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:

WATER ALLOCATIONS BRANCH
DNREC - DIVISION OF WATER
89 KINGS HIGHWAY
DOVER, DE 19901
(302) 739-9945
http://www.dnrecstate.de.us

OFFICIAL USE ONLY:

DNREC ALLOCATION NO. _____
DRBC DOCKET NO. D-_____-_____ CP

PLEASE TYPE OR PRINT

1. Owner Name Phyllis K. French
   Address 1220 Bennetts Pier Rd
   City Milford State De Zip 19963 Phone # 302-335-5267
2. Project Name Log Cabin Rd Well
   Address 184 Log Cabin Rd
   City Milford State De Zip 19963 Telephone # (302) 335 5267
3. Date of Application 7-8-2025
4. Name, address, and telephone # of geologist (or engineer): Mels Wells
5. Attach a map (USGS 7 1/2 minute quadrangle only) with 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, if applicable, 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 sheet(s) if needed) replacing #242721

A. Facility Local ID	B. Facility Permit No.	C. Maximum Pump Capacity (GPM)	D. Maximum Use (GPD)	E. Acreage Total / Irrigated
	289628	5000 a day 5000 a minute	720,000 5000	48/40
Thompsonville1	242720	500	720,000	42/33
Thompsonville2	246980	200	288,000	11

8. Requested rates(MG): _____ Day _____ Month _____ Year _____
   Sub-Total _____ System Total _____
9. For irrigation projects only: Total tillable acreage: 45 ac Irrigated acreage: 40 500gpm

2 Thompson wells phyllis 242720+721
246980 T-Ahead

1 well — 2 wells

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

Stone log Cabin Rd — thompsville 1+2

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

1/2 in — 1/2 in per wk

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

18 hrs — 18 hrs — 2 wells pump individual

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

3 days — 3x a week = 1 1/2 inch a Week

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

12 wks

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

NO

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

NO — 3x 500

14. Requested rates (Million Gals): 1500 Day_____ Month_____ Year

Sub-Total_____ System Total_____ (check Sub if systems interconnect)

15. For irrigation projects only: Total tillable acreage: 73 Irrigated acreage: 90

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.

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

10. What is the estimated consumptive use, as a percentage of the total withdrawal?

11. Can water be transferred from facilities other than those listed in #8 (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 #6).

12. Discuss the feasibility of interconnecting with other systems. (not applicable to irrigation projects).

13. For each well listed in #8 (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.

14. Attach copies of the latest reports on chemical and bacteriological analyses for the water from each facility. (not applicable to irrigation wells and irrigation surface-intakes).

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

16. Describe the method of treatment for this project's waste water. If the waste water is discharged to surface waters or lands, attach copies of the latest chemical and bacteriological analyses of the effluent, including temperature (DMRs), and where appropriate the disposal project study. Otherwise, name the treatment facility for this waste water.

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

18. 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? _____.

19. Conservation Program for projects with total system water withdrawals over of 1.0 mgd. Attach the appropriate program description. (not applicable to irrigation projects).

    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 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.

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

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

21. 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 Phyllis K French

Date 7-9-2025

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.