DMR Copy of Record

Permit					
Permit #:	**MD0024333**	**Permittee:**	MARYLAND MOBILE ESTATES, LLC	**Facility:**	MARYLAND MANOR WWTP
Major:	No	**Permittee Address:**	4922 FAIRMONT AVENUE, SUITE 280 ANNE ARUNDEL COUNTY BETHESDA (0811--AA), MD 20814	**Facility Location:**	4600 SANDS ROAD HARWOOD, MD 20776
Permitted Feature:	001 External Outfall	**Discharge:**	**001-A** 12-DP-0811		
Report Dates & Status					
Monitoring Period:	**From 08/01/19 to 08/31/19**	**DMR Due Date:**	**09/28/19**	**Status:**	**NetDMR Validated**
Considerations for Form Completion					
DISCHARGE SHALL BE LIMITED AT ALL TIMES. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM OTHER THAN TRACE AMOUNT. FLOW USED IN WASTE ALLOCATION CALCULATIONS, NOT TO BE CONSIDERED A LIMITATION.					
Principal Executive Officer					
First Name:		**Title:**		**Telephone:**	
Last Name:					
No Data Indicator (NODI)					
Form NODI:	--				

Parameter Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Quality or Concentration Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
X 00300	**Oxygen, dissolved [DO]**	1 - Effluent Gross	0	--	Sample						=	3.6	=	6.12			19 - mg/L		01/01 - Daily	GR - GRAB
					Permit Req.						>=	5 0 INST MIN	>=	5.5 MO AV MN			19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI															
00310	**BOD, 5-day, 20 deg. C**	1 - Effluent Gross	0	--	Sample	=	0.87	=	0.87	26 - lb/d			=	2.0	=	2.0	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.	<=	23.0 MX MO AV	<=	34.0 MX WK AV	26 - lb/d			<=	30.0 MX MO AV	<=	45.0 MX WK AV	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Value NODI															
00400	**pH**	1 - Effluent Gross	0	--	Sample						=	6.7			=	8.2	12 - SU		01/01 - Daily	GR - GRAB
					Permit Req.						>=	6 5 MINIMUM			<=	8.5 MAXIMUM	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00530	**Solids, total suspended**	1 - Effluent Gross	0	--	Sample	=	2.22	=	3.55	26 - lb/d			=	5.0	=	8.0	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Permit Req.	<=	23.0 MX MO AV	<=	34.0 MX WK AV	26 - lb/d			<=	30.0 MX MO AV	<=	45.0 MX WK AV	19 - mg/L		01/07 - Weekly	08 - COMP-8
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	0	--	Sample								=	24.25			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	1	--	Sample			=	333 54	76 - lb/mo									01/30 - Monthly	CA - CALCTD
					Permit Req.				Req Mon MO TOTAL	76 - lb/mo									01/30 - Monthly	CA - CALCTD
					Value NODI															
00600	**Nitrogen, total [as N]**	1 - Effluent Gross	2	--	Sample			=	2525.83	50 - lb/yr									01/30 - Monthly	CA - CALCTD
					Permit Req.				Req Mon CUM TOTL	50 - lb/yr									01/30 - Monthly	CA - CALCTD
					Value NODI															
00605	**Nitrogen, organic total [as N]**	1 - Effluent Gross	0	--	Sample								=	1.05			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI															
00610	**Nitrogen, ammonia total [as N]**	1 - Effluent Gross	0	--	Sample								<	0.2			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI															
00630	**Nitrite + Nitrate total [as N]**	1 - Effluent Gross	0	--	Sample								=	23.0			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI															
					Sample								=	3.1			19 - mg/L		01/30 - Monthly	08 - COMP-8

00665	**Phosphorus, total [as P]**	1 - Effluent Gross	0	--	Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	1	--	Sample			=	42.64	76 - lb/mo									01/30 - Monthly	CA - CALCTD
					Permit Req.				Req Mon MO TOTAL	76 - lb/mo									01/30 - Monthly	CA - CALCTD
					Value NODI															
00665	**Phosphorus, total [as P]**	1 - Effluent Gross	2	--	Sample			=	270 99	50 - lb/yr									01/30 - Monthly	CA - CALCTD
					Permit Req.				Req Mon CUM TOTL	50 - lb/yr									01/30 - Monthly	CA - CALCTD
					Value NODI															
X 04175	**Phosphate, ortho [as P]**	1 - Effluent Gross	0	--	Sample															
					Permit Req.									Req Mon MO AVG			19 - mg/L		01/30 - Monthly	08 - COMP-8
					Value NODI									8 - Other (See Comments)						
50050	**Flow, in conduit or thru treatment plant**	1 - Effluent Gross	0	--	Sample	=	0.052	=	0.093	03 - MGD									99/99 - Con inuous	RC - Recorder (auto)
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									99/99 - Con inuous	RC - Recorder (auto)
					Value NODI															
50060	**Chlorine, total residual**	1 - Effluent Gross	0	--	Sample															
					Permit Req.										<=	0.1 DAILY MX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI											Q - Not Quantifiable				
51040	**E. coli**	1 - Effluent Gross	0	--	Sample										=	3.911	30 - MPN/100mL		01/07 - Weekly	GR - GRAB
					Permit Req.										<=	126.0 MX MO GMN	30 - MPN/100mL		01/07 - Weekly	GR - GRAB
					Value NODI															
82220	**Flow, total**	1 - Effluent Gross	0	--	Sample			=	1.61	80 - Mgal/mo									01/30 - Monthly	CA - CALCTD
					Permit Req.				Req Mon TOTAL	80 - Mgal/mo									01/30 - Monthly	CA - CALCTD
					Value NODI															

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
Code	Name					
04175	Phosphate, ortho [as P]	1 - Effluent Gross	All	Soft	EPA's NPDES national data system recognizes the selected No Data Indicator (NODI) code as a reporting violation. NPDES permittees are respons ble for ensuring full compliance with their permits, the Clean Water Act, and state law. (Error Code: 5)	Yes
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	Quality or Concentration Sample Value 1	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code: 1)	Yes

Comments

Attachments

Name	Type	Size
MarylandManorDMRAugust2019.pdf	pdf	382739.0

Report Last Saved By

MARYLAND MOBILE ESTATES, LLC

User: [redacted] (b) (6)

Name: [redacted] (b) (4)

E-Mail: [redacted] (b) (6)

Date/Time: 2020-07-06 12:36 (Time Zone: -04:00)

Report Last Signed By

User: [redacted] (b) (6)

Name: [redacted] (b) (4)

E-Mail: [redacted] (b) (6)

Date/Time: 2020-07-06 12:37 (Time Zone: -04:00)

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

NAME: Maryland Estates MHC, LLC
ADDRESS: 2138 Espey Court Suite 1
Crofton, Maryland (AA Co.) 21114

FACILITY: Maryland Manor MHC-WWTP
LOCATION: Sands Road
Harwood, Maryland (AA Co.) 20776
ATTN. KATE COSTELLO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (*NPDES*)

DISCHARGE MONITORING REPORT (*DMR*)

12-DP-0811	MD0024333	Outfall 001
DISCHARGE NUMBER	DISCHARGE NUMBER	

Form Approved
OMB No. 2040-0004
3/1/2014 to 2/28/2019

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2019	8	1	TO	2019	8	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	Freq. Of Analysis	SAMPLE TYPE
FLOW, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.052	0.093	MGD	******	******	******		0	CONT.	REC.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	REPORT MONTHLY AVG.	DAILY MAX		******	******	******			CONT.	REC.
BOD, 5 day 20 deg. C	SAMPLE MEASUREMENT	0.87	0.87	Lbs./day	******	2.0	2.0	MG/L	0	4/31	24HR.C
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	23.0 MAX MO AVG.	34.0 MAX WKLY AVG.		******	30 MO AVG.	45 MAX WKLY AVG			ONCE per week	24 HR. COMP.
pH	SAMPLE MEASUREMENT	******	******	****	6.70	******	8.20	SU	0	31/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.5 MINIMUM	******	8.5 MAXIMUM			DAILY	GRAB
Oxygen, dissolved	SAMPLE MEASUREMENT	******	******	****	**3.60**	6.12	******	MG/L	**1**	31/31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		5.0 INST. MIN.	5.5 MO AVG.	NA 2/1-5/31: Minimum			DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.22	3.55		******	5.0	8.0	MG/L	0	4/31	24HR.C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	23.0 MAX MO AVG.	34.0 MAX WKLY AVG.	Lbs./day	******	30 MO AVG.	45 MAX WKLY AVG			ONCE per week	24 HR. COMP.
E-Coli	SAMPLE MEASUREMENT	******	******	****	******	******	3.911	MPN/ 100ML	0	4/31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	126 GEO MEAN			ONCE per week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	****	******	******	0.00	NA	0	NA	UV
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	******	0.10 DAILY MAX			DAILY	GRAB
Total Nitrogen (as N)	SAMPLE MEASUREMENT	******	10.76	Lbs./day	******	24.25	******	NA	0	Calc.	******
00600 1 0 Daily/Monthly Total Lbs.	PERMIT REQUIREMENT	333.54	******	Lbs./Month	******	MO AVG.				ONCE per month	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Jack E Bradshaw Jr. Prostart: VP Operations	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	443	903-4758	2019	9	28
TYPED OR PRINTED			CODE	NUMBER	YEAR	MO	DAY

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

oversight:
August 2019 Operations oversight:

PERMITTEE NAME/ADDRESS(*Include Facility Name & Location if Different*)
NAME: Maryland Estates MHC, LLC
ADDRESS: 2138 Espey Court Suite 1
Crofton, Maryland (AA Co.) 21114

FACILITY: Maryland Manor MHC-WWTP
LOCATION: Sands Road
Harwood, Maryland (AA Co.) 20776
ATTN. KATE COSTELLO

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

12-DP-0811	MD0024333	Outfall 001
DISCHARGE NUMBER	DISCHARGE NUMBER	

Form Approved
OMB No. 2040-0004
3/1/2014 to 2/28/2019

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2019	8	1	TO	2019	8	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	Freq. Of Analysis	SAMPLE TYPE
Nitrogen, Total (as N) Total Lbs./Year 00600 1 2 Cumulative/Year January to December	SAMPLE MEASUREMENT	******	**2525.83**	LBS/YEAR	******	******	******	MG/L	0	Calc.	******
	PERMIT REQUIREMENT	******			******	MAX MO AVG.	******			ONCE per month	Calculated
Organic Nitrogen 00605 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.466	******	Lbs./day	******	1.05	******	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	******			******	REG MO AVG.	******			Yearly	Cumulative
Nitrate-Nitrite Nitrogen Total (as N) 00630 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	Lbs./day	******	23.00	******	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	******	******		******	REG MO AVG.	******			ONCE per week	24 HR. COMP.
Ammonia Nitrogen Total (as N) 00610 1 0 Total (as N)	SAMPLE MEASUREMENT	0.087	0.087	Lbs./day	******	<0.20	<0.20	NA	0	2/31	24HR.C
	PERMIT REQUIREMENT	1.9 MAX MO AVG.	10 MAX WKLY AVG.		******	2.9 MAX MO AVG.	15 MAX DAILY AVG.			ONCE per week	24 HR. COMP.
Phosphorous, Total (as P) 00665 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	******	1.38	Lbs./day	******	3.10	******	MG/L	0	2/31	24HR.C
	PERMIT REQUIREMENT	42.64	******	Lbs./Month	******	MONTHLY AVG.	******			ONCE per week	24 HR. COMP.
Phosphorous, Total (as P) Total Lbs./Year 00665 1 2 Cumulative/Year January to December	SAMPLE MEASUREMENT	******	**270.99**	Lbs./Year	******	******	******	NA	0	Calc.	24HR.C
	PERMIT REQUIREMENT	******			******	******	******			Yearly	Cumulative
FLOW, in conduit or thru treatment plant:Total/Month 50050 1 0 Cumulative/Year January to December	SAMPLE MEASUREMENT	******	1.610	Monthly (MG)	******	******	******	NA		ONCE per month	Calculated
	PERMIT REQUIREMENT	******	**11.099**	Yearly (MG)	******	******	******			Yearly	Cumulative

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Jack E Bradshaw Jr.
Prostart: VP Operations
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
443	903-4758	2019	9	28

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

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

NAME: Maryland Estates MHC, LLC

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ATTN. KATE COSTELLO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

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DISCHARGE NUMBER	DISCHARGE NUMBER	

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FROM	2019	8	1	TO	2019	8	31

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	Freq. Of	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	Analysis	TYPE
Ortho-Phosphorous, Total (as P) 04175 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	****	******	NA	******	MG/L	1	0/31	24HR.C
	PERMIT REQUIREMENT	******	******		******	MONTHLY AVG.	******			ONCE per week	24 HR. COMP.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Jack E Bradshaw Jr. Prostart: VP Operations	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	443	903-4758	2019	9	28
TYPED OR PRINTED			CODE	NUMBER	YEAR	MO	DAY

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

	e-coli MPN/100ml	e-coli logarithm of
week 1	13	1.11
week 2	1	0.00
week 3	18	1.26
week 4	1	0.00
total	33	2.369216
count	4	4
avg	3.911145	0.592304