

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land and Materials Administration • Resource Management Program
1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1719
410-537-3314 • 800-633-6101 x3314 • www.mde.maryland.gov

Biosolid Division - Annual Sewage Sludge Utilization Permits Reporting Form

Sewage Sludge Utilization (SSU) Permit Annual Report For CY

Reporting period from: to:

Permittee: SSU Permit #: Exp. Date:

Please use a separate report form for each SSU Permit. Questions or for additional information, please call the Department at (410) 537-3314. This report is due to the Department by **February 15** following each year the SSU Permit is in effect, completed form can be emailed as instructed or mailed to:

**Maryland Department of the Environment
Land and Materials Administration
Resource Management Program
1800 Washington Blvd., Suite 610
Baltimore MD 21230-1719**

Please check the applicable permit type and provide the required information on the established report form.

- ☐ **Transportation Permit**
☐ **Disposal or Alternative Utilization at a Municipal Landfill Permit**

Quantity of sewage sludge transported from the facility and its final utilization - Please use Table 2 on Page 3.

Destination Name: **County:**

(where the sewage sludge is being transported to/disposed at)

Destination Address:

- ☐ **Composting Facility Permit**
☐ **Treatment Facility Permit**
☐ **Energy Generation/Incineration Facility Permit**
☐ **Marketing Permit**
☐ **Storage Facility Permit**
☐ **Distribution Facility Permit**

Facility Name: **County:**

Facility Address:

Sources, types, and quantity of sewage sludge received to be composted/treated/marketed/incinerated/stored - Please use Table 1 on Page 3 and use the origination facility(ies) as the "Sewage Sludge Source".

Quantity of sewage sludge transported from the facility and its final utilization - Please use Table 2 on Page 3 and use your facility as the "Sewage Sludge Source". For **Composting/Treatment Facilities**, please provide information on both composted/treated and untreated sewage sludge. For **Energy Generation/Incineration Facilities**, please provide information on both un-incinerated sewage sludge and the ash generated by the facility and record the information separately.

Description of problems encountered and their solutions (including time periods which the facility was inoperational)

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☐ **Innovative Permit**

☐ **Research Permit**

Site Name: **County:**

Site Address:

>Please attach the current status/results of the project.

>List sources, types, and quantity of sewage sludge utilized – Please use Table 1 on Page 3 and use the origination facility(ies) as the “Sewage Sludge Source”. **Attach additional documentations and information as you see fit.**

>Quantity of sewage sludge transported from the site – Please use Table 2 on Page 3 and use your site as the “Sewage Sludge Source”. Please provide information on both utilized and unutilized sewage sludge.

>Description of problems encountered/their solutions (including time periods which the facility was in-operational:

Tables Instructions:

1. **Source:** The permitted sewage sludge source(s) (Wastewater Treatment Plant, Lagoon, etc) as described above and also specified in Table 1 and Table 2. *Please use only 1 source per line.*
2. **Quantity:** List the quantity of sewage sludge received, transported, or distributed *in wet tons (WT)* as well as *dry tons (DT)*, as specified in Table 1 and Table 2. Total **WT** are tallied by weight tickets or converted from Gal to WT and DT. Use additional sheet or provide copy of records to support this information.
3. **% Solids:** List the *average percent solids* of sewage sludge at time of receiving, transportation, or based on recent sewage sludge analysis, as specified in Table 1 and Table 2.
4. **Treatment Method:** Please indicate the sewage sludge treatment method (Untreated, Lime Stabilized, Anaerobically digested, Heat dried, etc...), as specified in Table 1 and Table 2.
5. **Destination:** List the site, County, and State that received the sewage sludge, as specified in Table 2.
6. **Utilization:** Final Utilization of the material (examples: further treatment, seeding, distributed to public, etc...), as specified in Table 2.

Conversions Formulas:

*To convert Gal to lb; **lb = (total gallons) x (8.34)***

*To convert lb to WT; **WT = (weight in pounds) ÷ (2000)***

*To convert WT to DT = **(WT) x (% Solids)***

CERTIFICATION:

I, as an authorized representative of the permittee named on this form, do solemnly affirm under the penalties of perjury, that the contents of this document are true to the best of my knowledge, information, and belief. Information in this form is subject to audit by the Maryland Department of the Environment (the “Department”). I hereby authorize the representatives of the Department, upon request, to have access to any records supporting the information provided in this form.

Name:

Title:

Organization:

Main Phone #:

Mobile #:

Fax #:

Email Address:

Date:

Signature:

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Table 1: Applicable to Sewage Sludge delivered to a Treatment Facility(s) such as: Composting, Heat Drying and the like.

| Prior Treatment <i>How sewage sludge was treated prior to receiving or meeting Class A or Class B treatment standards? e.g. untreated, aerobically digested, etc...</i> | | Sewage Sludge Received for Treatment | |
|--|--|--------------------------------------|----------------------|
| Sewage Sludge Source(s) Received by the Treatment Facility from another source(s) | Treatment Method <input type="checkbox"/> Raw <input type="checkbox"/> Aerobically Dig. <input type="checkbox"/> Anaerobically Dig. <input type="checkbox"/> Lime Stab. | Amount (Wet Tons) | Ave. % Solids |
| <input type="text"/> | <input type="checkbox"/> Raw <input type="checkbox"/> Aerobically Dig. <input type="checkbox"/> Anaerobically Dig. <input type="checkbox"/> Lime Stab. | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> Raw <input type="checkbox"/> Aerobically Dig. <input type="checkbox"/> Anaerobically Dig. <input type="checkbox"/> Lime Stab. | <input type="text"/> | <input type="text"/> |
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Table 2: For All SSU Permits Listed on Pages 1 and 2

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[illegible]

* Please attach additional copies of table as needed