DNREC Use Only:
WAP # _____
WCP# _____
SWI#_____

APPLICATION FOR WATER WITHDRAWAL PERMIT

I, _____ (Owner or Agent), hereby apply to the Delaware Department of Natural Resources and Environmental Control (DNREC) for authorization to withdrawal water for: (CHECK ONLY ONE)

_____ Irrigation _____ Wellpoint Jetting
_____ Dust Control _____ Hydro seeding
_____ Other(Describe)_____

Beginning on ____/____/____and ending on ____/____/____.
The withdrawal rate will be approximately_____gallons per day.

COMPLETE ONE OF THE FOLLOWING TWO STATEMENTS AS IT APPLIES:

1) The withdrawal will be from _____(name of surface water body) approximately _____(feet) _____(direction) of the intersection of _____(nearest two roads).

2) This withdrawal will be from a well; DNREC permit # _____.

I understand that if necessary I will be contacted in the future by DNREC to make full application for a water allocation permit persuent to the "Regulations Governing the Allocation of Water." Upon DNREC's receipt of this application, authorization to withdraw water will be conferred and only to the above described project. This authorization is temporary , and shall not extend beyond the calendar year in which the withdrawals began, and may be revoked or suspended as deemed necessary by DNREC.

_____
Signature Date

Name/Company_____
Mailing Address_____
Telephone Number (_____) - _____ - _____ Fax:_____ -_____

RETAIN A COPY OF THIS FORM ON-SITE AND RETURN ORIGINAL TO:

DNREC - Water Supply Section
89 Kings Highway
Dover, DE 19901
(302) 739-9945 VOICE
(302) 739-2296 FAX

_____ _____
DNREC Authorizing Signature Date