MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Solid Waste Program
1800 Washington Boulevard • Suite 605 • Baltimore Maryland 21230-1719
410-537-3315 • 800-633-6101 x3315 • www.mde.maryland.gov

Coal Combustion Byproducts (CCBs) Annual Generator Tonnage Report Instructions for Calendar Year 2014

The following is general information relating to the requirement for reporting quantities of coal combustion byproducts (CCBs) that were managed in the State of Maryland during calendar year 2014. Please answer the questions on the form provided, attaching additional information and any requested supplemental information to the back of the form. Note that the form for this year requires both volume and weight of the CCBs produced. If you know one of these parameters but not the others, for example, you have the tonnage produced but not the volume, you may calculate the other parameter; however, please provide the calculations and assumptions that you used in your estimate. Questions can be directed to the Solid Waste Program at (410) 537-3315 or via email at ed.dexter@maryland.gov.

<u>I. Background.</u> This requirement that generators of CCBs submit an annual report was instituted in the Code of Maryland Regulations COMAR 26.04.10.08, that was promulgated effective December 1, 2008. The regulation requires that any non-residential generator of CCBs submit a report to the Department by March 1 of each year describing the manner in which CCBs generated within the State were managed during the preceding calendar year. Additional information and specific instructions follow. For more detailed information, please refer to COMAR 26.04.10.08.

II. General Information and Applicability.

A. Definitions. CCBs are defined in COMAR 26.04.10.02B as:

- "(3) Coal Combustion Byproducts. (a) "Coal combustion byproducts" means the residue generated by or resulting from the burning of coal.
- (b) "Coal combustion byproducts" includes fly ash, bottom ash, boiler slag, pozzolan, and other solid residuals removed by air pollution control devices from the flue gas and combustion chambers of coal burning furnaces and boilers, including flue gas desulfurization sludge and other solid residuals recovered from flue gas by wet or dry methods."

A generator of CCBs is defined in COMAR 26.04.10.02B as:

- "(9) Generator.
- (a) "Generator" means a person whose operations, activities, processes, or actions create coal combustion byproducts.
- (b) "Generator" does not include a person who only generates coal combustion byproducts by burning coal at a private residence."

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defined above, you must provide the report, "you" shall hereinafter refer to 26.04.10.08 requires generators of concerning the disposition of the INCLUDES CCBS THAT WERE PRODUCED BY THE BURNING CTO A PRODUCT, such as cement.	apany meets the definition of a generator of CCBs information as required below. For the purposes of the generator defined above. Please note that COMECCBs to submit an annual report to the Departm CCBs that they generated the previous year. THE NOT SEPARATELY COLLECTED BUT WEST COAL AND WERE DIRECTLY CONTRIBUTED Where the amount cannot be directly measured, estimate can be used. The method of determining the volume	this AR nent HIS RE ED
III. Required Information. The followarch 1, 2015:	owing information must be provided to the Department	by
A. Contact information:		
Facility Name:		
Name of Permit Holder:		
Facility Address:	Street	
Facility Address:City County:	State Zip	
County: Contact Information (Person filing repo		
`	Facility Fax No.:	
Contact Name:		
Contact Title:		
Contact Address:	Street	
Contact Address: City	State Zip	
Contact Email:		
Contact Telephone No.:	Contact Fax No.:	

For questions on how to complete this form, please contact the Solid Waste Program at 410-537-3315

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<u> </u>	at generates the CCBs, including the type of coal or other raw If the space provided is insufficient, please attach additional

C. The volume and weight of CCBs generated during calendar year 2014, including an identification of the different types of CCBs generated and the volume of each type generated. If the space provided is insufficient, please attach additional pages in a similar format. If converting from volume to weight or weight to volume, please provide your calculations and assumptions.

<u>Table I: Volume and Weight of CCBs Generated for Calendar Year 2014:</u> Please note the change to this table from previous years, to include both the volume and weight of the types of CCBs your facility produces.

Volume and Weight of CCBs Generated for Calendar Year 2014				
Type of CCB	Type of CCB	Type of CCB	Type of CCB	
Volume of CCB, in Cubic Yards	Volume of CCB, in Cubic Yards	Volume of CCB, in Cubic Yards	Volume of CCB, in Cubic Yards	
Weight of CCB, in Tons	Weight of CCB, in Tons	Weight of CCB, in Tons	Weight of CCB, in Tons	

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Facility Name:	
Additional notes:	
•	risk assessments, or both, conducted relating to the CCBs or
their use that were performed by you this information to the report.	or your company during the reporting year. Please attach
E. Copies of all laboratory reports of this information to the report.	f all chemical characterizations of the CCBs. Please attach
F. A description of how you dispose	d of or used your CCBs in calendar year 2014, identifying:
Paragraph C above) including any Co	CCBs disposed of or used (if different than described in CBs stored during the previous calendar year, the location of ites, and the type and volume of CCBs disposed of or used

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and (b) The different uses by type	and volume of CCBs:
If the space provided is insufficient	nt, please attach additional pages in a similar format.
G. A description of how you inter-	nd to dispose of or use CCBs in the next 5 years, identifying:
	of CCBs intended to be disposed of or used, the location of on and use sites, and the type and volume of CCBs intended to e:
and (b) The different intended use	es by type and volume of CCBs.

If the space provided is insufficient, please attach additional pages in a similar format.

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	ication . An authorized official of the generator must are accuracy and completeness of the information contains			
	be best of my knowledge, the information contained in	this report and		
any attached documents ar	re true, accurate, and complete.			
Signature	Name, Title, & Telephone No. (Print or Type)	Date		
Signature		Date		
	Your Email Address			
V: Attachments (please	list):			

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