

CITY OF BALTIMORE

BRANDON M. SCOTT, MAYOR



DEPARTMENT OF PUBLIC WORKS

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

August 19, 2021

Submitted by email

Mr. Umm-e-hani Iqbal
Natural Resource Planner
Water and Science Administration
Maryland Department of the Environment
1800 Washington Boulevard
Baltimore, Maryland 21230

Dear Mr. Iqbal:

Enclosed you will find the revised permit renewal application for Patapsco Wastewater Treatment Plant, currently NPDES Permit # MD0021601 and State Discharge Permit 15-DP-0580.

The oil & grease results for FOG tests performed on Patapsco effluent in April, May, June and July 2021 are now complete.

The revised portions of this application are:

- 1) page 8 – Section 3.15 – Answer changed from no to yes.
- 2) page 15 – Table B – April-July 2021 oil & grease results completed.
- 3) footnotes – notes added for Section 3.15 and Table B.

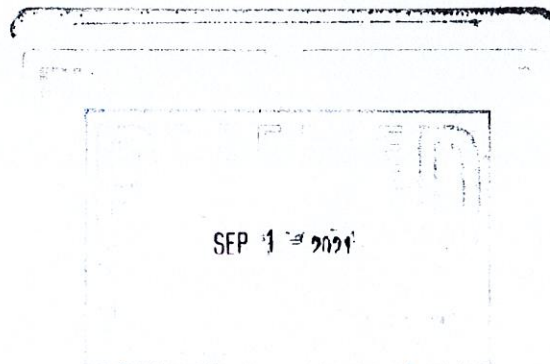
If you need additional information, please contact me at (410) 396-2898 or neal.jackson@baltimorecity.gov.

Sincerely yours,

Neal Jackson
Plant Manager

attachments
NJ:rl

cc: Mr. Michael Hallmen
Ms. Pat Boyle
Mr. Ron Wicks



21-DP-0580
AI: 3076

CITY OF BALTIMORE

BRANDON M. SCOTT, Mayor



DEPARTMENT OF PUBLIC WORKS

Matthew W. Garbark, Acting Director
Abel Wolman Municipal Building, 6th Floor
200 N. Holliday Street
Baltimore, Maryland 21202

April 30, 2021

Mr. Mahendra Chawla, WMA
Wastewater Discharge Permit Program
Maryland Department of the Environment
1800 Washington Boulevard, STE-420
Baltimore, MD 21230-1708

Dear Mr. Chawla:

Enclosed you will find the revised permit renewal application for Patapsco Wastewater Treatment Plant, currently NPDES Permit # MD0021601 and State Discharge Permit 15-DP-0580.

Patapsco will revise this application once more, when we receive the oil & grease results for tests to be performed on Patapsco effluent in May, June and July 2021.

The revised portions of this application are:

- 1) Workers' Compensation Certificate of Compliance & Certification information added
- 2) Page 7 – Section 3.8 – Design removal rates added
- 3) page 8 – Section 3.17 – Answer changed from no to yes
- 4) page 15 – Table B – April 2021 Oil & grease, total dissolved solids results added
- 5) page 17 – Table C – April 2021 hardness, total phenolic compounds results added
- 6) Table E added
- 7) Footnotes revised

If you need additional information, please contact me at (410) 396-2898 or neal.jackson@baltimorecity.gov.

Sincerely,

Neal Jackson
Plant Manager

attachments

NJ:rl

cc: Mr. Michael Gallagher
Ms. Pat Boyle
Mr. Ron Wicks
Mr. Paul DeSantis

Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS
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SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information	1.1	Facility name Patapsco Wastewater Treatment Plant Mailing address (street or P.O. box) 3501 Asiatic Avenue City or town Baltimore State Maryland ZIP code 21226 Contact name (first and last) Title Neal Jackson Plant Manager Phone number Email address 410-396-2898 neal.jackson@baltimorecity.gov Location address (street, route number, or other specific identifier) <input checked="" type="checkbox"/> Same as mailing address City or town State ZIP code														
	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														
Applicant Information	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 City of Baltimore, Department of Public Works Applicant address (street or P.O. box) 3501 Asiatic Ave. City or town Baltimore State MD ZIP code 21226 Contact name (first and last) Title Neal Jackson Plant Manager Phone number Email address (410) 396-2898 neal.jackson@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)														
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Existing Environmental Permits</th> </tr> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021601</td> <td style="width:33%;"><input checked="" type="checkbox"/> RCRA (hazardous waste) MDD052340973</td> <td style="width:33%;"><input type="checkbox"/> UIC (underground injection control)</td> </tr> <tr> <td><input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812</td> <td><input type="checkbox"/> Nonattainment program (CAA)</td> <td><input type="checkbox"/> NESHAPs (CAA)</td> </tr> <tr> <td><input type="checkbox"/> Ocean dumping (MPRSA)</td> <td><input type="checkbox"/> Dredge or fill (CWA Section 404)</td> <td><input checked="" type="checkbox"/> Other (specify) 12-SW-0629</td> </tr> </table>			Existing Environmental Permits			<input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021601	<input checked="" type="checkbox"/> RCRA (hazardous waste) MDD052340973	<input type="checkbox"/> UIC (underground injection control)	<input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812	<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) 12-SW-0629
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EPA Identification Number MDD052340973		NPDES Permit Number MD0021601		Facility Name Patapsco Wastewater Treatment Plant		Form Approved 03/05/19 OMB No. 2040-0004			
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS							
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))									
Facility Information	1.1	Facility name Patapsco Wastewater Treatment Plant Mailing address (street or P.O. box) 3501 Asiatic Avenue City or town Baltimore State Maryland ZIP code 21226 Contact name (first and last) Neal Jackson Title Plant Manager Phone number 410-396-2898 Email address neal.jackson@baltimorecity.gov Location address (street, route number, or other specific identifier) <input checked="" type="checkbox"/> Same as mailing address City or town State ZIP code							
	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							
	Applicant Information	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 Applicant address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address						
		1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input 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)						
		Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.) Existing Environmental Permits					
				<input checked="" type="checkbox"/> NPDES (discharges to surface water) MD0021601		<input checked="" type="checkbox"/> RCRA (hazardous waste) MDD052340973		<input type="checkbox"/> UIC (underground injection control)	
	<input checked="" type="checkbox"/> PSD (air emissions) 24-005-00812		<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) 12-SW-0629				

EPA Identification Number

MDD052340973

NPDES Permit Number

MD0021601

Facility Name

Patapsco Wastewater Treatment Plant

Form Approved 03/05/19

OMB No. 2040-0004

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status
		Baltimore City	96,000	<u>100</u> % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		Baltimore County	285,000	<u>100</u> % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		Anne Arundel County	39,000	<u>100</u> % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		Howard County	84,000	<u>100</u> % separate sanitary sewer % combined storm and sanitary sewer <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
		Total Population Served	504,000			
		Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System	Combined Storm and Sanitary Sewer	
			100 %	0 %		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design and actual flow rates in the designated spaces.			Design Flow Rate	
					73.0 mgd	
		Annual Average Flow Rates (Actual)				
		Two Years Ago		Last Year		This Year
		70.3 mgd		52.6 mgd		49.4 mgd
		Maximum Daily Flow Rates (Actual)				
Two Years Ago		Last Year		This Year		
217.5 mgd		146.7 mgd		111.1 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
	1					

EPA Identification Number

MDD052340973

NPDES Permit Number

MD0021601

Facility Name
Patapsco Wastewater Treatment
PlantForm Approved 03/05/19
OMB No. 2040-0004**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).

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	

Outfalls and Other Discharge or Disposal Methods

EPA Identification Number

MDD052340973

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MD0021601

Facility Name
Patapsco Wastewater Treatment
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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.			
Receiving Facility Data				
Facility name		Mailing address (street or P.O. box)		
N/A				
City or town		State	ZIP code	
Contact name (first and last)		Title		
Phone number		Email address		
NPDES number of receiving facility (if any)		<input checked="" type="checkbox"/> None		Average daily flow rate 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.				
1.22	Provide information in the table below on these other disposal methods.			
Information on Other Disposal Methods				
	Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume
			acres	gpd
			acres	gpd
			acres	gpd
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
				<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		

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.		
Contractor Information			
	Contractor 1	Contractor 2	Contractor 3
Contractor name (company name)	Synagro Water Technologies	Mohawk Cryo, LLC	
Mailing address (street or P.O. box)	3501 Asiatic Ave.	9701 Niagra Falls Blvd. Suite 2A	
City, state, and ZIP code	Baltimore, MD 21226	Niagra Falls, NY 14304	
Contact name (first and last)	Robert Abbott	David Martin	
Phone number	(410) 354-2381	(716) 266-2796	
Email address	rabbott@SYNAGRO.com	dmartin@mohawkcryo.com	
Operational and maintenance responsibilities of contractor	Solids Handling	Oversight & maintenance of the Liquid Oxygen Plant	

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

Design Flow	Outfalls to Waters of the United States					
	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.				
Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration 2,600,000 gpd			
	Indicate the steps the facility is taking to minimize inflow and infiltration. Baltimore City is under a Modified Consent Decree to address SSOs. The City performed a significant amount of work under Phase 1 of this MCD to address I&I issues. Preliminary data show a decrease of 40% in I&I. Post-construction monitoring is still underway.					
Topographic Map	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				
Flow Diagram	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				
Scheduled Improvements and Schedules of Implementation	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-991 Liquid Oxygen Plant Improvements. Study near completion. Start date not yet defined. See footnote at end.					
	2. SC-994 Clarifier and Thickener Rehabilitation. Study near completion. Start date not yet defined.					
	3. SC-926 Electrical Distribution & Security Upgrade. Bid-ready. Start date not yet defined.					
	4. SC-938 Headworks Facility Improvements. Design near completion. Start date not yet defined.					
2.6	Provide scheduled or actual dates of completion for improvements.					
Scheduled or Actual Dates of Completion for Improvements						
	Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
	1.	001A				
	2.	001A				
	3.	001A				
	4.	001A				
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 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	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 _____	Outfall Number _____
	State	Maryland		
	County	Baltimore City		
	City or town	Baltimore		
	Distance from shore	824 ft.	ft.	ft.
	Depth below surface	18 ft.	ft.	ft.
	Average daily flow rate	62.4 mgd	mgd	mgd
	Latitude	39° 14' 0" N or S	° ' " N or S	° ' " N or S
Longitude	76° 33' 47" N or W	° ' " N or W	° ' " E or W	
Seasonal or Periodic Discharge Data	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				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
		Sodium bisulfite diffuser		
Waters of the U.S.	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.		

EPA Identification Number

MDD052340973

NPDES Permit Number

MD0021601

Facility Name
Patapsco Wastewater Treatment
Plant

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Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.			
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____	
	Receiving water name	Patapsco River			
	Name of watershed, river, or stream system	Patapsco River Mesohaline			
	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	02-13-09-03			
	Critical low flow (acute)	488.70 cfs	cfs	cfs	
	Critical low flow (chronic)	1,052.50 cfs	cfs	cfs	
Total hardness at critical low flow	1.35 mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃		
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.			
		Outfall Number <u>001A</u>	Outfall Number _____	Outfall Number _____	
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify)	<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 ₅ or CBOD ₅	97.1 %	%	%	
	TSS	96.0 %	%	%	
	Phosphorus	<input type="checkbox"/> Not applicable 92.2 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
	Nitrogen	<input type="checkbox"/> Not applicable 89.1 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	
Other (specify)	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %		

EPA Identification Number MDD052340973	NPDES Permit Number MD0021601	Facility Name Patapsco Wastewater Treatment Plant
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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. Disinfection by bleach; dechlorination by Sodium bisulfite.					
		Outfall Number 001	Outfall Number	Outfall Number			
	Disinfection type	Bleach					
	Seasons used	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 type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input 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 001A	Outfall Number	Outfall Number			
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water	0	8				
	Number of tests of receiving water	0	0				
	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"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. 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). <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.						

EPA Identification Number MDD052340973		NPDES Permit Number MD0021601		Facility Name Patapsco Wastewater Treatment Plant		Form Approved 03/05/19 OMB No. 2040-0004		
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.						
	Date(s) Submitted (MM/DD/YYYY)			Summary of Results				
	03/12/2021			Nontoxic			See footnotes for other dates of report submittals.	
	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 type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		→ SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity:							
3.24	Has the treatment works conducted a toxicity reduction evaluation?							
<input type="checkbox"/> Yes		<input 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 type="checkbox"/> No		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.						
	Number of SIUs			Number of NSCIUs				
	22							
	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, Baltimore Co., Howard Co., Anne Arundel Co. each have approved programs.							
4.6	Have you completed and attached Table F to this application package?							
<input type="checkbox"/> Yes		<input type="checkbox"/> No						

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
		<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 checked="" 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	

CSO Outfall Description	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	° ' " N or S	° ' " N or S	° ' " N or S
	Longitude	° ' " N or W	° ' " N or W	° ' " N or W
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	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	
CSO Events in Past Year	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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NPDES Permit Number

MD0021601

Facility Name

Patapsco Wastewater Treatment
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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 ____	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))

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.

Column 1	Column 2
<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 checked="" 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 checked="" type="checkbox"/> w/ attachments

6.2 **Certification Statement**

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.

Name (print or type first and last name)

Neal Jackson

Official title

Plant Manager

Signature



Date signed

08/19/2021

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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	50	ppm	9	ppm	366	S5210B-11	2.0 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform - <i>Enterococci</i>	2,420	MPN/100mls	17	MPN/100mls	366	SM Enterolert	1 MPN/ <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate	111.1	mgd	49.4	mgd	8,784		
pH (minimum)	6.25						
pH (maximum)	8.20						
Temperature (winter)	62.8	Degrees Fahrenheit	59.8	Degrees Fahrenheit	270		
Temperature (summer)	75.2	Degrees Fahrenheit	73.5	Degrees Fahrenheit	285		
Total suspended solids (TSS)	203	ppm	10	ppm	366	S 2540D-11	5 <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

¹ 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 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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Ammonia (as N)	20.7	ppm	2.97	ppm	366	ASTM D6919-09	0.100 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²	ND	ppm	ND	ppm	1,098	EPA 330.5	0.05 ppm <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Dissolved oxygen	12.8	ppm	9.6	ppm	1,098	SM 4500-G	0.03 ppm <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Nitrate/nitrite	7..78	ppm	1.20	ppm	366	EPA 353.2	0.10 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen	31.1	ppm	5.4	ppm	366	S4500 NH3G-1	1.0 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease	10 (max avg - 4 sets)	ppm	6 (avg of avg - 4 sets)	ppm	4 sets of 4 samples	EPA 1664 A	5 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus	6.00	ppm	0.73	ppm	366	EPA 365.1	0.10 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids	570	ppm	421	ppm	5	SM 2540C-97	25 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

¹ 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).

² 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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)	230	ppm	211	ppm	5	SM 2340 C	1 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable	1.30	ppb	0.30	ppb	12	EPA 200.8	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable	1.10	ppb	0.50	ppb	12	EPA 200.8	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable	ND	ppb	ND	ppb	12	EPA 200.8	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable	1.10	ppb	0.20	ppb	12	EPA 200.8	0.16 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chromium, total recoverable	1.00	ppb	0.50	ppb	12	EPA 200.8	0.33 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable	5.8	ppb	3.2	ppb	12	EPA 200.8	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable	0.47	ppb	0.10	ppb	12	EPA 200.8	0.33 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Mercury, total recoverable	ND	ppb	ND	ppb	12	EPA 245.1	0.20 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable	4.4	ppb	3.8	ppb	12	EPA 200.8	2.5 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable	0.86	ppb	0.10	ppb	12	EPA 200.8	2.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable	ND	ppb	ND	ppb	12	EPA 200.8	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable	0.45	ppb	0.10	ppb	12	EPA 200.8	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable	11.1	ppb	6.5	ppb	12	EPA 200.8	2.5 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide	16	ppb	8.3	ppb	48	SM4500CN-G/ASTM	2.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds	ND	ppm	ND	ppm	12	EPA 420.4	0.01 ppm <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein	ND	ppb	ND	ppb	12	EPA 624.1	2.5 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile	ND	ppb	ND	ppb	12	EPA 624.1	5.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform	4.80	ppb	0.61	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride	ND	ppb	ND	ppb	12	EPA 624.1	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane	21.20	ppb	3.54	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Chloroethane	ND	ppb	ND	ppb	12	EPA 624.1	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether	ND	ppb	ND	ppb	12	EPA 624.1	5.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform	25	ppb	13.4	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane	21.7	ppb	6.7	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide	0.79	ppb	0.15	ppb	12	EPA 624.1	0.42 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methyl chloride	0.34	ppb	0.03	ppb	12	EPA 624.1	0.33 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
Methylene chloride	0.85	ppb	0.35	ppb	12	EPA 624.1	0.14 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,2,2-tetrachloroethane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene	0.46	ppb	0.04	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene	2.30	ppb	0.53	ppb	12	EPA 624.1	0.24 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
1,1,1-trichloroethane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride	ND	ppb	ND	ppb	12	EPA 624.1	0.50 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol	ND	ppb	ND	ppb	12	EPA 625.1	5.7 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol	ND	ppb	ND	ppb	12	EPA 625.1	5.7 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol	ND	ppb	ND	ppb	12	EPA 625.1	5.7 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol	ND	ppb	ND	ppb	12	EPA 625.1	7.5 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine	ND	ppb	ND	ppb	12	EPA 625.1	3.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate	1.90	ppb	0.34	ppb	12	EPA 625.1	0.79 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
4-bromophenyl phenyl ether	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate	0.58	ppb	0.05	ppb	12	EPA 625.1	0.53 ppb <input type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
di-n-octyl phthalate	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene	ND	ppb	ND	ppb	12	EPA 624.1	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene	ND	ppb	ND	ppb	12	EPA 624.1	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene	ND	ppb	ND	ppb	12	EPA 624.1	1.0 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene	1.20	ppb	0.16	ppb	12	EPA 625.1	0.38 ppb <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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodi-n-propylamine	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MDL
N-nitrosodimethylamine	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene	ND	ppb	ND	ppb	12	EPA 625.1	1.4 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene	ND	ppb	ND	ppb	12	EPA 625.1	2.8 ppb <input checked="" type="checkbox"/> ML <input type="checkbox"/> MDL

¹ 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 ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
<input type="checkbox"/> No additional sampling is required by NPDES permitting authority.							
PCB Congeners	1,840	pg/L	1,359	pg/L	4	1668A-TMD	* Varies <input type="checkbox"/> ML <input type="checkbox"/> MDL
* Detection limits vary among							<input type="checkbox"/> ML <input type="checkbox"/> MDL
the 209 congeners. See							<input type="checkbox"/> ML <input type="checkbox"/> MDL
quarterly reports submitted							<input type="checkbox"/> ML <input type="checkbox"/> MDL
for 2020.							<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

¹ 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 <u>18-12</u>	Test Number <u>18-12</u>	Test Number <u>19-11</u>
Test species	Americamysis bahia	Cyprinodon variegatus	Americamysis bahia
Age at initiation of test	7 days	<24 hours	7 days
Outfall number	001	001	001
Date sample collected	02/14/2018	02/14/2018	02/10/2019
Date test started	02/15/2018	02/15/2018	02/12/2019
Duration	7 days	7 days	7 days

Toxicity Test Methods

Test method number	USEPA 1007.0	USEPA 1004.0	USEPA 1007.0
Manual title	EPA-821-R-02-014	EPA-821-R-02-014	EPA-821-R-02-014
Edition number and year of publication	3rd Edition, October 2002	3rd Edition, October 2002	3rd Edition, October 2002
Page number(s)	214-292	55-116	214-292

Sample Type

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

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input checked="" 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.	Final Effluent Discharge	Final Effluent Discharge	Final Effluent Discharge
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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 checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> Both
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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 ¹⁸⁻¹²⁶	Test Number ¹⁸⁻¹²⁵	Test Number ¹⁹⁻¹¹⁹
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.	20 ppt artificial seawater	20 ppt artificial seawater	20 ppt artificial seawater
If receiving water, specify source.			
Type of Dilution Water			
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 checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input checked="" type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.	100, 50, 25, 12.5 and 6.25%	100, 50, 25, 12.5 and 6.25%	100, 50, 25, 12.5 and 6.25%
Parameters Tested			
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen
Acute Test Results			
Percent survival in 100% effluent	65 %	100 %	88 %
LC ₅₀	>100%	>100%	>100%
95% confidence interval	Not Calculable %	Not Calculable %	Not Calculable %
Control percent survival	88 %	100 %	95 %

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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 <u>18-12</u>	Test Number <u>18-12</u>	Test Number <u>19-11</u>
Acute Test Results Continued			
Other (describe)	Acute results calculated from the chronic toxicity test data.	Acute results calculated from the chronic toxicity test data.	Acute results calculated from the chronic toxicity test data.
Chronic Test Results			
NOEC	50 %	100 %	50 %
IC ₂₅	42.7% %	>100 %	70.0 %
Control percent survival	80 %	100 %	90 %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<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
Was reference toxicant test within acceptable bounds?	<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
What date was reference toxicant test run (MM/DD/YYYY)?	02/13/2018	02/13/2018	02/13/2019
Other (describe)			

TABLE 1 (page 3 of 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 <u>19-12</u>	Test Number <u>20-08</u>	Test Number <u>20-08</u>
Test species	Cyprinodon variegatus	Americamysis bahia	Cyprinodon variegatus
Age at initiation of test	<24 hours	7 days	<24 hours
Outfall number	001	001	001
Date sample collected	02/14/2018	02/10/2020	02/10/2020
Date test started	02/12/2018	02/11/2020	02/11/2020
Duration	7 days	7 days	7 days
Toxicity Test Methods			
Test method number	USEPA 1004.0	USEPA 1007.0	USEPA 1004.0
Manual title	EPA-821-R-02-014	EPA-821-R-02-014	EPA-821-R-02-014
Edition number and year of publication	3rd Edition, October 2002	3rd Edition, October 2002	3rd Edition, October 2002
Page number(s)	55-116	214-292	55-116
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input checked="" type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.	Final Effluent Discharge	Final Effluent Discharge	Final Effluent Discharge
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 checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> Both

TABLE 2 (PAGE 1 OF 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 Number <u>19-120</u>	Test Number <u>20-082</u>	Test Number <u>20-083</u>	
Test Type				
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	
Source of Dilution Water				
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	
If laboratory water, specify type.	20 ppt artificial seawater	20 ppt artificial seawater	20 ppt artificial seawater	
If receiving water, specify source.				
Type of Dilution Water				
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 checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input checked="" type="checkbox"/> Salt water (specify)	
Percentage Effluent Used				
Specify the percentage effluent used for all concentrations in the test series.	100, 50, 25, 12.5 and 6.25%	100, 50, 25, 12.5 and 6.25%	100, 50, 25, 12.5 and 6.25%	
Parameters Tested				
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen
Acute Test Results				
Percent survival in 100% effluent	95 %	90 %	100 %	
LC ₅₀	>100%	>100%	>100%	
95% confidence interval	Not Calculable %	Not Calculable %	Not Calculable %	
Control percent survival	98 %	98 %	100 %	

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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 <u>19-12</u>	Test Number <u>20-08</u>	Test Number <u>20-08</u>
Acute Test Results Continued			
Other (describe)	Acute results calculated from the chronic toxicity test data.	Acute results calculated from the chronic toxicity test data.	Acute results calculated from the chronic toxicity test data.
Chronic Test Results			
NOEC	100 %	25 %	100 %
IC ₂₅	>100 %	35.2 %	>100 %
Control percent survival	98 %	98 %	100 %
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<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
Was reference toxicant test within acceptable bounds?	<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
What date was reference toxicant test run (MM/DD/YYYY)?	02/26/2019	02/04/2020	02/11/2020
Other (describe)			

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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 <u>21-00</u>	Test Number <u>21-00</u>	Test Number _____
Test species	Americamysis bahia	Cyprinodon variegatus	
Age at initiation of test	7 days	<24 hours	
Outfall number	001	001	
Date sample collected	01/11/2021	01/11/2021	
Date test started	01/12/2021	01/12/2021	
Duration	7 days	7 days	
Toxicity Test Methods			
Test method number	USEPA 1007.0	USEPA 1004.0	
Manual title	EPA-821-R-02-014	EPA-821-R-02-014	
Edition number and year of publication	3rd Edition, October 2002	3rd Edition, October 2002	
Page number(s)	214-292	55-116	
Sample Type			
Check one:	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input checked="" type="checkbox"/> 24-hour composite	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input checked="" type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
Point in Treatment Process			
Describe the point in the treatment process at which the sample was collected for each test.	Final Effluent Discharge	Final Effluent Discharge	
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 checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input checked="" type="checkbox"/> Both	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both

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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 <u>21-004</u>	Test Number <u>21-003</u>	Test Number _____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input checked="" type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input checked="" type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.	20 ppt artificial seawater	20 ppt artificial seawater	
If receiving water, specify source.			
Type of Dilution Water			
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 checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input checked="" type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.	100, 50, 25, 12.5 and 6.25%	100, 50, 25, 12.5 and 6.25%	
Parameters Tested			
Check the parameters tested.	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Dissolved oxygen	<input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Salinity <input checked="" type="checkbox"/> Temperature
		<input type="checkbox"/> Ammonia <input checked="" 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
Acute Test Results			
Percent survival in 100% effluent	93 %	100 %	%
LC ₅₀	>100%	>100%	
95% confidence interval	Not Calculable %	Not Calculable %	%
Control percent survival	98 %	100 %	%

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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 <u>21-00</u>	Test Number <u>21-00</u>	Test Number _____
Acute Test Results Continued			
Other (describe)	Acute results calculated from the chronic toxicity test data.	Acute results calculated from the chronic toxicity test data.	
Chronic Test Results			
NOEC	100 %	100 %	%
IC ₂₅	>100 %	>100 %	%
Control percent survival	85 %	100 %	%
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<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
Was reference toxicant test within acceptable bounds?	<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
What date was reference toxicant test run (MM/DD/YYYY)?	01/05/2021	01/05/2021	
Other (describe)			

TABLE 3 (page 3 of 3)

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Facility Name
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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 1-07	SIU 1-1C	SIU 1-0C
Name of SIU	1-07310 Almag Plating Corp	1-10714 Turnbull. LLC	1-00528 Solvay USA, Inc.
Mailing address (street or P.O. box)	1800 Cherry Hill Rd	3100 Viona Avenue	3440 Fairfield Avenue
City, state, and ZIP code	Baltimore, MD 21230	Baltimore, MD 21230	Baltimore, MD 21226
Description of all industrial processes that affect or contribute to the discharge.	Hard coating, anodizing, passivating, zinc phosphating, black oxide operation, and silver and gold plating	Surface preparation before powder coating of materials(metal)used to produce marine furniture	production of surfactants, functional monomers, and specialty chemicals, requiring the process of amidation, sulfation, esterification and blending
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Metal Finishing Job shop Acids, caustics, dyes,plating chemicals	Manufacturer of metal furniture Powder coating, acids, caustics, lubricants, metals, upholstery, adhesives, hardware	acids, alcohols, ammonium hydroxide, camphene, carbon dioxide, sodium carbonate, sodium hydroxide, allyl glycidyl ether, coconut oil, diethanolamine, triethanolamine, sodium metabisulfite, acrylic acid, chlorosulfonic acid,
Indicate the average daily volume of wastewater discharged by the SIU.	17,500 gpd	5,380 gpd	55,788 gpd
How much of the average daily volume is attributable to process flow?	16,000 gpd	4,600 gpd	55,000 gpd
How much of the average daily volume is attributable to non-process flow?	1,500 gpd	780 gpd	788 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>1-07</u>	SIU <u>1-10</u>	SIU <u>1-0C</u>
Under what categories and subcategories is the SIU subject?	40 CFR 413 metal Finishing (Ag)	40 CFR 433 metal Finishing (NS)	40 CFR 414 OCPSF
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 1-0C	SIU 1-07	SIU 1-0E
Name of SIU	1-00114 Valley Proteins	1-07587 USALCO	1-06453 Dana Container
Mailing address (street or P.O. box)	1515 Open Street	2601 Cannery Ave	1550 E. Patapsco Avenue
City, state, and ZIP code	Baltimore, MD 21226	Baltimore, Md 21226	Baltimore, Maryland 21226
Description of all industrial processes that affect or contribute to the discharge.	Grease washing in the Waste Heat Evaporator, Barrel and Tote cleaning, plant and equipment washdown	Manufacturing of aluminum salts and the warehousing of bagged aluminum sulfate and raw materials	Washing exteriors and interiors of tanker trucks
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Restaurant grease rendering Ethoxyquin, stabilizer, aluminum chlorohydrate, caustic, chlorine gas, detergent, sodium chlorite	Manufacturing of polymers and inorganic chemicals acids, caustics, formaldehyde, dimethylamine, aluminum sulfate, aluminum trihydrate, acrylamide solution, sodium aluminate, aluminum chloride, polyaluminum chloride, polyacrylamide	Tanker Truck washing Soap, acid, caustic
Indicate the average daily volume of wastewater discharged by the SIU.	41,400 gpd	10,300 gpd	7,600 gpd
How much of the average daily volume is attributable to process flow?	38,400 gpd	8,100 gpd	6,500 gpd
How much of the average daily volume is attributable to non-process flow?	3,000 gpd	2,200 gpd	1,000 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 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>1-0C</u>	SIU <u>1-07</u>	SIU <u>1-0E</u>
Under what categories and subcategories is the SIU subject?	non-categorical	non-categorical	40 CER 442.15 Transportation Equipment Cleaning
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>1-07</u>	SIU <u>1-22</u>	SIU _____
Name of SIU	1-07074 Environmental Recovery Corp of Mar	1-22232 Petroleum Management Inc.	
Mailing address (street or P.O. box)	3300 Childs Street	5218 Curtis Avenue	
City, state, and ZIP code	Baltimore, MD 21226	Baltimore, MD 21226	
Description of all industrial processes that affect or contribute to the discharge.	Bulk storage and treatment of petroleum-contaminated water	Bulk storage and treatment of petroleum-contaminated water	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Pretreated wastewater Contaminated industrial wastewater	Pretreated wastewater Contaminated industrial wastewater	
Indicate the average daily volume of wastewater discharged by the SIU.	10,700 gpd	21,000 gpd	gpd
How much of the average daily volume is attributable to process flow?	9,300 gpd	20,000 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	1,400 gpd	100 gpd	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 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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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>1-07</u>	SIU _____	SIU _____
Under what categories and subcategories is the SIU subject?	Centralized Waste Treatment Subpart B - Oils Treatment and Recovery 40 CFR 437.26	Centralized Waste Treatment Subpart B - Oils Treatment and Recovery 40 CFR 437.26	
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>BC1</u>	SIU <u>BC2</u>	SIU <u>BC3</u>
Name of SIU	American Metaseal	Bakery Express	Diageo
Mailing address (street or P.O. box)	1801 Old Sulphur Spring Rd.	4711 Hollins Ferry Rd.	5001 Washington Blvd.
City, state, and ZIP code	Baltimore, MD 21227	Baltimore, MD 21227	Baltimore, MD 21227
Description of all industrial processes that affect or contribute to the discharge.	Vacuum impregnation and electroless nickel plating.	Manufacturer of fresh and frozen bakery products.	Alcoholic Beverages Bottling
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Nickel plated parts. Electroless nickel solutions.	Cakes, donuts, brownies. Sugar, flour, yeast, salt, flavor ingredients.	Bottled beverages. Ethyl alcohol, demineralized water.
Indicate the average daily volume of wastewater discharged by the SIU.	1,837 gpd	26,450 gpd	25,000 gpd
How much of the average daily volume is attributable to process flow?	1,837 gpd	19,350 gpd	22,000 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	7,100 gpd	3,000 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

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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 <u>BC1</u>	SIU <u>BC2</u>	SIU <u>BC3</u>
Under what categories and subcategories is the SIU subject?	40 CFR 433.15		
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>BC4</u>	SIU <u>BC5</u>	SIU <u>BC6</u>
Name of SIU	Mil-Spec Painting	Northrop Grumman	TAG Engineering, Inc.
Mailing address (street or P.O. box)	1720 G Belmont Ave.	7223 Aviation Blvd.	6707 Whitestone Rd.
City, state, and ZIP code	Baltimore, MD 21244	Linthicum, MD 21203	Baltimore, MD 21207
Description of all industrial processes that affect or contribute to the discharge.	Chromate parts to company's specification for military / aviation industry. Powder coating.	Metal finishing / cyanide destruct	Machining, cleaning/chemical etching, brazing, assembly, chromate coating, testing and calibration.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Plated parts. Chromate, powder paints.	Radar equipment for aerospace industry. Lead, copper, tin, aluminum.	Piece parts and complete assemblies for the defense, aerospace, and medical sectors. Raw aluminum, stainless steel, brass, copper, tungsten.
Indicate the average daily volume of wastewater discharged by the SIU.	2,400 gpd	159,111 gpd	5,362 gpd
How much of the average daily volume is attributable to process flow?	2,400 gpd	122,105 gpd	4,208 gpd
How much of the average daily volume is attributable to non-process flow?	0 gpd	37,006 gpd	1,154 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>BC4</u>	SIU <u>BC5</u>	SIU <u>BC6</u>
Under what categories and subcategories is the SIU subject?	40 CFR 433.17	40 CFR 433.15	40 CFR 433.17
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 MDD052340973	NPDES Permit Number MD0021601	Facility Name Patapsco WWTP
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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>HC1</u>	SIU <u>HC2</u>	SIU <u>HC3</u>
Name of SIU	CR Daniels	Precoat Metals	Prime Cuts
Mailing address (street or P.O. box)	3451 Ellicott Center Drive	6754 Santa Barbara Court	7591 Montevideo Road
City, state, and ZIP code	Ellicott City, MD 21043	Elkridge, MD 21075	Jessup, MD 20794
Description of all industrial processes that affect or contribute to the discharge.	The waste stream is generated from polyethylene plastics manufacturing and metal finishing	cleaning, pretreatment and electro-galvanizing process of processing sheet metal	The waste stream is from the rinse waters from the washing off the produce, fruits, and vegetables for packaging.
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal Products: Steel and Aluminum Framing, Textile Fabrics, Polyethylene Plastic Products Raw Materials: Steel and Aluminum Sheets, Textile Fabrics, Polyethylene Plastic Products, Paint, and Chemicals	Principal Products: Coating and surface metal conversion of steel Raw Materials: Oiled Aluminum and hot/cold rolled steel sheets, galvanized steel sheets, patented surface conversion chemicals, acids and alkalies for metal cleaning and wastewater, and paints	Principal Products: Packaged Fruits and Vegetables Raw Materials: Fruits and Vegetables
Indicate the average daily volume of wastewater discharged by the SIU.	2,019 gpd	8,612 gpd	24,738 gpd
How much of the average daily volume is attributable to process flow?	15 gpd	8,335 gpd	24,183 gpd
How much of the average daily volume is attributable to non-process flow?	2004 gpd	277 gpd	555 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 checked="" type="checkbox"/> No

EPA Identification Number MDD052340973	NPDES Permit Number MD0021601	Facility Name Patapsco WWTP
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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>HC1</u>	SIU <u>HC2</u>	SIU <u>HC3</u>
Under what categories and subcategories is the SIU subject?	Metal Finishing Category 40 CFR 433.17	Coil Coating Point Source Category 40 CFR 465.14 40 CFR 465.24 40 CFR 465.34	Local Limits
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>HC4</u>	SIU <u>HC5</u>	SIU _____
Name of SIU	JJ McDonnell Seafood	Northrop Grumman	
Mailing address (street or P.O. box)	7010 Brookdale Drive	7040, 7050, and 7090 Troy Hill Drive	
City, state, and ZIP code	Elkridge, MD 21075	Elkridge, MD 21075	
Description of all industrial processes that affect or contribute to the discharge.	Waste stream is generated from processing and packaging of seafood for resale.	Waste stream varies from government projects.	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Principal Products: Packaged Seafood Raw Materials: Seafood and Cardboard	Principal Products: Electronic Components, and other classified government equipment Raw Materials: varies depending on projects	
Indicate the average daily volume of wastewater discharged by the SIU.	21,621 gpd	1357 gpd	gpd
How much of the average daily volume is attributable to process flow?	20,974 gpd	0 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	647 gpd	1357 gpd	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 <u>HC4</u>	SIU <u>HC5</u>	SIU _____
Under what categories and subcategories is the SIU subject?	Local Limits	Varies depending on operations	
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 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>AA1</u>	SIU <u>AA2</u>	SIU <u>AA3</u>
Name of SIU	Northrop Grumman ATL	Northrop Grumman ATL	C-Care
Mailing address (street or P.O. box)	7223 Aviation Blvd	900 International Blvd	979 Corporate Blvd
City, state, and ZIP code	Linthicum Heights, MD 21090	Linthicum Heights, MD 21090	Linthicum Heights, MD 21090
Description of all industrial processes that affect or contribute to the discharge.	Metal finishing/Cyanide Destruct	Metal Finishing	Personal Care Products
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Radar equipment for aerospace industry lead, copper, tin, aluminum	Radar equipment for aerospace industry lead, copper, tin, aluminum	personal care products metals, oil and grease, pH
Indicate the average daily volume of wastewater discharged by the SIU.	117,119 gpd	no data gpd	68,450 gpd
How much of the average daily volume is attributable to process flow?	10,500 gpd	no data gpd	20,000 gpd
How much of the average daily volume is attributable to non-process flow?	110,000 gpd	no data gpd	48,000 gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 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.

	<u>SIU AA1</u>	<u>SIU AA2</u>	<u>SIU AA3</u>
Under what categories and subcategories is the SIU subject?	40 CRR 469 40 CFR 433	40 CFR 433	N/A
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.			

CITY OF BALTIMORE

BRANDON M. SCOTT, MAYOR



DEPARTMENT OF PUBLIC WORKS

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

Footnotes to Patapsco WWTP Permit Renewal Application – 2022-2027

EPA ID # MDD052340973; NPDES Permit # MD0021601

Section 1.7 (page 2) Population data based on information gathered during City Fiscal Year 2020 (July 2019 to June 2020).

Section 1.10 (page 2) Flow data are from Patapsco plant effluent from Calendar Years 2018-2020.

Section 2.5 (page 5) The improvements listed here are in early planning stages with no defined timelines yet.

Section 3.8 (page 7) Results provided by Terry L. Zentkovich, PE of RK&K Civil Engineering.

Section 3.15 (page 8) The answer to this question was changed from No to Yes to indicate all monitoring of Table B pollutants is now complete.

Section 3.17 (page 8) Of the five tests for hardness, Martel performed three of these tests; Montebello Lab tested the other two, using SM 2340 C.

Section 3.21 (page 9) Patapsco submitted WET test results from 2018-2021 to meet its annual Biomonitoring requirements. All results were nontoxic. The PDF does not allow more than one date of submission to be displayed. These dates or approximate dates are: 03/12/2021, 06/04/2020, 04/2019 and 03/2018.

Section 3.26 (page 9) Table E Results provided by Michael K. Chanov II, Director of EA Lab.

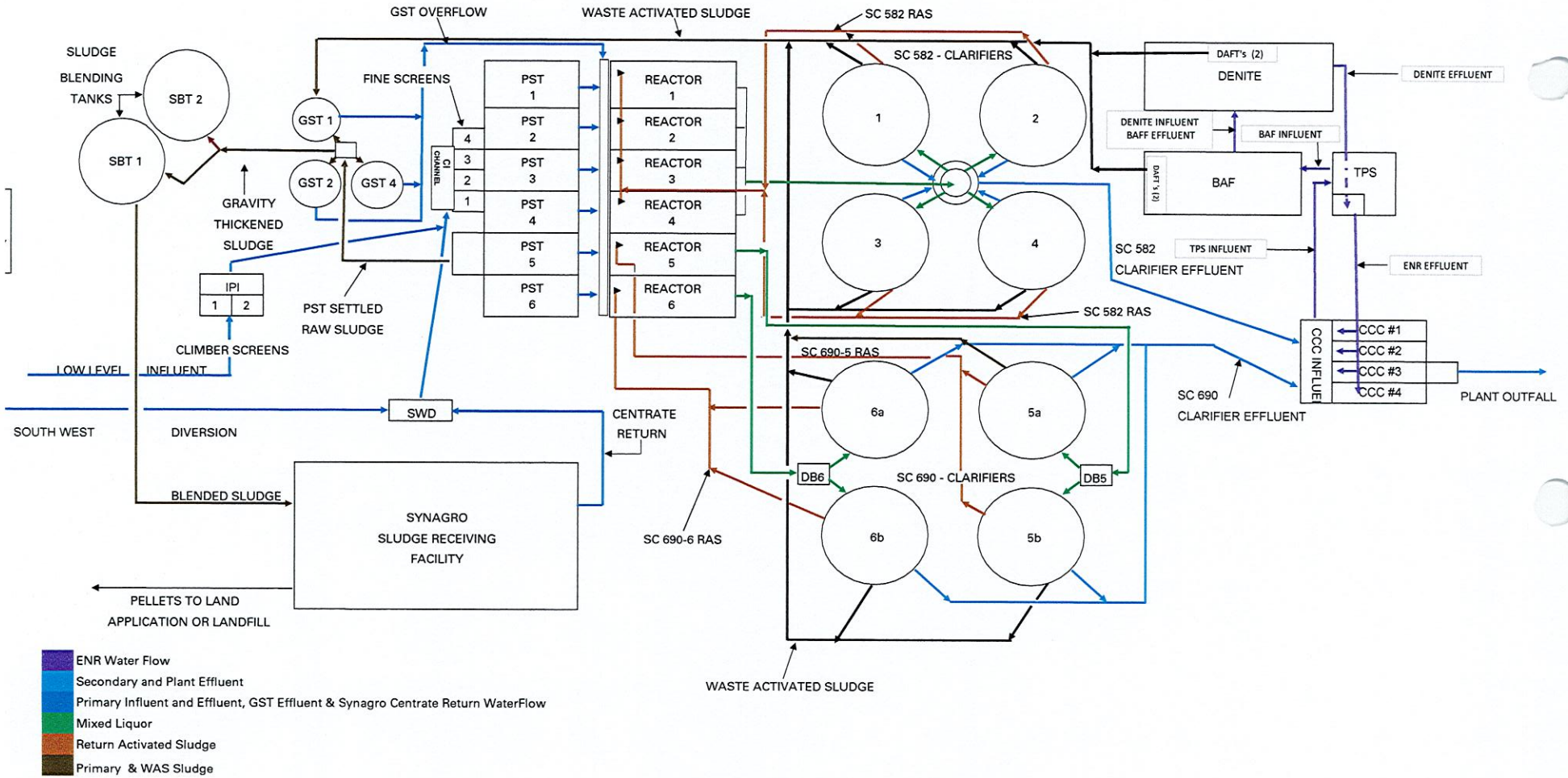
Table A (page 13) Patapsco no longer tests for Fecal coliform. Results shown are for *Enterococci*. All results shown are from Calendar Year 2020.

Table B (page 15) Oil and grease results are from four sets of four grabs collected in April, May, June and July 2021. FOG results shown in table are from aggregate quantities. For example, the max FOG (10 ppm) shown in Table B is the maximum average of the four sets. Likewise, the average FOG is the average of the average of the four sets. The maximum individual FOG result was 13 ppm. All FOG tests performed by Martel Lab.

Of the five tests for total dissolved solids, Martel performed three of these tests; Montebello Lab tested the other two, using SM 2540 B.

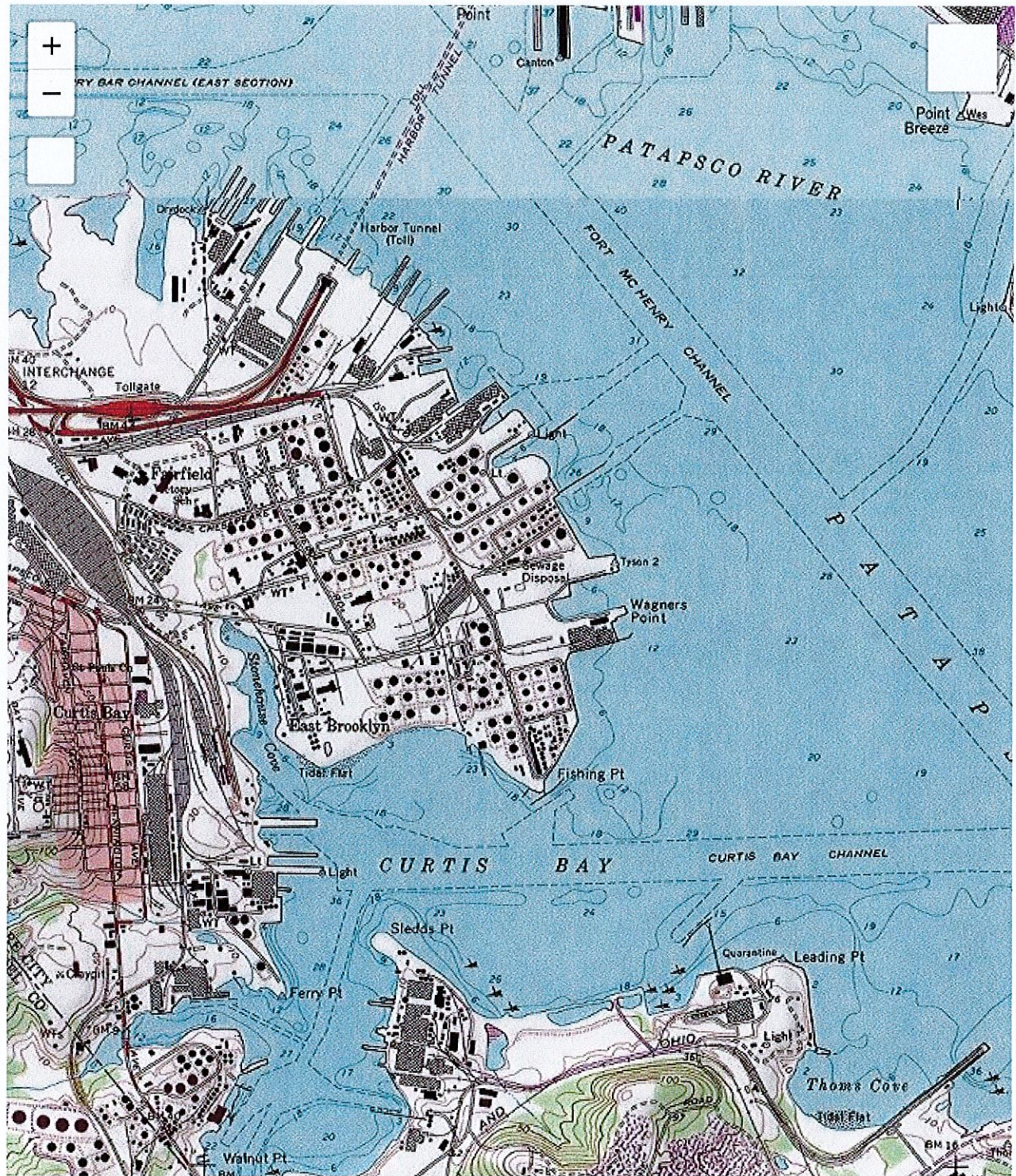
Patapsco Wastewater Treatment Plant

Process Flow Diagram



- ENR Water Flow
- Secondary and Plant Effluent
- Primary Influent and Effluent, GST Effluent & Synagro Centrate Return WaterFlow
- Mixed Liquor
- Return Activated Sludge
- Primary & WAS Sludge

Patapsco Wastewater Treatment Plant Topo Map in Baltimore (city) County Maryland



[Print this map](#)

Map provided by TopoZone.com