

## 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>
03/01/2025	03/31/2025

**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			
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>	*****	*****	*****	8.3	*****	*****	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>	4588	6227	lb/d	*****	5	6	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	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>	1319	1675	lb/d	*****	1	2	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>	*****	40896	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>	*****	123392	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>	
<b>Khalil Zaid/ Director of Public Works</b>				(410)396-9820		04/28/2025	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

The March 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. The quarterly W.E.T. and tPCB are also attached with this submission.

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DMR Mailing ZIP CODE: 21202

MAJOR \$

(SUBR MD)

15-DP-0581

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.4	*****	mg/L		Monthly	Calculated
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	236205	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	1582055 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	105229	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	*****	*****	*****	*****	1.6	*****	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	902	*****	lb/d	*****	.9	*****	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	*****	*****	*****	*****	.9	*****	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	92	153	lb/d	*****	.09	.16	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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	2862	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	8182	lb/yr	*****	*****	*****	*****		Annual	Calculated
00665 1 12 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	lb/yr	*****	*****	*****	*****		Annual	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	8182	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	119.1	138.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

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15-DP-0581

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No Discharge ☐

ATTN: NICHLOS H. FRANKOS, PLT. MGR.

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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
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	3	MPN/100m L		Daily	Grab
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab
Chromium, hexavalent tot recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.12	*****	mg/L		Monthly	Grab
78247 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. VALUE	*****	mg/L		Monthly	Grab
Polychlorinated biphenyls [PCB] pg/L	<b>SAMPLE MEASUREMENT</b>	*****	59.26	g/qtr	*****	1.43	*****	ng/L		Quarterly	Grab
79819 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. QTR AVG	g/qtr	*****	Req. Mon. QTR AVG	*****	ng/L		Quarterly	Grab
Polychlorinated biphenyls [PCB] pg/L	<b>SAMPLE MEASUREMENT</b>	*****	59.26	g/yr	*****	1.43	*****	ng/L		Quarterly	Grab
79819 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. ANNL MAX	g/yr	*****	Req. Mon. ANNL AVG	*****	ng/L		Quarterly	Grab
Flow, total	<b>SAMPLE MEASUREMENT</b>	*****	3692.9	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
82220 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
Flow, total	<b>SAMPLE MEASUREMENT</b>	*****	10947.5	Mgal/yr	*****	*****	*****	*****		Annual	Calculated
82220 1 12 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. ANNL TOT	Mgal/yr	*****	*****	*****	*****		Annual	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
OMB No. 2040-0004

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

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15-DP-0581  
External Outfall  
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Toxicity, Acute	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< 1	tox acute		Quarterly	Grab
TS000 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1 MAXIMUM	tox acute		Quarterly	Grab
Toxicity, Chronic	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	< 1	tox chronic		Quarterly	Grab
TT000 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	1.02 MAXIMUM	tox chronic		Quarterly	Grab

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Oxygen, dissolved [DO]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.1	*****	*****	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	*****	*****	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>	121	192	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>	*****	*****	*****	7.2	*****	7.6	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>	107	134	lb/d	*****	1	2	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>	*****	2778	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>	*****	6752	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	4589026 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated

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Nitrogen, total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	3	*****	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>	*****	14392	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>	*****	6725	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>	124.1	*****	lb/d	*****	1.4	*****	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>	78	*****	lb/d	*****	.9	*****	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>	56.5	*****	lb/d	*****	.7	*****	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>	7	9	lb/d	*****	.08	.11	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

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<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(410)396-9820		04/28/2025	
<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 March 2025 cover letter, discharge monitoring report and monthly operations report are attachments with this submission. The quarterly tPCB is also attached 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>
03/01/2025	03/31/2025

**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>	*****	186	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>	*****	511	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>	*****	*****	*****	*****	8.6	*****	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>	*****	15	lb/d	*****	.17	*****	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>	8.9	11.5	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)

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(410)396-9820				04/28/2025		
<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>						

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## 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>
03/01/2025	03/31/2025

**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			
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	2.2	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
Chromium, hexavalent tot recoverable	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	.23	*****	ug/L		Monthly	24 Hour Composite
78247 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	<b>SAMPLE MEASUREMENT</b>	*****	4.76	g/qtr	*****	1.71	*****	ng/L		Quarterly	24 Hour Composite
79819 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. QTR AVG	g/qtr	*****	Req. Mon. QTR AVG	*****	ng/L		Quarterly	24 Hour Composite
Polychlorinated biphenyls [PCB] pg/L	<b>SAMPLE MEASUREMENT</b>	*****	4.76	g/yr	*****	1.71	*****	ng/L		Quarterly	Composite
79819 1 1 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. ANNL TOT	g/yr	*****	Req. Mon. ANNL AVG	*****	ng/L		Quarterly	Composite
Flow, total	<b>SAMPLE MEASUREMENT</b>	*****	275.5	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)
82220 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. TOTAL	Mgal/mo	*****	*****	*****	*****		Continuous	Recorder (auto)

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<b>Khalil Zaid/ Director of Public Works</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		(410)396-9820		04/28/2025	
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