

Baltimore County Department of Environmental Protection and Sustainability

Ground Water Management Section 111 W. Chesapeake Ave, Room 305

Towson, MD 21204

Phone: 410-887-2762; Fax: 410-887-4817 groundwater@baltimorecountymd.gov

Water Usage Letter Form			
Pr	operty Address:		
Pr	operty Owner:		
Pr	operty Owner Address:		
O۷	wner Phone Number:	Owner Email:	
Or	perator Name:		
Or	perator Address:		
Or	perator Phone Number:	Operator Email:	
1.	1. Provide a detailed description of the type of facility to be served by private well and/or OSDS. Some examples of usage: school, church, restaurant, bar, banquet hall, assisted living, daycare, pool, camp, farm brewery, etc. Include the hours of operation, number of employees (parttime and full time), square footage of building. If a food service facility, include the number of seats, and an interior floor plan of the facility. For churches and banquet halls, include the frequency and number of services or special events. For existing facilities, explain proposed changes as they affect capacity.		
2.	Sewage flows must be justified through and/or US EPA wastewater flow estimate readings collected over a 2-month const water usage. Average water meter data cooling water from ice machines is direct	eak daily water usage that will discharge to the OSDS. In actual water meter information or based on MDE ates. Water meter information must include daily secutive period inclusive of the months of maximum ta for a similar facility must be for a 1-year period. If exted to OSDS, estimate the volume from this source support the anticipated water usage as appropriate.	

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3.	Provide the number of wells and construction for each well serving the property. Include well tag numbers, total depth, casing depth, and well yield information. Show the location of each well on a site plan along with the location of water lines outside of the building.	
4.	Provide a description of the water treatment devices that are installed on the water supply (e.g., neutralizer, softener, reverse osmosis, ultraviolet light, etc.). Where is the backwash from the treatment system being discharged? Include documentation for the most recent water quality tests for bacteria, and nitrates, and any other water monitoring results that may be available.	
Na	me of Person Completing this Form:	
Aff	iliation with Property:	
By signing below I certify that the information submitted below is accurate to true to the best of my knowledge.		
Sig	nature:Date:	
Re	turn completed form, site plan and other pertinent documentation to:	
Gr 11	Itimore County EPS oundwater Management 1 West Chesapeake Ave., Room 305 wson, Maryland 21204	

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