



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 [ ] New [ ] Renewal [ ] Modification Existing Permit Number:

APPLICANT INFORMATION (Person/Entity to whom permit will be issued)

Business Name: Contact Name: Mailing address: City: State: Zip Code: Phone: Mobile: Fax: Email: The applicant is the: [ ] Water User [ ] Land Owner [ ] Both Permit is to be issued to [ ] Individual [ ] Business

LAND/PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

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

Groundwater:

Avg. daily use (total annual use/365): \_\_\_\_\_ gpd

Avg. during month of maximum use (highest month/30): \_\_\_\_\_ gpd

Surface Water:

Avg. daily use (total annual use/365): \_\_\_\_\_ gpd

Maximum daily use (highest day of year): \_\_\_\_\_ gallons

HOW WILL THE WATER BE USED? (Please check all that apply and describe)

[ ] Community Water Supply SDWIS#: Pop. served: No. of connections: [ ] Potable/Sanitary Uses No. of connections: [ ] Commercial/Institutional No. regular customers: Sq. footage: Type/Name of business: [ ] Subdivision on individual wells Total No. of lots (based on full buildout): [ ] Industrial/Mining Describe uses: [ ] Power Generation Describe uses: [ ] Non-agricultural irrigation No. of acres: [ ] Other (describe)

LOCATION OF WITHDRAWAL (Attach additional sheets if necessary)

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) (Attach additional sheets if necessary)**Source (check all that apply)  Well  Spring  Groundwater Pond  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)  Stream/River  Lake  Pond  Bay

Name of source: Location of intake:

Is the intake located on property owned by the applicant?  Yes  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 (check one)**
 Public Sewer  Groundwater Spray irrigation  
 Groundwater Subsurface (tilefield, seepage pit, etc.)  Groundwater Other (please explain):  
 Surface water Name of stream:

DISCHARGE PERMIT NUMBER:

**CONSERVATION EASEMENTS**Is there a conservation easement on any part or all of this property?  Yes  No

If yes, who holds the easement?

Have you notified the holder of the easement of your intent to use the water?  Yes  No  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***This section is required only for NEW and MODIFIED applications - Not required for renewals**This section not to be completed by applicant*

Is project consistent with county water and sewer plan and local planning and zoning?

 Yes  No (explain)

Signature of county representative:

Title: Date: