

**Coal Combustion Byproducts (CCB)
Annual Generator Tonnage Report**

Instructions for Calendar Year 2009

The following is general information relating to the requirement for reporting quantities of coal combustion byproducts that were managed in the State of Maryland during calendar year 2009. Please answer the questions on the form provided, attaching additional information and any requested supplemental information to the back of the form.

I. Background. This requirement that generators of coal combustion byproducts (CCBs) submit an annual report was instituted in the Code of Maryland Regulations COMAR 26.04.10.08, that was promulgated effective December 1, 2008. The regulation requires that any non-residential generator of CCBs submit a report to the Department by March 1 of each year describing the manner in which CCBs generated within the State were managed during the preceding calendar year. Additional information and specific instructions follow. For more detailed information, please refer to COMAR 26.04.10.08.

II. General Information and Applicability.

A. Definitions. Coal combustion byproducts are defined in COMAR 26.04.10.02B as:

*"(3) Coal Combustion Byproducts. (a) "Coal combustion byproducts" means the residue generated by or resulting from the burning of coal.
(b) "Coal combustion byproducts" includes fly ash, bottom ash, boiler slag, pozzolan, and other solid residuals removed by air pollution control devices from the flue gas and combustion chambers of coal burning furnaces and boilers, including flue gas desulfurization sludge and other solid residuals recovered from flue gas by wet or dry methods. "*

A generator of CCBs is defined in COMAR 26.04.10.02B as:

*"(9) Generator.
(a) "Generator" means a person whose operations, activities, processes, or actions create coal combustion byproducts.
(b) "Generator" does not include a person who only generates coal combustion byproducts by burning coal at a private residence."*

B. Applicability. If you or your company meet the definition of a generator of CCBs as defined above, you must provide the information as required below. For the purposes of this report, "you" shall hereinafter refer to the generator defined above. Please note that COMAR

Facility Name: L. Gregory's Sons Inc. **CCB Tonnage Report - 2009**

D/B/A Sylvan Mfg.

26.04.10.08 requires generators of CCBs to submit an annual report to the Department concerning the disposition of the CCBs that they generated the previous year.

III. Required Information. The following information must be provided to the Department by March 1, 2010:

A. Contact information:

Facility Name: L. Gregory's Sons Inc. D/B/A Sylvan Mfg.

Name of Permit Holder: _____

Facility Address: 436 S. 8th St.
Street

Facility Address: Oakland MD 21550
City State Zip

County: Garrett

Contact Information (Person filing report or Environmental Manager)

Facility Telephone No.: 301-334-2400 Facility Fax No.: 301-334-8280

Contact Name: Natalie Helms

Contact Title: Office Mgr.

Contact Address: 436 S. 8th St.
Street

Contact Address: Oakland MD 21550
City State Zip

Contact Email: natalie-j-gregory@yahoo.com

Contact Telephone No.: 301-334-2400 Contact Fax No.: 301-334-8280

For questions on how to complete this form, please call Mr. Edward Dexter, Administrator, Solid Waste Program at 410-537-3318.

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B. A description of the process that generates the coal combustion byproducts, including the type of coal or other raw material that generates the coal combustion byproducts. If the space provided is insufficient, please attach additional pages:

We do not use coal any longer.

C. The annual volume of coal combustion byproducts generated during the last calendar year, including an identification of the different types of coal combustion byproducts generated and the volume of each type generated. If the space provided is insufficient, please attach additional pages in a similar format:

Table I: Volume of CCBs Generated for Previous Calendar Year:

Reporting Year	Volume of CCB Type:	Volume of CCB Type:	Volume of CCB Type:
2009	N/A	N/A	N/A

Additional notes:

N/A

Facility Name: _____

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D. Descriptions of any modeling or risk assessments, or both, conducted relating to the coal combustion byproducts or their use that were performed by you or your company during the reporting year. Please attach this information to the report.

E. Copies of all laboratory reports of all chemical characterizations of the coal combustion byproducts. Please attach this information to the report.

F. A description of how you disposed of or used your coal combustion byproducts in the last calendar year, identifying:

(a) The types and volume of coal combustion byproducts disposed of or used (if different than described in Paragraph C above), the location of disposal, mine reclamation and use sites, and the type and volume of coal combustion byproducts disposed of or used at each site:

N/A

and (b) The different uses by type and volume of coal combustion byproducts:

N/A

If the space provided is insufficient, please attach additional pages in a similar format. . (Please note that in subsequent years you need only provide the information in Section F for the last calendar year).

Facility Name: _____

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G. A description of how you intend to dispose of or use coal combustion byproducts in the next 5 years, identifying:

(a) The types and volume of coal combustion byproducts intended to be disposed of or used, the location of intended disposal, mine reclamation and use sites, and the type and volume of coal combustion byproducts intended to be disposed of or used at each site:

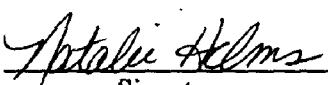
N/A

and (b) The different intended uses by type and volume of coal combustion byproducts.

N/A

If the space provided is insufficient, please attach additional pages in a similar format.

IV. Signature and Certification. An authorized official of the generator must sign the annual report, and certify as to the accuracy and completeness of the information contained in the annual report:

This is to certify that, to the best of my knowledge, the information contained in this report and any attached documents are true, accurate, and complete.		
 Signature	Natalie Helms Off. Mgr. 301-334-2460 Name, Title, & Telephone No. (Print or Type)	3-2-2010 Date
	natalie_j_gregory@yahoo.com Your Email Address	