permit shall not be issued to any person or corporation, or any designated agent, which has in its possession, or which is under the control of, or which is part of, any business, partnership, corporation, or other legal entity, any records, papers, or documents which it is reasonable to believe contain, or disclose information, data, or results of data collection associated with testing of the well construction project or permit application. Any such records, papers, or documents shall be returned to the Chairperson of the Commission, if requested.

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.

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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 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: Andrew D. Castellini
Date: 10/21/02

Printed Name: ANDREW D. CASTELLINI
Firm or Title: OWNER

Driller's Signature: Michael Robertson
C-57 License #: 2015
Date: 12/15/02

Printed Name: Michael Robertson
Firm or Title: Waianae Caulfield Inc.

Please sign both copies of this permit, return one to the Chairperson, and retain the other for your records.
**Commission on Water Resource Management**

**Route Slip for Permit Issuance**

**From:** CHARLEY

**Date:** 04 Sep 02

**Suspense Date:**

**To:**

- BAUER, G.
- CHING, F.
- DANBABA, S.
- FUJII, N.
- GOODING, K.
- HARDY, R.
- HIGA, D.
- HIRANO, E.
- ICE, C.
- IMATA, R.
- JINNAI, R.

**Init:**

- KUNIMURA, I.
- MATHIAS, T.
- NAKAMA, L.
- NAKANO, D.
- NISHIOKA, L.
- OHYE, M.
- SAKODA, E.
- SUBIA, S.
- SWANSON, S.
- UYENO, D.
- YODA, K.

**For:**

- Approval
- Signature
- Information

**PLEASE:**

- See Me
- Review & Comment
- Take Action
- Type Draft
- Type Final
- File
- Xerox copies

---

**WELL NUMBER:** SS44-08  
**WELL NAME:** Namale-Castellini

**ATTACHMENTS FOR WELL CONSTRUCTION PERMIT:**

- 1 COVER LETTER
- 2 PERMIT (2x)
- COMMENTS:
- 3 SDWB
- 4 WWB
- 5 CWB
- 6 HEER
- 7 LD
- 8 HP
- 9 PUMP TEST
- 10 WCR I FORM

**TO BE SENT TO APPLICANT**

**FOR OFFICE USE ONLY**

- 11 WELL CHECK PRINTOUT

**PUMP INSTALLATION**

**ATTACHMENTS FOR PUMP INSTALLATION PERMIT:**

- 1 COVER LETTER
- 2 PERMIT (2x)
- COMMENTS:
- 3 SDWB
- 4 WWB
- 5 CWB
- 6 HEER
- 7 LD
- 8 HP
- 9 WCR II FORM
- 10 WUR FORM

**TO BE SENT TO APPLICANT**

**FOR OFFICE USE ONLY**

- 11 GLENN'S WORKSHEET

---

*Turn the cracks after returning from trip*
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<thead>
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<td>9/4/02</td>
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<td>RRI</td>
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**SECTION 1: WELL LOCATION INFORMATION**

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

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</tr>
<tr>
<td>Length</td>
<td>41 ft.</td>
</tr>
<tr>
<td>Diameter</td>
<td>6 in.</td>
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<tr>
<td>Wall Thickness</td>
<td>0.25 in.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Casing Material</td>
<td>Steel</td>
</tr>
<tr>
<td>Designation</td>
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</tr>
<tr>
<td>Length</td>
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<tr>
<td>Diameter</td>
<td>3 in.</td>
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<tr>
<td>Openings</td>
<td>1 sq.in./l.f.</td>
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<table>
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<td>Open Hole Length</td>
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<tr>
<td>Diameter</td>
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**SECTION 3: CHECKLIST** *(values to check are shaded)*

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<tr>
<td>Well Depth</td>
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<tr>
<td>Theoretical Thickness of Aquifer</td>
<td>35.88 ft.</td>
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<tr>
<td>Depth of Well below Sea Level</td>
<td>35 ft. (okay)</td>
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<table>
<thead>
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<tbody>
<tr>
<td>Minimum Wall Thickness</td>
<td>Steel</td>
</tr>
<tr>
<td>County or Non-County</td>
<td>non-county</td>
</tr>
<tr>
<td>Minimum Thickness per standards</td>
<td>#N/A in.</td>
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<tr>
<td>Wall Thickness Provided</td>
<td>0.250 in. (refer to HWCPIS Section 2.4 c)</td>
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<tr>
<td>Minimum Length of Solid Casing</td>
<td>(disregard this if this is a non-county well)</td>
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<td>Length of solid casing Provided</td>
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<td>Casing Material</td>
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<td>Annular Space</td>
<td>If the cell above reads #N/A, reference HWCPIS)</td>
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<table>
<thead>
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<tr>
<td>Depth of Grouting</td>
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<tr>
<td>Depth of Grouting provided</td>
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<tr>
<td>Thickness of Annular Space</td>
<td>3.25 in. (okay)</td>
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</table>
TO WHOM IT MAY CONCERN:

Re: Well Bench Mark
Lot 1 Waltman-Castellini Subdivision
TMK: 2nd, 2-9-03:02 (Lot 1)

This is to certify that the elevation of the well temporary bench mark (TBM) is 393.56 feet above MSL as established by trigonometric leveling from a bench mark at Hoolawa Bridge.

If you have any questions, please give me a call.

Wailuku, Hawaii
VALERA, INC.

EDGARDO V. VALERA
Licensed Professional Land Surveyor
State of Hawaii Certificate #5076

EVV: asv
HAWAI'I HISTORIC PRESERVATION DIVISION REVIEW

Log #: 30354
Doc #: 0207CD36

Applicant/Agency: Linnel T. Nishioka, Deputy Director
Address: Commission on Water Resource Management
State of Hawaii
Department of Land and Natural Resources
Commission of Water Resource Management
P.O. Box 621
Honolulu, Hawaii 96809

SUBJECT: Chapter 6E-42 Historic Preservation Review Pertaining to the Well Construction/Pump Installation Permit Application for the Proposed Namale Castellini Well Site (Well No. 5514-08) Honopou Ahupua'a, Makawao (Hamakualoa) District, Island of Maui
TMK: (2) 2-9-003:011

1. We believe there are no historic properties present, because:

✔ a) intensive cultivation has altered the land
___ b) residential development/urbanization has altered the land
___ c) previous grubbing/grading has altered the land
___ d) an acceptable archaeological assessment or inventory survey found no historic properties
✔ e) other: Based on the submitted permit application, it appears that bamboo and coconut trees are currently being cultivated on the subject property.

2. This project has already gone through the historic preservation review process, and mitigation has been completed ___

✔ Thus, we believe that “no historic properties will be affected” by this undertaking.

Staff: Cathleen A. Dagher
Assistant Maui/Lana'i Island Archaeologist
(808) 692-8023

Date: 16 July 2002
June 17, 2002

TO: Honorable Bruce S. Anderson, Director
   Department of Health
   Attention: Dennis Tulang, Wastewater Branch
   William Wong, Safe Drinking Water Branch
   Dr. Keith Kawaoaka, Hazardous Evaluation and Emergency Response
   Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
      Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
          Namale Castellini (Well No. 5514-06)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application for any conflicts or inconsistencies with the programs, plans, and objectives specific to your department. Please respond by returning this cover memo form by June 28, 2002. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley Iice of the Commission staff at 587-0251.

Class: Attachment(s)

RESPONSE:

1. This well qualifies as a source which will serve as a source of wholesome water in a public water system (defined as serving 25 or more people at least 60 days per year or 15 or more service connections) and must receive Director of Health approval prior to its use to comply with Hawaii Administrative Rules (HARR) Title 11, Chapter 28, Rules Relating to Public Water Systems, §11.28.02.

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

3. If the well is used to supply both potable and non-potable purposes in a single system, the user shall maintain 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 marking all non-potable supply with warning signs to prevent inadvertent consumption of non-potable water. Backflow prevention devices should be routinely inspected and tested.

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

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

6. An NPDES permit is required.

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

8. No comments/objections

Contact Person: Bill Wong

Phone: 586-4258

Signed: Bill Wong

Date: JUN 28 2002
The Department of Health, Safe Drinking Water Branch has the following additional comments for the Well Construction / Pump Installation Permit Application for the Namele Castellini Well (Well No. 6-5514-08 Maui):

Please be advised that the Department of Health has experienced drinking water and groundwater contamination by submersible pumps containing mercury. Specifically, the failure of the seals of the pumps allowed mercury to leak out into the well shaft resulting in contamination of the well and the water served by the well. Please review your pump specifications to be sure that the submersible pump(s) you are proposing to use do not contain materials which could result in either groundwater contamination or drinking water contamination.
TO: Dede Mamiya, Administrator  
Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application  
Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well  
Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the  
programs, plans, and objectives specific to your division. Please respond by returning this  
cover memo form by June 28, 2002. If we do not receive comments or a request for  
additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions  
about this permit application, request additional information, or request additional review time,  
please contact Charley Ice of the Commission staff at 587-0251.

RESPONSE:

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

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

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

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

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

[ ] No objections

[ x ] Other comments: Original source of private title is Land Commission  
Award 6510-D:2 issued between 1845 and 1855.

Contact Person: Gary Martin  
Phone: 587-0421

Signed: Gary Martin  
Date: JUN 21 2002
June 17, 2002

TO: Honorable Bruce S. Anderson, Director
Department of Health
Attention: Dennis Tulang, Wastewater Branch
William Wong, Safe Drinking Water Branch
Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application for any conflicts or inconsistencies with the programs, plans, and objectives specific to your department. Please respond by returning this cover memo form by June 28, 2002. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley Ice of the Commission staff at 587-0251.

RESPONSE:

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

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

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

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

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

An NPDES permit is required.

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

No comments/objections

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

Signed: Lei N. Kajiwara Date: 6-25-2002

Class pool, but no record plan.
Facsimile Request and Cover Sheet
Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814-4920
(808) 586-4294 Fax (808) 586-4300

Date:

Total Pages:

From: Roland Tejano, Maui District Health Office
Ph (808)984-8232
Fax (808)984-8222

To: Lori Kajiwara, Planning/Design Section
Email: lkajiwara@ehe.health.state.hi.us

Subject: Request for Information

Do you have any IWS files or records on or nearby for the following:

(2) 9-3-12 Lot 1 Namakasfallini Weli
Hooloana Road

Please check all that apply:
[ ] sewered [ ] no record [ ] cesspool [ ] septic tank [ ] aerobic unit

File # if applicable: ________ # of Bedrooms ________

Record Date: ____________________________
Submit Date: _____________________________
Plan Approval Date: _______________________
Inspection Date: __________________________
System "Approval for Use" Date: ______________

Other: __________________________________

Please fax site/plot plan if available. Thank you.
June 17, 2002

TO: Honorable Bruce S. Anderson, Director
    Department of Health
    Attention: Dennis Tulang, Wastewater Branch
    William Wong, Safe Drinking Water Branch
    Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
    Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
    Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
    Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application for any conflicts or inconsistencies with the programs, plans, and objectives specific to your department. Please respond by returning this cover memo form by June 28, 2002. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley ice of the Commission staff at 587-0251.

Class Attachment(s)

RESPONSE:

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

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

[ ] If the well is used to supply both potable and non-potable purposes in a single system, the user should 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 outlets 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 (Ill) is not located near the proposed well site (information attached).

[ ] An NPDES permit is required.

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

[ ] No comments/objections

Contact Person: Alec Wong
Phone: 586-4309

Signed: Alec Wong
Date: 6/24/02

5514, 08
The Department of Health, Clean Water Branch has the following comments:

1. For Well-Drilling Activities

Any discharge to State waters of treated process wastewater effluent associated with well drilling activities is regulated by Hawaii Administrative Rules, Title 11, Chapter 55, Appendix I, effective September 22, 1997. Treated process wastewater effluent covered by this general permit includes well drilling slurries, lubricating fluids wastewaters, and well purge wastewaters. This general-permit does not cover well pump testing. The applicable Notice of Intent Forms and filing fee shall be submitted at least thirty (30) days before the start of discharge to the Department of Health, Clean Water Branch at 919 Ala Moana Boulevard, Room 301, Honolulu, Hawaii 96814-4920 or P.O. Box 3378, Honolulu, Hawaii 96801-3378. Inquiries may be directed to the Clean Water Branch at (808) 586-4309 or by fax at (808) 586-4352.

2. For Well Pump Testing

The discharger shall take all measures necessary to prevent the discharge of pollutants from entering State waters. Such measures shall include, if necessary, containment of the initial discharge until the discharge is essentially free of pollutants. If the discharge is entering a stream or river bed, best management practices shall be implemented to prevent the discharge from disturbing the clarity of the receiving water. If the discharge is entering a storm drain, the discharger must obtain written permission from the owner of that storm drain prior to discharge. Furthermore, best management practices shall be implemented to prevent the discharge from collecting sediments and other pollutants prior to entering the storm drain.

JS/cr
Mr. Andrew Castellini  
P.O. Box 790096  
Paia, HI 96779

Dear Mr. Castellini:

Well Construction/Pump Installation Permit Application for Well No. 5514-08

We acknowledge receipt, on May 29, 2002, of your completed Well Construction/Pump Installation permit application and filing fee for the Namale Castellini (Well No. 5514-08). 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 Charley Ice of the Commission staff at 587-0251 or toll-free at 984-2400 extension 70251.

Sincerely,

LINNEL T. NISHIOKA
Deputy Director

Cl: ss

c: Wailani Drilling, Inc.
June 17, 2002

TO: Honorable Bruce S. Anderson, Director
   Department of Health
   Attention: Dennis Tulang, Wastewater Branch
   William Wong, Safe Drinking Water Branch
   Dr. Keith Kawaoka, Hazardous Evaluation and Emergency Response
   Alec Wong, Clean Water Branch

FROM: Gilbert S. Coloma-Agaran, Chairperson
       Commission on Water Resource Management

SUBJECT: Well Construction/Pump Installation Permit Application
         Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application for any conflicts or inconsistencies with the programs, plans, and objectives specific to your department. **Please respond by returning this cover memo form by June 28, 2002.** If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley Ice of the Commission staff at 587-0251.

Cl: ss
Attachment(s)

RESPONSE:

[ ] This well qualifies as a source which will serve as a source of potable water to a public water system (defined as serving 25 or more people at least 60 days per year or has 15 or more service connections) and must receive Director of Health approval prior to its use to comply with Hawaii Administrative Rules (HAR), Title 11, Chapter 20, Rules Relating to Potable Water Systems, §11-2 - .

[ ] This well does not qualify as a source serving a public water system (serves less than 25 people or more people at least 60 days per year or 15 service connection(s) 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).

[ ] An NPDES permit is required.

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

[ ] No comments/objections

Contact Person: ____________________________ Phone: ______________

Signed: ____________________________ Date: ______________
June 17, 2002

TO: David Craddick, Director
    Department of Water Supply
    County of Maui

FROM: Gilbert S. Coloma-Agaran, Chairperson
      Commission on Water Resource Management

SUBJECT: Permit Application
         Namale Castellini Well (Well No. 5514-08)

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 June 28, 2002. If we do not receive comments or a request for additional review time by this date, we will assume that you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley Ice of the Commission staff at 587-0251.

Contact Person: ___________________________ Phone: ____________
Signed: ___________________________ Date: ____________
June 17, 2002

TO: Dede Mamiya, Administrator
   Land Division

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

SUBJECT: Well Construction/Pump Installation Permit Application
         Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the programs, plans, and objectives specific to your division. Please respond by returning this cover memo form by June 28, 2002. If we do not receive comments or a request for additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions about this permit application, request additional information, or request additional review time, please contact Charley Ice of the Commission staff at 587-0251.

Cl: ss
Attachment(s)

RESPONSE:

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

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

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

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

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

[ ] No objections

[ ] Other comments:

Contact Person: ____________________________ Phone: __________

Signed: ____________________________ Date: __________
June 17, 2002

TO: Don Hibbard, Administrator
    Historic Preservation

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

SUBJECT: Well Construction/Pump Installation Permit Application
         Namale Castellini (Well No. 5514-08)

Transmitted for your review and comment is a copy of the captioned Well
Construction/Pump Installation permit application.

We would appreciate your comments on the captioned application with regard to the
programs, plans, and objectives specific to your division. Please respond by returning this
cover memo form by June 20, 2002. If we do not receive comments or a request for
additional review time by this date, we will assume you have no comments.

Please find the attached maps to locate the proposed well. If you have any questions
about this permit application, request additional information, or request additional review time,
please contact Charley Ice of the Commission staff at 587-0251.

RESPONSE:
[ ] There may be areas in the vicinity of the well site that contain subsurface cultural remains such as artifacts,
burials or concentrations of shells or charcoal.
[ ] Other relevant Historic Preservation rules/regulations, information, or recommendations are attached.
[ ] No objections
[ ] Other comments:

Contact Person: ___________________________ Phone: _____________

Signed: ___________________________ Date: _____________
DEPARTMENT OF LAND AND NATURAL RESOURCES

DOCUMENT NO. ________________________________ UAC OR ATTACHED WORKSHEET ________________________________ DATE: ________________

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<td></td>
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REMARKS: LINE (1) Well No. 5514-08 (WCPA)
LINE (2)
LINE (3)
LINE (4)

WAILANI DRILLING INC.
PH: (808) 572-2673
655 KULIKE ROAD
HAiku, MaUl, HI 96708

PAY TO:
THE ORDER
OF:
Water Resource Commission
P. O. Box 621
Honolulu, Hawaii 96809

$25.00

DATE: 5/28/2002

Castillini Well

An Roberts

WATER RESOURCE COMMISSION
P. O. BOX 621
HONOLULU, HAWAIU 96809

Bank of Hawai'i
Pau Branch
Paua, Hawai'i 96779

58-102/1713

Dollars

4443

213401028 - 0002-04081311 443
OMISSION ON WATER RESOURCE MANAGEMENT

ROUTE SLIP FOR NEW APPLICATIONS

FROM: **CHARLEY**  
DATE: **7-Jun-02**  
SUSPENSE DATE: __________

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<th>TO</th>
<th>INIT.</th>
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<td></td>
<td>CHING, F.</td>
<td></td>
<td>1 Trans. Letter</td>
<td>Review &amp; Comment</td>
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<td>HARDY, R.</td>
<td></td>
<td>2 CWRM Map</td>
<td>Take Action</td>
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<td>HIGA, D.</td>
<td>✓</td>
<td>HIRANO, E.</td>
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<td>3 Approval</td>
<td>See Me</td>
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<td>ICE, C.</td>
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<td>IMATA, R.</td>
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<td>4 Information</td>
<td>Type Draft acknow letter</td>
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<td>JINNAI, R.</td>
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<td>KUNIMURA, I.</td>
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<td>5 File</td>
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WELL NUMBER **5544-08**  
WELL NAME **Namale Castellini**

☐ WELL CONSTRUCTION  ☐ PUMP INSTALLATION  ☒ BOTH

ATTACHMENTS FOR APPLICATION PROCESSING - Both applicant & staff generated

1 TRANS. LETTER  
2 CWRM MAP  
3 APPL. FORM (3X)  
4 USGS MAPS (3X)  
5 TAX MAPS (3X)  
6 PARCEL OWNER VERIF.  
7 CONTRACTOR VERIF.  
8 ALL INFO FILLED IN  
9 BACKGROUND CHECK

FOLDER:

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

INCOMPLETE ACTION DATES:

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For: Charlie Ice

Charlie. Enclosed is the following item:

- Signed Well Construction Permit app for Proposed Namale-Castellini Well
- 2 maps
- $25.00 check
- Owner wants to use DEC-ADM98-G5 since well will pump no more than 30 gpm

Please confirm receipt by checking off the enclosed items and faxing a copy of this memo to me at 808-572-0925.

Thank you:
Mike Robertson
State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
APPLICATION FOR PERMIT

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 96808. 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. The 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/wrmr.

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

1. (a) WELL OWNER: ANDREW CASTELLI
   Contact Person: SAME
   Phone:
   Mailing Address: PO BOX 79036, AINA, HI 96779
   Fax:
   E-mail:

(b) LAND OWNER: ANDREW CASTELLI
   Contact Person: SAME
   Mailing Address:
   Fax:
   E-mail:

(c) CONTRACTOR: Wailau Drilling
   Contact Person: MIKE ROBERTS
   Phone: 8085732273
   Mailing Address: 655 KULIKOA AVE, HIKU HI 96708
   Fax: 5720925
   E-mail:
   Lic#: 20115
   (circle one: (a) (b) or (c))

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

2. WELL NAME: NAMALE - CASTELLI WELL
   Island: Maui
   Address Hoolua Rd.
   Tax Map Key: Zone 2 Sec 3 Plat 2 Parcel 2
   Attach the relevant portion of a 7.5-Minute Series USGS topographic map (scale 1:24,000) and include the name of the quad map, and (b) a property tax map, showing well location referenced to established property boundaries.

3. PROPOSED WORK: (check all that apply)
   a) Construct New Well
   b) Install New Pump
   c) Modify Existing Well
   d) Modify Pump
   e) Abandon/Seal

   *State Well No.: ____________________________ (If unknown, please call Commission at 587-0225)

4. CONSTRUCTION:
   a) Drilled
   b) Dug
   c) Shaft
   d) Tunnel

   Is this well part of a battery of wells? Yes __ No __ (Please describe)

5. PROPOSED PUMP INFORMATION:
   Rated Pump Capacity: 2 at 15 gallons per minute each
   Pump Type (Check one):
   a) Deep Well Turbine
   b) Submersible
   c) Centrifugal
   d) Rotary
   e) Rotary-Displacement
   f) Reciprocating
   g) Impulse

6. PROPOSED USE: (check all that apply)
   a) Municipal (Including hotels, stores, etc.)
   b) Domestic (individual, noncommercial water system)
   c) Irrigation (crop)
   d) Military
   e) Other (explain): ____________________________

   Does this well serve 25 or more people at least 60 days per year or have 15 or more service connections? Yes __ No __

7. (a) PROPOSED AMOUNT OF WITHDRAWAL: 15000 gallons per day
   (b) METHOD OF FLOW MEASUREMENT: ______ Flowmeter

8. LEGAL REQUIREMENTS:
   a) CDUP
   b) SMAP
   c) EIS
   d) EA
   e) None
   f) Other (explain): ____________________________

9. REMARKS/EXPLANATIONS: CUSTOMER WANTS (2) 15 gpm pumps installed?

In this well on the same 2 Colony pipe.

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: ANDREW CASTELLI
Landowner: ANDREW CASTELLI
Contractor: MIKE ROBERTS

Signature: ANDREW CASTELLI
Signature: ANDREW CASTELLI
Signature: MIKE ROBERTS

Date: 5-17-02
Date: 5-17-02
Date: 5-17-02

For Official Use only
Latitude: ____________________________
Longitude: ____________________________
Aquifer System No. ____________________________
State Well No. ____________________________