

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

PHONE: 302-739-3665
FAX: 302-739-7764

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

http://www.dnrec.state.de.us/

APPLICATION MUST BE
SUBMITTED AND PERMIT
RECEIVED BEFORE
DRILLING IS STARTED.

APPLICATION FOR A PERMIT TO CONSTRUCT
MONITOR, OBSERVATION, RECOVERY WELL(S)
or SOIL BORING(S)

PAGE ____ OF ____ PAGES

ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PLEASE PRINT OR TYPE - USE BLUE OR BLACK INK ONLY

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Licensed Preparer/WC: _____ Lic #: _____

Consulting Firm/Supervising Geologist (if applicable): _____

Telephone Number: _____

Proposed Construction Date: _____

DNREC / Other Program:

- Hazardous Waste
- Solid Waste
- Land Treatment (Non-Hazardous)
- Other (Specify): _____
- CERCLA
- UST
- On-Site Septic
- Wetlands

Site Name/State Permit # (if applicable): _____

Name of DNREC Contact Person (if any): _____

Is this a Replacement Well? YES NO

Replacement Reason: _____

PROPOSED WELL CONSTRUCTION

Proposed Drilling Method: _____

Approximate Total Depth: _____

Approximate Depth to Water Table: _____

Type of Well(s):

- Monitor Observation Soil-Boring **OR**
- Recovery - Maximum Capacity : _____ GPM

Inner Casing Outer Casing

| | | |
|------------------|--|--|
| Casing Top: | | |
| Casing Bottom: | | |
| Casing Diameter: | | |
| Casing Material: | | |

Proposed Screen Setting: Top: _____ TO Bottom: _____

Proposed Screen Length: _____ Material: _____

Type of Grout: _____

Grouted From - Top: _____ TO Bottom: _____

Bentonite/Clay Plug: - Top: _____ TO Bottom: _____

Gravel Pack Interval - Top: _____ TO Bottom: _____

Type of Casing Coupling (threaded, flared, etc.): _____

Screened In (Aquifer/Formation): _____

LOCATION MAP - ROAD MAP

County: New Castle Kent Sussex

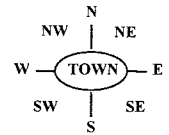
Nearest Town: _____

Address of Project Site: _____

Tax Map/Parcel #: _____

DIRECTION OF WELL FROM TOWN

(CIRCLE DIRECTION)



ATTACH ONE COPY OF AN (8.5" x 11 site map (scale at least 1" = 200') with proposed well/boring locations with unit field or area to be monitored clearly indicated. INCLUDE A NORTH ARROW, local landmarks, buildings, existing wells, proposed local ID numbers, and a location map showing a minimum of two county or state roads. Include property size and distance from well(s) to property lines.

Purpose of proposed project and monitored analytes (i.e. Hydrocarbons, priority pollutants, RCRA Appendix IX, etc.): _____

Expected Frequency of Sampling/Reading: _____

PLEASE NOTE: Up to 10 wells may be applied for on a single form if located on the same tax map parcel and construction details are identical.

LIST LOCAL ID #S BELOW FOR EACH WELL

| LOCAL ID # | PERMIT # |
|------------|----------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Will the operation of this well by itself or in combination with any other well(s), owned or operated by the Permit Holder, withdraw greater than 50,000 gallons in any 24 hr. period? NO YES

COMMENTS: _____

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Licensed Preparer /Water Well Contractor (WC) _____ Date _____

Signature - Property Owner _____ Date _____

Please release the contractor's copy of the permit and the well tag to the water well contractor noted on this application: YES NO

- FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -

Received By: _____ Modified Grid: _____

Amount: _____ Drainage Basin: _____

Date: _____ Quad: _____

DRBC: YES NO

H₂O Utility: _____

Flood Zone/Coastal: _____

X-Coord: _____

Y-Coord: _____

DOT #: _____

PERMIT #(s):