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.

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
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.