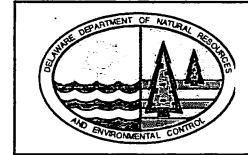


APPLICATION - PERMIT
ON-SITE WASTEWATER SYSTEM



(Please Type or Print Legibly)

OWNER'S NAME: Schell Brothers LLC PHONE: 302-226-1994

ADDRESS: 20184 Phillips Street Rehoboth DE 19971

PROJECT LOCATION: Monroe Ave Extended Lewes, DE 19958

TAX/MAP #: 335-8.12-79.00

APPLICATION PREPARER: Alexis O'Neal DNREC LICENSE #: _____

PREPARER'S ADDRESS: 20184 Phillips Street Rehoboth DE 19971

PHONE: 302-226-1994

I hereby affirm that the information provided on this document is accurate and complete.

Preparer's Signature: Alexis O'Neal Date: 05-04-26

-SEPTIC DESIGN CRITERIA-

(Please check all boxes that apply)

System Type: (CF = Cap & Fill / FD = Full Depth)

- Gravity (FD) Permanent Holding Tank
- Gravity (CF) Elevated Sand Mound
- Pressure Dose (FD) Wisconsin At-Grade
- Pressure Dose (CF) Subsurface Micro Irrigation
- Low Pressure Pipe (FD) Peat Bio- Filter
- Low Pressure Pipe (CF) Other _____
- Temporary Holding Tank

- Bed or Trench
- Gravelless Chamber Stone/Gravel Tire Chips lined Yes No

Existing System Malfunctioning Yes No N/A

Pre-Treatment Units

- Septic Tank
- Other _____

Central Water Available Yes No
(If yes, please state Utility Name: _____)

Type of Construction:

- Replacement
- New Construction
- Component Replacement
- Component: _____
- Repair to Existing System
- Reason: _____
- Authorization to Use Existing System
- Permit #: _____
- Present Condition: _____ Sand-Structure to be connected: _____

of Bedrooms: _____
 Avg. Percolation Rate: _____
 Gallons Per Day Flow: _____
 Minimum Sq. Ft. Rcq'd: _____
 Sq. Ft. Proposed: _____

- SITE PLAN & CROSS SECTION -
(INDICATE DIRECTIONS OF NORTH & SCALE OF SITE PLAN)

Draw a general location map of project location and give distance to nearest road junction.

OWNER'S/AUTHORIZED AGENT SIGNATURE: Jim Green DATE: 5/2/26

- A copy of this page must be submitted with both septic system and well construction report(s)