

DNREC permit # \_\_\_\_\_



DNREC - Division of Water  
89 Kings Highway  
Dover, DE 19901  
(302) 739-9948 – Allocations  
(302) 739-9947 ext 2 – Well Permitting  
(302) 739-7764 -FAX

## APPLICATION FOR WATER WITHDRAWAL PERMIT

I, \_\_\_\_\_ (Owner or Agent-Please Print),  
hereby apply to the Delaware Department of Natural Resources and Environmental Control (DNREC) for  
authorization to withdraw water for: (CHECK ONLY ONE)

_____ Irrigation	_____ Wellpoint Jetting
_____ Dust Control	_____ Hydro Seeding
_____ Excavation/Sumps	_____ Other (Describe):
	_____

Beginning on \_\_\_\_\_ and ending on \_\_\_\_\_. The  
withdrawal rate will be approximately \_\_\_\_\_ gallons per day.

Site Address: \_\_\_\_\_

Tax ID number of withdrawal location\*:

\*If drilling in a Right of Way (ROW) please provide Tax ID number of nearest parcel and attach Notice to Proceed/Safety Permit to application.

### COMPLETE THE FOLLOWING:

The withdraw will be from \_\_\_\_\_ (name of surface water body)  
approximately \_\_\_\_\_ (feet) \_\_\_\_\_ (direction) of the intersection of  
(nearest two roads) \_\_\_\_\_

The Discharge water will be directed to: \_\_\_\_\_

I understand that, if necessary, I will be contacted in the future by DNREC to make full application for a water  
allocation permit pursuant 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.

Name/Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RETAIN A COPY OF THIS FORM ON-SITE

\_\_\_\_\_  
DNREC Authorizing Signature

\_\_\_\_\_  
Date