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:	***Surface Water:***
Avg. daily use (total annual use/365):_____ gpd Avg. during month of maximum use (highest month/30): _____ gpd	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)	
				☐ New ☐ Existing
				☐ New ☐ Existing
				☐ New ☐ Existing
				☐ New ☐ Existing
				☐ New ☐ 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: