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 TO APPROPRIATE AND USE WATERS OF THE STATE

☐ New Application ☐ Change in Existing Permit Application Number_____

APPLICATION

_____
(Owners Name) (Daytime Phone Number)

_____
(Mailing Address) (Street) (City) (State) (Zip Code)

WITHDRAWAL of GROUNDWATER

Appropriate and use an annual average of

_____ gallons per day, and
(Total Annual Use / 365)

_____ gallons per day during
(Highest Monthly Use / 30)

month of maximum use, from _____ wells, having a

diameter of _____ inches, and a depth of _____ feet
(Estimate) (Estimate)

WITHDRAWAL of SURFACE WATER

Appropriate and use an annual average of

_____ gallons per day, and a maximum use
(Total Annual Use / 365)

of _____ gallons in any one day from

_____
(Name of Stream or Waterway)

_____
(Exact Location of Intake)

PROJECT LOCATION

_____
(STREET ADDRESS – MAP DIRECTIONS – ADC PAGE/GRID – TAX MAP PAGE/GRID/PARCEL)

County _____ Subdivision or Town _____ Phone Number _____

Name and Type of Business _____

SUBDIVISIONS MUST INCLUDE PLAT - ALL PROJECTS MUST INCLUDE LOCATION MAP

PURPOSE

The water will be used for:

- ❑ Community Water Supply
- ❑ Non-Potable Supply (sanitary non Drinking Water)
- ❑ Potable Supply
- ❑ Cooling Water
- ❑ Irrigation
- ❑ Process Water
- ❑ Other, explain _____

WASTEWATER TREATMENT AND DISPOSAL

- ❑ Public Sewer
- ❑ Groundwater
  - ❑ Subsurface (Tilefield, Seepage Pit etc.)
  - ❑ Spray Irrigation
  - ❑ Other, Explain _____
- ❑ Surface Water _____
  (Name of stream)

DISCHARGE PERMIT # _____

*SIGNATURE*_____

_____
PRINT (NAME) (TITLE) (DATE)

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND LOCATION MAP

REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

IS PROJECT CONSISTANT WITH THE COUNTY WATER AND SEWER PLAN AND LOCAL PLANNING AND ZONING?

☐YES ☐ NO, Explain _____

Signature of County Representative_____
(Signature) (Title) (Date)