

APPROPRIATE AND USE WATERS OF THE STATE

Towas Office Building
Annapolis, Maryland 21401

Surface Water Groundwater New Application Change in Existing Permit (OWNER-SHIP)

EXISTING Number HO 82 GAP 012


APPLICATION				
Howard County Department of Recreation & Parks		(410) 313-2770		
(Owner's Name)		(Telephone Number)		
3300 N. Ridge Road	Ellicott City,	MD	21043	
(Owner's Address)	(Street)	(Town)	(State)	(Zip Code)

WITDRAWAL	GROUNDWATER	SURFACE WATER
Appropriate and use a yearly average of No immediate use planned - <u>well will be capped</u> gallons per day, [total annual use - 365 days] and _____ gallons [highest total monthly use - days in month] for the average day of the maximum month, from <u>1</u> well(s) having a diameter of [number] <u>6</u> inches, and a depth of [estimate] <u>160</u> ft. [estimate]		Appropriate and use a yearly average of _____ gallons per [total annual use - 365 days] day, and a maximum use of _____ gallons in any one day, from: _____ [name of stream] _____ [exact location of withdrawal]

PROJECT LOCATION	310 West Friendship Road		
	[Location - Be Specific]		
County	Howard	Subdivision or town	Sykesville
		Phone number	None-call owner at above number
Name and type of business	Future Park		

ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE	WASTEWATER TREATMENT AND DISPOSAL
The water will be used for: <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water) <input type="checkbox"/> Potable Supply (drinking water, etc.) <input type="checkbox"/> Cooling Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Process Water <input checked="" type="checkbox"/> Other <u>Well will be capped until future park development</u> [explain]	<input type="checkbox"/> Public Sewer _____ [name of system] <input type="checkbox"/> Groundwater <input type="checkbox"/> Subsurface (tilefield, seepage pit, etc.) <input type="checkbox"/> Spray Irrigation <input type="checkbox"/> Other, explain _____ <input type="checkbox"/> Surface Water _____ [name of stream] Discharge Permit # _____ or applied for _____

SIGNATURE	THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP
Please sign here  _____ JEFFREY A. BOURNE, DIRECTOR 11/12/92 [please print name, title, and date here]	SEE ATTACH SHEET

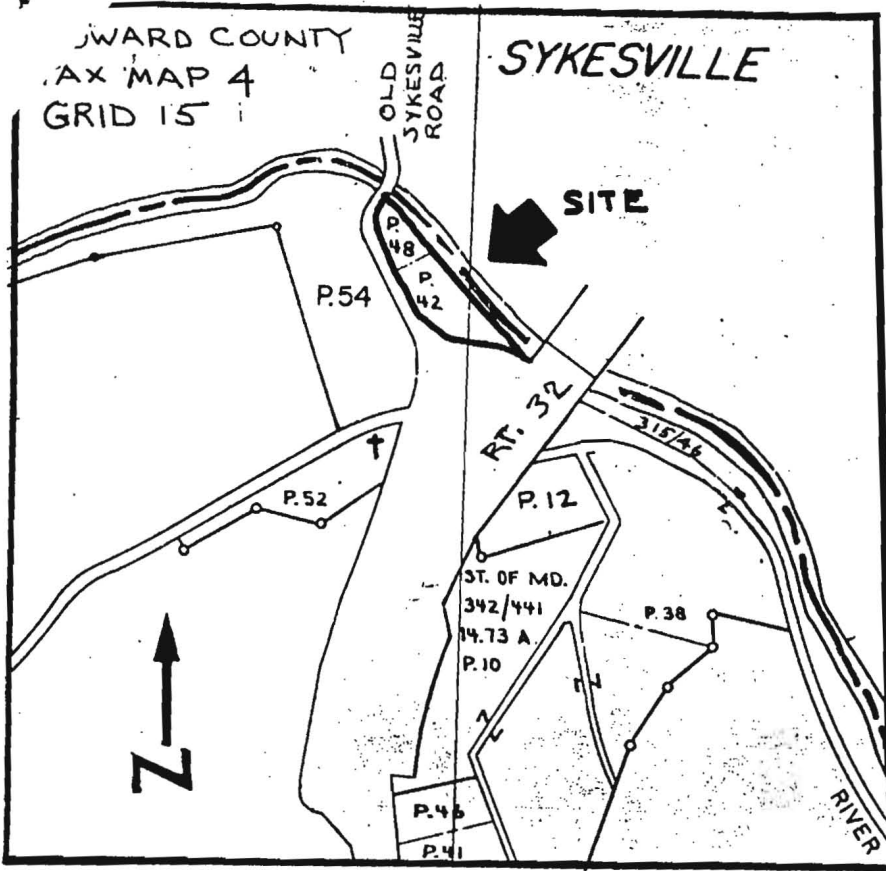
REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?

YES NO, explain _____

Signature of county representative Best Nifan Director Technical Services Program Nov. 13, 1992
 [signature] [title] [date]



PROJECT
LOCATION
MAPS

