

Biosolids Division - Sewage Sludge Analysis Report Form

1. Facility Name: _____ County: _____
Physical Address: _____

2. Sewage Sludge Treatment: ☐ Class A*** ☐ Class B*** ☐ Neither 3. Sampling Date: _____

4. Analysis Results (Must Attach a Copy of Laboratory Report)

Sample Type: <input type="checkbox"/> Grab <input type="checkbox"/> 8-hr Composite <input type="checkbox"/> 24-hr Composite <input type="checkbox"/> Other			
Constituents Analyzed	Result	Detection Limit	Units In Dry Weight**
pH			
Solids content			%
Total kjeldahl nitrogen TKN			%
Ammonium nitrogen NH ₄			%
Total phosphorus TP			mg/kg
Total potassium TK			mg/kg
Nitrate nitrogen NO ₃			mg/kg
Total cadmium Cd			mg/kg
Total copper Cu			mg/kg
Total nickel Ni			mg/kg
Total lead Pb			mg/kg
Total zinc Zn			mg/kg
Total mercury Hg			mg/kg
Total arsenic As			mg/kg
Total molybdenum Mo			mg/kg
Total selenium Se			mg/kg
Polychlorinated Biphenyls PCBs			mg/kg
Perfluorooctane Sulphonate *** PFOS			µg/kg
Perfluorooctanoic Acid *** PFOA			µg/kg
Calcium Carbonate or Equiv.*			%

* Lime Stabilized Sewage Sludge only ** Please use exact units in dry weight bases ***Class A and Class B only

5. Are Constituents Within Ceiling Concentrations? ☐ Yes ☐ No (Cadmium at 85, Copper at 4300, Mercury at 57, Nickel at 420, Lead at 840, Zinc at 7500, Arsenic at 75, Molybdenum at 75, Selenium at 100, PCBs at 10, and PFAS at 20 µg/kg-cond.).

6. Sample Medium: ☐ Liquid < 15% Solids
☐ Cake ≥ 15% ☐ Particulate ≥ 75%
☐ Dried ≥ 35% ☐ Pellets ≥ 90% ☐ Other

7. PERMITTED Treatment Method***: ☐ Untreated
☐ Lime Stabilized ☐ Aerobically Digested ☐ Anaerobically Digested
☐ Other: _____

***Treatment Method: Class A Treatment: ☐ [503.32(a)(2)]: Monitoring of Fecal Coliform, ☐ [503.32(a)(3)-(8)]: Use of a Process to Further Reduce Pathogens (PFRP). Class B Treatment: ☐ [503.32(b)(2)]: Monitoring of Fecal Coliform. ☐ [503.32(b)(3)] and [503 Appendix B] : Use of a Process to Significantly Reduce Pathogens (PSRP) such as: Aerobic Digestion, Air Drying, Anaerobic Digestion, Composting, Lime Stabilization. ☐ [503.32(b)(4)] and [503 Appendix B]: Use of Process Equivalent to PSRP. For additional information, please refer to EPA's publication EPA/600/R-22/194 | January 2023.

TESTING FREQUENCY

Amount of Sewage Sludge Generated. (per 365 day period – dry weight basis)	Testing Frequency
Greater than zero but less than 290 metric tons. (Greater than zero but less than 319.67 short tons)	Once every year
Equal to or greater than 290 but less than 1,500 metric tons. (Equal to or greater than 319.67 but less than 1,653.47 short tons)	Once every quarter (4 times every year)
Equal to or greater than 1,500 but less than 15,000 metric tons. (Equal to or greater than 1,653.47 but less than 16,534.67 short tons)	Once every 60 days (6 times every year)
Equal to or greater than 15,000 metric tons. (Equal to or greater than 16,534.67 short tons)	Once every month (12 times every year)

8. Is Facility in Operation? ☐ Yes ☐ No **Facility Design Flow:** **Peak Flow:** **mgd.**

REPORTING SCHEDULE

9. Sampling Frequency Required (Check a box)	10. Submittal Deadline
<input type="checkbox"/> Once every year <input type="checkbox"/> Once every quarter (4 times every year) <input type="checkbox"/> Once every 60 days (6 times every year) <input type="checkbox"/> Once every month (12 times every year) <input type="checkbox"/> Other sampling frequency approved by the Department	<input type="checkbox"/> June 1 of the sampling year <input type="checkbox"/> June 1 and December 1 of each year <input type="checkbox"/> Feb. 30, April 30, June 30, Aug 30, Oct. 30, and Dec. 30 of each year <input type="checkbox"/> No later than end of the following month <input type="checkbox"/> As approved by the Department

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in confirming the supplied information. Failure to provide the information requested may constitute a violation of COMAR 26.04.06. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment (“MDE”) is a public agency and subject to the Maryland Public Information Act. This completed form may be made available on the Internet via MDE’s website and is subject to inspection or copying, in whole or in part, by the public, interest groups and other governmental agencies, if not protected by federal or State law.

Certification: *I, as an authorized representative of the Facility 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 MDE. I hereby authorize representatives of MDE, upon request, to have access to any records supporting the information provided in this form.*

Name: _____	Title: _____
Signature: _____	Phone: _____
Email: _____	Date: _____