## 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

## Sewage Sludge Utilization (SSU) Permit Annual Report

Reporting period / / to / /

Permittee:	SSU Permit #:	Exp. Date:
		dditional information, please call the Department a llowing each year the SSU Permit is in effect. Mai
	Maryland Department of the Er Land and Materials Adminis Resource Management Pro 1800 Washington Blvd, Sui	stration ogram
	Baltimore MD 21230-17	
	<b>ble permit type</b> and provide the required infort	mation on the established report form.
<ul><li>□ Transportation Pern</li><li>□ Disposal or Alternat</li></ul>	nit ive Utilization at a Municipal Landfill Perm	iit
Quantity of sewage slud	ge transported from the facility and its final ut	ilization - Please use Table 2 on Page 3.
<b>Destination Name:</b>		County:
Destination Address:	(where the sewage sludge is being transported	•
<ul><li>□ Composting Facility</li><li>□ Treatment Facility P</li></ul>	Permit Permit	
☐ Energy Generation/I☐ Marketing Permit	Incineration Facility Permit	
□ Storage Facility Peri □ Distribution Facility		
Facility Name:		County:
Facility Address:		
	ntity of sewage sludge received to be composted and use the origination facility(ies) as the "Sewage sludge received to be composted as the sewage sludge received as the sewa	
your facility as the "Sev both composted/treated	<u> </u>	
inoperational	encountered and their solutions (including times	ne periods which the facility was
	page if more space is needed)	
Form Number: MDE/LMA/PER.14		Page 1 of 3

Form Number: MDE/LMA/PER.14 Date: August 8, 2017

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□ Innovative Permit □ Research Permit	
Site Name:	County:
Site Address:	
Please attach the current status/results of the project.	
Sources, types, and quantity of sewage sludge utilized – Please use Tabl facility(ies) as the "Sewage Sludge Source".	e 1 on Page 3 and use the origination
Quantity of sewage sludge transported from the site – Please use Table 2 Sludge Source". Please provide information on both utilized and unutility	
Description of problems encountered and their solutions (including time inoperational	
(please attach separate page if more space is needed)	

## **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*.
- 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 Ib;  $\mathbf{lb} = (\mathbf{total\ gallons}) \times (\mathbf{8.34})$ To convert Ib to WT;  $\mathbf{WT} = (\mathbf{weight\ in\ pounds}) \div (\mathbf{2000})$ To convert WT to  $DT = (\mathbf{WT}) \times (\% \mathbf{Solids})$ 

contents of this document are by the Maryland Department	true to the best of my knowledge, informat	do solemnly affirm under the penalties of perjury, that the ion, and belief. Information in this form is subject to audit I hereby authorize the representatives of the Department, provided in this form.
Name (Printed)	Title	Representing (Town, Company,)
Signature	Date	Phone Number
Fax Number	Email Address	

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**Table 1:** Applicable to Sewage Sludge Composting, Treatment, Distribution and Marketing Permits, or related Permitted Facilities.

How sewage sludge was treated pric	reatment or to receiving or meeting Class A or untreated, aerobically digested, etc	Sewage Sludge Received for Treatment		
Sewage Sludge Source(s)	Treatment Method	Amount (Wet Tons)	% Solids	

**Table 2:** For All SSU Permits Listed On Page 1 and 2

Sewage Sludge Source(s) Indicate source name even if "0" was hauled or received for treatment, storage, etc	Treatment Method e.g. raw, composted, pelletized, aerobically digested, etc	Av. % Solids	Total Wet Tons Utilized	Total Dry Tons Utilized	Sewage Sludge Utilization Destination (List the site and indicate County and State)	Date of Utilization e.g. when was distributed, hauled, stored, etc	Final Utilization e.g. distributed, hauled, incinerated, stored, etc

<sup>\*</sup> Please attach additional copies of table as needed

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