MARYLAND DEPARTMENT OF THE ENVIRONMENT
1800 Washington Boulevard • Suite 605 • Baltimore, Maryland 21230-1719
410-537-3375 • 800-633-6101 x3375 • http://www.mde.state.md.us

Land Management Administration • Solid Waste Program

Hauling Report
Sewage Sludge Utilization (SSU) Permit For Utilization / Disposal at Municipal Landfill

Reporting Period_____

*Each SSU Permit holder must submit this report to the Department by **February 15** of the following year for the calendar year ending **December 31** for each SSU Permit for each year or fraction of a year the SSU Permit is in effect.*

Permittee:_____**SSU Permit #:**_____

Permit Expiration Date:_____ **Destination site name:** _____

Permitted Source(s): _____

_____

Disposal Report Instructions: Utilization/disposal weight tickets must support all hauling and disposal activities conducted under the SSU Permit. Upon request from the Department, the weight tickets and supporting documentations must be available for review and audit.

1. **Source:** The permitted sewage sludge source (Wastewater Treatment Plant, Lagoon, etc.).
2. **Treatment Method Description:** Digestion [Aerobic (**A**) or Anaerobic (**AN**)], Lime Stabilization (**LS**), Raw/Unstabilized (**RAW**), and **Pathogen Reduction** [Does the sewage sludge meet COMAR 26.04.06 for a Process to Significantly Reduce Pathogens (PSRP) treatment process? **(Please mark with Yes or No)**].
3. **Wet Tons (WT):** List the date and amount of each sewage sludge utilized or disposed off at the landfill. Total WT are the tally of the net weight on each weight ticket.
4. **% Solids:** List the percent solids of sewage sludge at time of transportation or based on recent sewage sludge analysis.
5. **Dry Tons (DT):** Achieved by multiplying the actual weight in wet tons by the total percent solids of the sewage sludge.

Conversions Formulas: *To convert pounds to WT;* **WT = [(weight in pounds) ÷ (2000)]**
To convert WT to DT; **DT = [(weight in tons) x (% solids ÷ 100)]**

Source	Treatment Method	PSRP	Date	% Solids	DT

Source	Treatment Method	PSRP	Date	% Solids	DT

CERTIFICATION

By signing this report, 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.

Name (print)	**Title**	**Signature**	**Date**
Phone Number	**Facsimile Number**	**Email Address**	

If you have any questions regarding this report, please contact the Department at (410) 537-3375.