MARYLAND DEPARTMENT OF THE ENVIRONMENT

WATER MANAGEMENT ADMINISTRATION - WATER SUPPLY PROGRAM

1800 Washington Boulevard • Baltimore, Maryland 21230

(410) 537-3590 • 1-800-633-6101 • fax (410)537-3157 • http://www.mde.state.md.us

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE FOR AGRICULTURAL PURPOSES

Please complete this form carefully. Help is available by calling the Water Supply Program at (410) 537-3590 or your local extension agent. The Water Supply Program will work with you to develop estimates of water use.

TYPE OF APPLICATION (Check All That Apply) **Permit Application Number** _____

☐ New Application ☐ Change in Existing Permit ☐ Renewal of Existing Permit

☐ Required Permit (10,000 gallons per day or more averaged over a year)

☐ Voluntary Permit (less than 10,000 gallons per day averaged over a year)

Applicant's Name Daytime Telephone Number

Applicant's Address (Street) (City) (State) (Zip Code)

County of Water Use: _____ Location of Water Use: ☐ Same as Above Address

☐ Other location (specify)

Tax Map Information _____ _____

(Page) (Block) (Parcel Number) _____

Do you ☐ Own ☐ Lease this property?

PLEASE INCLUDE TAX MAP INFORMATION AND A DETAILED LOCATION MAP WITH YOUR APPLICATION.

PURPOSE: (check all that apply)

☐ Field Crop Irrigation
Type(s) of Crop(s) _____

☐ Vegetable Irrigation
Type(s) of Vegetable(s) _____

☐ Livestock Watering (# and type) _____

☐ Poultry Watering: Type of poultry_____
# of houses_____ # of flocks/yr_____
#birds/flock_____ Cooling system? Yes / No
Fogger or Evaporative Cooling Pad? (circle one)

☐ Aquaculture

☐ Horticultural Operation (specify type) _____

☐ Other (specify) _____

SOURCE (check all that apply)

☐ Surface Water (stream, river lake, pond)
Name of source_____

☐ Ground Water (wells, ground water pond)
Number of wells_____
Approximate Depth of Wells_____ft
For existing wells, provide well tag numbers:
_____

☐ Spring

ADDITIONAL QUESTIONS:

Total number of irrigated acres_____ Acres by crop type_____ _____ _____

Type of Irrigation System (low-pressure, high pressure, drip trickle) _____

Crop yield goal for each type:_____(indicate bushels/acre or tons/acre)

SIGNATURE _____

PLEASE PRINT *(Name)* *(Title)* *(Date)*

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