DNREC Use Only:
WAP # _____
WCP# _____
SWI#_____

APPLICATION FOR WATER WITHDRAWAL PERMIT

I, _____ (Owner or Agent), hereby apply to the Delaware Department of Natural Resources and Environmental Control (DNREC) for authorization to withdrawal water for: (CHECK ONLY ONE)

_____ Irrigation
_____ Dust Control
_____ Other(Describe)_____
_____ Wellpoint Jetting
_____ Hydro seeding

Beginning on and ending on .
The withdrawal rate will be approximately_____gallons per day.

COMPLETE ONE OF THE FOLLOWING TWO STATEMENTS AS IT APPLIES:

1) The withdrawal will be from _____(name of surface water body) approximately _____(feet) _____(direction) of the intersection of _____(nearest two roads).

2) This withdrawal will be from a well; DNREC permit # _____.

3) The Discharge water will be directed _____.

I understand that if necessary I will be contacted in the future by DNREC to make full application for a water allocation permit persuent to the "Regulations Governing the Allocation of Water." Upon DNREC's receipt of this application, authorization to withdraw water will be conferred and only to the above described project. This authorization is temporary , and shall not extend beyond the calendar year in which the withdrawals began, and may be revoked or suspended as deemed necessary by DNREC.

_____

Signature Date

Name/Company_____
Mailing Address_____
Telephone Number (_____) - _____ - _____ Fax:_____ -_____
E-mail _____

RETAIN A COPY OF THIS FORM ON-SITE AND RETURN ORIGINAL TO:

DNREC: Division of Water
Commercial and Government Services Section
Water Supply Assessment & Protection
89 Kings Highway
Dover, DE 19901
Phone: 302-739-9948 Fax:302-739-2296

_____ _____

DNREC Authorizing Signature Date