

**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. _____
DRBC DOCKET NO. D-_____ - _____ CP
APPLICATION FEE VALIDATION -->
RECEIVED BY _____

PLEASE TYPE OR PRINT

1. Owner's Name Don Cunningham
Address 402 Cunningham Farm Rd
City Greenwood State De Zip 19950 Telephone # 302-265-5598
Email Address docunningham59@yahoo.com

1. Project Name Cunningham Farm
Address same as above
City _____ State _____ Zip _____ Telephone # _____

1. Date of Application _____

1. Name, address, and telephone # of geologist (or Engineer): NA

1. 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.**

1. Purpose (check): Public Industrial Process Industrial Cooling
 Irrigation Commercial Contaminant Recovery Other _____

1. 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)
Cunningham		400	500,000

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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?

2" per week

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

3 times a week @ .7" @ a time

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

20 hrs

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

14 weeks

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

NA

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

NA

14. Requested rates (Million Gals): 500,000 Day 6,000,000 Month 21,000,000 Year

Sub-Total _____ System Total _____ (check Sub if systems interconnect)

15. For irrigation projects only: Total tillable acreage: 30 Irrigated acreage: 26

16. What is the estimated consumptive use, as a percentage of the total withdrawal? 100%

17. For each well listed in #8 (above), attach Completion Reports and pumping test reports as specified in the 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.

NA

19. Are all facilities listed in #7 (above) individually metered? NA. Identify those not metered and submit a proposed schedule for meter installation.

20. 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. *NA*

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 of those feasible as soon as possible. A description of leak-detection monitoring and all feasible process-modifications for minimizing both water usage and loss. *NA*

21. Drought Emergency Plan for projects with total system water withdrawal over 1.0 mgd. Attach the following plan description. (**not applicable to irrigation projects**). *NA*

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

22. AFFIDAVIT

I, Steven Yingling, 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 *Steven Yingling*
Date 3/6/24

SWORN TO AND SUBSCRIBED before me the _____ day of _____.

NOTARY PUBLIC

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

20. 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. NA


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 of those feasible as soon as possible. A description of leak-detection monitoring and all feasible process-modifications for minimizing both water usage and loss. NA

21. Drought Emergency Plan for projects with total system water withdrawal over 1.0 mgd. Attach the following plan description. (not applicable to irrigation projects). NA

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

22. AFFIDAVIT

I, Don Cunningham, 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 3/6/24

SWORN TO AND SUBSCRIBED before me the _____ day of _____.

NOTARY PUBLIC

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



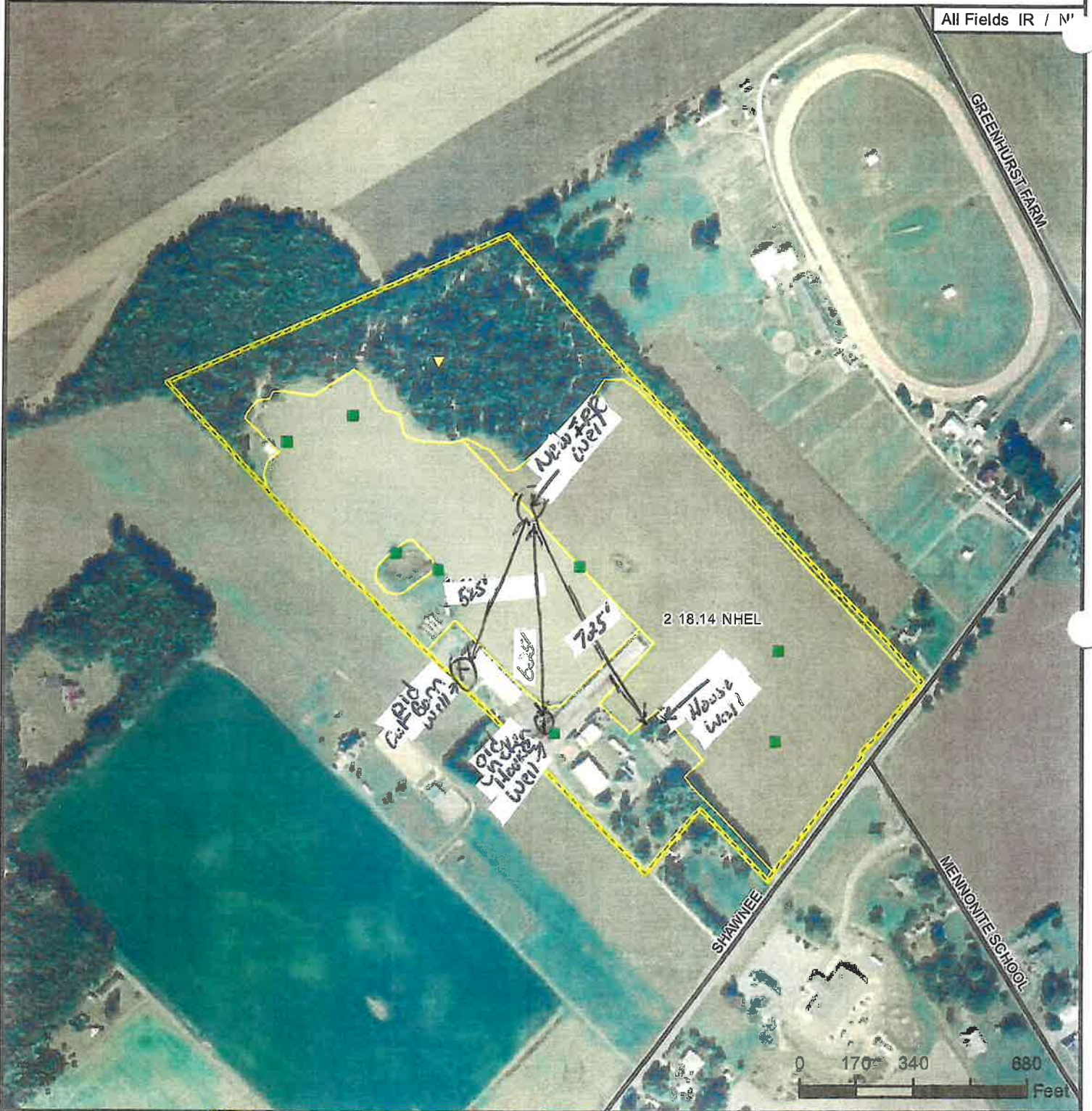
United States Department of Agriculture

Sussex County, Delaware

100% share on all fields to _____

other, specify here: _____

All Fields IR / N



Common Land Unit Tract Boundary

- Non-Cropland
- Cropland

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Don Cunningham
402 Cunningham Farm Rd
Greenwood, DE 19950
Parcel # 4-30-500

Tract Cropland Total: 29.87 acres

2024 Program Year

Map Created September 25, 2023

Farm 5016

Tract 37268

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).



DESIGNATION OF LEGALLY AUTHORIZED AGENT

THIS FORM MUST BE PRINTED, COMPLETED AND NOTARIZED, AND THE ORIGINAL MUST BE SUBMITTED WITH THE APPLICATION FOR A WELL PERMIT

Property Owner Name: Don Cunningham
Property Owner Phone: 302-265-5598
Property Owner Email Address: _____

Authorized Agent Name: Steven Yingling
Authorized Agent Phone: 410-310-6100
Authorized Agent Email Address: ghfarms1980@gmail.com

The proper completion of this form allows the owner(s) of a parcel to legally designate an agent to act for them in filing an application for a permit to construct and/or use a well. When properly completed and notarized, this form allows the agent to sign his or her name on the permit application form in place of the owner(s) signature.

I, Don Cunningham Property Owner's Name hereby authorize Steven Yingling Name of 14590 Sussex Hwy Bridgeville De 19933 Mailing Address to act as my agent in filing an application for a well construction and/or use permit, said well to be constructed on property owned by me, located at 402 Cunningham Farm Rd Greenwood, De 19950 and identified by tax map number 4-30-500. The aforementioned person has my permission to sign all well permit application forms otherwise requiring my signature.

[Signature]
Owner's Signature

3/6/24
Date

STATE OF _____:
COUNTY OF _____: SS

COMES NOW the subscriber, a notary public in and for the state and county aforesaid,

_____, known by me to be such, who being by me duly sworn, did depose and say
Owner's Name

that the preceding instructions constitute their wishes concerning the designation of a legally authorized agent for purposes of submitting application(s) for a permit to construct and/or use a well on property owned by them, and authorizes the agent to sign all application form(s) for them.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____ 20 ____

Notary Public Signature

Date Commission Expires