

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230  
410-537-3000 • 1-800-633-6101 • <http://www.mde.state.md.us>

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## WATER MANAGEMENT ADMINISTRATION REMOVED SUBSTANCES REPORTING FORM

INSTRUCTIONS: Use this form to report the disposal of substances resulting from (1) treatment of wastewater and (2) related manufacturing processes as required by the State of Maryland "Water Quality and Water Pollution Control Regulations", COMAR 26.08.01. Use a separate form for each waste that is disposed of in a different manner. If several wastes are mixed before disposal, each waste must be separately described regardless of the quantity. NOTE: Submission of this form in no way relieves the sender of any requirement to file periodic reports regarding the disposition of Controlled Hazardous Substances as required State of Maryland Regulation "Disposal of Controlled Hazardous Substances". COMAR 26.13.01.

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1. Discharge Permit Number: \_\_\_\_\_

2. Name of Facility: \_\_\_\_\_

3. Facility Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
(Zip) \_\_\_\_\_

4. Facility Location (if different from Item 3) \_\_\_\_\_  
\_\_\_\_\_  
(Zip) \_\_\_\_\_

5. Facility Contact (Name and Phone Number) \_\_\_\_\_

6. DESCRIBE the nature of the removed substance.

\_\_\_\_\_  
\_\_\_\_\_

7. DESCRIBE the treatment process or the manufacturing process that generates the removed substance (precipitation, settling, etc.)

\_\_\_\_\_  
\_\_\_\_\_

8. DESCRIBE the physical character of the removed substance (liquid, solid, sludge, etc.).

\_\_\_\_\_  
\_\_\_\_\_ If sludge, what percent solids? \_\_\_\_\_

Is a chemical analysis attached? \_\_\_\_\_ Yes \_\_\_\_\_ No



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9. QUANTITY of removed substance \_\_\_\_\_ Measured \_\_\_\_\_ Estimated \_\_\_\_\_  
Liquids: Average gallons/week \_\_\_\_\_ Maximum gallons/week \_\_\_\_\_  
Solids or Sludges: Average tons/week \_\_\_\_\_ Maximum tons/week \_\_\_\_\_
10. MEANS OF DISPOSAL: \_\_\_\_\_ On-Site (at facility location) \_\_\_\_\_ Off-site
11. WASTE HAULER (Name): \_\_\_\_\_  
(Address) \_\_\_\_\_  
\_\_\_\_\_
12. DISPOSAL SITE (If not On-Site) \_\_\_\_\_  
\_\_\_\_\_
13. OTHER (If wastes are stored on-site, describe method of storage, type of container, storage area, pretreatment, etc.).  
\_\_\_\_\_  
\_\_\_\_\_
14. MAP - Attach a copy of a suitable map showing the location of the disposal or storage site. The map must show all waterways within 1/2 mile of the disposal site.
15. CERTIFICATION - I hereby certify that the information on this form and the attachments hereto are true and accurate to the best of my knowledge and belief.
- \_\_\_\_\_  
Signature of Permittee or Agent
- \_\_\_\_\_  
Date
- \_\_\_\_\_  
Printed Name & Title of Permittee or Agent

SEND TO: Maryland Department of the Environment, Water Management Administration,  
Wastewater Permits Program, 1800 Washington Boulevard, Baltimore, MD 21230.