Annual Sewage Sludge Generator’s Report For CY:_____

(Due to MDE no later than January 31st of the new year)

Billing name and address (if different than below):

<table>
<thead>
<tr>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility:</td>
</tr>
<tr>
<td>Contact name and address:</td>
</tr>
</tbody>
</table>

| Contact name and address (if incorrect): |

Check sewage sludge stabilization process(es) used:

- Unstabilized (raw)
- Aerobic digestion
- Anaerobic digestion
- Lime stabilization
- Composting
- Other _____________________________________________________________________

Was any sewage sludge removed from the Facility during the reporting calendar year?  □ YES  □ NO (explain below)

- Storage
- Lagoon
- Other _____________________________________________________________________

In the following chart, enter the amount of sewage sludge removed from your Facility during the reporting year.

- Values should be expressed as both wet tons and dry tons.
- Wet ton values should be written in tons (2000 lbs/ton), at the percent solids the sewage sludge left the Facility.
- To convert gallons to wet tons use the following formula: \( gal \times 8.34 \text{ lbs/gal} \times \frac{1\text{ton}}{2000 \text{ lbs}} \).
  (Or multiply the number of gallons by .00417)
- Dry ton values are calculated by multiplying the total wet tons by the percent solids.
  (i.e. for 18% solids, multiply the wet tons by .18 to calculate dry tons)
- If sewage sludge was utilized at more than one county/site, please attach a separate sheet with that information.
- If you are an out-of-State Facility, please write only the tonnage that came to Maryland.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount in wet tons</th>
<th>Amount in dry tons</th>
<th>MD Site Specific Destination (Site name, County, SSU Permit #)</th>
<th>Destination State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied to agricultural land in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Applied to marginal land in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Distributed / Marketed</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Transported to another Facility in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Transported out of MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Taken to off-site storage in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Incinerated in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Landfilled in MD</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Total Removed From Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Does your sewage sludge meet the Class A or Class B treatment standards? □ No □ Yes  [See COMAR 26.04.06.03]
If the sewage sludge treatment process performed at your facility is not permitted as a Class A or Class B for beneficial use then answer NO.

Average percent total solids of sewage sludge: _____ %

Facility design capacity: _______ MGD  Average daily flow to Facility: _______ MGD

Is there any sewage sludge currently stored at your Facility? □ No □ Yes  Wet or Dry tons (circle one)
How long this sewage sludge has been stored at your facility and what is the annual average in volume/tonnage if storage exceeds one year 

Please list the sewage sludge contractor(s) and sub contractor(s) who manages the sewage sludge for you:

Check the method used to determine amount of sewage sludge reported:

□ Trucks weighed onsite before they left the Facility
□ The number of trucks, of a known capacity, was counted
□ Single truck load was weighed once offsite and used in the process
□ In-Facility metering
□ Reports solely based on contractor billing statements or records
□ Reports partially based on contractor billing statements or records
□ Other (please explain and describe or show calculations on a separate sheet of paper)

CERTIFICATION

As an authorized representative of the sewage sludge generator named on this form, I solemnly affirm under the penalties of perjury that the contents of this report are true to the best of my knowledge, information, and belief. Failure to submit this report is a violation of Maryland laws and regulations and could result in penalties to the generator and facility operator. Information in this report is subject to audit by the Biosolids Division at the Maryland Department of the Environment (MDE).

_________________________________________  __________________________
Name (print)  Title

_________________________________________  __________________________
Signature  Date

_________________________________________  __________________________
Phone Number  Fax Number  Email Address

MAIL COMPLETED FORM TO:

Maryland Department of the Environment
Land and Materials Administration
Biosolids Division
1800 Washington Boulevard, Suite 610
Baltimore, MD  21230-1719

For questions or additional information, please call at (410) 537-3314