

**Notification of Intent to Mix Class A Sewage Sludge
Under the General Authorization**

Applicant's legal name: _____

Applicant's mailing address: _____

Applicant's email/phone#: _____

Mixing facility name: _____

Mixing facility address: _____

Mixing facility email/phone#: _____

Sources of Class A sewage sludge to be accepted:

Description of all materials that will be accepted for mixing with Class A sewage sludge:

Are any of the materials that will be accepted for mixing registered with the Maryland Department of Agriculture State Chemist's Office as a commercial fertilizer, soil conditioner, or compost? If so, list them and provide registration numbers.

I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this notification are true to the best of my knowledge, information, and belief. I certify that the proposed sewage sludge mixing facility will be operated in accordance with the General Authorization issued under COMAR 26.04.06.09C(8). I hereby authorize the representatives of the Department to have access to the site of the proposed activity for inspection at any reasonable time. I acknowledge that depending on the type of activity, other permits or approvals may be required.

Signature

Name (Print)

Date

Title

E-mail address

Telephone Number

For questions or for additional information, please call the Department at (410) 537-3314