

STATE OF DELAWARE  
DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL  
APPLICATION FOR A WATER ALLOCATION PERMIT

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

MAIL TO:

ALLOCATIONS - WATER SUPPLY BRANCH  
DIV. of WATER - DNREC  
89 KINGS HIGHWAY  
DOVER, DE 19901  
FOR INFORMATION: (302) 739-9945

OFFICIAL USE ONLY:

DNREC ALLOCATION NO. 22-0035A  
DRBC DOCKET NO. D-\_\_\_\_\_-\_\_\_\_\_-CP  
APPLICATION FEE VALIDATION -->  
RECEIVED BY \_\_\_\_\_

PLEASE TYPE OR PRINT

1. Owner's Name MARTIN L Ockels SR  
Address 27103 River Rd  
City Sea Ford State DE Zip 19973 Telephone # 302-542-7291  
Email Address dandm Farm 91@gmail
2. Project Name Dtm Farms LLC  
Address 27245 MURROCK Drive  
City Sea Ford State DE Zip 19973 Telephone # 302-542-7291
3. Date of Application 10-5-22
4. Name, address, and telephone # of geologist (or Engineer): \_\_\_\_\_
5. Attach a map (USGS 7 1/2-minute quadrangle) with accurately and clearly marked locations of all facilities (wells, streams, and pond intakes). **Applications for irrigation systems must also show the acreage served by each facility. All applications must show, where appropriate, the locations of service areas, water tanks, interconnections, and property/corporate boundaries.**
6. Purpose (check):  Public  Industrial Process  Industrial Cooling  
 Irrigation  Commercial  Contaminant Recovery  Other \_\_\_\_\_
7. Facility information: (attach additional sheets if needed)

A. Facility Local ID	B. Facility Permit No.	C. Maximum Pump Capacity (Gallons Per Minute)	D. Maximum Use (Gallons Per Day)
<u>ED's Place</u>	<u>132-700-94.00</u>	<u>500 gal/min</u>	<u>360,000</u>
<u>Home Farm</u>	<u># 238703</u> <small>Permit</small>	<u>134 gal/min</u>	<u>96,480</u>

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OCT 13 2022  
Water Supply Section  
Allocation Branch

These next 6 questions are specific to how your system runs for Irrigation purposes.

8. How many inches of water is required per week to meet the needs of your crop?

*N/A*

9. How many days would you typically spray irrigate in a week to meet the needs of item 8?

*3*

10. How many hours per day would the spray irrigation run on a typical day?

*12 hrs*

11. How many weeks is irrigation required during a typical growing season?

*N/A*

12. Do you require any pre/post-season irrigation to adjust soil moisture prior to planting the cr

*NO*

13. If off-peak season irrigation is required, what is the weekly water need and for how many w

*N/A*

14. Requested rates (Million Gals): 800,000 Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Sub-Total \_\_\_\_\_ System Total \_\_\_\_\_ (check Sub if systems interconnect)

15. For irrigation projects only: Total tillable acreage: 56 Irrigated acreage: 45

16. What is the estimated consumptive use, as a percentage of the total withdrawal? \_\_\_\_\_

*N/A*

17. For each well listed in #8 (above), attach Completion Reports and pumping test reports as specified in Well Permit. If reports not available, attach all information about the wells or intakes.

18. Describe all treatment the withdrawn water will receive prior to use.

*N/A*

19. Are all facilities listed in #7 (above) individually metered? NO. Identify those not metered and submit a proposed schedule for meter installation.

