



MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water and Science Administration – Water Supply Program

1800 Washington Blvd, Baltimore MD 21230

410-537-3590 * 1-800-633-6101 * fax 410-537-3157

APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE

| | | | | | |
|---|---|----------------------------------|---|-------------------------|--|
| Type of Application | <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Modification | Existing Permit Number: | |
| APPLICANT INFORMATION <i>(Person/Entity to whom permit will be issued)</i> | | | | | |
| Business Name: | | | Contact Name: | | |
| Mailing address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Mobile: | | Fax: | |
| Email: | | | | | |
| The applicant is the: <input type="checkbox"/> Water User <input type="checkbox"/> Land Owner <input type="checkbox"/> Both | | | | | |
| Permit is to be issued to <input type="checkbox"/> Individual <input type="checkbox"/> Business | | | | | |
| LAND/PROPERTY OWNER INFORMATION <i>(IF DIFFERENT FROM APPLICANT)</i> | | | | | |
| Name: | | | | | |
| Mailing Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Fax: | | Email: | |
| CONSULTANT OR OTHER CONTACT INFORMATION | | | | | |
| Name: | | | | | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Phone: | | Fax: | | Email: | |
| REQUESTED APPROPRIATION OR USE | | | | | |
| <u>Groundwater:</u> Avg. daily use (total annual use/365): _____ gpd Avg. during month of maximum use (highest month/30): _____ gpd | | | <u>Surface Water:</u> Avg. daily use (total annual use/365): _____ gpd Maximum daily use (highest day of year): _____ gallons | | |
| HOW WILL THE WATER BE USED? <i>(Please check all that apply and describe)</i> | | | | | |
| <input type="checkbox"/> Community Water Supply | SDWIS#: | Pop. served: | | No. of connections: | |
| <input type="checkbox"/> Potable/Sanitary Uses | No. of connections: | | | | |
| <input type="checkbox"/> Commercial/Institutional | No. regular customers: | | Sq. footage: | | |
| | | Type/Name of business: | | | |
| <input type="checkbox"/> Subdivision on individual wells | Total No. of lots (based on full buildout): | | | | |
| <input type="checkbox"/> Industrial/Mining | Describe uses: | | | | |
| <input type="checkbox"/> Power Generation | Describe uses: | | | | |
| <input type="checkbox"/> Non-agricultural irrigation | No. of acres: | | | | |
| <input type="checkbox"/> Other (describe) : | | | | | |
| LOCATION OF WITHDRAWAL <i>(Attach additional sheets if necessary)</i> | | | | | |
| Street address and/or location description: | | | | | |
| Town/City: | | | County: | | |
| Tax map/grid/parcel/lot: | | | Subdivision Name: | | |
| Lat/Long: | | | | | |
| All applications must include location map. Subdivision applications must include plat. | | | | | |

| GROUNDWATER WATER SOURCE(S) <i>(Attach additional sheets if necessary)</i> | | | | |
|---|-----------------------|--|--|--|
| Source (check all that apply) <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Groundwater Pond <input type="checkbox"/> Other (describe) | | | | |
| Total no. of wells: | | No. of new wells: | | No. of existing wells (not abandoned): |
| Well tag number | Well name/description | Depth (ft) | Diameter (inches) | |
| | | | | <input type="checkbox"/> New <input type="checkbox"/> Existing |
| | | | | <input type="checkbox"/> New <input type="checkbox"/> Existing |
| | | | | <input type="checkbox"/> New <input type="checkbox"/> Existing |
| | | | | <input type="checkbox"/> New <input type="checkbox"/> Existing |
| | | | | <input type="checkbox"/> New <input type="checkbox"/> Existing |
| SURFACE WATER SOURCE | | | | |
| Source (check all that apply) <input type="checkbox"/> Stream/River <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Bay | | | | |
| Name of source: | | | Location of intake: | |
| Is the intake located on property owned by the applicant? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Surface Water Pump Capacity (gallons per minute): | | | Maximum Run Time in a Day (hours): | |
| ***ATTACH A MAP OF THE EXISTING AND PROPOSED WATER WITHDRAWAL LOCATIONS (WELLS, PONDS, STREAMS, ETC).*** | | | | |
| WASTEWATER DISPOSAL <i>(check one)</i> | | | | |
| <input type="checkbox"/> Public Sewer | | <input type="checkbox"/> Groundwater Spray irrigation | | |
| <input type="checkbox"/> Groundwater Subsurface (tilefield, seepage pit, etc.) | | <input type="checkbox"/> Groundwater Other (please explain): | | |
| <input type="checkbox"/> Surface water | Name of stream: | | | |
| DISCHARGE PERMIT NUMBER: | | | | |
| CONSERVATION EASEMENTS | | | | |
| Is there a conservation easement on any part or all of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, who holds the easement? | | | | |
| Have you notified the holder of the easement of your intent to use the water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | | |
| PRIVACY NOTIFICATION | | | | |
| This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act. This form and the information provided on this form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law. | | | | |
| SIGNATURE | | | | |
| I certify and affirm under penalty of perjury that all of the information I am providing on this date is complete, true and accurate to the best of my knowledge. I am aware that submitting false, inaccurate or incomplete information may result in the denial or revocation of the permit, or be subject to any other sanctions allowed under Maryland Law. | | | | |
| Signature of Applicant: | | | | |
| Name(please print): | | | | |
| Title: | | Date: | | |
| REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY | | | | |
| <i>This section is required only for NEW and MODIFIED applications - Not required for renewals</i> | | | | |
| <i>This section not to be completed by applicant</i> | | | | |
| Is project consistent with county water and sewer plan and local planning and zoning? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (explain) | | | | |
| Signature of county representative: | | | | |
| Title: | | Date: | | |