

**STATE OF DELAWARE**  
**DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL**  
**APPLICATION FOR A WATER ALLOCATION PERMIT MODIFICATION (PUBLIC/INDUSTRIAL)**

VIOLATIONS ARE SUBJECT TO PENALTY PROVIDED BY 7 DEL. C. CHAPTER 60

MAIL TO:

OFFICIAL USE ONLY:

ALLOCATION—WATER SUPPLY SECTION  
 DIVISION OF WATER RESOURCES-DNREC  
 89 KINGS HWY.  
 DOVER, DE 19901  
 FOR INFORMATION: (302) 739-9945  
 FAX: (302) 739-2296  
<http://www.dnrec.state.de.us>

DNREC ALLOCATION NO. \_\_\_\_\_  
 DRBC DOCKET NO. D - \_\_\_\_\_ - \_\_\_\_\_ CP  
 \_\_\_\_\_  
 APPLICATION FEE VALIDATION ----->  
 RECEIVED BY \_\_\_\_\_

**PLEASE TYPE OR PRINT AND CAREFULLY FOLLOW THE INSTRUCTIONS!**

1. OWNER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. ( ) \_\_\_\_\_ - \_\_\_\_\_
  
2. PROJECT NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE NO. ( ) \_\_\_\_\_ - \_\_\_\_\_
  
3. DATE OF APPLICATION \_\_\_\_\_
  
4. NAME, ADDRESS, AND TELEPHONE NO. OF GEOLOGIST (OR ENGINEER): \_\_\_\_\_  
 \_\_\_\_\_
  
5. Attach map (USGS 7 ½ minute quadrangle only) with accurately and clearly marked locations of all facilities (wells, streams & ponds intakes). **All applications must show, where appropriate, the locations of service areas, water tanks, interconnections, and property/corporate boundaries.**
  
6. FACILITY INFORMATION: (attach additional sheet(s) as instructed)

A. FACILITY LOCAL ID	B. FACILITY PERMIT NO.	C. MAXIMUM PUMP CAPACITY (GALLONS PER MINUTE)	D. MAXIMUM USE (GALLONS PER DAY)	E. ACRES IRRIGATED (PER WELL)

7. **REQUESTED RATES:** \_\_\_\_\_ **DAY** \_\_\_\_\_ **MONTH** \_\_\_\_\_ **YEAR**  
**SUB TOTAL** \_\_\_\_\_ **SYSTEM TOTAL** \_\_\_\_\_ **(CHECK ONE)**
8. Are any facilities to be removed from the existing Water Allocation Permit (ie. Replaced or abandoned wells, or other facilities no longer in service)? \_\_\_\_\_ Please list facility permit nos. and reason for removal. For wells, please include copies of the Abandonment Reports.
9. Can water be transferred from facilities other than those listed in #6 (above) \_\_\_\_\_ If so, give the name and location, the use for the water, and list average daily, monthly, and yearly flows. (Interconnections with other systems should be marked on the map attached for #5).
10. Discuss the feasibility of interconnecting with other systems.
11. For each well listed in #6 (above), attach copies of Completion Reports and pumping test reports as specified in the Well Permit. If these reports do not exist, attach all available information about the wells or intakes.
12. Attach copies of the latest reports on chemical and bacteriological analyses for the water from each facility.
13. Describe all treatment the withdrawn water will receive prior to use.
14. Are all facilities listed in #6 (above) individually metered? \_\_\_\_\_. Identify those not metered and submit a proposed schedule for meter installation.
15. For public supply projects only: What percent of individual service-connections are metered? \_\_\_\_\_ If not 100%, give a schedule of when it will be 100%. What is the present population? \_\_\_\_\_ in five years - \_\_\_\_\_.
16. Conservation Program for projects with total system water withdrawals over of 1.0 mgd. Attach the appropriate program description.
- A. **Public water supply systems:** A conservation program which provides for the monitoring, prevention, and repair of leakage throughout the system, provides customer information relating to water conservation and water-saving devices.
- B. **Industrial, Commercial and other water supply projects:** A Conservation program which provides for the investigation of all feasible conservation measures, and provides for the implementation those feasible as soon as possible. A description of leak-detection monitoring and all feasible process-modifications for minimizing both water usages and loss.

17. Drought Emergency Plan for projects with total system water withdrawal over 1.0 mgd. Attach the following plan description.

A. Identification of all priority use for water throughout the system or service area, priority locations, water usage restriction schedules, implementation procedures, and any alternate sources of water.

**18. AFFIDAVIT**

I, \_\_\_\_\_, hereby affirm this application and any plans, reports, or documents submitted with this application to be true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me the \_\_\_\_\_ day of \_\_\_\_\_,  
A.D., \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC\*

**\*Applications for withdrawal for agricultural irrigation are not required to be notarized.**