

**Back River
WWTP**

**State-
issued
Permit
Number**

**Outfall
number**

**Monitoring
Period**

**Required
monitoring
components
the facility
must sample
for, based on
its permit**

**DMR data
submitted
based on the
maximum
limit in the
permit**

**The
maximum
permit limit
that the
facility must
not exceed**

**This
indicates the
sample type**

**This
indicates the
frequency of
sampling**

**DMR
Submission
date**

**Signature of
Authorized
Agent**

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)
NAME: DEPT. OF PUB. WORKS, BUR. OF W & W
ADDRESS: 300 ABEL WOLMAN MUNICIPAL BLDG
BALTIMORE, MD 21202
FACILITY: BACK RIVER WWTP
LOCATION: 8201 EASTERN AVENUE
BALTIMORE COUNTY, MD 21224
ATTN: NICHLOS H. FRANKOS, PLT. MGR.

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	*****	*****	*****	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
[Redacted]
TYPED OR PRINTED
[Redacted]

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Redacted]

TELEPHONE
[Redacted]

DATE
02/28/2025

AREA Code
[Redacted]

NUMBER
[Redacted]

MM/DD/YYYY
[Redacted]