

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
05/01/2025	05/31/2025

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]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	mg/L		Three per Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	*****	mg/L		Three per Day	Grab
00300 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MN WK AV	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1027	2135	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	*****	*****	*****	7.3	*****	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	301	496	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	*****	9316	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	*****	179974	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00530 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	3959228 CUM TOTL	lb/yr	*****	*****	*****	*****		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
(410)396-9820				06/27/2025		
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 May 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
05/01/2025	05/31/2025

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	*****	*****	*****	*****	1.7	*****	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	*****	59413	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00600 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	99782 MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	352145	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	1582055 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.8	*****	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	505	773	lb/d	*****	.5	.8	mg/L		Daily	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2200 MX MO AV	3300 MX WK AV	lb/d	*****	2 MX MO AV	3 MX WK AV	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.5	*****	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	57	93	lb/d	*****	< .087	< .087	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

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				06/27/2025		
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 May 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
05/01/2025	05/31/2025

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	*****	11597	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	79277 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	1779	lb/mo	*****	*****	*****	*****		Monthly	Calculated
00665 EG 1 Effluent Gross	PERMIT REQUIREMENT	*****	6652 MO TOTAL	lb/mo	*****	*****	*****	*****		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	*****	*****	*****	*****	.053	*****	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	133.7	208.2	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

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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The May 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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2025	05/31/2025

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			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	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	*****	*****	*****	*****	.1	*****	mg/L		Monthly	Grab
78247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. VALUE	*****	mg/L		Monthly	Grab
Flow, total	SAMPLE MEASUREMENT	*****	4144.8	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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The May 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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2025	05/31/2025

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			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	*****	*****	mg/L		Three per Day	Grab
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
00300 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MN WK AV	*****	*****	mg/L		Three per Day	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	8340 MX MO AV	12520 MX WK AV	lb/d	*****	20 MX MO AV	30 MX WK AV	mg/L		Daily	24 Hour Composite
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Three per Day	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
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	*****	NODI C		*****	*****	*****	*****			
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Solids, total suspended	SAMPLE MEASUREMENT	*****	8721	lb/yr	*****	*****	*****	*****			
00530 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	4589026 CUM TOTL	lb/yr	*****	*****	*****	*****		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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The June 2025 cover letter, discharge monitoring report and 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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2025	05/31/2025

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			
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	0	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	230294 SEAS TDT	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	18754	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00600 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	610748 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
00600 EG 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Nitrogen, organic total [as N]	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
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	NODI C	NODI C		*****	NODI C	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	830 MX MO AV	1250 MX WK AV	lb/d	*****	2 MX MO AV	3 MX WK AV	mg/L		Daily	24 Hour Composite
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO LOAD	*****	lb/d	*****	Req. Mon. MO AVG	*****	mg/L		Daily	24 Hour Composite

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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The June 2025 cover letter, discharge monitoring report and 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 Tradeport 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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2025	05/31/2025

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]	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
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	*****	NODI C		*****	*****	*****	*****			
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	lb/mo	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	646	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 1 2 Effluent Gross	PERMIT REQUIREMENT	*****	30363 CUM TOTL	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	0	lb/yr	*****	*****	*****	*****		Monthly	Calculated
00665 EG 2 Effluent Gross	PERMIT REQUIREMENT	*****	15353 SEAS TDT	lb/yr	*****	*****	*****	*****		Monthly	Calculated
Cyanide, free [amenable to chlorination]	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00722 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	ug/L		Monthly	Grab
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	NODI C		*****	NODI C	*****				
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	*****	*****	*****	*****	*****	NODI C				
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Monthly	24 Hour Composite

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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The June 2025 cover letter, discharge monitoring report and 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
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2025	05/31/2025

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			
Endrin	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
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	NODI C	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Three per Day	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	126 MX MO GMN	MPN/100m L		Daily	Grab
Flow, total	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
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		06/27/2025	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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

The June 2025 cover letter, discharge monitoring report and 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 Tradeport 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.