

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
DIV. of WATER – DNREC
89 KINGS HIGHWAY
DOVER, DE 19901
FOR INFORMATION: (302) 739-9948

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

PLEASE TYPE OR PRINT

1. Owner's Name C + B Fifer Properties LLC c/o Fifer Orchards, Inc
Address 1919 Allabands Mill Rd
City Wyoming State DE Zip 19934 Telephone # 302-697-2141
Email Address bobby@fiferorchards.com
1. Project Name Camp Trickle #2
Address ~~2150~~ 2150 Allabands Mill Rd
City Wyoming State DE Zip 19934 Telephone # _____
1. Date of Application 1/16/26
1. Name, address, and telephone # of geologist (or Engineer): N/A
1. Attach a map with 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)	E. Irrigated Acres/Total Acreage
Camp-trickle	218397	150		28
Camp-trickle #2	291269	TBD		28

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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"

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

3-4

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

5-6

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

28

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

Sometimes

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

N/A

14. Requested rates (Million Gals): _____ Day _____ Month _____ Year

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

15. For irrigation projects only: Total tillable acreage: 28 Irrigated acreage: 28

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

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.

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.

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.

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).**

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, Robert Fifer, 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

RF
1/16/26

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

NOTARY PUBLIC

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