

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224**FACILITY:** BACK RIVER WWTP**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.2	*****	*****	mg/L		Three per Day	Grab
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8.6	*****	*****	mg/L		Three per Day	Grab
00300 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MN WK AV	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2106	4070	lb/d	*****	2	4	mg/L		Daily	24 Hour Composite
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	11000 MX MO AV	16000 MX WK AV	lb/d	*****	10 MX MO AV	15 MX WK AV	mg/L		Daily	24 Hour Composite
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7	*****	8.1	SU		Three per Day	Grab
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Three per Day	Grab
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1576	3173	lb/d	*****	2	3	mg/L		Daily	24 Hour Composite
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	11000 MX MO AV	16000 MX WK AV	lb/d	*****	10 MX MO AV	15 MX WK AV	mg/L		Daily	24 Hour Composite
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	47266	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00530 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	170658	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	3959228 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>
(410)396-9820				05/28/2025		
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>						

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April, 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP  
**ADDRESS:** 8201 EASTERN AVENUE  
 BALTIMORE, MD 21224  
**FACILITY:** BACK RIVER WWTP  
**LOCATION:** 8201 EASTERN AVENUE  
 BALTIMORE COUNTY, MD 21224

MD0021555	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581

External Outfall

No Discharge ☐

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	2	*****	mg/L		Monthly	Calculated
00600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	292732	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	1582055 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	56527	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00600 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.9	*****	mg/L		Daily	24 Hour Composite
00605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	540	*****	lb/d	*****	.5	*****	mg/L		Daily	24 Hour Composite
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	5229 MX MO AV	*****	lb/d	*****	5.1 MX MO AV	*****	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.5	*****	mg/L		Daily	24 Hour Composite
00630 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	55	68	lb/d	*****	< .087	< .087	mg/L		Daily	24 Hour Composite
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	220 MX MO AV	330 MX WK AV	lb/d	*****	.2 MX MO AV	.3 MX WK AV	mg/L		Daily	24 Hour Composite

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>	
(410)396-9820				05/28/2025			
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>		
<b>TYPED OR PRINTED</b>							

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April, 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224**FACILITY:** BACK RIVER WWTP**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	1636	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	9818	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	79277 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Cyanide, free [amenable to chlorination]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	< 4	*****	ug/L		Monthly	Grab
00722 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	Grab
Phosphate, ortho [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	< .053	*****	mg/L		Twice per Month	24 Hour Composite
04175 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite
Chlordane [tech mix. and metabolites]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .2	ug/L		Monthly	24 Hour Composite
39350 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	112.9	147.9	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .1	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	.1 MAXIMUM	mg/L		Three per Day	Grab

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(410)396-9820		05/28/2025	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April, 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP  
**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224  
**FACILITY:** BACK RIVER WWTP  
**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2025	04/30/2025

DMR Mailing ZIP CODE: 21202

MAJOR \$

(SUBR MD)

15-DP-0581

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	MPN/100m L		Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.62	*****	mg/L		Monthly	Grab
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. VALUE	*****	mg/L		Monthly	Grab
Flow, total	SAMPLE MEASUREMENT	*****	3386.6	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		TELEPHONE		DATE	
Khalil Zaid/ Director of Public Works		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(410)396-9820		05/28/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April, 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224**FACILITY:** BACK RIVER WWTP**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581, TOXIC REPORTING REQUIRED

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.3	*****	*****	mg/L		Three per Day	Grab
00300 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	8.8	*****	*****	mg/L		Three per Day	Grab
00300 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6 MN WK AV	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	21	89	lb/d	*****	< 2	< 2	mg/L		Daily	24 Hour Composite
00310 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	12520 MX MO AV	18770 MX WK AV	lb/d	*****	30 MX MO AV	45 MX WK AV	mg/L		Daily	24 Hour Composite
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.3	*****	7.9	SU		Three per Day	Grab
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Three per Day	Grab
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	68	116	lb/d	*****	< 1	1	mg/L		Daily	24 Hour Composite
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	12520 MX MO AV	18770 MX WK AV	lb/d	*****	30 MX MO AV	45 MX WK AV	mg/L		Daily	24 Hour Composite
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	1969	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00530 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	8721	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	4589026 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>
(410)396-9820				05/28/2025		
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	
<b>TYPED OR PRINTED</b>						

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April 2025 cover letter, discharge monitoring report and the monthly operations report are attachments with this submission. On Tuesday, April 29, 2025, at 1:30 P.M., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which require the replacement of vital equipment. The expected downtime for Outfall 002 is 2 to 3 months.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP  
**ADDRESS:** 8201 EASTERN AVENUE  
 BALTIMORE, MD 21224  
**FACILITY:** BACK RIVER WWTP  
**LOCATION:** 8201 EASTERN AVENUE  
 BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581, TOXIC REPORTING REQUIRED

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	1.8	*****	mg/L		Monthly	Calculated
00600 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	18754	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	610748 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	4362	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00600 EG 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	<b>SAMPLE MEASUREMENT</b>	74.1	*****	lb/d	*****	.9	*****	mg/L		Daily	24 Hour Composite
00605 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO LOAD	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	40	*****	lb/d	*****	.5	*****	mg/L		Daily	24 Hour Composite
00610 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	2130 MX MO AV	*****	lb/d	*****	5.1 MX MO AV	*****	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	38.1	*****	lb/d	*****	.5	*****	mg/L		Daily	24 Hour Composite
00630 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO LOAD	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	5	5	lb/d	*****	< .087	< .087	mg/L		Daily	24 Hour Composite
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	83 MO AVG	125 WKLY AVG	lb/d	*****	.2 MO AVG	.3 WKLY AVG	mg/L		Daily	24 Hour Composite

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(410)396-9820		05/28/2025	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

**COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**

The April 2025 cover letter, discharge monitoring report and the monthly operations report are attachments with this submission. On Tuesday, April 29, 2025, at 1:30 P.M., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which require the replacement of vital equipment. The expected downtime for Outfall 002 is 2 to 3 months.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224**FACILITY:** BACK RIVER WWTP**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

MD0021555	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581, TOXIC REPORTING REQUIRED

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	135	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	646	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	30363 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Cyanide, free [amenable to chlorination]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	< 4	*****	ug/L		Monthly	Grab
00722 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	Grab
Phosphate, ortho [as P]	<b>SAMPLE MEASUREMENT</b>	*****	1	lb/d	*****	< .053	*****	mg/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO LOAD	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	24 Hour Composite
Chlordane [tech mix. and metabolites]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .5	ug/L		Monthly	24 Hour Composite
39350 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Endrin	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< .02	ug/L		Monthly	24 Hour Composite
39390 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	9.9	16.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>
(410)396-9820				05/28/2025		
<b>TYPED OR PRINTED</b>			<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April 2025 cover letter, discharge monitoring report and the monthly operations report are attachments with this submission. On Tuesday, April 29, 2025, at 1:30 P.M., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which require the replacement of vital equipment. The expected downtime for Outfall 002 is 2 to 3 months.

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** BACK RIVER WWTP  
**ADDRESS:** 8201 EASTERN AVENUE  
BALTIMORE, MD 21224  
**FACILITY:** BACK RIVER WWTP  
**LOCATION:** 8201 EASTERN AVENUE  
BALTIMORE COUNTY, MD 21224

MD0021555	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2025	04/30/2025

**DMR Mailing ZIP CODE:** 21202

MAJOR \$

(SUBR MD)

15-DP-0581, TOXIC REPORTING REQUIRED

External Outfall

No Discharge ☐

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	2.4	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Three per Day	Grab
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	1	MPN/100m L		Daily	Grab
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab
Flow, total	<b>SAMPLE MEASUREMENT</b>	*****	297.7	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
82220 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Rayford McEachern		<b>TELEPHONE</b>		<b>DATE</b>	
<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(410)396-9820		05/28/2025	
<b>TYPED OR PRINTED</b>				<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

## COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The April 2025 cover letter, discharge monitoring report and the monthly operations report are attachments with this submission. On Tuesday, April 29, 2025, at 1:30 P.M., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which require the replacement of vital equipment. The expected downtime for Outfall 002 is 2 to 3 months.