

CITY OF BALTIMORE

BRANDON M. SCOTT, MAYOR



DEPARTMENT OF PUBLIC WORKS

Jason W. Mitchell, Director  
Abel Wolman Municipal Building, 6th Floor  
200 N. Holliday Street  
Baltimore, Maryland 21202

May 26, 2023

Yen-Der Cheng  
Chief, Municipal Surface Discharge Division  
Wastewater Permit Program  
Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore, Maryland 21230

Dear Mr. Yen-Der Cheng:

Enclosed you will find the U.S. EPA application for NPDES Permit to Discharge Wastewater (State discharge permit #15-DP-0581). This application is accompanied with requested attachments. Requested amendments are provided with this resubmission.

If you require additional information, please contact me at (410)396-9814, or by e-mail at [betty.jacobs@baltimorecity.gov](mailto:betty.jacobs@baltimorecity.gov).

Sincerely,

Elizabeth R. Jacobs  
Acting Plant Manager  
Back River Wastewater  
Treatment Plant

**RECEIVED**  
MAY 26 2023

Revised applic.  
received via  
email on  
5/26/2023

ERJ/rm

Enclosures

Cc: Mr. Jason Mitchell  
Mr. Paul Sayan  
Mr. Michael Hallmen  
Mr. Rayford McEachern

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Form Approved 03/05/19 OMB No. 2040-0004
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>	

**SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))**

<b>Facility Information</b>	1.1	Facility name Back River Wastewater Treatment Plant		
		Mailing address (street or P.O. box) 8201 Eastern Avenue		
		City or town Baltimore	State Maryland	ZIP code 21224
		Contact name (first and last) Elizabeth Jacobs	Title Acting Plant Manager	Phone number (410) 396-9814
		Email address betty.jacobs@baltimorecity.gov		
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 8201 Eastern Avenue.		
		City or town Baltimore	State Maryland	ZIP code 21224
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No		
<b>Applicant Information</b>	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.		
		Applicant name Mayor and City Council of Baltimore, City Hall		
		Applicant address (street or P.O. box) 100 North Holliday Street		
		City or town Baltimore	State Maryland	ZIP code 21202
		Contact name (first and last) Richard Luna	Title Interim Dir. of Public Works	Phone number (410) 396-3100
		Email address richard.luna@baltimorecity.gov		
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both		
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)		
<b>Existing Environmental Permits</b>	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)		
		<b>Existing Environmental Permits</b>		
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021555, 15-DP-0581	<input checked="" type="checkbox"/> RCRA (hazardous waste) MDD990686040	<input type="checkbox"/> UIC (underground injection control)
		<input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812 (Part70 Operatir	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) 2021-STF-5851 (Sewage Sludge) 20-SW-0630 (Storm Water)

EPA Identification Number MDD990686040		NPDES Permit Number MD0021555		Facility Name Back River Wastewater Treatment Plant		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES				<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>			
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>							
<b>Facility Information</b>	1.1		Facility name Back River Wastewater Treatment Plant				
			Mailing address (street or P.O. box) 8201 Eastern Avenue				
			City or town Baltimore		State Maryland		ZIP code 21224
			Contact name (first and last) Elizabeth Jacobs	Title Acting Plant Manager		Phone number (410) 396-9814	Email address betty.jacobs@baltimorecity.gc
			Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 8201 Eastern Avenue.				
			City or town Baltimore		State Maryland		ZIP code 21224
<b>Applicant Information</b>	1.2		Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No				
	1.3		Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.				
			Applicant name Mayor and City Council of Baltimore, City Hall				
			Applicant address (street or P.O. box) 100 North Holliday Street				
			City or town Baltimore		State Maryland		ZIP code 21202
			Contact name (first and last) Jason Mitchell	Title Director of Public Works		Phone number (410) 396-3100	Email address Jason.mitchell@baltimorecity.
<b>Existing Environmental Permits</b>	1.4		Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both				
	1.5		To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input checked="" type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)				
	1.6		Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)				
<b>Existing Environmental Permits</b>							
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021555, 15-DP-0581	<input checked="" type="checkbox"/> RCRA (hazardous waste) MDD990686040		<input type="checkbox"/> UIC (underground injection control)		
		<input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812 (Part70 Operatir	<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)		
		<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input checked="" type="checkbox"/> Other (specify) 2021-STF-5851 (Sewage Sludge) 20-SW-0630 (Storm Water)		



EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River Wastewater  
Treatment Plant

Form Approved 03/05/19  
OMB No. 2040-0004

**Outfalls Other Than to Waters of the United States**

Outfalls and Other Discharge or Disposal Methods

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?  
 Yes  No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

**Surface Impoundment Location and Discharge Data**

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?  
 Yes  No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

**Land Application Site and Discharge Data**

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?  
 Yes  No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).  
 Lift station and pumping to conveying pipeline to Tradepoint Atlantic (Outfall 002 to Beth Steel). Flow discharges into the High Head Lake at Sparrows Point. From there, it is pumped into existing outfalls for Bear Creek.

1.18 Is the effluent transported by a party other than the applicant?  
 Yes  No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

**Transporter Data**

Entity name		Mailing address (street or P.O. box)	
City or town		State	ZIP code
Contact name (first and last)		Title	
Phone number		Email address	

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Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.						
	<b>Receiving Facility Data</b>							
	Facility name Tradepoint Atlantic			Mailing address (street or P.O. box) 1600 Sparrows Point Blvd.				
	City or town Sparrows Point			State Maryland		ZIP code 21219		
	Contact name (first and last) Mr. Mike Vogler			Title Senior VP, Site Operations				
	Phone number (443) 386-3619			Email address mvogler@tradepointatlantic.com				
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate CY'20 = 24.1 mgd				
Outfalls and Other Discharge or Disposal Methods Continued	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.						
	1.22	Provide information in the table below on these other disposal methods.						
	<b>Information on Other Disposal Methods</b>							
	Disposal Method Description		Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)		
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
Variance Requests	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> Not applicable						
	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.						
Contractor Information	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.						
	<b>Contractor Information</b>							
			<b>Contractor 1</b>		<b>Contractor 2</b>		<b>Contractor 3</b>	
	Contractor name (company name)		Veolia Water North America-Ce		Synagro Technologies Baltimor			
	Mailing address (street or P.O. box)		5800 Quarantine Road		8201 Eastern Blvd.			
	City, state, and ZIP code		Baltimore, MD 21226		Baltimore, MD 21224			
	Contact name (first and last)		Mr. Tom Fantom		Mr. Joe Hurt			
	Phone number		(410) 354-1636		(410) 282-7325			
Email address		thomas.fantom@veolia.com		JHurt@SYNAGRO.com				
Operational and maintenance responsibilities of contractor		Sludge composting		Sludge heat drying to make pellets.				



**Updated Contractor Information for Section 1.25**  
Umm-E-Hani Iqbal -MDE- <umm-e-hani.iqbal@maryland.gov>

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## Confirmation of Information - Back River WWTP (22-DP-0581 / MD0021555)

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**Jacobs, Betty (DPW)** <Betty.Jacobs@baltimorecity.gov>

Wed, Jun 7, 2023 at 7:49 AM

To: Umm-E-Hani Iqbal -MDE- <umm-e-hani.iqbal@maryland.gov>, "Hallmen, Michael (DPW)"

<Michael.Hallmen@baltimorecity.gov>, "McEachern, Rayford (DPW)" <Rayford.McEachern@baltimorecity.gov>

Cc: "Turner, Ronald (DPW)" <Ronald.Turner@baltimorecity.gov>, Yen-Der Cheng -MDE- <yen-der.cheng@maryland.gov>, Mahendra Chawla -MDE- <mahendra.chawla@maryland.gov>, Ronald Wicks -MDE- <ronald.wicks@maryland.gov>, Ronald Pinkley -MDE- <ronald.pinkley@maryland.gov>

Good Morning

For item #1, please add the following companies:

1. ACE- American Contracting Environmental Services, Inc.

10330 Old Columbia Road #102

Columbia, MD 21046

2. MES- Maryland Environmental Services

259 Najoles Road

Millersville, MD 21108

3. Pro-Start- Professional Startup and Operating Services, INC.

3414 Baywood Drive

Forest Hill, MD 21050

Thank you

Betty



Elizabeth "Betty" Jacobs  
Acting Plant Manager

Brandon M. Scott

Mayor



Jason W. Mitchell, Ed.D.

Director

Office: 410-396-9814

Department of Public Works

8201 Eastern Avenue

Baltimore, MD 21224

*"To be a strong proponent and protector of our environment and the health and vitality of our communities" – DPW Vision Statement*

[Website](#) | [Twitter](#) | [Facebook](#) | [NextDoor](#) | [Youtube](#)

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EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Form Approved 03/05/19 OMB No. 2040-0004
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**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))**

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b>				
			CY'20 = 130,200,000 GPD	130.2M gpd			
		Indicate the steps the facility is taking to minimize inflow and infiltration. Consent decree for Baltimore City collection system renovations.					
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
		Briefly list and describe the scheduled improvements.					
		1. SC 918 - New headworks facility - New screening, grit removal, and odor control systems to alleviate hydraulic restrictions and improve sediment and material removal					
		2. SC - 882 ENR improvements - New facilities to enhance nitrogen removal					
		3. Digester rehab (to begin June 2023) - Rehabilitation to clean and repair the in-ground and egg shaped digesters					
		4.					
	2.6	Provide scheduled or actual dates of completion for improvements.					
		<b>Scheduled or Actual Dates of Completion for Improvements</b>					
		<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
		1.	001	06/29/2017	10/31/2021	06/01/2021	06/01/2021
		2.	001	10/27/2014	05/31/2022	05/01/2022	05/31/2022
		3.	001	08/16/2023	09/16/2027		
		4.					
	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None required or applicable					
		Explanation:					

**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))**

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>						
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	<b>Average Daily Volume of Inflow and Infiltration</b>				
		Indicate the steps the facility is taking to minimize inflow and infiltration. Consent decree for Baltimore City collection system renovations.	CY'20 = 130,200,000 GPD	130.2M gpd			
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.					
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	2.6	Provide scheduled or actual dates of completion for improvements.					
		<b>Scheduled or Actual Dates of Completion for Improvements</b>					
		<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>	<b>Attainment of Operational Level (MM/DD/YYYY)</b>
		1.	001	06/29/2017	10/31/2021	06/01/2021	06/01/2021
		2.	001	10/27/2014	05/31/2022	05/01/2022	05/31/2022
		3.	001	06/30/2023			
		4.					
	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None required or applicable					
		Explanation:					

EPA Identification Number  
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NPDES Permit Number  
MD0021555

Facility Name  
Back River Wastewater  
Treatment Plant

Form Approved 03/05/19  
OMB No. 2040-0004

**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> <u>001</u>	<b>Outfall Number</b> <u>002</u>	<b>Outfall Number</b> _____
	State	Maryland	Maryland	
	County	Baltimore City	Baltimore City	
	City or town	Baltimore	Baltimore	
	Distance from shore	1,158 ft.	ft.	ft.
	Depth below surface	0.71 ft.	ft.	ft.
	Average daily flow rate	CY'20 = 118.2 mgd	CY'20 = 24.1 mgd	mgd
	Latitude	39° 17' 58.8" N <input type="checkbox"/>	39° 17' 58.8" N <input type="checkbox"/>	° ' "
	Longitude	76° 29' 39.9" W <input type="checkbox"/>	76° 29' 39.9" W <input type="checkbox"/>	° ' "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Waters of the U.S.</b>	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____		
	Receiving water name	Back River	High Head Lake(Sparrow Point)		R.M.C. 6/15/23		
	Name of watershed, river, or stream system	Baltimore Harbor	Baltimore Harbor				
	U.S. Soil Conservation Service 14-digit watershed code						
	Name of state management/river basin	R.M.C. 6/15/23					
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	02060003	02060003				
	Critical low flow (acute)		cfs		cfs	cfs	
	Critical low flow (chronic)		cfs		cfs	cfs	
	Total hardness at critical low flow		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____		
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) ENR	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) ENR	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)			
	Design Removal Rates by Outfall						
	BOD <sub>5</sub> or CBOD <sub>5</sub>	95.6	%	95.6	%	%	
	TSS	95.4	%	95.4	%	%	
	Phosphorus	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable	
	Nitrogen	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable	
Other (specify) no dechlorination for outfall 002(sodium bifulfite)	<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		<input type="checkbox"/> Not applicable		

Outfall 002 discharges into the Baltimore Harbor (discharged into the High Head Lake at Sparrows Point TPA, and from there pumped to existing outfalls to Bear Creek).

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			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____			
	Receiving water name	Back River		Back River				
	Name of watershed, river, or stream system	Baltimore Harbor		Baltimore Harbor				
	U.S. Soil Conservation Service 14-digit watershed code							
	Name of state management/river basin							
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	02130901		02130901				
	Critical low flow (acute)	cfs		cfs		cfs		
	Critical low flow (chronic)	cfs		cfs		cfs		
	Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>		mg/L of CaCO <sub>3</sub>		
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.						
			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____			
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>ENR</u>	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) <u>ENR</u>	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____				
	Design Removal Rates by Outfall							
	BOD <sub>5</sub> or CBOD <sub>5</sub>	95.6 %		95.6 %		%		
	TSS	95.4 %		95.4 %		%		
	Phosphorus	<input type="checkbox"/> Not applicable 96.0 %		<input type="checkbox"/> Not applicable 96.0 %		<input type="checkbox"/> Not applicable %		
	Nitrogen	<input type="checkbox"/> Not applicable 71.6 %		<input type="checkbox"/> Not applicable 71.6 %		<input type="checkbox"/> Not applicable %		
Other (specify) no dechlorination for outfall 002(sodium bifulfite)	<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %			

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Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. Bleach is used to disinfect, but sodium bisulfite is used to dechlorinated the chlorine in the bleach that is discharged.						
			Outfall Number <u>001</u>		Outfall Number <u>002</u>		Outfall Number _____	
		Disinfection type	Bleach		Bleach			
		Seasons used	all		all			
		Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No		
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number <u>001</u>		Outfall Number <u>002</u>		Outfall Number _____	
		Permit date effective 5/1/18	Acute	Chronic	Acute	Chronic	Acute	Chronic
		Number of tests of discharge water	14	14	0	0		
		Number of tests of receiving water						
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.						
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>The facility has a design flow greater than or equal to 1 mgd.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

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Effluent Testing Data Continued	3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?						
	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		No → Complete tests and Table E and SKIP to Item 3.26.			
	3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?						
	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		No → Provide results in Table E and SKIP to Item 3.26.			
	3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.						
	Date(s) Submitted (MM/DD/YYYY)			Summary of Results				
				02-23-2020 (Q1'20) passed > 06-01-2020 (Q2'20) failed, reran > 06-21-2020 (Q2'20) rerun, passed > 08-30-2020 (Q3'20) passed > 11-29-2020 (Q4'20) passed >				
	3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?						
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		No → SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity: Possibility due to contamination of sampler hose. We replaced the hose and reran the test and passed. We have not experienced two failures in a row.							
3.24	Has the treatment works conducted a toxicity reduction evaluation?							
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.							
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?							
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Not applicable		because previously submitted information to the NPDES permitting authority.				
<b>SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))</b>								
Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs?						
	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		No → SKIP to Item 4.7.			
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.						
	Number of SIUs			Number of NSCIUs				
	30			17				
	4.3	Does the POTW have an approved pretreatment program?						
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No						
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?							
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. Baltimore City and Baltimore County maintain separate pretreatment programs (reporting is separate).							
4.6	Have you completed and attached Table F to this application package?							
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No						

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Industrial Discharges and Hazardous Wastes Continued

4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.			
4.8	If yes, provide the following information:			
	<b>Hazardous Waste Number</b>	<b>Waste Transport Method</b> (check all that apply)		<b>Annual Amount of Waste Received</b>
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
		<input type="checkbox"/> Truck	<input type="checkbox"/> Rail	
		<input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Other (specify) _____	
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.			
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No			
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))**

CSO Map and Diagram

5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

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CSO Receiving Waters

5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name		
	Name of watershed/ stream system		
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin		
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)		

**SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

Checklist and Certification Statement

6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
	<b>Column 1</b>	<b>Column 2</b>
	<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s) <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input checked="" type="checkbox"/> w/ Table F <input type="checkbox"/> w/ additional attachments
	<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ CSO system diagram
<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

6.2	<b>Certification Statement</b>	
	<i>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.</i>	
	Name (print or type first and last name) Michael Hallmen	Official title Chief, Wastewater Facilities Division
Signature 	Date signed 8/8/2023	

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<b>CSO Receiving Waters</b>	5.7	Provide the information in the table below for each of your CSO outfalls.			
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	
		Receiving water name			
		Name of watershed/ stream system			
		U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin			
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

**SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.			
		<b>Column 1</b>	<b>Column 2</b>		
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram	
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input checked="" type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ Table F	
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
		6.2	<b>Certification Statement</b>		
			<i>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.</i>		
		Name (print or type first and last name) Michael Hallmen	Official title Chief, Wastewater Facilities Division		
		Signature 	Date signed 06/07/2023		

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<b>CSO Receiving Waters</b>	<b>5.7</b>	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number _____	CSO Outfall Number _____	CSO Outfall Number _____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

<b>SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))</b>			
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<b>Checklist and Certification Statement</b>	<b>6.1</b>	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.		
		<b>Column 1</b>	<b>Column 2</b>	
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input checked="" type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ Table F
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

<b>6.2</b>	<b>Certification Statement</b>	
	<i>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.</i>	
	Name (print or type first and last name) Elizabeth R. Jacobs	Official title Acting Plant Manager
	Signature 	Date signed 5/26/23

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	31.4	mg/l	2.6	mg/l	366	S5210B-11	2.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform Escherichia coli	2420	MPN/100ml	17	MPN/100ml	366	S9223B-04	1 mpn/100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	237	MGD	118.2	MGD	366		
pH (minimum)	6.6	SU					
pH (maximum)	8.0	SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	85	mg/l	<5.0	mg/l	366	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	28.8	mg/l	<2.0	mg/l	359	S5210B-11	2.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform Escherichia coli	2420	MPN/100ml	17	MPN/100ml	358	S9223B-04	1 mpn/100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	37.5	MGD	24.1	MGD	361		
pH (minimum)	6.7	SU					
pH (maximum)	8.3	SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	54	mg/l	<5.0	mg/l	359	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 001 (Values from CY'20)
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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	3.63	mg/l	0.25	mg/l	366	ASTM D6919-09	0.100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.6	mg/l	.37	mg/l	1098	EPA 330.5	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	12.4	mg/l	9.0	mg/l	1098	SM 4500-G	0.03 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	6.6	mg/l	1.3	mg/l	366	EPA 353.2	0.20 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	7.2	mg/l	1.7	mg/l	366	S4500NH3G-11	1.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	2.5	mg/l	0.10	mg/l	366	EPA 365.1	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	85	mg/l	<5.0	mg/l	366	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002 (Values from CY'20)
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**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	3.84	mg/l	0.24	mg/l	359	ASTM D6919-09	0.100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.6	mg/l	.37	mg/l	1098	EPA 330.5	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	12.0	mg/l	9.0	mg/l	1075	SM 4500-G	0.03 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	6.0	mg/l	1.3	mg/l	359	EPA 353.2	0.20 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	8.2	mg/l	1.7	mg/l	359	S4500NH3G-11	1.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	1.5	mg/l	0.10	mg/l	359	EPA 365.1	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	54	mg/l	<5.0	mg/l	359	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 001
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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	0.00012	mg/l	0.00075	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.00099	mg/l	0.00062	mg/l	4	EPA 200.8	0.00050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00010 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	0.00016	mg/l	nd	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.00190	mg/l	0.00089	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.02200	mg/l	0.00948	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.00330	mg/l	0.00125	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	nd	mg/l	nd	mg/l	4	EPA 245.1	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	0.00550	mg/l	0.00473	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	0.00100	mg/l	0.00089	mg/l	4	EPA 200.8	0.00066 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	0.00019	mg/l	0.00005	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.04900	mg/l	0.02650	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	11.8	ug/l	<5.0	ug/l	36	KELADA-01	5.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	nd	ug/l	nd	ug/l	4	EPA 624.1	1.3 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	nd	ug/l	nd	ug/l	4	EPA 624.1	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	nd	ug/l	nd	ug/l	4	EPA 624.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002
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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	0.0013	mg/l	0.00071	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.00068	mg/l	0.00046	mg/l	4	EPA 200.8	0.00050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00010 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	0.00017	mg/l	0.00004	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.00180	mg/l	0.00069	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.02200	mg/l	0.00858	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.00320	mg/l	0.00110	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	nd	mg/l	nd	mg/l	4	EPA 245.1	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	0.00560	mg/l	0.00458	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	0.00088	mg/l	0.00063	mg/l	4	EPA 200.8	0.00066 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.05100	mg/l	0.02475	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	12.5	ug/l	<5.0	ug/l	68	KELADA-01	5.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	nd	ug/l	nd	ug/l	4	EPA 624.1	1.3 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	nd	ug/l	nd	ug/l	4	EPA 624.1	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	nd	ug/l	nd	ug/l	4	EPA 624.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.23 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.25 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	3.00	ug/l	0.84	ug/l	4	EPA 624.1	0.25 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.47 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	nd	ug/l	nd	ug/l	4	EPA 624.1	3.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	2.70	ug/l	1.75	ug/l	4	EPA 624.1	0.15 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.080 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.26 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.21 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.14 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.27 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	0.36	ug/l	0.15	ug/l	4	EPA 624.1	0.24 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.23 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.25 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	1.3	ug/l	0.33	ug/l	4	EPA 624.1	0.25 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.47 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	nd	ug/l	nd	ug/l	4	EPA 624.1	3.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	3.6	ug/l	2.56	ug/l	4	EPA 624.1	0.15 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.080 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.26 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.21 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.14 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.27 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	1.30	ug/l	0.39	ug/l	4	EPA 624.1	0.24 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.29 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.33 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	2.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.36 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.29 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.33 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	2.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.36 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.81 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.59 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.57 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.88 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.56 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002
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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.81 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.59 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.57 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.88 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.56 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.35 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.74 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.53 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.35 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.74 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.37 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.53 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
tPCB Cogeners	1.31	ng/l	.98	ng/l	3	1668A-TMD	varies <input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).



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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

**Test Information**

	Test Number ____	Test Number ____	Test Number ____
Test species			
Age at initiation of test			
Outfall number			
Date sample collected			
Date test started			
Duration			

**Toxicity Test Methods**

Test method number			
Manual title			
Edition number and year of publication			
Page number(s)			

**Sample Type**

Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
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**Sample Location**

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
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**Point in Treatment Process**

Describe the point in the treatment process at which the sample was collected for each test.			
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**Toxicity Type**

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both
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EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number
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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____
<b>Test Type</b>			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
<b>Source of Dilution Water</b>			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
If receiving water, specify source.			
<b>Type of Dilution Water</b>			
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
<b>Percentage Effluent Used</b>			
Specify the percentage effluent used for all concentrations in the test series.			
<b>Parameters Tested</b>			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
			<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
<b>Acute Test Results</b>			
Percent survival in 100% effluent			
LC <sub>50</sub>			
95% confidence interval			
Control percent survival			

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**TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY**

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____
<b>Acute Test Results Continued</b>			
Other (describe)			
<b>Chronic Test Results</b>			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			
<b>Quality Control/Quality Assurance</b>			
Is reference toxicant data available? ..	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Clean Harbors of Baltimore, Inc.	Clendenin Brothers, Inc.	Arco Metals, Inc.
Mailing address (street or P.O. box)	1910 Russell Street	4309 Erdman Avenue	3546 Old York Road
City, state, and ZIP code	Baltimore, Maryland 21230	Baltimore, Maryland 21213	Baltimore, MD 21218
Description of all industrial processes that affect or contribute to the discharge.	Hazardous waste storage and treatment	The manufacturing of nails and rivets ("metal fasteners")	The fabrication of sheet metal and machining parts for local defense industry. The manufacturing processes include trivalent and hexavalent chromate conversion, and passivation.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Hazardous waste received from various industries.	Stainless steel wire, aluminum wire, brass wire, copper wire, resulting in dissolved metals in the wastewater.	Heavy Metals, such as chromium, copper and zinc.
Indicate the average daily volume of wastewater discharged by the SIU.	88200 gpd	41000 gpd	22 gpd
How much of the average daily volume is attributable to process flow?	87000 gpd	40000 gpd	22 gpd
How much of the average daily volume is attributable to non-process flow?	1200 gpd	1000 gpd	200 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	Pretreatment standards for the Centralized Waste Treatment category (40 CFR 437-46b)	Pretreatment standards for the existing source metal finishing category (40 CFR 433)	
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore City)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Eisai, Inc.	Emergent BioSolutions, Inc.	Emergent BioSolutions, Inc. Camden Camp
Mailing address (street or P.O. box)	6611 Tributary Street	5901 East Lombard Street	1111 South Paca Street
City, state, and ZIP code	Baltimore, Maryland 21224	Baltimore, Maryland 21224	Baltimore, Maryland 21230
Description of all industrial processes that affect or contribute to the discharge.	Cleaning plant and equipment, reverse osmosis.  The manufacture of the pharmaceutical product Gliadel Wafers.	Microbial fermentation, cell culture processing, protein and water purification, passivation of stainless steel, reverse osmosis, plant and equipment washdown.	Cleaning of plant and equipment, reverse osmosis.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Various Organic Compounds.  Manufacturer of the pharmaceutical product - Gliadel Wafer	Various Organic Compounds.  The development and production of vaccines, monoclonal antibodies and drugs for a variety of diseases	Various Organic Compounds  Formulate and package pharmaceuticals for various pharmaceutical manufacturing companies
Indicate the average daily volume of wastewater discharged by the SIU.	5200 gpd	56000 gpd	52200 gpd
How much of the average daily volume is attributable to process flow?	3400 gpd	52100 gpd	43400 gpd
How much of the average daily volume is attributable to non-process flow?	1800 gpd	3900 gpd	8800 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Pretreatment standards for the New Source Pharmaceutical Manufacturing category (40 CFR 439 Subpart D-Mixing, Coumpounding and Formulating).	Pretreatment Standards for the New Source Pharmaceutical Manufacturing category, Fermentation Subpart (40 CFR 439.17.	Pretreatment Standards for the New Sources Pharmaceutical category (40 CFR 439 Subpart D-Mixing, Compounding and Formulating)
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Ace Uniform Services, Inc.	Chesapeake Uniform Rental, Inc.	Cintas Corporation
Mailing address (street or P.O. box)	1800 Parkman Avenue	3710 East Baltimore Street	6300 Seaforth Street
City, state, and ZIP code	Baltimore, Maryland 21230	Baltimore, Maryland 21230	Baltimore, Maryland 21221
Description of all industrial processes that affect or contribute to the discharge.	Industrial Laundry	Industrial Laundry	Industrial Laundry
List the principal products and raw materials that affect or contribute to the SIU's discharge.	The washing of industrial uniforms	Washing of industrial uniforms	The washing of uniforms, mats, linens, shop towels and mops.
Indicate the average daily volume of wastewater discharged by the SIU.	14000 gpd	19500 gpd	41000 gpd
How much of the average daily volume is attributable to process flow?	13500 gpd	19000 gpd	40000 gpd
How much of the average daily volume is attributable to non-process flow?	500 gpd	500 gpd	1000 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore City)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore City)
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Hospital Central Services Cooperative, Inc.	The Sherwin-Williams Company	Dietz & Watson Corporation
Mailing address (street or P.O. box)	3001 Cowan Avenue	2325 Hollins Ferry Road	3330 Henry G. Parks, Jr. Circle Drive
City, state, and ZIP code	Baltimore, Maryland 21223	Baltimore, Maryland 21230	Baltimore, Maryland 21215
Description of all industrial processes that affect or contribute to the discharge.	Industrial Laundry	The manufacturing of latex paints and alkyd resin-base paints	The processing poultry deli meats and pork chitterlings.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Industrial Laundry	Latex paint	Chicken and pork products.
Indicate the average daily volume of wastewater discharged by the SIU.	59500 gpd	9300 gpd	149000 gpd
How much of the average daily volume is attributable to process flow?	59000 gpd	7300 gpd	150000 gpd
How much of the average daily volume is attributable to non-process flow?	500 gpd	2000 gpd	3000 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore City)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>    </u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040	NPDES Permit Number MD0031555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	A & A Global Industries	American Yeast	Becton Dickinson
Mailing address (street or P.O. box)	10711 Gilroy Rd.	8215 Beachwood Rd.	250 Schilling Circle
City, state, and ZIP code	Hunt Valley, MD 21031	Baltimore, MD 21222	Hunt Valley, MD 21030
Description of all industrial processes that affect or contribute to the discharge.	Metal finishing / powder coating	Yeast manufacturing	Petri dishes, petri dishes with agar, liquid media, lactinex pills, and crystal panels
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Metal parts, powder coating, steel, aluminum, cast pot metal, brass, and titanium	Beet molasses, Domino brown sugar, cane sugar	Liquid media, Phoenix panels
Indicate the average daily volume of wastewater discharged by the SIU.	1,854 gpd	268,499 gpd	165,357 gpd
How much of the average daily volume is attributable to process flow?	1,854 gpd	268,499 gpd	165,357 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 433.17 Metal Finishing		
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Becton Dickinson	Becton Dickinson	Browning Ferris industries
Mailing address (street or P.O. box)	39 Loveton Circle	7 Loveton Circle	101 Norris Lane
City, state, and ZIP code	Sparks, MD 21152	Sparks, MD 21152	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Dyes & Stains Manufacturing & Packaging Rooms, Filling, Mixing, Grinding, Autoclaves, and Cleaning.	Manufacturer of biological growth media.	Closed Landfill – Landfill Leachate
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Dyes and stains.	Prepared plated media.	None
Indicate the average daily volume of wastewater discharged by the SIU.	10,943 gpd	28,005 gpd	42,610 gpd
How much of the average daily volume is attributable to process flow?	10,943 gpd	21,122 gpd	42,610 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	6,883 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Eastern Plating	EISAI, Inc.	G+G Industrial Finishing Inc.
Mailing address (street or P.O. box)	7803 Pulaski Highway	11675 Crossroads Circle	1113 Old North Point Rd., Bldg B
City, state, and ZIP code	Baltimore, MD 21237	Baltimore, MD 21220	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Anodized aluminum parts, black oxide coating of steel parts and chromate conversion	Manufacturing of the GLIADEL wafer	Anodizing aluminum (parts)
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Chromic acid, sulfuric acid, sodium hydroxide, nitric acid, dyes and black oxide coating	Propylene glycol, ethylene glycol	Chromic acid, sodium hydroxide, nitric acid
Indicate the average daily volume of wastewater discharged by the SIU.	7,394 gpd	1,045 gpd	93 gpd
How much of the average daily volume is attributable to process flow?	7,394 gpd	1,045 gpd	93 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 433.17 – Metal finishing	40 CFR 439 – Pharmaceutical Subpart D	40 CFR 433.17 – Metal finishing
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Honeygo Run Reclamation Center	Imerys Carbonates USA, Inc.	Maryland Plating & Servicing, Inc.
Mailing address (street or P.O. box)	10710 Philadelphia Road	10000 Beaver Dam Rd.	8243 Rosebank Ave
City, state, and ZIP code	Perry Hall, MD 21228	Cockeysville, MD 21030	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Construction Rubble Landfill – Landfill Leachate.	Ultra fine carbonates, chemical make-up tank, flotation tanks, slurry run-off, Production and quality analysis laboratories	Zinc phosphate coating, electroplating, anodizing, passivating, and chemical conversion
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Recycled concrete, recycled asphalt, sand, soil and mulch. Raw material(s): Concrete and Asphalt removed during road repair, excavated soil, and used lumber	Principal product(s): Calcium Carbonate Raw material(s): Calcium	Machined steel, stainless steel alloys, aluminum alloys, and various chemically reactive solutions
Indicate the average daily volume of wastewater discharged by the SIU.	23,993 gpd	145,162 gpd	132 gpd
How much of the average daily volume is attributable to process flow?	23,993 gpd	145,162 gpd	132 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			40 CFR 433.17 Metal finishing
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040	NPDES Permit Number MD021555	Facility Name Back River WWTP (from Baltimore County)
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	McCormick & Company, Inc. (Flavor Manufact	McCormick & Company, Inc., (Hunt Valley Pl	McCormick & Company, Inc. (Spice Mill)
Mailing address (street or P.O. box)	11102 McCormick Rd.	11100 McCormick Rd.	10901 Gilroy Rd.
City, state, and ZIP code	Hunt Valley, MD 21031	Hunt Valley, MD 21031	Hunt Valley, MD 21031
Description of all industrial processes that affect or contribute to the discharge.	Air scrubbers, dry blendings, spray dry blending, laboratories, cleaning, filter press	Mixing, blending, vanilla extracting, laboratories, (QA)	Wet air scrubbers, oil water separator, autoclaves, sterilizer, blending, mixing, black pepper conveying heat exchangers, black pepper blower heat exchangers
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Dry blended seasonings, spray dried flavors, and liquid flavors Raw material(s): Seasonings and flavors	Spices, flavors, and extracts	Dry spices
Indicate the average daily volume of wastewater discharged by the SIU.	192,588 gpd	81,794 gpd	77,248 gpd
How much of the average daily volume is attributable to process flow?	192,588 gpd	81,794 gpd	77,248 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Pharmaceutics International Inc. (Beaver Ct.)	Pharmaceutics International Inc. (Gilroy Rd.)	Unifirst Corporation
Mailing address (street or P.O. box)	103 Beaver Court	10819 Gilroy Rd.	8820 Yellow Brick Rd.
City, state, and ZIP code	Cockeysville, MD 21030	Hunt Valley, MD 21031	Baltimore, MD 21237
Description of all industrial processes that affect or contribute to the discharge.	Blending, mixing, coating	Mixing, blending, encapsulation, granulation, tableting, coating, laboratories	Industrial laundry
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Pharmaceutical products. Raw material(s): Materials vary with contract.	Principal product(s): Pharmaceutical products. Raw material(s): Materials vary with contract.	Principal product(s): Cleaning uniforms and rags. Raw material(s): Soiled clothes, soaps.
Indicate the average daily volume of wastewater discharged by the SIU.	7,716 gpd	7,537 gpd	32,578 gpd
How much of the average daily volume is attributable to process flow?	7,716 gpd	7,537 gpd	32,578 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 439 Pharmaceutical Subpart D	40 CFR 439 Pharmaceutical Subpart D	
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

CITY OF BALTIMORE

BRANDON M. SCOTT, MAYOR



DEPARTMENT OF PUBLIC WORKS

Jason W. Mitchell, Director  
Abel Wolman Municipal Building, 6th Floor  
200 N. Holliday Street  
Baltimore, Maryland 21202

June 23, 2023

Maryland Department of the Environment  
Water and Science Administration  
1800 Washington Boulevard  
Baltimore, Maryland 21230

Umm-e-hani Iqbal,

In response to your email on June 22, 2023, please see the requested data.

Lat/Long of the Sampling Point for Outfall 001A

Latitude = 39.293588

Longitude = -76.478223

GPS Coordinates = 39° 17' 36.9168" N / 76° 28' 41.6028" W

Lat/Long of the Sampling Point 101A where raw wastewater influent enters Back River

Latitude = 39.294229

Longitude = -76.499972

GPS Coordinated = 39°17'39.2244" N / 76° 29'59.8992" W

Comments concerning this submission will be graciously accepted.

Sincerely,

Rayford F. McEachern, Jr.  
Operations Engineer

CITY OF BALTIMORE

BRANDON M. SCOTT, MAYOR



DEPARTMENT OF PUBLIC WORKS

Jason W. Mitchell, Director  
Abel Wolman Municipal Building, 6th Floor  
200 N. Holliday Street  
Baltimore, Maryland 21202

November 4, 2021

Yen-Der Cheng  
Chief, Municipal Surface Discharge Division  
Wastewater Permit Program  
Maryland Department of the Environment  
1800 Washington Boulevard  
Baltimore, Maryland 21230

Dear Mr. Yen-Der Cheng:

Enclosed you will find the U.S. EPA application for NPDES Permit to Discharge Wastewater (State discharge permit #15-DP-0581). This application is accompanied with requested attachments.

If you require additional information, please contact me at (410)396-9814, or by e-mail at [betty.jacobs@baltimorecity.gov](mailto:betty.jacobs@baltimorecity.gov).

Sincerely,

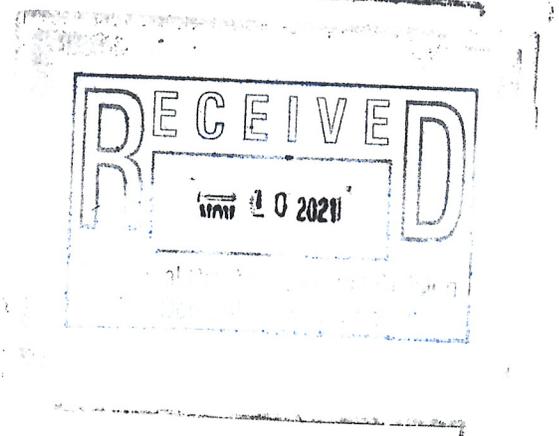
Elizabeth R. Jacobs  
Plant Manager  
Back River Wastewater  
Treatment Plant

ERJ/rm

Enclosures

Cc: Mr. Jason Mitchell  
Mr. Yosef Kebebe  
Mr. Michael Hallmen  
Mr. Rayford McEachern

A1 #8449  
22-DP-0581



EPA Identification Number MDD990686040		NPDES Permit Number MD0021555		Facility Name Back River Wastewater Treatment Plant		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2A NPDES		<b>U.S. Environmental Protection Agency</b> <b>Application for NPDES Permit to Discharge Wastewater</b> <b>NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</b>					
<b>SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))</b>							
<b>Facility Information</b>	1.1	<b>Facility name</b> Back River Wastewater Treatment Plant					
		<b>Mailing address (street or P.O. box)</b> 8201 Eastern Blvd.					
		<b>City or town</b> Baltimore		<b>State</b> Maryland		<b>ZIP code</b> 21224	
		<b>Contact name (first and last)</b> Elizabeth Jacobs		<b>Title</b> Plant Manager		<b>Phone number</b> (410) 396-9814	
						<b>Email address</b> betty.jacobs@baltimorecity.gc	
		<b>Location address (street, route number, or other specific identifier)</b> <input type="checkbox"/> Same as mailing address 8201 Eastern Blvd.					
			<b>City or town</b> Baltimore		<b>State</b> Maryland		<b>ZIP code</b> 21224
	1.2	<b>Is this application for a facility that has yet to commence discharge?</b> <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No					
<b>Applicant Information</b>	1.3	<b>Is applicant different from entity listed under Item 1.1 above?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.					
		<b>Applicant name</b> City of Baltimore, Department of Public Works					
		<b>Applicant address (street or P.O. box)</b> 8201 Eastern Blvd.					
		<b>City or town</b> Baltimore		<b>State</b> Maryland		<b>ZIP code</b> 21244	
		<b>Contact name (first and last)</b> Elizabeth Jacobs		<b>Title</b> Plant Manager		<b>Phone number</b> (410) 396-9814	
						<b>Email address</b> betty.jacobs@baltimorecity.gc	
	1.4	<b>Is the applicant the facility's owner, operator, or both? (Check only one response.)</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both					
	1.5	<b>To which entity should the NPDES permitting authority send correspondence? (Check only one response.)</b> <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)					
<b>Existing Environmental Permits</b>	1.6	<b>Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)</b>					
		<b>Existing Environmental Permits</b>					
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021555, 15-DP-0581		<input checked="" type="checkbox"/> RCRA (hazardous waste) MDD990686040		<input type="checkbox"/> UIC (underground injection control)	
		<input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812 (Part70 Operatir		<input type="checkbox"/> Nonattainment program (CAA)		<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Ocean dumping (MPRSA)		<input type="checkbox"/> Dredge or fill (CWA Section 404)		<input checked="" type="checkbox"/> Other (specify) 2021-STF-5851 (Sewage Sludge) 12-SW-0630 (Storm Water)		



EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River Wastewater  
Treatment Plant

Form Approved 03/05/19  
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Outfalls and Other Discharge or Disposal Methods

**Outfalls Other Than to Waters of the United States**

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?  
 Yes  No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

**Surface Impoundment Location and Discharge Data**

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?  
 Yes  No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

**Land Application Site and Discharge Data**

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?  
 Yes  No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).  
 Lift station and pumping to conveying pipeline to Tradepoint Atlantic (Outfall 002 to Beth Steel). Flow discharges into the High Head Lake at Sparrows Point. From there it is pumped into existing outfalls into Bear Creek.

1.18 Is the effluent transported by a party other than the applicant?  
 Yes  No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

**Transporter Data**

Entity name		Mailing address (street or P.O. box)	
City or town		State	ZIP code
Contact name (first and last)		Title	
Phone number		Email address	

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Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.									
	<b>Receiving Facility Data</b>										
	Facility name Tradepoint Atlantic			Mailing address (street or P.O. box) 1600 Sparrows Point Blvd.							
	City or town Sparrows Point			State Maryland		ZIP code 21219					
	Contact name (first and last) Mr. Mike Vogler			Title Senior VP, Site Operations							
	Phone number (443) 386-3619			Email address mvogler@tradepointatlantic.com							
	NPDES number of receiving facility (if any) <input type="checkbox"/> None			Average daily flow rate CY'20 = 24.1 mgd							
	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)?									
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.										
	Variance Requests	1.22	Provide information in the table below on these other disposal methods.								
<b>Information on Other Disposal Methods</b>											
<b>Disposal Method Description</b>		<b>Location of Disposal Site</b>		<b>Size of Disposal Site</b>		<b>Annual Average Daily Discharge Volume</b>		<b>Continuous or Intermittent (check one)</b>			
				acres		gpd		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
				acres		gpd		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent			
Contractor Information	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)									
	<input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2))										
<input checked="" type="checkbox"/> Not applicable											
Contractor Information	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?									
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.										
	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.									
	<b>Contractor Information</b>										
			<b>Contractor 1</b>			<b>Contractor 2</b>			<b>Contractor 3</b>		
	Contractor name (company name)		Veolia Water North America-C			Synagro Technologies Baltimor					
	Mailing address (street or P.O. box)		5800 Quarantine Road			8201 Eastern Blvd.					
	City, state, and ZIP code		Baltimore, MD 21226			Baltimore, MD 21224					
	Contact name (first and last)		Mr. Tom Fantom			Mr. Joe Hurt					
	Phone number		(410) 354-1636			(410) 282-7325					
Email address		thomas.fantom@veolia.com			JHurt@SYNAGRO.com						
Operational and maintenance responsibilities of contractor		Sludge composting			Sludge heat drying to make pellets.						

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**SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))**

<b>Design Flow</b>	<b>Outfalls to Waters of the United States</b>					
	2.1	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
<b>Inflow and Infiltration</b>	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.			<b>Average Daily Volume of Inflow and Infiltration</b> CY'20 = 130,200,000 GPD      10,200,000 gpd	
	Indicate the steps the facility is taking to minimize inflow and infiltration. Consent decree for Baltimore City collection system renovations.					
<b>Topographic Map</b>	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Flow Diagram</b>	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Scheduled Improvements and Schedules of Implementation</b>	2.5	Are improvements to the facility scheduled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
	Briefly list and describe the scheduled improvements.					
	1. SC 918 - New headworks facility					
	2. SC - 882 ENR improvements					
	3. digester rehab (to begin summer 2022)					
	4.					
	2.6 Provide scheduled or actual dates of completion for improvements.					
<b>Scheduled or Actual Dates of Completion for Improvements</b>						
		<b>Scheduled Improvement (from above)</b>	<b>Affected Outfalls (list outfall number)</b>	<b>Begin Construction (MM/DD/YYYY)</b>	<b>End Construction (MM/DD/YYYY)</b>	<b>Begin Discharge (MM/DD/YYYY)</b>
		1.	001	06/29/2017		
		2.	001	10/27/2014		
		3.	001			
		4.				
	2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None required or applicable				
Explanation:						

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**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number _____
	State	Maryland	Maryland	
	County	Baltimore City	Baltimore City	
	City or town	Baltimore	Baltimore	
	Distance from shore	1,158 ft.	ft.	ft.
	Depth below surface	0.71 ft.	ft.	ft.
	Average daily flow rate	CY'20 = 118.2 mgd	CY'20 = 24.1 mgd	mgd
	Latitude	39° 17' 58.8" N <input type="checkbox"/>	39° 17' 58.8" N <input type="checkbox"/>	° ' "
	Longitude	76° 29' 39.9" W <input type="checkbox"/>	76° 29' 39.9" W <input type="checkbox"/>	° ' "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
	Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs				
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
<b>Waters of the U.S.</b>	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.			
			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____
	Receiving water name	Back River	Back River		
	Name of watershed, river, or stream system	Baltimore Harbor	Baltimore Harbor		
	U.S. Soil Conservation Service 14-digit watershed code				
	Name of state management/river basin				
	U.S. Geological Survey 8-digit hydrologic cataloging unit code	02130901	02130901		
	Critical low flow (acute)	cfs	cfs	cfs	
	Critical low flow (chronic)	cfs	cfs	cfs	
	Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.			
			Outfall Number <sup>001</sup>	Outfall Number <sup>002</sup>	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) ENR	<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input checked="" type="checkbox"/> Other (specify) ENR	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	
	Design Removal Rates by Outfall				
	BOD <sub>5</sub> or CBOD <sub>5</sub>	95.6 %	95.6 %		%
	TSS	95.4 %	95.4 %		%
	Phosphorus	<input type="checkbox"/> Not applicable 96.0 %	<input type="checkbox"/> Not applicable 96.0 %		<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable 71.6 %	<input type="checkbox"/> Not applicable 71.6 %		<input type="checkbox"/> Not applicable %
Other (specify) no dechlorination for outfall 002(sodium bifulfite)	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		<input type="checkbox"/> Not applicable %	

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Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. Bleach is used to disinfect, but sodium bisulfite is used to dechlorinated the chlorine in the bleach that is discharged.						
			Outfall Number <u>001</u>	Outfall Number <u>002</u>	Outfall Number _____			
	Disinfection type	Bleach		Bleach				
	Seasons used	all		all				
	Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.						
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number <u>001</u>		Outfall Number <u>002</u>		Outfall Number _____	
	Permit date effective 5/1/18	Acute	Chronic	Acute	Chronic	Acute	Chronic	
	Number of tests of discharge water	14	14	0	0			
	Number of tests of receiving water							
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.						
3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.							
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>The facility has a design flow greater than or equal to 1 mgd.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.							
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.							

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Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.				
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.				
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.				
	<table border="1"> <thead> <tr> <th>Date(s) Submitted (MM/DD/YYYY)</th> <th>Summary of Results</th> </tr> </thead> <tbody> <tr> <td></td> <td>02-23-2020 (Q1'20) passed &gt; 06-01-2020 (Q2'20) failed, reran &gt; 06-21-2020 (Q2'20) rerun, passed &gt; 08-30-2020 (Q3'20) passed &gt; 11-29-2020 (Q4'20) passed &gt; 02-21-2021 (Q1'21) failed portion &gt; 05-23-2021 (Q2'21) failed, reran in July &gt;</td> </tr> </tbody> </table>	Date(s) Submitted (MM/DD/YYYY)	Summary of Results		02-23-2020 (Q1'20) passed > 06-01-2020 (Q2'20) failed, reran > 06-21-2020 (Q2'20) rerun, passed > 08-30-2020 (Q3'20) passed > 11-29-2020 (Q4'20) passed > 02-21-2021 (Q1'21) failed portion > 05-23-2021 (Q2'21) failed, reran in July >
Date(s) Submitted (MM/DD/YYYY)	Summary of Results				
	02-23-2020 (Q1'20) passed > 06-01-2020 (Q2'20) failed, reran > 06-21-2020 (Q2'20) rerun, passed > 08-30-2020 (Q3'20) passed > 11-29-2020 (Q4'20) passed > 02-21-2021 (Q1'21) failed portion > 05-23-2021 (Q2'21) failed, reran in July >				
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity: Possibility due to contamination of sampler hose. We replaced the hose and reran the test and passed. We have not experienced two failures in a row.				
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.26.				
3.25	Provide details of any toxicity reduction evaluations conducted.				
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.				

**SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))**

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.				
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
	<table border="1"> <thead> <tr> <th>Number of SIUs</th> <th>Number of NSCIUs</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>17</td> </tr> </tbody> </table>	Number of SIUs	Number of NSCIUs	30	17
Number of SIUs	Number of NSCIUs				
30	17				
4.3	Does the POTW have an approved pretreatment program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6.				
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. Baltimore City and Baltimore County maintain separate pretreatment programs (reporting is separate).				
4.6	Have you completed and attached Table F to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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Industrial Discharges and Hazardous Wastes Continued

4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.				
4.8	If yes, provide the following information:				
	Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received	Units
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
		<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____		
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.				
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No				
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(3))**

CSO Map and Diagram

5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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<b>CSO Outfall Description</b>	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
<b>CSO Monitoring</b>	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>CSO Events in Past Year</b>	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	

<b>CSO Receiving Waters</b>	<b>5.7</b>	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name			
	Name of watershed/ stream system			
	U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Name of state management/river basin			
	U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

**SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))**

<b>Checklist and Certification Statement</b>	<b>6.1</b>	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.		
		<b>Column 1</b>	<b>Column 2</b>	
	<input checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input checked="" type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ Table F
	<input type="checkbox"/>	Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
	<b>6.2</b>	<b>Certification Statement</b>		
		<p><i>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.</i></p>		
	Name (print or type first and last name) Elizabeth R. Jacobs		Official title Plant Manager	
	Signature 		Date signed 11/4/2021	

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 001 (Values from CY'20)
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**TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	31.4	mg/l	2.6	mg/l	366	S5210B-11	2.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform Escherichia coli	2420	MPN/100ml	17	MPN/100ml	366	S9223B-04	1 mpn/100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	237	MGD	118.2	MGD	366		
pH (minimum)	6.6	SU					
pH (maximum)	8.0	SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	85	mg/l	<5.0	mg/l	366	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002 (Values from CY'20)
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD <sub>5</sub> or <input type="checkbox"/> CBOD <sub>5</sub> (report one)	28.8	mg/l	<2.0	mg/l	359	S5210B-11	2.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal-coliform Escherichia coli	2420	MPN/100ml	17	MPN/100ml	358	S9223B-04	1 mpn/100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	37.5	MGD	24.1	MGD	361		
pH (minimum)	6.7	SU					
pH (maximum)	8.3	SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)	54	mg/l	<5.0	mg/l	359	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 001 (Values from CY'20)
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**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	3.63	mg/l	0.25	mg/l	366	ASTM D6919-09	0.100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.6	mg/l	.37	mg/l	1098	EPA 330.5	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	12.4	mg/l	9.0	mg/l	1098	SM 4500-G	0.03 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	6.6	mg/l	1.3	mg/l	366	EPA 353.2	0.20 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	7.2	mg/l	1.7	mg/l	366	S4500NH3G-11	1.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	2.5	mg/l	0.10	mg/l	366	EPA 365.1	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	85	mg/l	<5.0	mg/l	366	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

EPA Identification Number MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River Wastewater Treatment Plant	Outfall Number 002 (Values from CY'20)
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**TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	3.84	mg/l	0.24	mg/l	359	ASTM D6919-09	0.100 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) <sup>2</sup>	0.6	mg/l	.37	mg/l	1098	EPA 330.5	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen	12.0	mg/l	9.0	mg/l	1075	SM 4500-G	0.03 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	6.0	mg/l	1.3	mg/l	359	EPA 353.2	0.20 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	8.2	mg/l	1.7	mg/l	359	S4500NH3G-11	1.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	1.5	mg/l	0.10	mg/l	359	EPA 365.1	0.10 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	54	mg/l	<5.0	mg/l	359	S2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

<sup>2</sup> Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	0.00012	mg/l	0.00075	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.00099	mg/l	0.00062	mg/l	4	EPA 200.8	0.00050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00010 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	0.00016	mg/l	nd	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.00190	mg/l	0.00089	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.02200	mg/l	0.00948	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.00330	mg/l	0.00125	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	nd	mg/l	nd	mg/l	4	EPA 245.1	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	0.00550	mg/l	0.00473	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	0.00100	mg/l	0.00089	mg/l	4	EPA 200.8	0.00066 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	0.00019	mg/l	0.00005	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.04900	mg/l	0.02650	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	11.8	ug/l	<5.0	ug/l	36	KELADA-01	5.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	nd	ug/l	nd	ug/l	4	EPA 624.1	1.3 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	nd	ug/l	nd	ug/l	4	EPA 624.1	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	nd	ug/l	nd	ug/l	4	EPA 624.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.23 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.25 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	3.00	ug/l	0.84	ug/l	4	EPA 624.1	0.25 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.47 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	nd	ug/l	nd	ug/l	4	EPA 624.1	3.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	2.70	ug/l	1.75	ug/l	4	EPA 624.1	0.15 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.080 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.26 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.21 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.14 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.27 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	0.36	ug/l	0.15	ug/l	4	EPA 624.1	0.24 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.29 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.33 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	2.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.36 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.81 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.59 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-butyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.57 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.88 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.56 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.35 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Fluorene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorobutadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.74 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Hexachloroethane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Isophorone	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Naphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.53 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodiphenylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Phenanthrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2,4-trichlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<b>Metals, Cyanide, and Total Phenols</b>							
Hardness (as CaCO <sub>3</sub> )							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	0.0013	mg/l	0.00071	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Arsenic, total recoverable	0.00068	mg/l	0.00046	mg/l	4	EPA 200.8	0.00050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Beryllium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00010 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cadmium, total recoverable	0.00017	mg/l	0.00004	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	0.00180	mg/l	0.00069	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Copper, total recoverable	0.02200	mg/l	0.00858	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Lead, total recoverable	0.00320	mg/l	0.00110	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	nd	mg/l	nd	mg/l	4	EPA 245.1	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nickel, total recoverable	0.00560	mg/l	0.00458	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Selenium, total recoverable	0.00088	mg/l	0.00063	mg/l	4	EPA 200.8	0.00066 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Silver, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00033 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Thallium, total recoverable	nd	mg/l	nd	mg/l	4	EPA 200.8	0.00016 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Zinc, total recoverable	0.05100	mg/l	0.02475	mg/l	4	EPA 200.8	0.00083 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Cyanide	12.5	ug/l	<5.0	ug/l	68	KELADA-01	5.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Volatile Organic Compounds</b>							
Acrolein	nd	ug/l	nd	ug/l	4	EPA 624.1	1.3 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acrylonitrile	nd	ug/l	nd	ug/l	4	EPA 624.1	2.0 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bromoform	nd	ug/l	nd	ug/l	4	EPA 624.1	0.37 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.23 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorobenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.25 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chlorodibromomethane	1.3	ug/l	0.33	ug/l	4	EPA 624.1	0.25 <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.47 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloroethylvinyl ether	nd	ug/l	nd	ug/l	4	EPA 624.1	3.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroform	3.6	ug/l	2.56	ug/l	4	EPA 624.1	0.15 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.050 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
trans-1,2-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.080 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1-dichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichloropropane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.26 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,3-dichloropropylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.21 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Ethylbenzene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.20 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.14 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Tetrachloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.27 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Toluene	1.30	ug/l	0.39	ug/l	4	EPA 624.1	0.24 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.12 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2-trichloroethane	nd	ug/l	nd	ug/l	4	EPA 624.1	0.13 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	nd	ug/l	nd	ug/l	4	EPA 624.1	0.29 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Vinyl chloride	nd	ug/l	nd	ug/l	4	EPA 624.1	0.33 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
<b>Acid-Extractable Compounds</b>							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
<b>Base-Neutral Compounds</b>							
Acenaphthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Acenaphthylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	2.5 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(a)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.36 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
3,4-benzofluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Benzo(k)fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroethyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.44 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.81 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Butyl benzyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.59 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2-chloronaphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-chlorophenyl phenyl ether	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chrysene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.57 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.88 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dibenzo(a,h)anthracene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Diethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.56 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dimethyl phthalate	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,4-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.45 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
2,6-dinitrotoluene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.41 <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant 	Maximum Daily Discharge		Average Daily Discharge			Analytical Method <sup>1</sup>	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.35 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.38 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.74 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane	nd	ug/l	nd	ug/l	4	EPA 625.1	0.37 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone	nd	ug/l	nd	ug/l	4	EPA 625.1	0.43 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.40 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.53 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	1.1 <input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine	nd	ug/l	nd	ug/l	4	EPA 625.1	0.49 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.39 <input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene	nd	ug/l	nd	ug/l	4	EPA 625.1	0.42 <input type="checkbox"/> ML <input type="checkbox"/> MDL

<sup>1</sup> Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Clean Harbors of Baltimore, Inc.	Clendenin Brothers, Inc.	Arco Metals, Inc.
Mailing address (street or P.O. box)	1910 Russell Street	4309 Erdman Avenue	3546 Old York Road
City, state, and ZIP code	Baltimore, Maryland 21230	Baltimore, Maryland 21213	Baltimore, MD 21218
Description of all industrial processes that affect or contribute to the discharge.	Hazardous waste storage and treatment	The manufacturing of nails and rivets "metal fasteners)	The fabrication of sheet metal and machining parts for local defense industry. The manufacturing processes include trivalent and hexavalent chromate conversion, and passivation.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Hazardous waste received from various industries.	Stainless steel wire, aluminum wire, brass wire, copper wire, resulting in dissolved metals in the wastewater.	Heavy Metals, such as chromium, copper and zinc.
Indicate the average daily volume of wastewater discharged by the SIU.	88200 gpd	41000 gpd	22 gpd
How much of the average daily volume is attributable to process flow?	87000 gpd	40000 gpd	22 gpd
How much of the average daily volume is attributable to non-process flow?	1200 gpd	1000 gpd	200 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	Pretreatment standards for the Centralized Waste Treatment category (40 CFR 437-46b)	Pretreatment standards for the existing source metal finishing category (40 CFR 433)	
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

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## TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Eisai, Inc.	Emergent BioSolutions, Inc.	Emergent BioSolutions, Inc. Camden Camp
Mailing address (street or P.O. box)	6611 Tributary Street	5901 East Lombard Street	1111 South Paca Street
City, state, and ZIP code	Baltimore, Maryland 21224	Baltimore, Maryland 21224	Baltimore, Maryland 21230
Description of all industrial processes that affect or contribute to the discharge.	Cleaning plant and equipment, reverse osmosis.  The manufacture of the pharmaceutical product Gliadel Wafers.	Microbial fermentation, cell culture processing, protein and water purification, passivation of stainless steel, reverse osmosis, plant and equipment washdown.	Cleaning of plant and equipment, reverse osmosis.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Various Organic Compounds.  Manufacturer of the pharmaceutical product - Gliadel Wafer	Various Organic Compounds.  The development and production of vaccines, monoclonal antibodies and drugs for a variety of diseases	Various Organic Compounds  Formulate and package pharmaceuticals for various pharmaceutical manufacturing companies
Indicate the average daily volume of wastewater discharged by the SIU.	5200 gpd	56000 gpd	52200 gpd
How much of the average daily volume is attributable to process flow?	3400 gpd	52100 gpd	43400 gpd
How much of the average daily volume is attributable to non-process flow?	1800 gpd	3900 gpd	8800 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Pretreatment standards for the New Source Pharmaceutical Manufacturing category (40 CFR 439 Subpart D-Mixing, Compounding and Formulating).	Pretreatment Standards for the New Source Pharmaceutical Manufacturing category, Fermentation Subpart (40 CFR 439.17).	Pretreatment Standards for the New Sources Pharmaceutical category (40 CFR 439 Subpart D-Mixing, Compounding and Formulating)
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

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Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Ace Uniform Services, Inc.	Chesapeake Uniform Rental, Inc.	Cintas Corporation
Mailing address (street or P.O. box)	1800 Parkman Avenue	3710 East Baltimore Street	6300 Seaforth Street
City, state, and ZIP code	Baltimore, Maryland 21230	Baltimore, Maryland 21230	Baltimore, Maryland 21221
Description of all industrial processes that affect or contribute to the discharge.	Industrial Laundry	Industrial Laundry	Industrial Laundry
List the principal products and raw materials that affect or contribute to the SIU's discharge.	The washing of industrial uniforms	Washing of industrial uniforms	The washing of uniforms, mats, linens, shop towels and mops.
Indicate the average daily volume of wastewater discharged by the SIU.	14000 gpd	19500 gpd	41000 gpd
How much of the average daily volume is attributable to process flow?	13500 gpd	19000 gpd	40000 gpd
How much of the average daily volume is attributable to non-process flow?	500 gpd	500 gpd	1000 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

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Facility Name  
Back River WWTP (from Baltimore City)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>Yes</u>	SIU <u>Yes</u>
Name of SIU	Hospital Central Services Cooperative, Inc.	The Sherwin-Williams Company	Dietz & Watson Corporation
Mailing address (street or P.O. box)	3001 Cowan Avenue	2325 Hollins Ferry Road	3330 Henry G. Parks, Jr. Circle Drive
City, state, and ZIP code	Baltimore, Maryland 21223	Baltimore, Maryland 21230	Baltimore, Maryland 21215
Description of all industrial processes that affect or contribute to the discharge.	Industrial Laundry	The manufacturing of latex paints and alkyd resin-base paints	The processing poultry deli meats and pork chitterlings.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Industrial Laundry	Latex paint	Chicken and pork products.
Indicate the average daily volume of wastewater discharged by the SIU.	59500 gpd	9300 gpd	149000 gpd
How much of the average daily volume is attributable to process flow?	59000 gpd	7300 gpd	150000 gpd
How much of the average daily volume is attributable to non-process flow?	500 gpd	2000 gpd	3000 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore City)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU <u>Yes</u>	SIU <u>    </u>	SIU <u>Yes</u>
Under what categories and subcategories is the SIU subject?	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.	Local Limit - Pursuant to the provisions of Article 25 of the Baltimore City Code.
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040	NPDES Permit Number MD0031555	Facility Name Back River WWTP (from Baltimore County)
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	A & A Global Industries	American Yeast	Becton Dickinson
Mailing address (street or P.O. box)	10711 Gilroy Rd.	8215 Beachwood Rd.	250 Schilling Circle
City, state, and ZIP code	Hunt Valley, MD 21031	Baltimore, MD 21222	Hunt Valley, MD 21030
Description of all industrial processes that affect or contribute to the discharge.	Metal finishing / powder coating	Yeast manufacturing	Petri dishes, petri dishes with agar, liquid media, lacinex pills, and crystal panels
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Metal parts, powder coating, steel, aluminum, cast pot metal, brass, and titanium	Beet molasses, Domino brown sugar, cane sugar	Liquid media, Phoenix panels
Indicate the average daily volume of wastewater discharged by the SIU.	1,854 gpd	268,499 gpd	165,357 gpd
How much of the average daily volume is attributable to process flow?	1,854 gpd	268,499 gpd	165,357 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
MDD990686040

NPDES Permit Number  
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Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 433.17 Metal Finishing		
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Becton Dickinson	Becton Dickinson	Browning Ferris industries
Mailing address (street or P.O. box)	39 Loveton Circle	7 Loveton Circle	101 Norris Lane
City, state, and ZIP code	Sparks, MD 21152	Sparks, MD 21152	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Dyes & Stains Manufacturing & Packaging Rooms, Filling, Mixing, Grinding, Autoclaves, and Cleaning.	Manufacturer of biological growth media.	Closed Landfill – Landfill Leachate
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Dyes and stains.	Prepared plated media.	None
Indicate the average daily volume of wastewater discharged by the SIU.	10,943 gpd	28,005 gpd	42,610 gpd
How much of the average daily volume is attributable to process flow?	10,943 gpd	21,122 gpd	42,610 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	6,883 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

EPA Identification Number  
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Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number  
MDD990686040

NPDES Permit Number  
MD0021555

Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Eastern Plating	EISAI, Inc.	G+G Industrial Finishing Inc.
Mailing address (street or P.O. box)	7803 Pulaski Highway	11675 Crossroads Circle	1113 Old North Point Rd., Bldg B
City, state, and ZIP code	Baltimore, MD 21237	Baltimore, MD 21220	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Anodized aluminum parts, black oxide coating of steel parts and chromate conversion	Manufacturing of the GLIADEL wafer	Anodizing aluminum (parts)
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Chromic acid, sulfuric acid, sodium hydroxide, nitric acid, dyes and black oxide coating	Propylene glycol, ethylene glycol	Chromic acid, sodium hydroxide, nitric acid
Indicate the average daily volume of wastewater discharged by the SIU.	7,394 gpd	1,045 gpd	93 gpd
How much of the average daily volume is attributable to process flow?	7,394 gpd	1,045 gpd	93 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number  
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NPDES Permit Number  
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Facility Name  
Back River WWTP (from Baltimore County)

Form Approved 03/05/19  
OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 433.17 – Metal finishing	40 CFR 439 – Pharmaceutical Subpart D	40 CFR 433.17 – Metal finishing
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number MDD990686040MDD990686040	NPDES Permit Number MD0021555	Facility Name Back River WWTP (from Baltimore County)
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Form Approved 03/05/19  
OMB No. 2040-0004

TABLE F. INDUSTRIAL DISCHARGE INFORMATION			
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Name of SIU	Honeygo Run Reclamation Center	Imerys Carbonates USA, Inc.	Maryland Plating & Servicing, Inc.
Mailing address (street or P.O. box)	10710 Philadelphia Road	10000 Beaver Dam Rd.	8243 Rosebank Ave
City, state, and ZIP code	Perry Hall, MD 21228	Cockeysville, MD 21030	Baltimore, MD 21222
Description of all industrial processes that affect or contribute to the discharge.	Construction Rubble Landfill – Landfill Leachate.	Ultra fine carbonates, chemical make-up tank, flotation tanks, slurry run-off, Production and quality analysis laboratories	Zinc phosphate coating, electroplating, anodizing, passivating, and chemical conversion
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Recycled concrete, recycled asphalt, sand, soil and mulch. Raw material(s): Concrete and Asphalt removed during road repair, excavated soil, and used lumber	Principal product(s): Calcium Carbonate Raw material(s): Calcium	Machined steel, stainless steel alloys, aluminum alloys, and various chemically reactive solutions
Indicate the average daily volume of wastewater discharged by the SIU.	23,993 gpd	145,162 gpd	132 gpd
How much of the average daily volume is attributable to process flow?	23,993 gpd	145,162 gpd	132 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			40 CFR 433.17 Metal finishing
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

EPA Identification Number  
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NPDES Permit Number  
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Facility Name  
Back River WWTP (from Baltimore County)

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OMB No. 2040-0004

**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	McCormick & Company, Inc. (Flavor Manufact	McCormick & Company, Inc., (Hunt Valley Pl	McCormick & Company, Inc. (Spice Mill)
Mailing address (street or P.O. box)	11102 McCormick Rd.	11100 McCormick Rd.	10901 Gilroy Rd.
City, state, and ZIP code	Hunt Valley, MD 21031	Hunt Valley, MD 21031	Hunt Valley, MD 21031
Description of all industrial processes that affect or contribute to the discharge.	Air scrubbers, dry blendings, spray dry blending, laboratories, cleaning, filter press	Mixing, blending, vanilla extracting, laboratories, (QA)	Wet air scrubbers, oil water separator, autoclaves, sterilizer, blending, mixing, black pepper conveying heat exchangers, black pepper blower heat exchangers
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Dry blended seasonings, spray dried flavors, and liquid flavors Raw material(s): Seasonings and flavors	Spices, flavors, and extracts	Dry spices
Indicate the average daily volume of wastewater discharged by the SIU.	192,588 gpd	81,794 gpd	77,248 gpd
How much of the average daily volume is attributable to process flow?	192,588 gpd	81,794 gpd	77,248 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Name of SIU	Pharmaceutics International Inc. (Beaver Ct.)	Pharmaceutics International Inc. (Gilroy Rd.)	Unifirst Corporation
Mailing address (street or P.O. box)	103 Beaver Court	10819 Gilroy Rd.	8820 Yellow Brick Rd.
City, state, and ZIP code	Cockeysville, MD 21030	Hunt Valley, MD 21031	Baltimore, MD 21237
Description of all industrial processes that affect or contribute to the discharge.	Blending, mixing, coating	Mixing, blending, encapsulation, granulation, tableting, coating, laboratories	Industrial laundry
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal product(s): Pharmaceutical products. Raw material(s): Materials vary with contract.	Principal product(s): Pharmaceutical products. Raw material(s): Materials vary with contract.	Principal product(s): Cleaning uniforms and rags. Raw material(s): Soiled clothes, soaps.
Indicate the average daily volume of wastewater discharged by the SIU.	7,716 gpd	7,537 gpd	32,578 gpd
How much of the average daily volume is attributable to process flow?	7,716 gpd	7,537 gpd	32,578 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	0 gpd	0 gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EPA Identification Number  
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Facility Name  
Back River WWTP (from Baltimore County)

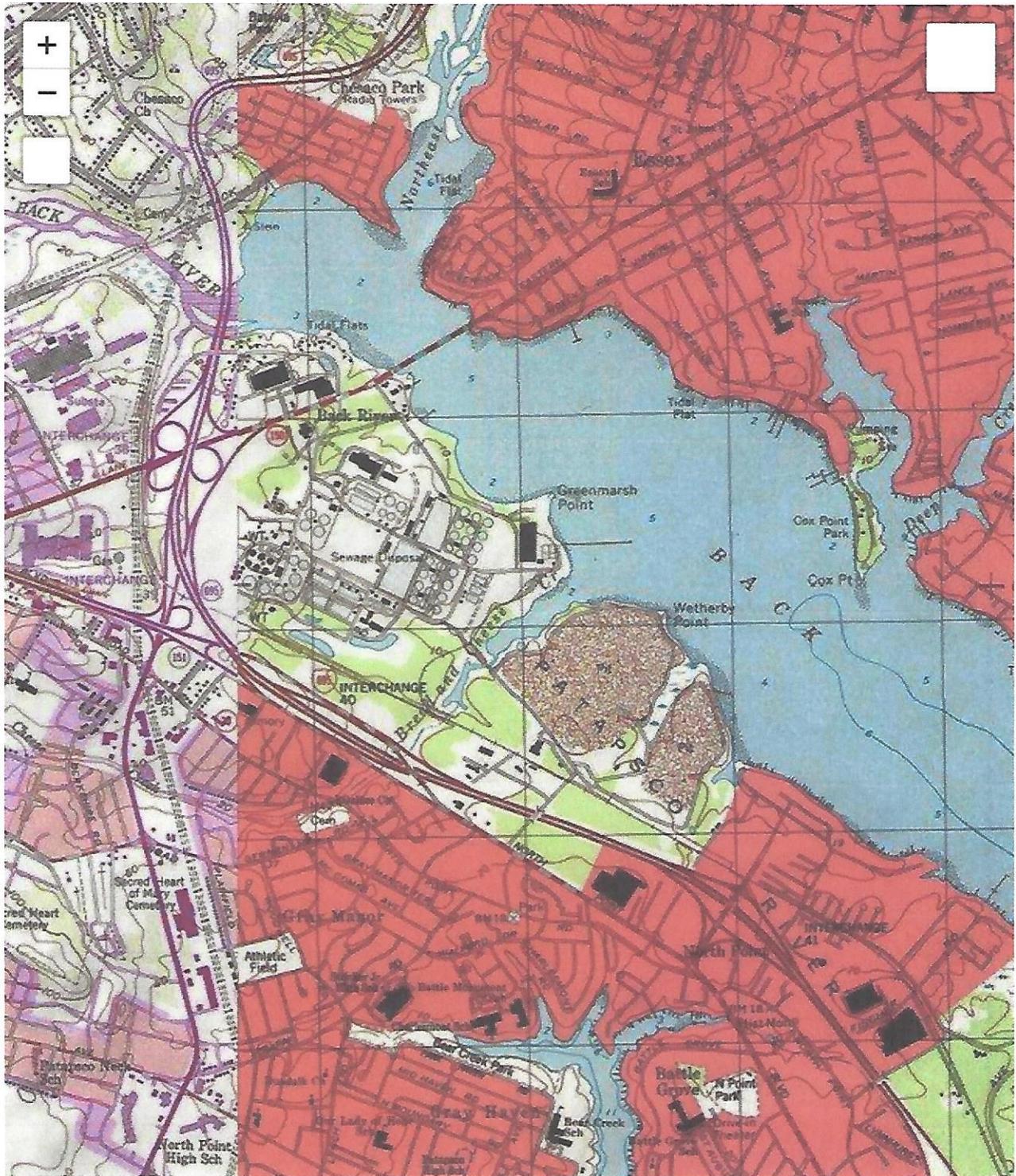
Form Approved 03/05/19  
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**TABLE F. INDUSTRIAL DISCHARGE INFORMATION**

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?	40 CFR 439 Pharmaceutical Subpart D	40 CFR 439 Pharmaceutical Subpart D	
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, describe.			

# Back River Topo Map in Baltimore County Maryland



 [Print this map](#)

Map provided by TopoZone.com

REVISIONS			
NO.	DESCRIPTION	DATE	BY

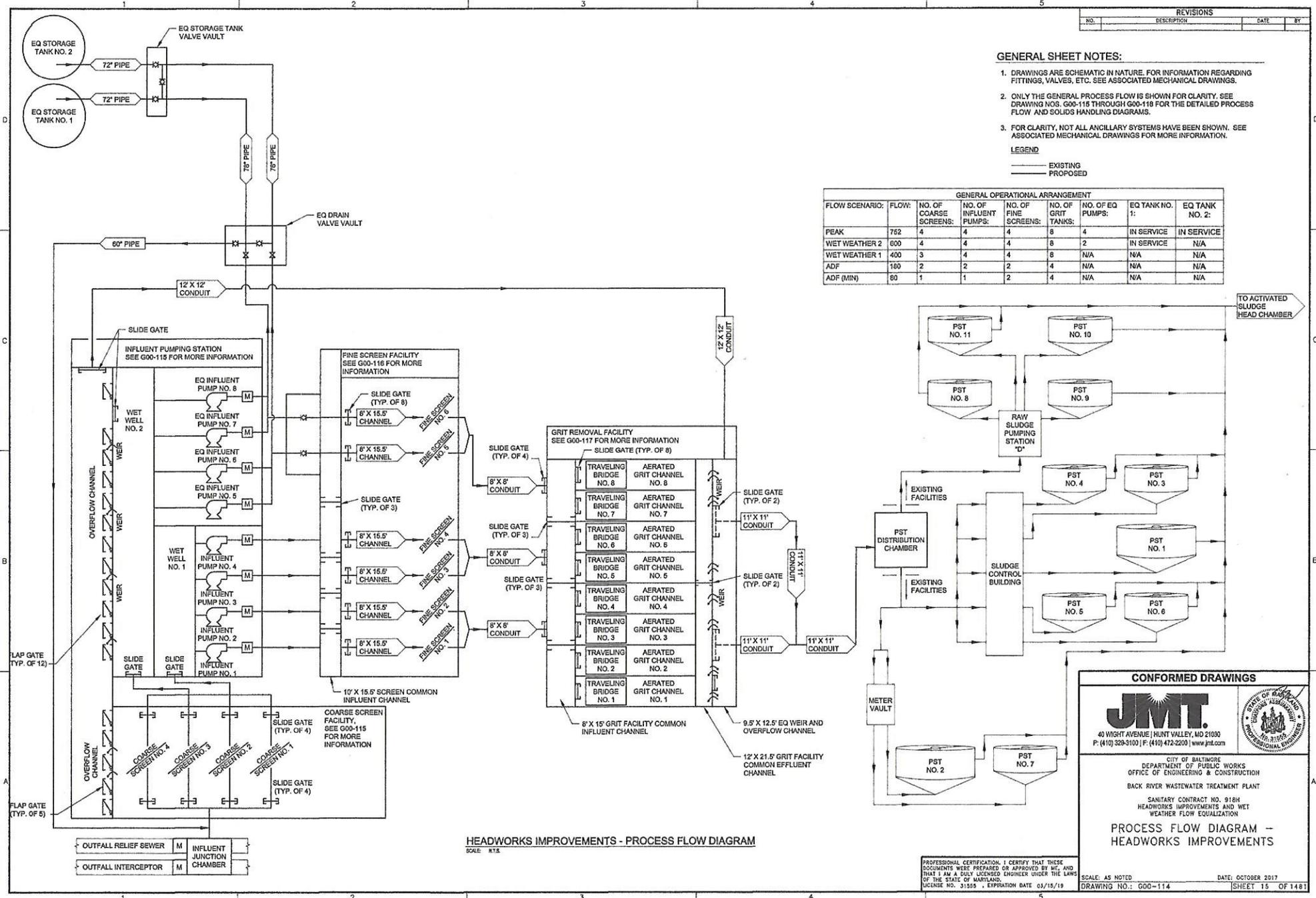
**GENERAL SHEET NOTES:**

- DRAWINGS ARE SCHEMATIC IN NATURE. FOR INFORMATION REGARDING FITTINGS, VALVES, ETC. SEE ASSOCIATED MECHANICAL DRAWINGS.
- ONLY THE GENERAL PROCESS FLOW IS SHOWN FOR CLARITY. SEE DRAWING NOS. G00-115 THROUGH G00-118 FOR THE DETAILED PROCESS FLOW AND SOLIDS HANDLING DIAGRAMS.
- FOR CLARITY, NOT ALL ANCILLARY SYSTEMS HAVE BEEN SHOWN. SEE ASSOCIATED MECHANICAL DRAWINGS FOR MORE INFORMATION.

**LEGEND**

- EXISTING
- PROPOSED

FLOW SCENARIO:	FLOW:	GENERAL OPERATIONAL ARRANGEMENT						
		NO. OF COARSE SCREENS:	NO. OF INFLUENT PUMPS:	NO. OF FINE SCREENS:	NO. OF GRIT TANKS:	NO. OF EQ PUMPS:	EQ TANK NO. 1:	EQ TANK NO. 2:
PEAK	752	4	4	4	8	4	IN SERVICE	IN SERVICE
WET WEATHER 2	600	4	4	4	8	2	IN SERVICE	N/A
WET WEATHER 1	400	3	4	4	8	N/A	N/A	N/A
ADF	160	2	2	2	4	N/A	N/A	N/A
ADF (MIN)	80	1	1	2	4	N/A	N/A	N/A



**HEADWORKS IMPROVEMENTS - PROCESS FLOW DIAGRAM**  
SCALE: 8/16

**CONFORMED DRAWINGS**

**JMT.**  
40 WIGHT AVENUE | HUNT VALLEY, MD 21030  
P: (410) 329-9100 | F: (410) 472-2200 | www.jmt.com

CITY OF BALTIMORE  
DEPARTMENT OF PUBLIC WORKS  
OFFICE OF ENGINEERING & CONSTRUCTION  
BACK RIVER WASTEWATER TREATMENT PLANT  
SANITARY CONTRACT NO. 818H  
HEADWORKS IMPROVEMENTS AND WET WEATHER FLOW EQUALIZATION

**PROCESS FLOW DIAGRAM - HEADWORKS IMPROVEMENTS**

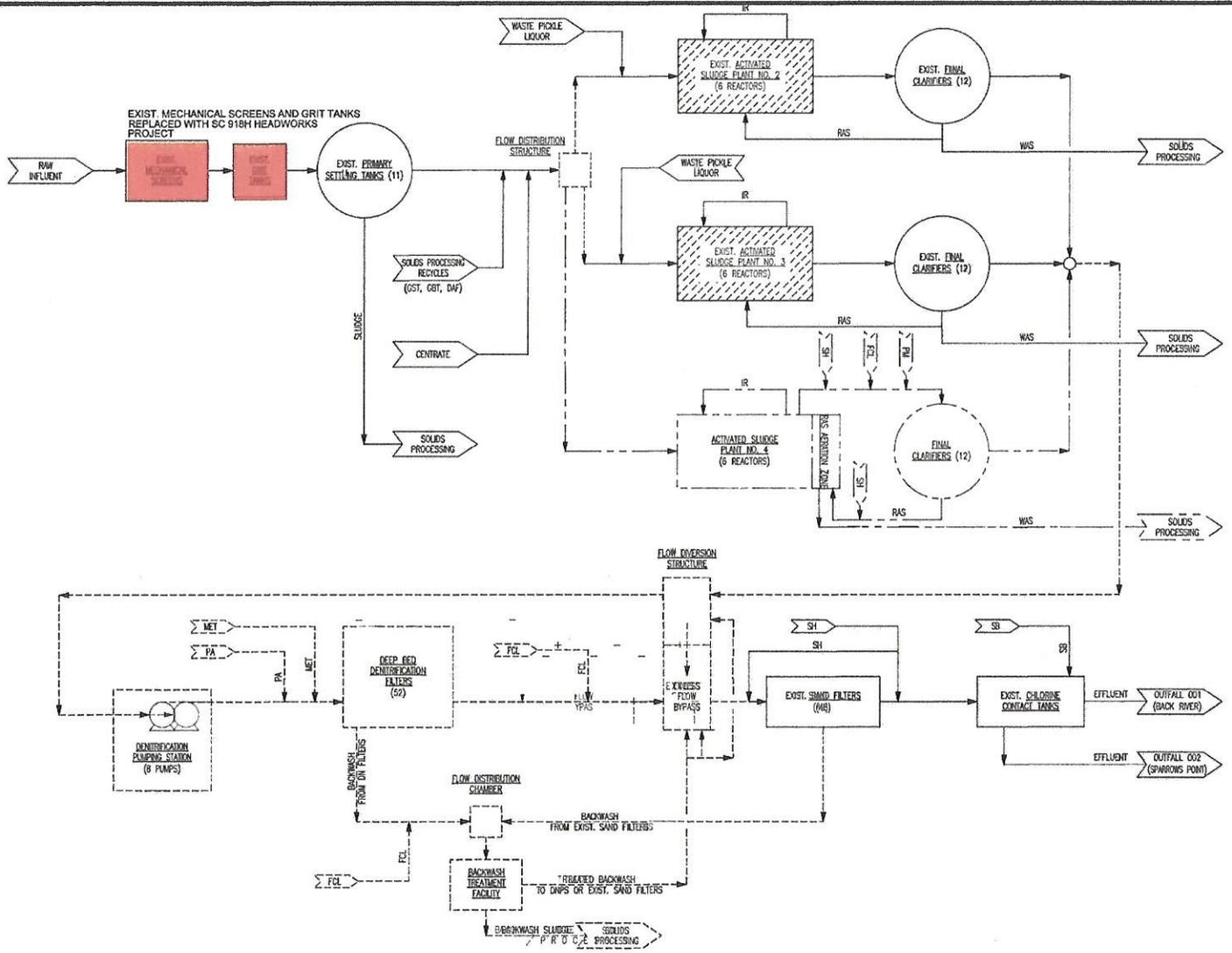
PROFESSIONAL CERTIFICATION: I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A duly LICENSED ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND.  
LICENSE NO. 31555 - EXPIRATION DATE: 03/15/19

SCALE: AS NOTED  
DATE: OCTOBER 2017  
DRAWING NO.: G00-114  
SHEET 15 OF 1481

KCI TECHNOLOGIES PROJECT No. 15-11248

15-11248-2-2009  
 Date: 01/06/2014  
 Project: ENHANCED NUTRIENT REMOVAL AT THE BACK RIVER WASTEWATER TREATMENT PLANT PROJECT 2, ACTIVATED SLUDGE PLANT NO. 4

REVISIONS			
NO.	DESCRIPTION	DATE	BY



- ABBREVIATIONS:**
- DAF - DISSOLVED AIR FLOTATION
  - FCL - FERRIC CHLORIDE
  - GET - GRAVITY BELT THICKENER
  - GST - GRAVITY SLUDGE THICKENER
  - MET - METHANOL
  - PA - PHOSPHORIC ACID
  - PM - POLYMER
  - RAS - RETURN ACTIVATED SLUDGE
  - SB - SODIUM BISULFITE
  - SH - SODIUM HYPOCHLORITE
  - WAS - WASTE ACTIVATED SLUDGE

- LEGEND:**
- EXISTING
  - - - SC 877
  - - - THIS CONTRACT
  - ▨ MODIFIED UNDER SC 877

**KCI TECHNOLOGIES**  
 ENGINEERS  
 PLANNERS  
 SCIENTISTS  
 CONSTRUCTION MANAGERS

9316 Riverwood Plaza  
 Stearns, MD 21152  
 Phone: (410) 316-7800  
 Fax: (410) 316-7817  
 www.kci.com

PROFESSIONAL CERTIFICATION  
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland.

License No. 31363  
 Expiration Date 1/18/2016

01/06/2014

CITY OF BALTIMORE  
 DEPARTMENT OF PUBLIC WORKS  
 BUREAU OF WATER AND WASTEWATER  
 WATER AND WASTEWATER ENGINEERING DIVISION

SANITARY CONTRACT No. 882  
 ENHANCED NUTRIENT REMOVAL AT THE  
 BACK RIVER WASTEWATER TREATMENT PLANT  
 PROJECT 2, ACTIVATED SLUDGE PLANT NO. 4

OVERALL PROCESS FLOW  
 SCHEMATICS

SCALE: AS SHOWN

DRAWING NO.: G-11 SHEET 11 OF 943

CONFORMED DRAWING