

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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2025	01/31/2025

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			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	*****	mg/L	1	Three per Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1525	1911	lb/d	*****	< 2	< 2	mg/L		Daily	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.2	SU		Three per Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Three per Day	Grab
Solids, total suspended	SAMPLE MEASUREMENT	741	844	lb/d	*****	< 1	< 1	mg/L		Daily	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	22965	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	*****	22965	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	3959228 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	*****	mg/L		Monthly	Calculated
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated

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		02/28/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The January 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. The Back River Wastewater Treatment Plant experienced a dissolved oxygen (D.O.) excursion at Outfall 001 for the 4:00 P.M. reading at our facility on Wednesday, January 8, 2025. A newly trained operator at the facility experienced a breakage with the D.O. meter while performing his duties. The D.O. reading prior to the missed reading was 8.0 mg/l. The D.O. reading after the missed reading was 7.8 mg/l. Our permit requires a minimum D.O. level of 5.0 mg/l. Extra parts

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MD0021555	001-A
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01/01/2025	01/31/2025

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			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	49710	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	1582055 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	49710	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00600 EG 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	*****	mg/L		Daily	24 Hour Composite
00605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	211	*****	lb/d	*****	.2	*****	mg/L		Daily	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	5229 MX MO AV	*****	lb/d	*****	5.1 MX MO AV	*****	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.3	*****	mg/L		Daily	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	80	93	lb/d	*****	.08	.09	mg/L		Daily	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	220 MX MO AV	330 MX WK AV	lb/d	*****	.2 MX MO AV	.3 MX WK AV	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	2469	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated

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(410)396-9820				02/28/2025		
Khalil Zaid/ Director of Public Works		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	
TYPED OR PRINTED						

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

The January 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. The Back River Wastewater Treatment Plant experienced a dissolved oxygen (D.O.) excursion at Outfall 001 for the 4:00 P.M. reading at our facility on Wednesday, January 8, 2025. A newly trained operator at the facility experienced a breakage with the D.O. meter while performing his duties. The D.O. reading prior to the missed reading was 8.0 mg/l. The D.O. reading after the missed reading was 7.8 mg/l. Our permit requires a minimum D.O. level of 5.0 mg/l. Extra parts

DISCHARGE MONITORING REPORT (DMR)

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MD0021555	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2025	01/31/2025

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]	SAMPLE MEASUREMENT	*****	2469	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	79277 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Cyanide, free [amenable to chlorination]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	*****	ug/L		Monthly	Grab
00722 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	Grab
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.04	*****	mg/L		Twice per Month	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Twice per Month	24 Hour Composite
Chlordane [tech mix. and metabolites]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .2	ug/L		Monthly	24 Hour Composite
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	117.2	125	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 MAXIMUM	mg/L		Three per Day	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	MPN/100m L		Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab

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Khalil Zaid/ Director of Public Works		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(410)396-9820		02/28/2025	
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01/01/2025	01/31/2025

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			
Chromium, hexavalent tot recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	.29	*****	mg/L		Monthly	Grab
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. VALUE	*****	mg/L		Monthly	Grab
Flow, total	SAMPLE MEASUREMENT	*****	3634.1	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
82220 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)

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Khalil Zaid/ Director of Public Works				(410)396-9820		02/28/2025	
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15-DP-0581, TOXIC REPORTING REQUIRED

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****	mg/L		Three per Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	0	0	lb/d	*****	< 2	< 2	mg/L		Daily	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	8	SU		Three per Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Three per Day	Grab
Solids, total suspended	SAMPLE MEASUREMENT	88	93	lb/d	*****	1	1	mg/L		Daily	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	1854	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	*****	1854	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	4589026 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	*****	mg/L		Monthly	Calculated
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated

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Khalil Zaid/ Director of Public Works		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(410)396-9820		02/28/2025	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The January 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. On Friday, January 3, 2024, at 9:15 a.m., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which required additional attention. Flow resumed through Outfall 002 at 10:00 a.m. on January 13, 2025.

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Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	3336	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	610748 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	3336	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00600 EG 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	SAMPLE MEASUREMENT	125.4	*****	lb/d	*****	1.3	*****	mg/L		Daily	24 Hour Composite
00605 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO LOAD	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3	*****	lb/d	*****	< .056	*****	mg/L		Daily	24 Hour Composite
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	2130 MX MO AV	*****	lb/d	*****	5.1 MX MO AV	*****	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	30.7	*****	lb/d	*****	.3	*****	mg/L		Daily	24 Hour Composite
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO LOAD	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	8	15	lb/d	*****	.09	.11	mg/L		Daily	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	83 MO AVG	125 WKLY AVG	lb/d	*****	.2 MO AVG	.3 WKLY AVG	mg/L		Daily	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	169	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated

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BALTIMORE COUNTY, MD 21224

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DMR Mailing ZIP CODE: 21202

MAJOR \$

(SUBR MD)

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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]	SAMPLE MEASUREMENT	*****	169	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	30363 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Cyanide, free [amenable to chlorination]	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.8	*****	ug/L		Monthly	Grab
00722 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	Grab
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	4	lb/d	*****	.04	*****	mg/L		Weekly	24 Hour Composite
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO LOAD	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	24 Hour Composite
Chlordane [tech mix. and metabolites]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .5	ug/L		Monthly	24 Hour Composite
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Endrin	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .02	ug/L		Monthly	24 Hour Composite
39390 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.6	17	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Three per Day	Grab

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
(410)396-9820				02/28/2025		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

The January 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. On Friday, January 3, 2024, at 9:15 a.m., flow to Outfall 002 was shut down at the request of Tradepoint Atlantic. The request was made due to pumping issues which required additional attention. Flow resumed through Outfall 002 at 10:00 a.m. on January 13, 2025.

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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2025	01/31/2025

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			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	MPN/100m L		Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab
Flow, total	SAMPLE MEASUREMENT	*****	265.7	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		02/28/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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