

Sewage Sludge Analysis Report

1. Name & Physical Address of the Facility: BALTIMORE CITY County: CITY OF BALTIMORE
COMPOST FACILITY - 5800 QUARANTER RD. BALTIMORE, MD. 21226

2. Sewage Sludge Treatment: Class A Class B Neither

3. Sampling Date: 1/10/23

4. Analysis Results (Must Attach a Copy of Laboratory Report)

Sample Type: Grab 8-hr Composite 24-hr Composite Other

Constituents Analyzed	Result	Detection Limit	Units in Dry Weight ^{**}
Solids content	51.2	-	%
pH	7.07	-	%
Ammonium nitrogen NH ₄	0.816	0.134	%
Nitrate nitrogen NO ₃	1400	112	mg/kg
Total phosphorus TP	47000	1890	mg/kg
Total potassium TK	2500	300	mg/kg
Total arsenic As	10.1	7.5	mg/kg
Total cadmium Cd	4.2	1.5	mg/kg
Total copper Cu	446	3.0	mg/kg
Total lead Pb	98.1	6.0	mg/kg
Total mercury Hg	0.74	0.20	mg/kg
Total molybdenum Mo	10.7	3.0	mg/kg
Total nickel Ni	27.8	3.0	mg/kg
Total selenium Se	12.0	12.0	mg/kg
Total zinc Zn	817	12.0	mg/kg
Polychlorinated Biphenyls PCBs	-	-	mg/kg
Total Kjeldahl nitrogen TKN	3.0	0.596	%
Calcium Carbonate or Equiv. [*]	N/A	N/A	%

^{*} 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
COMPOST

7. Treatment Method^{***}: Untreated
 Treated 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's Publication (EPA/625/R-92/013).

TESTING FREQUENCY

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)

8. Is Facility in operation? Yes No Facility Design Flow: N/A Peak Flow: _____ mgd.

REPORTING SCHEDULE

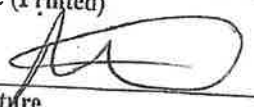
Sampling Frequency Required (Check a box)	Submittal Deadline
<input type="checkbox"/> Once every year <input type="checkbox"/> Once every quarter (4 times every year) <input type="checkbox"/> Once every 60 days (6 times every year) <input checked="" type="checkbox"/> Once every month (12 times every year) <input type="checkbox"/> Other sampling frequency approved by the Department	<input type="checkbox"/> June 1 of the sampling year <input type="checkbox"/> June 1 and December 1 of each year <input type="checkbox"/> Feb. 30, April 30, June 30, Aug 30, Oct. 30, and Dec. 30 of each year <input checked="" type="checkbox"/> No later than end of the following month <input type="checkbox"/> As approved by the Department

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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.

THOMAS FANTOM
Name (Printed)


Signature

N/A
Facsimile Number

PROJECT MANAGER
Title

3/13/23
Date

THOMAS.FANTOM@VEOLIA.COM
Email Address

VEOLIA WATER
Representing (Town, Company, etc.)

410-354-1636
Phone Number