

**Division of Water
Commercial & Government Services Section
89 Kings Highway
Dover, DE 19901**

**Phone: (302) 739-9948
Fax: (302) 739-2296
<https://dnrec.delaware.gov/>**

INSTRUCTIONS FOR FILING A WATER ALLOCATION PERMIT APPLICATION

State law (7 Del. C. Subsection 6003 (a)) requires permitting of projects withdrawing water from the surface or the ground at a rate greater than 50,000 gallons per day. For effected projects application must be made to the Department of Natural Resources and Environmental Control (DNREC) to obtain a Water Allocation Permit. All applications for public, industrial, and commercial Water Allocation Permits must be accompanied by one-time permit fee payment of \$375 for each surface-water body (stream or pond) and aquifer supplying the system, regardless of the number of withdrawal points in either. (NOTE: Irrigation projects and permit modifications do not require a fee payment). Make the Allocation Permit fee payment check payable to the State of Delaware.

Please submit the appropriate items to:

**ALLOCATIONS - Water Supply Assessment & Protection
DNREC - DIVISION OF WATER
89 KINGS HIGHWAY
DOVER, DE 19901**

The following are instructions for the DNREC application. If you have questions with the application, call the Water Allocation Branch at (302) 739-9948.

The system owner or water/well manager should complete this application.

1. List all requested information for the owner of the system. For privately-owned projects, list all applicable corporate names. Include mailing and street addresses where appropriate.
2. List all information for the project if different from #1 above. Specify the development, site, or tract name as appropriate, where the withdrawals will be located.
3. List the date the application is signed.
4. If a geologist or engineer has been involved with the development of the water supply, or facilities, give their name, address, and telephone number. Exclude drilling contractors.
5. All information must be clearly marked and plotted on a map. For irrigation projects, the applicant may also be provided copies of soils maps as supplements to the topographic map.
6. Only one may be checked. Leave blank if uncertain.
7. Item #7 is a listing of information on withdrawal facilities (wells, stream, or pond intakes). If all withdrawals are from a SINGLE SOURCE (one aquifer, one stream, or one pond) Attach a blank copy of the table is needed. Complete all items through #7 on the original and complete all items through #8 on the attachment.

If withdrawals are from MULTIPLE SOURCES (different aquifers and/or surface waters) attachments will be needed regardless of the number of facilities. In this case attach a separate blank copy of the first page of the application for each aquifer, stream, and pond. Complete all items on each page and check SUB-TOTAL on each by item #8. For the entire system, sum all "SUB-TOTALS" onto a separate, fully completed attachment but leave the FACILITY INFORMATION (item #7) blank and check "SYSTEM TOTAL" by item #8. On all items #8 be sure to list a REQUESTED RATE for each period and indicate "SUB-TOTAL" or "SYSTEM TOTAL" where appropriate.

- A. FACILITY LOCAL ID - List the facility's name as it is called by the owner, e.g. #1, Well A, North Intake, Pond 1. All surface water intake pumps should be listed separately. All facilities used for emergency stand-by, i.e. fire fighting, should be listed.
- B. FACILITY PERMIT NO. - List the well construction or surface intake permit number. Leave blank if unknown.
- C. MAXIMUM PUMP CAPACITY - For each facility list the maximum capacity of the PUMP. The maximum capacity would be under wide-open discharge, unconnected to distribution lines. Otherwise, list the highest known capacity of the pump, well, or intake.
- D. MAXIMUM USE - For each facility use the MAXIMUM PUMP CAPACITY (from C. above) to list the maximum volume intended to be pumped for one day.
- E. ACREAGE - For each well you need to give the number of acres, what the well can water, and what the total acreage amount is for the property.
8. REQUESTED RATES - A Water Allocation must be designed for daily, monthly, and yearly withdrawals based on DEMAND. For recovery projects and certain industrial withdrawals, the REQUESTED RATES could be based on continuous pumping at maximum capacity. For irrigation systems: the applicant should assume a growing season with little or no rainfall. Generally, the REQUESTED RATES will NOT be based on maximum capacity because for a given period the maximum capacity will typically far exceed the demand. However, REQUESTED RATES must have headroom for peak demand in all periods. Also allow for the necessary margin to meet projected increases in demand for at least the next five years. If the REQUESTED RATES are an increase over an existing allocation, attach a statement to document the need for the increase and give a proposed developmental schedule. Each facility will be permitted to its maximum daily capacity, but not in excess of the daily allocation for the entire system. The system will be allocated for maximum daily, monthly, and yearly withdrawal rates, and maximum pumping water-levels will be established where necessary. Unless adverse affects have, or could result from these withdrawals, or unless the requests are not substantial, the REQUESTED RATES will be granted in the water allocation permit.
9. Account for all acreage which presently can be irrigated, and all additional acreage which could or will be irrigated, e.g. planned extension of spray systems, new wells, etc. List the total acreage of all land at the project site, regardless of whether the lands are or could be irrigated.
10. Consumptive use is the amount of withdrawn water not returned to the surface or ground waters (e.g. water to non-local sewer systems, crop up-take, evaporation, etc.).
11. Identify and describe all interconnections, transfer agreements, etc. which can or could supply water to this system.

12. Identify and describe any other system(s) with which an interconnection is physically possible and detail all discussions to that effect which may have occurred among the concerned parties.
13. Wells listed within should have completion reports if they were installed after 1969. If the application does not have completion reports available, they may be available from the drilling contractor. Pumping test data must be submitted for each well if required specifically by the well permit or by the Division of Water. Otherwise, give ALL known construction and pump information for each facility (e.g. depth, screened interval, diameter, pump capacity, etc.). Do not send originals.
14. Chemical and bacteriological analyses are conducted for potable supplies by the Division of Public Health, Office of Drinking Water (302) 741-8630. These are the yearly Sanitary Survey, and the Quarterly and Monthly reports for routine analyses. Any other analyses appropriate or available for the project should be submitted. Do not send originals.
15. Fully describe all treatment the withdrawn water will receive prior to use. Ex. include, but are not limited to, chlorination, iron removal, aeration, filtration, fertilizer and chemigation additives, etc.
16. Fully describe all treatment the wastewater will receive prior to discharge. Examples include the various physical and biological treatments and treatment stages for the waste stream. The latest available NPDES reports on chemical and bacteriological analyses must be included. Provide analyses as appropriate for wastewater spraying projects, groundwater recovery projects, etc. If applicable, name the regional treatment facility receiving the project's wastewater.
17. For irrigation facilities metering refers to elapsed-time indicators on engines and motors, as well as in-line flow meters. For all other facilities, metering refers only to approved, in-line flow meters, or flow-integrators where appropriate. Metering is required and, if meters are lacking a proposed schedule for installation must be submitted for review by the Division of Water.
18. If service connection metering is not 100%, the schedule for 100% metering should be described via a customer break-down, including any existing service metering and recent ordinances thereto. Provide the latest available population figure along with the best projected estimate.
19. Fully describe all existing conservation measures, and all feasible measures which are planned.
20. Fully describe all existing drought emergency plans, and all feasible plans, which could be implemented in the event of a declared drought.
21. The owner or the appropriate official of the owner (as listed in item #1) must sign and date the application. All applications, except for agricultural irrigation, must be notarized.

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:

OFFICIAL USE ONLY:

Water Supply Assessment & Protection
 DNREC - Div. of Water
 89 KINGS HIGHWAY
 DOVER, DE 19901
 (302) 739-9948
<https://dnrec.delaware.gov/>

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

PLEASE TYPE OR PRINT

1. Owner Name Trap Pond State Park
 Address 33587 Bald Cypress Lane
 City Laurel State DE Zip 19956 Phone # (302) 875-5153
 Email Address lindsey.goebel@delaware.gov

2. Project Name Cypress Splash Zone
 Address 33587 Bald Cypress Lane
 City Laurel State DE Zip 19956 Telephone # (302) 875-5153
 John D. Hynes & Associates

3. Date of Application November 17, 2025
 32185 Beaver Run Drive
 Salisbury MD 21804

4. Name, address, and telephone # of geologist (or engineer): 410-546-6461

5. Attach a map location of all facilities (wells, streams, and pond intakes). Applications for irrigation systems needs the acreage for 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)

A. Facility Local ID	B. Facility Permit No.	C. Maximum Pump Capacity (GPM)	D. Maximum Use (GPD)	E. Acreage Total / Irrigated
Nature Center	10875		115,200	N/A
C-Loop	234737		115,200	N/A
Cabin Well	265107		115,200	N/A
Cypress Point	65023		36,000	N/A

8. Requested rates (MG): 3,796 gal. Day 94,572 gal. Month 311,711 gal. Year
 Sub-Total _____ System Total _____
 Splash Features: Memorial Day thru Labor Day: 73,069.5 gallons
 Splash Features Per Season is: 4,200g.to fill + 73,069.5g. operational per season = 77,269.5 gallons per year (based on a Memorial Day thru Labor Day Operational time)
 9. For irrigation projects only: Total tillable acreage: N/A Irrigated acreage: N/A

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. (n/a to irrigation projects). N/A
13. For each well listed in #8 (above), attach 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 the latest reports on chemical and bacteriological analyses for the water from each facility. (n/a to irrigation wells and irrigation surface-intakes).
15. Describe all treatment the withdrawn water will receive prior to use. Commercial water softener
16. Describe the method of treatment for this project's wastewater. If the wastewater is discharged to surface waters or lands, attach 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 wastewater.
In-ground septic system.
17. Are all facilities listed in #7 (above) **individually metered**? _____. Identify those not metered and submit a proposed schedule for meter installation. Unknown
18. For public supply projects only: what percent of individual service-connections are metered? _____ If not 100%, when will it be 100%. What is the present population? _____ in five years? _____
Usage will be limit to 350 people at height of activity in the summer. There is no anticipation of growth
19. Conservation Program for projects with total system water withdrawals over of 1.0 mgd. Attach the appropriate program description. (n/a to irrigation projects).
 - A. **Public water supply systems:** A Conservation Program for the monitoring, prevention, and repair of leakage throughout the system, provides customer information relating to water conservation and water-saving devices. Water is recirculated and only supplemented due to evaporation loss.
 - B. **Industrial, Commercial, and other water supply projects:** A Conservation Program that provides the investigation of conservation measures and provides the implementation of those 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. (n/a 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, Kevin J. Rychlicki, AIA State Parks Architect, 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.

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.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Drinking Water

PHONE: (302) 741-8630
FAX: (302) 741-8631

September 19, 2025

CERTIFIED MAIL

Trap Pond State Park System 2
33587 Baldcypress Lane
Laurel, DE 19956

Attn: Ms. Linsey Goebel
Re: Total Coliform Bacteria Positive Results
PWS ID#: DE0002318

Dear Ms. Goebel,

Bacteriological samples recently collected at Trap Pond State Park System 2- Nature Center tested positive for total coliform bacteria. Under the Revised Total Coliform Rule (RTCR) in the State of Delaware *Regulations Governing Public Drinking Water Systems*, a Level 1 Assessment has been triggered for your public water system. Enclosed is a Level 1 Assessment form that you must complete and return to the Office of Drinking Water as soon as practical and within 30 days of receipt of this letter.

The RTCR aims to increase public health protection through the reduction of defects that could either provide pathways that allow fecal contamination and/or waterborne pathogens to enter the distribution system or could indicate a failure in a barrier that is already in place. The RTCR uses the term *sanitary defects* to refer to these deficiencies.

The RTCR requires all public water systems to monitor for total coliforms and *E. coli* in their distribution system on a regular basis. Total coliforms are used as indicators of the integrity of the distribution system and *E. coli* is used as an indicator of the presence of fecal contamination.

When monitoring results indicate that the system may be vulnerable to bacteriological contamination (e.g., multiple positive results for total coliforms or *E. coli*), the system must conduct an assessment to determine if there are sanitary defects that could be causing the contamination. Any sanitary defects identified during the assessment must be corrected to prevent future occurrence of contamination.

The general progression of conducting a Level 1 Assessment is as follows:

1. Evaluate the location of any positive samples (sampling site and sampling procedures)
2. Evaluate the distribution system in the area near the positive samples (water quality data, operational or unusual activities, distribution system components, storage facilities)
3. Assess the treatment facility
4. Assess any well or wells that provided water to the part of the water system where the bacteria detections occurred

If your public water system does not have any treatment processes or an extensive distribution system, focus on those elements that are present in the system, such as the source water (e.g., wells) and the limited distribution system.

For small public water systems that do not supply water beyond their premises, an assessment of the plumbing inside the building is required. Most backflow events are a result of unprotected cross connections in premise plumbing. Therefore, assessing for potential cross connections is a key element of a Level 1 Assessment.

Please note that failure to identify a potential cause of the contamination and provide a corrective action (e.g., well and distribution system chlorination), will result in a Level 2 Assessment if additional positive bacteriological sampling result(s) are observed within 12 months of the original bacteriological positive sample result(s).

Please contact me at our office at (302) 741-8630 if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Dameon Whyte".

Dameon Whyte
Environmental Health Specialist II

Enclosure: Level 1 Assessment form



Delaware Office of Drinking Water
Level 1 Assessment Form

PWS ID#:DE0002318 **PWS Name:**TRAP POND STATE PARK SYSTEM 2 **Principle City Served:**LAUREL

Compliance Period (mm/yy) 09/25

INSTRUCTIONS:

In **Section A "General,"** review and evaluate the listed elements typically found in a Public Water System (PWS). Check (✓) all elements reviewed and check "Issue(s) identified" if any potential causes of contamination were identified, check "No issues" if potential causes of contamination were not identified, or check "N/A" if the section is not applicable to your PWS.

In **Section B "Description of Occurrence,"** provide an explanation if any issues were identified.

In **Section C "Corrective Action,"** provide proposed corrective action(s) if any issues were identified in Section B.

Return this form within 30 days after determination of exceeding the Total Coliform Maximum Contaminant Level.

Section A

1. GENERAL

No issues identified Issues identified

Have any of the following occurred at sample sites prior to collecting bacteria samples?

<input type="checkbox"/> Low/inadequate disinfectant residual	<input type="checkbox"/> Loss of pressure (less than 25 psi)
<input type="checkbox"/> Operation/maintenance activities	<input type="checkbox"/> Visible indicators of unsanitary conditions
<input type="checkbox"/> Firefighting event/flushing/sheared hydrant	<input type="checkbox"/> Water quality parameters out of range
<input type="checkbox"/> Signs of vandalism/forced entry*	<input type="checkbox"/> Other: _____

* The discovery of malicious intent or an act of vandalism must be reported to ODW within 24 hours.

2. SOURCE CHANGES

No issues Issues identified

<input type="checkbox"/> Alternate source used prior to sampling	<input type="checkbox"/> New source added	<input type="checkbox"/> Other: _____
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3. SAMPLING SITES

No issues Issues identified

<input type="checkbox"/> Unclean or unsuitable sample tap	<input type="checkbox"/> Change in conditions at sample site	<input type="checkbox"/> Not on plan
<input type="checkbox"/> Non-preferred sampling location	<input type="checkbox"/> Other: _____	

4. SAMPLING PROTOCOL

No issues Issues identified

<input type="checkbox"/> Improper sample container	<input type="checkbox"/> Inadequate tap flushing
<input type="checkbox"/> Aerator was removed	<input type="checkbox"/> Improper storage temperature
<input type="checkbox"/> Sampler error <input type="checkbox"/> Auto sensing faucet/swivel-type faucet	<input type="checkbox"/> Other: _____

5. TREATMENT PROCESS

No issues Issues identified N/A**

<input type="checkbox"/> Change in flow rates	<input type="checkbox"/> Recent installation/repair
<input type="checkbox"/> Inadequate disinfection	<input type="checkbox"/> O & M procedures not followed
<input type="checkbox"/> Turbidity measurements out of range	<input type="checkbox"/> New source added
<input type="checkbox"/> Treatment added or changed <input type="checkbox"/> Interruption in treatment/power loss	<input type="checkbox"/> Other: _____

6. DISTRIBUTION SYSTEM

No issues Issues identified

<input type="checkbox"/> Power loss	<input type="checkbox"/> Operation of isolation valves resulting in breakage
<input type="checkbox"/> Standing water/debris in valve vault	<input type="checkbox"/> Flushing of fire hydrants or blow-offs
<input type="checkbox"/> Low disinfection residuals	<input type="checkbox"/> Improper operation of air-relief/air-vacuum valves
<input type="checkbox"/> Pump or valve failure	<input type="checkbox"/> Installation of new mains or construction activity
<input type="checkbox"/> Pressure loss/inadequate pressure (less than 25 psi)	<input type="checkbox"/> Improper operation of pumps/valves
<input type="checkbox"/> Improper surge control	<input type="checkbox"/> Illegal use of hydrants
<input type="checkbox"/> Main breaks	<input type="checkbox"/> Leaks
<input type="checkbox"/> Unprotected cross connection <input type="checkbox"/> Improper operation of valves	<input type="checkbox"/> Other: _____

7. STORAGE TANKS

No issues Issues identified

<input type="checkbox"/> Improper maintenance practices	<input type="checkbox"/> Low disinfectant residual
<input type="checkbox"/> Presence of dead animals/insects	<input type="checkbox"/> Hatch not sealed
<input type="checkbox"/> Incorrect operation of level control valves, altitude valves, and related appurtenances	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Deterioration, rust, holes, or other breaches in vent, overflow pipe, access hatch, screens, ladders, etc.	
<input type="checkbox"/> Water-logged bladder tank(s)	

** N/A (not applicable) should be checked if there are no issues related to individual sections or if PWS does not have that component (e.g. no springs)

8. SOURCES - Well		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
<input type="checkbox"/> Defective/damaged well cap/well seal <input type="checkbox"/> Floodwater/run-off inundation <input type="checkbox"/> Missing/damaged grout seal <input type="checkbox"/> Damaged pitless adaptor		<input type="checkbox"/> Damaged well casing <input type="checkbox"/> Damaged/unscreened vent <input type="checkbox"/> Unprotected opening in pump/pump assembly <input type="checkbox"/> Other:	
If Ground Water Rule (GWR) source sample(s) were TC positive, you should contact ODW to determine if further action is required.			
Surface Water Supply		<input checked="" type="checkbox"/> No issues	<input type="checkbox"/> Issues identified
<input type="checkbox"/> Potential source of contamination <input type="checkbox"/> Change in sources		<input type="checkbox"/> Rapid snowmelt <input type="checkbox"/> Flooding <input type="checkbox"/> Other:	
		<input type="checkbox"/> Heavy rainfall	

Section B - Description of Occurrence: Use this space to provide additional information that supports your findings (e.g., water quality and pressure monitoring data). Include corresponding dates with your findings.

Check if you did not find any causes for the contamination.

Section C - Corrective Action: Use this space to describe corrective action taken or proposed corrective action with corresponding dates.

The well was chlorinated on 10/15/25, the chlorinated water was allowed to remain in the storage tank and distribution lines for 24 hours for disinfection. The system was flushed on 10/16/25 to remove any residual chlorine prior to reopening the building.

Completed by: Daisey's Well Drilling.
302-238-7847

Initial Detection Date: 08/29/2025	Initial Laboratory Notification Date:	Initial ODW Consultation Date:
Total # routine and repeat samples: 6	Total # coliform positive samples: 4	Total # E. coli positive samples:
# of coliform detections in past 12 months: 0	# of coliform violations in past 12 months:	

Certified Operator (print name):	
Sample Collector(s) (<input type="checkbox"/> same as Certified Operator):	
Sample Collector(s): TOMMY STEPNEY	Sample Collector(s):

Certification: I certify that I am the person authorized to fill out this form, and the information contained herein is true, accurate and complete to the best of my knowledge.

Print Name: Lindsey B. Goebel
 Signature: Lindsey B. Goebel
 Phone #: 302-612-7423

Title: Park Superintendent
 Date: 10/15/25
 Email: Lindsey.Goebel@delaware.gov

Please return this form to the **Delaware Office of Drinking Water** at: 43 South DuPont Highway, Dover, DE 19901
 Phone: 302-741-8630, Fax: 302-741-8631

ODW USE ONLY: Date received: _____ ODW Reviewer: _____

ODW phone interview Additional information: _____