



**STATE OF HAWAII**  
**DEPARTMENT OF LAND AND NATURAL RESOURCES**  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
**APPLICATION FOR A WELL CONSTRUCTION /**  
**PUMP INSTALLATION PERMIT**

For Official Use Only:

**Instructions:** Please print in ink or type and send completed application with attachments to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. Application must be accompanied by 10 copies and a non-refundable filing fee of **\$25.00** payable to the Dept. of Land and Natural Resources. The Commission may not accept incomplete applications. For assistance, call the Regulation Branch at **587-0225**. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrm>.

**WELL LOCATION INFORMATION**

1. STATE WELL NO. (if already assigned)		2. WELL NAME		3. ISLAND		4. TMK _____ : _____ zone sec plat parcel			
The following must be attached before this application is accepted as complete: • Portion of 7.5-Minute Series USGS topographic map (scale 1:24,000) with well location labeled and include the name of the quad map • Property tax map, showing well location referenced to established property boundaries • Photograph of the proposed well site • A schematic diagram showing the well site, access road and proposed well infrastructure • For dug wells, attach a grading plan with cross section profiles showing existing and finish grades									
5. WELL OPERATOR'S NAME/COMPANY			Well Operator's Contact			6. LANDOWNER'S NAME/COMPANY		Landowner's Contact	
Well Operator's Mailing Address				Landowner's Mailing Address					
Well Operator's Phone		Well Operator's Fax		Well Operator's E-mail		Landowner's Phone		Landowner's Fax	Landowner's E-mail

PROPOSED WELL CONSTRUCTION			PROPOSED PUMP INSTALLATION			
7. Proposed Work <input type="checkbox"/> Construct New Well <input type="checkbox"/> Modify Existing Well <input type="checkbox"/> Abandon/Seal Well		8. Construction Type <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Shaft <input type="checkbox"/> Tunnel	10. Proposed Work <input type="checkbox"/> Install New Pump <input type="checkbox"/> Replace Pump		11. Proposed Pumping Rate, gpm (gallons per minute)	13. Method of flow measurement <input type="checkbox"/> Flowmeter <input type="checkbox"/> Other (explain)
9. Is this well part of a battery of wells? <input type="checkbox"/> Yes <input type="checkbox"/> No					12. Proposed Amount of Withdrawal, gpd (gallons per day)	

14. Proposed Surveyor name and license number (a surveyor is required for all Well Construction Permits and may be required for some Pump Installation Permits)

**PROPOSED USE**

15. Municipal (water systems serving greater than 25 individuals or 15 service connections)

16. Domestic Number of units to be served: \_\_\_\_\_

17. Industrial (describe)

18. Irrigation (describe crop and no. of acres)

19. Military (describe)

20. Other (describe)

**OTHER LEGAL REQUIREMENTS** *If required, items 21. and 22. must be obtained before the Commission can legally issue a permit:*

21. Conservation District Use Permit (CDUP)  
 Well is in Conservation District  
 Required, CDUP # \_\_\_\_\_ date approved \_\_\_\_\_  
 Not Required (attach documentation from OCCL)  
 I have not checked with OCCL about whether or not a CDUP is required. I understand that checking with OCCL prior to making this application will expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.  
 Well is not in Conservation District  
 I have not checked if well is in or out of Conservation District. I understand that checking if the well is in a Conservation District may expedite my review. I further understand that issues raised may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.

22. Special Management Area Permit (SMAP)  
 Required, SMA # \_\_\_\_\_ date approved \_\_\_\_\_  
 Not Required (attach documentation from applicable County agency)  
 I have not checked with the county about whether or not an SMA Permit is required. I understand that checking with the County prior to making this application may expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued.

23. State Historic Preservation Division (SHPD) of the Department of Land and Natural Resources  
 I have consulted with the HPD regarding potential impacts of well construction activities on historic sites. I have attached applicable documentation from the HPD.  
 I have not consulted with the HPD regarding potential impacts of well construction activities on historic sites. I understand that checking with the HPD prior to making this application may expedite my review. I further understand that issues raised by this agency may delay or result in denial of the permit issuance, or revocation of the permit after it is issued. Additionally, the history of past land use is attached.

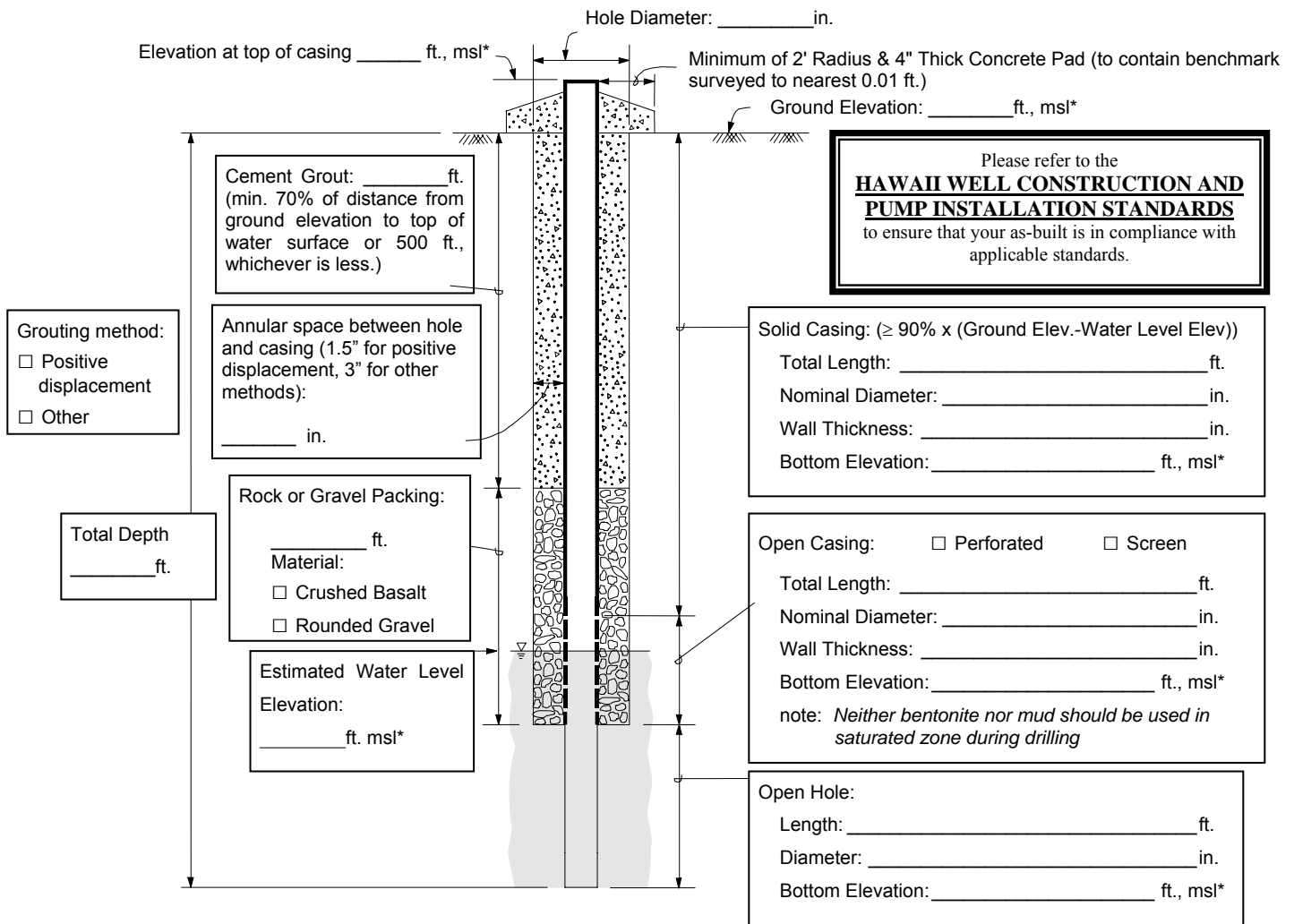
24. Water Use Permit No. (if applicable): \_\_\_\_\_

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

NOTE: Signing below indicates that the signatories understand and swear that the information provided is accurate and true to the best of their knowledge. Further, the signatories understand that upon permit approval: 1) the proposed work is to be completed within two (2) years of the 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) in the event that the application is not completed correctly, any permit may be suspended until the item is brought in to compliance, and any work done while the permit is in suspension may result in fines of up to \$5000/day.

25. WELL DRILLER (Must be filled out if application is for Well Construction)			26. PUMP INSTALLER (Must be filled out if application is for Pump Installation)		
Licensee business name		C-57 License No.	Licensee business name		C-57/C-57a/A License No.
Signature	Print	Date	Signature	Print	Date
Address			Address		
Phone	Fax	E-mail	Phone	Fax	E-mail

**PROPOSED WELL SECTION** (Please attach schematic if different from diagram provided below)



\* The approximate elevation must be referenced to mean sea level (msl) at the time of application filing. Final elevations of well components shall be submitted in the Well Completion/Well Abandonment reports and referenced to a benchmark which has been established by a surveyor licensed by the State.

For non-salt water Basal Wells - bottom elevation of well should not be deeper than 1/4 of aquifer thickness or,

$$\text{Bottom Elevation of Well Limit} = \left( \text{Water Elevation} - \frac{41 \times \text{Water Level Elevation}}{4} \right)$$

Example: Estimated + 2 ft. Water Level Elev.  $\rightarrow$  Bottom Elevation of Well Limit =  $\left( 2 - \frac{41 \times (2)}{4} \right) = -18.5$  ft.

**Solid Casing Material:**

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

And compliant with (check one or more):  ASTM A242 (or A606)  Type E  Type S  Grade B  Other

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

**ABS Plastic** conforming to ASTM F480 and ASTM D1527: (check one)  Schedule 40  Schedule 80

**PVC Plastic** conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):  Schedule 40  Schedule 80  Schedule 120

- Thermoset Plastic:** (check one)
- Filament Wound Resin Pipe conforming to ASTM D2996
  - Centrifugally Cast Resin Pipe conforming to ASTM D2997
  - Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
  - Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
  - PTFE Fluorocarbon Tubing conforming to ASTM D3296
  - FEP Fluorocarbon Tubing conforming to ASTM D3296

**Open Casing Material:**

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

And compliant with (check one or more):  ASTM A242 (or A606)  Type E  Type S  Grade B  Other

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

**ABS Plastic** conforming to ASTM F480 and ASTM D1527: (check one)  Schedule 40  Schedule 80

**PVC Plastic** conforming to ASTM F480 and (ASTM D1785 or ASTM D2241): (check one):  Schedule 40  Schedule 80  Schedule 120

- Thermoset Plastic:** (check one)
- Filament Wound Resin Pipe conforming to ASTM D2996
  - Centrifugally Cast Resin Pipe conforming to ASTM D2997
  - Reinforced Plastic Mortar Pressure Pipe conforming to ASTM D3517
  - Glass Fiber Reinforced Resin Pressure Pipe conforming to AWWA C950
  - PTFE Fluorocarbon Tubing conforming to ASTM D3296
  - FEP Fluorocarbon Tubing conforming to ASTM D3296

# INSTRUCTIONS FOR FILLING OUT WELL CONSTRUCTION/PUMP INSTALLATION PERMIT APPLICATION FORM

## CHECKLIST FOR A COMPLETE APPLICATION

- Fill in the most recent application form.  
(check [www.hawaii.gov/dlnr/cwrm](http://www.hawaii.gov/dlnr/cwrm) or call 587-0225 for updates)
- Fill every line in (both sides of application).
- Enclose a check for \$25 payable to the Department of Land and Natural Resources.
- Mark the proposed well location on: the appropriate USGS quad map, the TMK map, the photo and the schematic, and attach to the application.
- For dug wells, attach a grading plan and cross section profiles showing existing and finish grades.
- Attach the original and 10 copies of the application form, maps, photo and schematic.
- Attach letters from OCCL and appropriate county agencies regarding items 21 to 23.
- Sign the application form.

Send the application and maps, copies, and the filing fee to:

Commission on Water Resource Management  
P.O. Box 621  
Honolulu, HI 96809

## DESCRIPTIONS FOR LINES ON APPLICATION

### WELL LOCATION INFORMATION

1. **STATE WELL NO.** If you already have a state well number assigned, please fill it out here. Otherwise, leave it blank and a well number will be assigned by the CWRM.
2. **WELL NAME** Give the well a short concise name that will differentiate it from other wells. It is what you want to call the well.
3. **ISLAND** The island name that the well is located on.
4. **TMK** Tax Map Key number
5. **Well operator's information** Fill in the information for the well operator. This should be the entity that will be responsible for reporting the pumpage when the construction is completed.
6. **Landowner's information** Fill in the information for the landowner of the property where the well is located.

### PROPOSED WELL CONSTRUCTION

7. **Proposed work** The proposed work can be the construction of a new well, the modification (deepening, etc.) of an existing well, or the abandonment and sealing of an existing well. Check one box only.
8. **Construction type** The construction type can be drilled, dug, shaft, or tunnel.
9. **Battery** Is this well part of a battery of wells? A battery is defined as two or more wells in close proximity that for all intents and purposes functions as a single source.

### PROPOSED PUMP INSTALLATION

10. **Proposed work** The proposed work can be either the installation of a new pump or the replacement of an existing pump. Replacement of an existing pump requires a permit only if the pump is of greater capacity than the existing installed pump. Otherwise, a replacement will only require the submission of a Well Completion Report Part II.
11. **Proposed pumping rate** The proposed pumping rate of the pump in gallons per minute.
12. **Proposed amount of withdrawal** The proposed amount of withdrawal in gallons per day, not to exceed (the proposed pumping rate in gallons per minute) x 1440 minutes/day.
13. **Method of flow measurement** This is the proposed method the operator will be using to measure pumpage for reporting purposes.

### PROPOSED SURVEYOR

14. **Proposed surveyor name and license number** A Hawaii licensed surveyor must establish benchmark elevations for wells where proposed pumps of 70 gpm or more are to be installed, to comply with the well completion report requirements. Proposed pumps less than 70 gpm may have this requirement deferred until the Commission deems it is necessary. If you wish to defer this requirement and your pump is less than 70 gpm, please write "deferred" in this space.

### PROPOSED USE

15. **Municipal Use** is domestic, industrial, and commercial use of water through public services available to persons of a county for the promotion and protection of their health, comfort, and safety, for the protection of property from fire, and for the purposes listed under the term "domestic use".
16. **Domestic Use** is any use of water for individual personal needs and for household purposes such as drinking, bathing, heating, cooking, noncommercial gardening, and sanitation.
17. **Industrial Use** is for uses such as cooling or processing water, etc.
18. **Irrigation Use** is for golf courses, agriculture, etc.
19. **Military Use** is water used by the military from military operated water supply systems.
20. **Other** Use not described in items 15 through 19. Please add a description.

### OTHER LEGAL REQUIREMENTS

21. **Conservation District Use Permit (CDUP)** To find out if your well is located in a Conservation District (CD), you should first check with the Land Use Commission (LUC) (<http://www.hawaii.gov/dbedt/gis/maps/slud.jpg> or call 587-2833). If the well is not in a CD, then you may check not in a CD box. If the well site is in a CD you will need to then determine if a Conservation District Use Permit (CDUP) is required. To find out if a CDUP is necessary, please contact the Office of Conservation and Coastal Lands (OCCL) of DLNR at 587-0377.
22. **Special Management Area Permit (SMAP)** To determine if an SMAP is necessary, on Oahu call 527-5374; on Hawaii call 961-8288; for Maui County call 270-7235; on Kauai call 241-6677
23. **Historic Preservation review** If the parcel(s) affected by construction (well location/access road/infrastructure for well) has been reviewed by the State Department of Land and Natural Resources Historic Preservation Division (SHPD or through an OEQC Environmental Review, Special Management Area Permit, etc.), check "yes" and attach any relevant documentation from SHPD. If the affected parcel(s) has not undergone SHPD review, attach a photograph of the affected area, a schematic diagram (showing the well location, access road and infrastructure for the well), and a short description of the prior use(s) of the land on which the well resides.

\*Please note: You are **strongly advised** to contact the SHPD to obtain a pre-review of your project. In the event that you do not get an HP pre-review and if during the course of either review or the permit itself it is determined that you need SHPD's concurrence, your application or permit may be held in abeyance or denied until issues with HP are resolved. To contact SHPD, please call 692-8015.

24. **Water Use Permit No. (if applicable)** If a Water Use Permit number has been obtained, list it here.

### SIGNATURES

25. **Well Driller** This section must be filled out completely for the Well Construction Permit application to be accepted as complete.
26. **Pump Installer** This section must be filled out completely for the Pump Installation Permit application to be accepted as complete.

**COMMISSION ON WATER RESOURCE MANAGEMENT  
WELL CONSTRUCTION/PUMP INSTALLATION  
PERMIT PROCESS WORKSHEET**

Step	Description	Responsible Party	Legal Deadline
1	Ensure that if items 21 to 23 of the application are required, that they are obtained prior to applying for a permit. Otherwise, post-application comments obtained from these agencies may delay processing of your application.	Applicant	None
2	Application for Well Construction (or modification) and/or Pump Installation (or replacement with larger capacity than existing pump - see note B below).	Licensed Well Driller (for Well Construction) and/or Licensed Pump Contractor (for Pump Installation) (See note C below)	None
3	Issuance of Well Construction Permit to Well Driller (if applied for).	CWRM	Within 90 days of acceptance of completed application & contingent upon other agencies' legal requirements. (See note A below)
4	Issuance of Pump Installation Permit to Pump Installer (if applied for).	CWRM	Within 90 days of acceptance of completed application & contingent upon other agencies' legal requirements. (See note A below)
5	Execute/Sign Permit.	Licensed Well Driller or Licensed Pump Installer	Before work activity begins.
6	Start of Work Notice.	Licensed Well Driller or Licensed Pump Installer	2 weeks prior to beginning of work activity.
7	Post copy of permit at the work site.	Licensed Well Driller or Licensed Pump Installer	During entire period of work activity at the site.
8	Construction of well. Note: a) If the well is to be abandoned during the course of the Well Construction Permit, and no further work is to be done, the applicant shall apply for and obtain a Well Abandonment Permit prior to doing any abandonment work. b) If the well is to be abandoned and relocated during the course of the Well Construction Permit, the applicant shall apply for and obtain a Well Abandonment Permit prior to doing any abandonment work, and a new Well Construction Permit shall be applied for and obtained prior to doing any new work (i.e. go back to step 1 above).	Licensed Well Driller	Within 2 years of issuance of Well Construction Permit.
9	Installation of a temporary test pump that can adequately conduct a step-drawdown test (if proposed pump > 70 gpm).	Licensed Well Driller or Licensed Pump Installer	Within 2 years of issuance of Well Construction Permit.
10	Installation of permanent pump.	Licensed Pump Installer	Within 2 years of issuance of Pump Installation Permit.
11	Application for permit extension (if required).		None
12	Well Completion Report Part I (including Elevation Survey and Pump Tests, if applicable) to be returned completed to CWRM.	Licensed Well Driller	Within 60 days of completion of Well Construction (the date that ALL aspects of Well Completion Report Part I can be filled in).
13	Well Completion Report Part II to be returned to CWRM.	Licensed Pump Installer	Within 60 days of completion of Pump Installation (the date that ALL aspects of Well Completion Report Part II can be filled in).
14	Acceptance of Well Completion Report Part I, Elevation Survey.	CWRM	None
15	Issuance of Certificate of Well Construction Completion to Landowner.	CWRM	None
16	Acceptance of Well Completion Report Part II.	CWRM	None
17	Issuance of Certificate of Pump Installation Completion to Landowner.	CWRM	None
18	Pumpage may commence, Water Use Reporting required.	Well Operator	Monthly recording.
19	Abandonment (initiated in Step 2 of process).	Landowner	Until well sealed.

**NOTES:**

- A. For non-compliance of other agencies' legal requirements that preclude the Commission from issuing a permit, your application may:
  - a) Have the 90-day deadline for approval waived (at your request); or
  - b) Be denied and you can seek recourse at a Commission hearing.
- B. If a pump replacement of equal or less than the existing capacity is done, then only step 10 is required (Well Completion Report Part II).
- C. If a contractor is not selected, the application will not be accepted as complete, but may be routed for comments. If the application undergoes a satisfactory review, a letter of assurance will then be issued indicating that a permit will be issued upon selection of a contractor without outstanding issues with the Commission.