### Biosolids Division - Sewage Sludge Analysis Report Form

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| **1. Name & Physical Address of the Facility**:  | **County**:  |
| **2. Sewage Sludge Treatment**:[ ] Class A[ ] Class B[ ] Neither | **3. Sampling Date**:      |
| **4. Analysis Results (Must Attach a Copy of Laboratory Report)**

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| Sample Type: [ ]  Grab [ ]  8-hr Composite [ ]  24-hr Composite [ ]  Other |
| Constituents Analyzed | Result | **Detection Limit** | **Units****in Dry Weight\*\*** |
| Solids content |                 |  | % |
| pH |                 |  |  |
| Ammonium nitrogen NH4 |                 |  | % |
| Nitrate nitrogen NO3 |                 |  | mg/kg |
| Total phosphorus TP |                 |  | mg/kg |
| Total potassium TK |                 |  | mg/kg |
| Total arsenic As |                 |  | mg/kg |
| Total cadmium Cd |                 |  | mg/kg |
| Total copper Cu |                 |  | mg/kg |
| Total lead Pb |                 |  | mg/kg |
| Total mercury Hg |                 |  | mg/kg |
| Total molybdenum Mo |                 |  | mg/kg |
| Total nickel Ni |                 |  | mg/kg |
| Total selenium Se |                 |  | mg/kg |
| Total zinc Zn |                 |  | mg/kg |
| Polychlorinated Biphenyls PCBs  |                 |  | mg/kg |
| Total Kjeldahl nitrogen TKN |                 |  | % |
| Calcium Carbonate or Equivt.\* CCCCaCaCaCO3 |                 |  | % |

**\* Lime stabilized Sewage Sludge only \*\* Please use exact units and on dry weight basis only** |
| **5. Are constituents within Ceiling Concentrations?** [ ]  **Yes** [ ]  **No** (Arsenic at 75, Cadmium at 85, Copper at 4300, Lead at 840, Mercury at 57, Molybdenum at 75, Nickel at 420, Selenium at 100, Zinc at 7500, and PCBs at 10). (*parts per million or mg/kg)* |
| **6. Sample Medium**:[ ]  Liquid < 15% Solids[ ]  Cake ≥ 15% [ ]  Particulate ≥ 75%[ ]  Dried ≥ 35% [ ]  Pellets ≥ 90% [ ]  Other | **7. Treatment Method\*\*\***: [ ]  UntreatedTreated to Meet: [ ]  [503.32(a)(2)] [ ]  [503.32(a)(3)-(8)][ ] [503.32(b)(2)] [ ]  [503.32(b)(3)] [ ]  [503.32(b)(4)] or[ ]  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’a Publication (EPA/625/R-92/013). |

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| **Testing Frequency** |
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| **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 (four 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) |

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| 8. Is Facility in operation? [ ]  Yes [ ]  No Facility Design Flow:       Peak Flow:       mgd. |
| Reporting Schedule |
| **Sampling Frequency Required (Check a box)** | **Submittal Deadline** |
| [ ]  Once every year[ ]  Once every quarter (4 times every year) | [ ]  June 1 of the sampling year [ ]  June 1 and December 1 of each year |
| [ ]  Once every 60 days (6 times every year) | [ ]  Feb. 30, April 30, June 30, Aug 30, Oct. 30, and Dec. 30 of each year |
| [ ]  Once every month (12 times every year)[ ]  **Other sampling frequency approved by the Department** | [ ]  No later than end of the following month[ ]  As approved by the Department |

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| *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 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.* |
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| **Name (Printed)** | **Title** | **Representing (Town, Company, etc.)**  |
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| **Signature**  | **Date** | **Phone Number** |
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| **Facsimile Number**  | **Email Address** |  |