

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Taxes Office Building
Annapolis, Maryland 21401

MWE

Surface Water Groundwater New Application Change in Existing Permit

FEB. 16 1988

Number HO885001

APPLICATION

FEB. 16 1988

DR SNELL NURSERY
(Owner's Name) (Telephone Number)

1025 RIDGE RD MT AIRY MD 21771
(Owner's Address) (Street) (Town) (State) (Zip Code)

WITHDRAWAL

<p>GROUNDWATER</p> <p>Appropriate and use a yearly average of _____ gallons per day, [total annual use ÷ 365 days]</p> <p>and _____ gallons [highest total monthly use ÷ days in month]</p> <p>for the average day of the maximum month, from _____ well(s) having a diameter of _____ inches, and a depth of _____ ft.</p>	<p>SURFACE WATER</p> <p>Appropriate and use a yearly average of <u>1,000</u> 315,000 gallons per [total annual use ÷ 365 days]</p> <p>day, and a maximum use of <u>3000</u> gallons in any one day, from:</p> <p><u>DATOXENT TRIBUTARY</u> [name of stream]</p> <p><u>POND</u> [exact location of withdrawal]</p>
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PROJECT LOCATION

County HOWARD Subdivision or town MT AIRY Phone number 831-1111
[Location - be specific]

Name and type of business NURSERY

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

<p>PURPOSE</p> <p>The water will be used for:</p> <p><input type="checkbox"/> Community Water Supply</p> <p><input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water)</p> <p><input type="checkbox"/> Potable Supply (drinking water, etc.)</p> <p><input type="checkbox"/> Cooling Water</p> <p><input checked="" type="checkbox"/> Irrigation</p> <p><input type="checkbox"/> Process Water</p> <p><input type="checkbox"/> Other _____</p>	<p>WASTEWATER TREATMENT AND DISPOSAL</p> <p><input type="checkbox"/> Public Sewer _____ [name of system]</p> <p><input checked="" type="checkbox"/> Groundwater</p> <p><input type="checkbox"/> Subsurface (tilefield, seepage pit, etc.)</p> <p><input type="checkbox"/> Spray Irrigation</p> <p><input type="checkbox"/> Other, explain _____</p> <p><input checked="" type="checkbox"/> Surface Water <u>POND TO BE CONSTRUCTED</u> [name of stream] <u>1.1 ACRES</u></p> <p>Discharge Permit # _____ or applied for _____</p>
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SIGNATURE

Please sign here David R. Snell
[signature]

DAVID R. SNELL OWNER
[please print name, title, and date here]

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

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 H-DEPT. HAS NO OBJECTION TO PROPOSAL. SOIL CONSERVATION HAS BEEN MADE AWARE OF PROPOSED POND CONSTRUCTION.

Signature of county representative B. Nifon Sanitarian 4/19/88
[date]