



May 29, 2008

Maryland Department of the Environment
Water Management Administration
1800 Washington Boulevard
Baltimore, MD 21230

ATTENTION: Mr. E. Gertler, Industrial Discharge Permits Division

SUBJECT: Calvert Cliffs Nuclear Power Plant
State Discharge Permit No. 02-DP-0187, NPDES MD0002399

REFERENCES:

- (a) State Discharge Permit No. 02-DP-0187, NPDES MD0002399
- (b) Section 1-202 of the Environment Article, Annotated Code of Maryland
- (c) Electronic Mail from Mr. J. McGillen (MDE) to Ms. Brenda Nuse (CPG), Calvert Cliffs Reapplication, dated May 8, 2008

The National Pollutant Discharge Elimination System Permit renewal application for Calvert Cliffs Nuclear Power Plant (Enclosures 1 and 2), is provided in accordance with Reference (a).

A copy of the Certificate of Worker's Compensation Insurance Coverage (Enclosure 3), is provided in accordance with Reference (b).

General Permit for Storm Water Discharges and Wastewater Discharge Permit Application Supplement: Industrial Wastewater Treatment Plant Classification forms (Enclosures 4 and 5) are provided in accordance with Reference (c).

Maps submitted with Environmental Protection Agency Form 1 are current as of May 30, 2008. Note that these site property maps are subject to change based on future improvements.

We anticipate transfer of ownership for Discharge Monitoring Point 005A (Filter Backwash from Swimming Pool) to another owner. Therefore, no analysis is included in this renewal application.

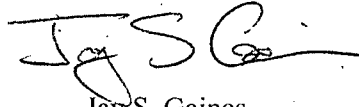
Salinity of the cooling water was 9.1 parts per thousand when the samples were taken. This salinity value is provided to assist in the evaluation of the ammonia result, as the ammonia water quality criteria is linked to the salinity of the receiving water.

COO1
NRR

Mr. E. Gertler
May 29, 2008
Page 2

Should you have questions regarding this matter, please contact Mr. Jay S. Gaines at (410) 495-5219 or Ms. Brenda D. Nuse at (410) 495-4913.

Very truly yours,



Jay S. Gaines
Director -- Licensing

JSG/CAN/bjd

- Enclosures:
- (1) EPA Form 1, General Information, and supporting documents (6 pages)
 - (2) EPA Form 2C, Application for Permit to Discharge Wastewater, and supporting documents (26 pages)
 - (3) Certificate of Worker's Compensation Insurance Coverage (1 page)
 - (4) General Permit for Storm Water Discharges (4 pages)
 - (5) Wastewater Discharge Permit Application Supplement: Industrial Wastewater Treatment Plant Classification (2 pages)

cc: Document Control Desk, NRC

ENCLOSURE (1)

**EPA FORM 1, GENERAL INFORMATION, AND SUPPORTING
DOCUMENTS (6 PAGES)**

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER MD0002399
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X"			SPECIFIC QUESTIONS	Mark "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
c	1 SKIP Calvert Cliffs Nuclear Power Plant

IV. FACILITY CONTACT		
c	A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2	Bauder, Douglas R. Plant General Manager	(410) 495-5205

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
c	3 1650 Calvert Cliffs Parkway		
B. CITY OR TOWN			
c	4 Lusby		C. STATE
15	16	MD	D. ZIP CODE
40	41	42	20657

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
c	5 1650 Calvert Cliffs Parkway		
B. COUNTY NAME			
c	6 Calvert		
C. CITY OR TOWN			
c	6 Lusby		D. STATE
15	16	MD	E. ZIP CODE
40	41	42	20657
F. COUNTY CODE (if known)			

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
c	7	(specify)	Electric Power Generation
15	16	17	18
C. THIRD		D. FOURTH	
c	7	(specify)	
15	16	17	18

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
c	8		Calvert Cliffs Nuclear Power Plant, Inc.
15	16	17	18
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)
S = STATE	O = OTHER (specify)		
P = PRIVATE			
			c
			A
			(410) 495-5205
			15 16 17 18 19 20 21 22 23 24 25 26

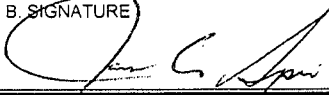
E. STREET OR P.O. BOX			
1650 Calvert Cliffs Parkway			
26			

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
8		MD	20657	Is the facility located on Indian lands?
15 16		40 41	42 43 44 45 46 47 48 49 50 51 52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
c	9	N	MD002399
15	16	17	18
c	9	P	2400900012
15	16	17	18
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
c	9	U	CA71S001(03)
15	16	17	18
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
c	9	R	MDD000621243
15	16	17	18
c	9		CA69G010(05)
15	16	17	18

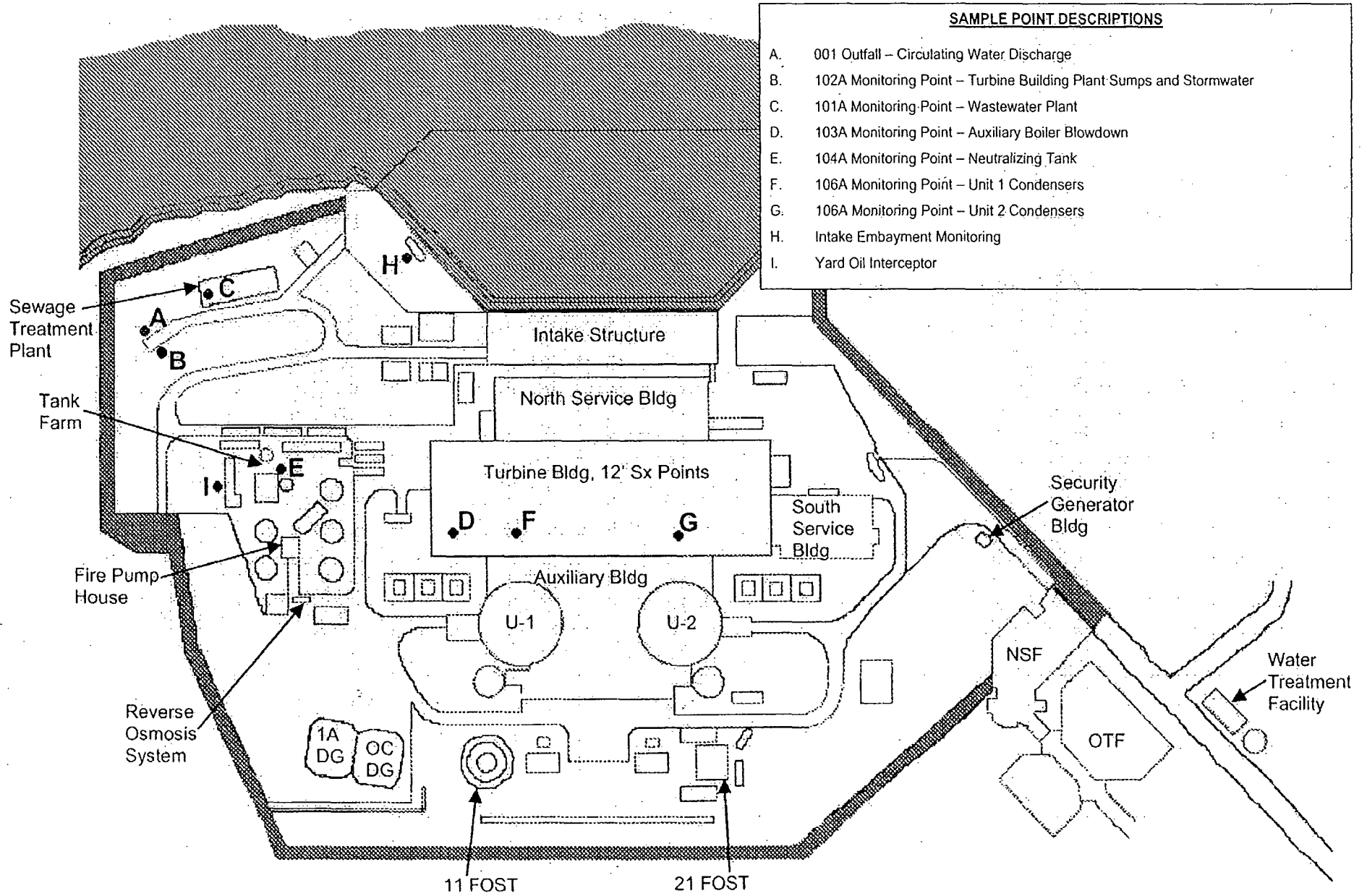
XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
 Electric power generation by pressurized water reactors.

XIII. CERTIFICATION (see instructions)		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.		
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
James A. Spina Vice President, CCNPP		5/28/08

COMMENTS FOR OFFICIAL USE ONLY			
c			
15	16	17	18

ENVIRONMENTAL SAMPLE SITES

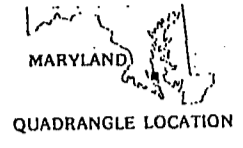


378 INTERIOR-GEOLOGICAL SURVEY, RESTON, VIRGINIA 1987 279,000E 76° 22' 30"

ROAD CLASSIFICATION

Primary highway, hard surface:	Light-duty road, hard or improved surface:
Secondary highway, hard surface:	Unimproved road:
Interstate Route	(U. S. Route) State Route

10 000



COVE POINT, MD.

38076-D4-TF-024

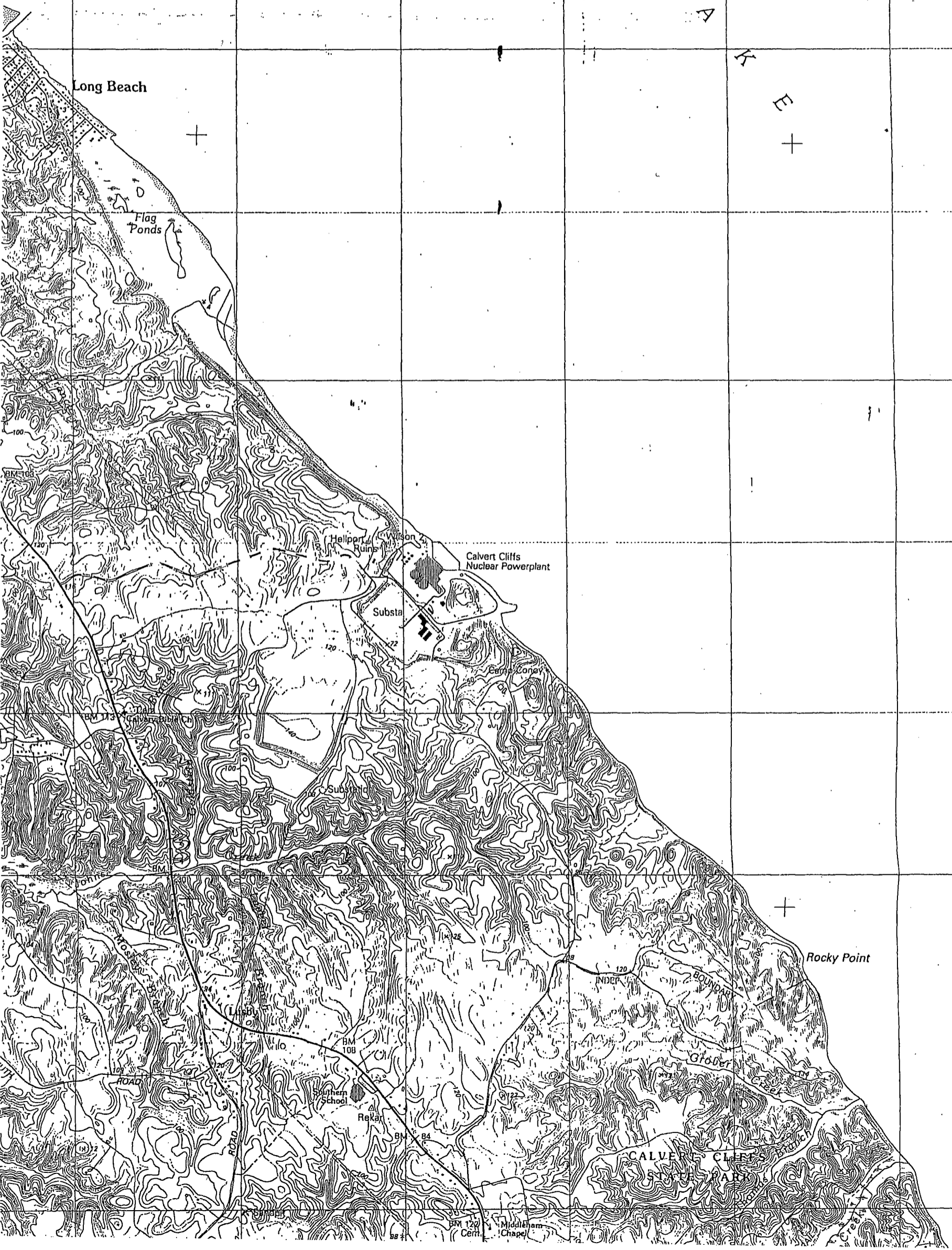
1987

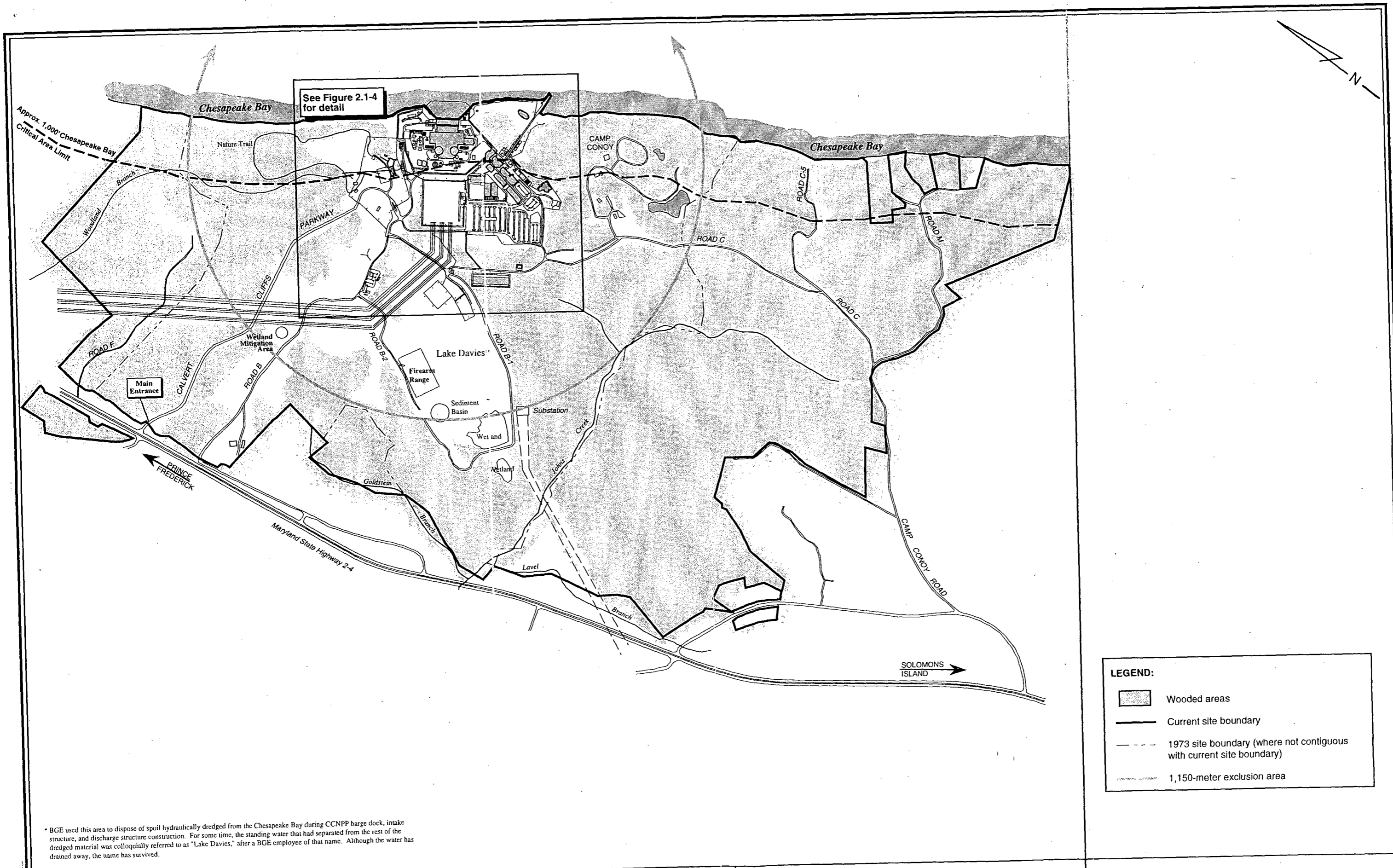
DMA 5760 IV NW-SERIES V833

DORCHESTER CO
CALVERT CO

22092





Beach





See Figure 2.1-4 for detail

LEGEND:

-  Wooded areas
-  Current site boundary
-  1973 site boundary (where not contiguous with current site boundary)
-  1,150-meter exclusion area

* BGE used this area to dispose of spoil hydraulically dredged from the Chesapeake Bay during CCNPP barge dock, intake structure, and discharge structure construction. For some time, the standing water that had separated from the rest of the dredged material was colloquially referred to as "Lake Davies," after a BGE employee of that name. Although the water has drained away, the name has survived.

SOURCE: PREPARED FROM DAFT MCCUNE WALKER, INC.
 "CALVERT CLIFFS NUCLEAR POWER PLANT 1995 LAND
 MANAGEMENT PLAN," MARCH 1995

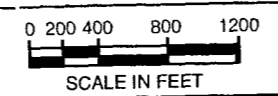
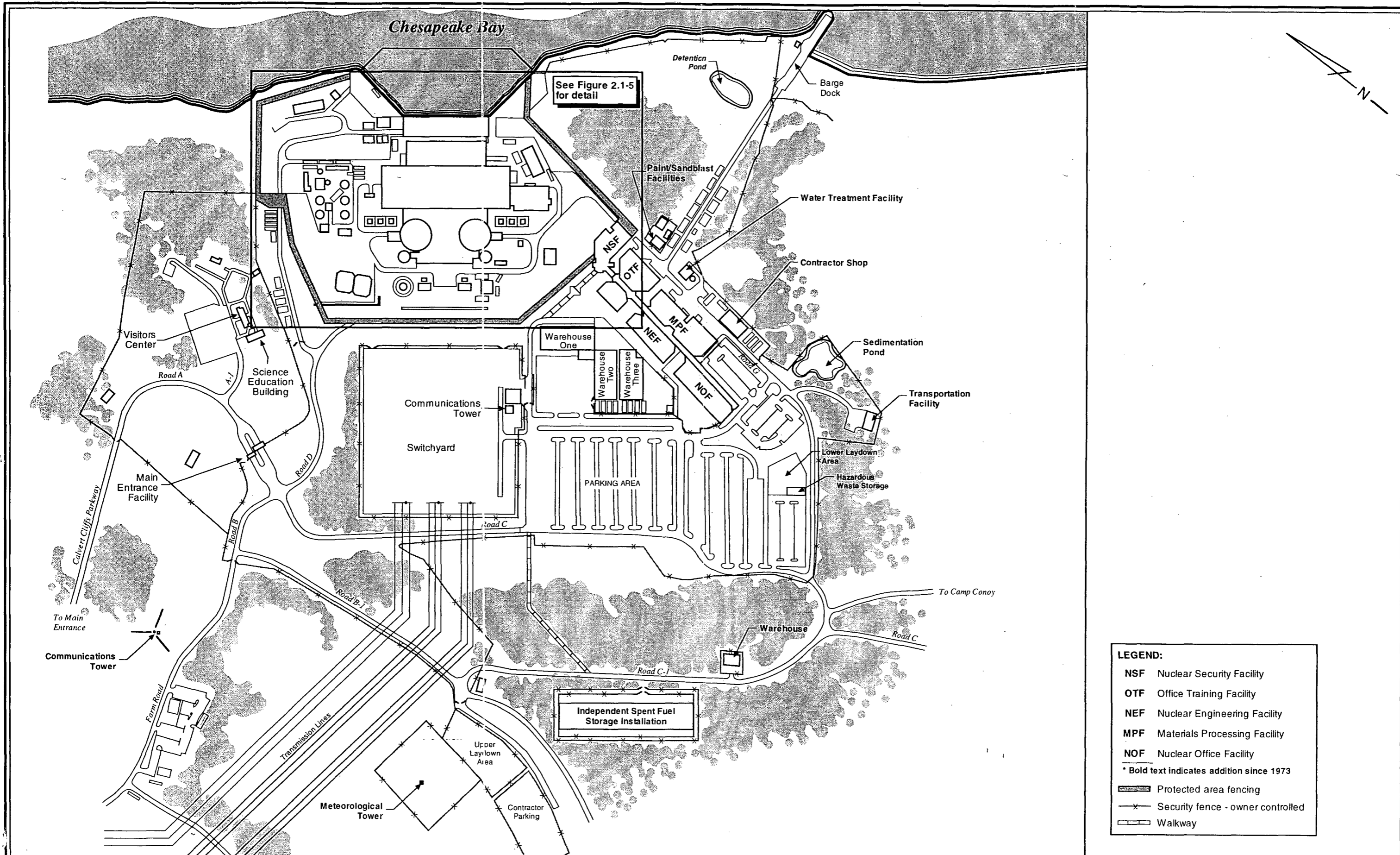
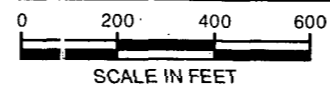


Figure 2.1-3. CCNPP site layout.



SOURCE: PREPARED FROM DAFT MCCUNE WALKER, INC.
 "FEBRUARY 1995 SITE PLAN"



LEGEND:

NSF	Nuclear Security Facility
OTF	Office Training Facility
NEF	Nuclear Engineering Facility
MPF	Materials Processing Facility
NOF	Nuclear Office Facility
* Bold text indicates addition since 1973	
	Protected area fencing
	Security fence - owner controlled
	Walkway

Figure 2.1-4. CCNPP station layout.

ENCLOSURE (2)

**EPA FORM 2C, APPLICATION FOR PERMIT TO DISCHARGE
WASTEWATER, AND SUPPORTING DOCUMENTS (26 PAGES)**

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MD0002399

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

FORM 2C NPDES		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS <i>Consolidated Permits Program</i>
------------------------------	--	--

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	26	212	76	26	556	Chesapeake Bay
101A	38	26	212	76	26	556	Outfall 001
102A	38	26	212	76	26	556	Outfall 001
104A	38	26	212	76	26	556	Outfall 001

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Noncontact cooling water	3300 MGD	Chlorination	2 F
MP 101	Sewage Treatment Plant	0.011 MGD	Activated sludge	3 A
			Chlorination	2 F
			Dechlorination	2 B
MP 102A	Plant sumps and stormwater	0.27 MGD	Oil interceptor	X X
			Discharge to surface water	4 A
MP104A	Demineralizer Waste	0.042 MGD	Neutralization	2 K

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?
 YES (complete the following table) NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
104A	Deminerlizer waste	2	12	0.04	0.08	41,900 gal.	80,000 gal.	0.04

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?
 YES (complete Item III-B) NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?
 YES (complete Item III-C.) NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.
 YES (complete the following table) NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.
 MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MD0002399

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables for each outfall - Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None.			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?
 YES (list all such pollutants below) NO (go to Item VI-B)

Large empty rectangular area for providing details or listing pollutants.

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (identify the test(s) and describe their purposes below)

NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

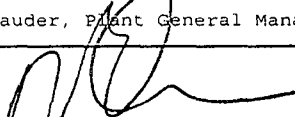
YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Microbac Laboratories, Inc.	2101 Van Deman St., Baltimore Md 21224	410-633-1800	All analyses reported in section V except for the long term values.

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE (type or print) Douglas R. Bauder, Plant General Manager	B. PHONE NO. (area code & no.) (410) 495-5205
C. SIGNATURE 	D. DATE SIGNED 5/22/2008

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MD0002399

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 001
--	--------------------

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	2.3	63000					1	mg/l	lbs	2.3	63000	1
b. Chemical Oxygen Demand (COD)	48	1300000					1	mg/l	lbs	42	120000	1
c. Total Organic Carbon (TOC)	1.3	36000					1	mg/l	lbs	1.3	36000	1
d. Total Suspended Solids (TSS)	6.0	160000					1	mg/l	lbs	16	440000	1
e. Ammonia (as N)	< 0.10	< 3000					1	mg/l	lbs	0.26	7100	1
f. Flow	VALUE		VALUE		VALUE 3284		365	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE 16		182	°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE 27		183	°C		VALUE		
i. pH	MINIMUM 8.1	MAXIMUM 8.1	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual	X							< 0.1	< 3000	29	mg/l	lbs		
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)	X		0.35	9600						1	mg/l	lbs	1.9	52000

ITEM V-8 CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS			5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)	X		0.45	12000					1	mg/l	lbs	< 0.10	<2700	1
h. Oil and Grease	X		< 10	<270000					1	mg/l	lbs			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total	X		(1)											
(2) Beta, Total	X		(1)											
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)	X		1000	2.7E7					1	mg/l	lbs	930	2.5e7	1
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants	X		0.062	1700					1	mg LAS/L	lbs			
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)	X		1.5	41000					1	mg/l	lbs			
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

(1) The radioactive component of this discharge is regulated by the U.S. Nuclear Regulatory Commission.

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MD0002399	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			<0.0050	<140					1	mg/L	lbs			
2M. Arsenic, Total (7440-38-2)	X			<0.0020	< 55					1	mg/L	lbs			
3M. Beryllium, Total (7440-41-7)	X			<0.0025	< 68					1	mg/L	lbs			
4M. Cadmium, Total (7440-43-9)	X			<0.00050	< 14					1	mg/L	lbs			
5M. Chromium, Total (7440-47-3)	X			0.0047	130					1	mg/L	lbs			
6M. Copper, Total (7440-50-8)	X			0.050	1400					1	mg/L	lbs			
7M. Lead, Total (7439-92-1)	X			<0.0020	< 55					1	mg/L	lbs			
8M. Mercury, Total (7439-97-6)	X			<0.00020	< 5.5					1	mg/L	lbs			
9M. Nickel, Total (7440-02-0)	X			0.0082	220					1	mg/L	lbs			
10M. Selenium, Total (7782-49-2)	X			0.13	3600					1	mg/L	lbs			
11M. Silver, Total (7440-22-4)	X			<0.0010	< 27					1	mg/L	lbs			
12M. Thallium, Total (7440-28-0)	X			<0.0020	< 55					1	mg/L	lbs			
13M. Zinc, Total (7440-66-6)	X			0.022	600					1	mg/L	lbs			
14M. Cyanide, Total (57-12-5)	X			0.022	600					1	mg/L	lbs			
15M. Phenols, Total	X			0.061	1700					1	mg/L	lbs			
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS Not required											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	X			< 100	< 2700					1	ug/l	lbs			
2V. Acrylonitrile (107-13-1)	X			< 100	< 2700					1	ug/L	lbs			
3V. Benzene (71-43-2)	X			< 5	<140					1	ug/L	lbs			
4V. Bis (Chloromethyl) Ether (542-88-1)				N/R											
5V. Bromoform (75-25-2)	X			< 5	<140					1	ug/L	lbs			
6V. Carbon Tetrachloride (56-23-5)	X			< 5	<140					1	ug/L	lbs			
7V. Chlorobenzene (108-90-7)	X			< 5	<140					1	ug/L	lbs			
8V. Chlorodibromomethane (124-48-1)	X			< 5	<140					1	ug/L	lbs			
9V. Chloroethane (75-00-3)	X			< 10	<270					1	ug/L	lbs			
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			< 5	<140					1	ug/L	lbs			
11V. Chloroform (67-66-3)	X			< 5	<140					1	ug/L	lbs			
12V. Dichlorobromomethane (75-27-4)	X			< 5	<140					1	ug/L	lbs			
13V. Dichlorodifluoromethane (75-71-8)	X			< 10	<270					1	ug/L	lbs			
14V. 1,1-Dichloroethane (75-34-3)	X			< 5	<140					1	ug/L	lbs			
15V. 1,2-Dichloroethane (107-06-2)	X			< 5	<140					1	ug/L	lbs			
16V. 1,1-Dichloroethylene (75-35-4)	X			< 5	<140					1	ug/L	lbs			
17V. 1,2-Dichloropropane (78-87-5)	X			< 5	<140					1	ug/L	lbs			
18V. 1,3-Dichloropropylene (542-75-6)	X			< 5	<140					1	ug/L	lbs			
19V. Ethylbenzene (100-41-4)	X			< 5	<140					1	ug/L	lbs			
20V. Methyl Bromide (74-83-9)	X			< 10	< 270					1	ug/L	lbs			
21V. Methyl Chloride (74-87-3)	X			< 10	< 270					1	ug/L	lbs			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)	X			< 5	<140					1	ug/L	lbs			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			< 5	<140					1	ug/L	lbs			
24V. Tetrachloroethylene (127-18-4)	X			< 5	<140					1	ug/L	lbs			
25V. Toluene (108-88-3)	X			< 5	<140					1	ug/L	lbs			
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			< 5	<140					1	ug/L	lbs			
27V. 1,1,1-Trichloroethane (71-55-6)	X			< 5	<140					1	ug/L	lbs			
28V. 1,1,2-Trichloroethane (79-00-5)	X			< 5	<140					1	ug/L	lbs			
29V Trichloroethylene (79-01-6)	X			< 5	<140					1	ug/L	lbs			
30V. Trichlorofluoromethane (75-69-4)	X			< 10	< 270					1	ug/L	lbs			
31V. Vinyl Chloride (75-01-4)	X			< 10	< 270					1	ug/L	lbs			
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			< 10	< 270					1	ug/L	lbs			
2A. 2,4-Dichlorophenol (120-83-2)	X			< 10	< 270					1	ug/L	lbs			
3A. 2,4-Dimethylphenol (105-67-9)	X			< 10	< 270					1	ug/L	lbs			
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			< 52	<1400					1	ug/L	lbs			
5A. 2,4-Dinitrophenol (51-28-5)	X			< 52	<1400					1	ug/L	lbs			
6A. 2-Nitrophenol (88-75-5)	X			< 10	< 270					1	ug/L	lbs			
7A. 4-Nitrophenol (100-02-7)	X			< 52	<1400					1	ug/L	lbs			
8A. P-Chloro-M-Cresol (59-50-7)	X			< 10	<140					1	ug/L	lbs			
9A. Pentachlorophenol (87-86-5)	X			< 52	<1400					1	ug/L	lbs			
10A. Phenol (108-95-2)	X			< 10	< 270					1	ug/L	lbs			
11A. 2,4,6-Trichlorophenol (88-05-2)	X			< 10	< 270					1	ug/L	lbs			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X			< 10	< 270					1	ug/L	lbs			
2B. Acenaphthylene (208-96-8)	X			< 10	< 270					1	ug/L	lbs			
3B. Anthracene (120-12-7)	X			< 10	< 270					1	ug/L	lbs			
4B. Benzidine (92-87-5)	X			< 52	< 1400					1	ug/L	lbs			
5B. Benzo (a) Anthracene (56-55-3)	X			< 10	< 270					1	ug/L	lbs			
6B. Benzo (a) Pyrene (50-32-8)	X			< 10	< 270					1	ug/L	lbs			
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			< 10	< 270					1	ug/L	lbs			
8B. Benzo (ghi) Perylene (191-24-2)	X			< 10	< 270					1	ug/L	lbs			
9B. Benzo (k) Fluoranthene (207-08-9)	X			< 10	< 270					1	ug/L	lbs			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)	X			< 10	< 270					1	ug/L	lbs			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)	X			< 10	< 270					1	ug/L	lbs			
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)	X			< 10	< 270					1	ug/L	lbs			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)	X			43	1200					1	ug/L	lbs			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			< 10	< 270					1	ug/L	lbs			
15B. Butyl Benzyl Phthalate (85-68-7)	X			< 10	< 270					1	ug/L	lbs			
16B. 2-Chloro-naphthalene (91-58-7)	X			< 10	< 270					1	ug/L	lbs			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	X			< 10	< 270					1	ug/L	lbs			
18B. Chrysene (218-01-9)	X			< 10	< 270					1	ug/L	lbs			
19B. Dibenzo (a,h) Anthracene (53-70-3)	X			< 10	< 270					1	ug/L	lbs			
20B. 1,2-Dichloro-benzene (95-50-1)	X			< 10	< 270					1	ug/L	lbs			
21B. 1,3-Di-chloro-benzene (541-73-1)	X			< 10	< 270					1	ug/L	lbs			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)	X			< 10	< 270					1	ug/L	lbs			
23B. 3,3-Dichlorobenzidine (91-94-1)	X			< 21	< 570					1	ug/L	lbs			
24B. Diethyl Phthalate (84-66-2)	X			< 10	< 270					1	ug/L	lbs			
25B. Dimethyl Phthalate (131-11-3)	X			< 10	< 270					1	ug/L	lbs			
26B. Di-N-Butyl Phthalate (84-74-2)	X			< 10	< 270					1	ug/L	lbs			
27B. 2,4-Dinitrotoluene (121-14-2)	X			< 10	< 270					1	ug/L	lbs			
28B. 2,6-Dinitrotoluene (606-20-2)	X			< 10	< 270					1	ug/L	lbs			
29B. Di-N-Octyl Phthalate (117-84-0)	X			< 10	< 270					1	ug/L	lbs			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			< 10	< 270					1	ug/L	lbs			
31B. Fluoranthene (206-44-0)	X			< 10	< 270					1	ug/L	lbs			
32B. Fluorene (86-73-7)	X			< 10	< 270					1	ug/L	lbs			
33B. Hexachlorobenzene (118-74-1)	X			< 10	< 270					1	ug/L	lbs			
34B. Hexachlorobutadiene (87-68-3)	X			< 10	< 270					1	ug/L	lbs			
35B. Hexachlorocyclopentadiene (77-47-4)	X			< 10	< 270					1	ug/L	lbs			
36B. Hexachloroethane (67-72-1)	X			< 10	< 270					1	ug/L	lbs			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			< 10	< 270					1	ug/L	lbs			
38B. Isophorone (78-59-1)	X			< 10	< 270					1	ug/L	lbs			
39B. Naphthalene (91-20-3)	X			< 10	< 270					1	ug/L	lbs			
40B. Nitrobenzene (98-95-3)	X			< 10	< 270					1	ug/L	lbs			
41B. N-Nitrosodimethylamine (62-75-9)	X			< 10	< 270					1	ug/L	lbs			
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			< 10	< 270					1	ug/L	lbs			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)	X			< 10	< 270					1	ug/L	lbs			
44B. Phenanthrene (85-01-8)	X			< 10	< 270					1	ug/L	lbs			
45B. Pyrene (129-00-0)	X			< 10	< 270					1	ug/L	lbs			
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			< 10	< 270					1	ug/L	lbs			
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)				N/R											
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MD0002399	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)				N/R											
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MD0002399

OUTFALL NO.
MP 101

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)					7.28	0.679	51	mg/l	lbs			
b. Chemical Oxygen Demand (COD)	< 10	< 0.93					1	mg/l	lbs			
c. Total Organic Carbon (TOC)	7.9	0.74					1	mg/l	lbs			
d. Total Suspended Solids (TSS)					4.04	0.377	51	mg/l	lbs			
e. Ammonia (as N)	1.8	0.17					1	mg/l	lbs			
f. Flow	VALUE		VALUE		VALUE 0.01118		365	MGD		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE Ambient			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE Ambient			°C		VALUE		
i. pH	MINIMUM 7.8	MAXIMUM 7.8	MINIMUM	MAXIMUM			1	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (as N)														

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
MD0002399

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C) OUTFALL NO. MP 102

PART A --You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)			4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	7.2	16					1	mg/l	lbs			
b. Chemical Oxygen Demand (COD)	< 10	< 23					1	mg/l	lbs			
c. Total Organic Carbon (TOC)	1.5	3.4					1	mg/l	lbs			
d. Total Suspended Solids (TSS)					4.3	9.8	13	mg/l	lbs			
e. Ammonia (as N)	2.5	5.7					1	mg/l	lbs			
f. Flow	VALUE		VALUE		VALUE 273000		12	gpd		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE ambient			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE ambient			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM 7.5	MAXIMUM 8.6			12	STANDARD UNITS				

PART B -- Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS			5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease	X				5.6	13	5.0		13	mg/l	lbs			
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MD0002399	MP102

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)	X			< 0.0050	<0.011					1	mg/L	lbs			
2M. Arsenic, Total (7440-38-2)	X			< 0.50	<1.1					1	mg/L	lbs			
3M. Beryllium, Total (7440-41-7)	X			< 0.0025	<0.006					1	mg/L	lbs			
4M. Cadmium, Total (7440-43-9)	X			< 0.00050	<0.001					1	mg/L	lbs			
5M. Chromium, Total (7440-47-3)	X			0.0054	0.012					1	mg/L	lbs			
6M. Copper, Total (7440-50-8)	X			0.63	1.4					1	mg/L	lbs			
7M. Lead, Total (7439-92-1)	X			0.0066	0.015					1	mg/L	lbs			
8M. Mercury, Total (7439-97-6)	X			< 0.00020	<4E-4					1	mg/L	lbs			
9M. Nickel, Total (7440-02-0)	X			0.032	0.073					1	mg/L	lbs			
10M. Selenium, Total (7782-49-2)	X			0.061	0.14					1	mg/L	lbs			
11M. Silver, Total (7440-22-4)	X			< 0.0010	<0.002					1	mg/L	lbs			
12M. Thallium, Total (7440-28-0)	X			< 0.0020	<0.004					1	mg/L	lbs			
13M. Zinc, Total (7440-66-6)	X			0.032	0.073					1	mg/L	lbs			
14M. Cyanide, Total (57-12-5)	X			0.014	0.032					1	mg/L	lbs			
15M. Phenols, Total	X			0.046	0.10					1	mg/L	lbs			
DIOXIN															
2,3,7,8-Tetra- chlorodibenzo-P- Dioxin (1764-01-6)				DESCRIBE RESULTS Not required.											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)	X			< 100	230					1	ug/L	lbs			
2V. Acrylonitrile (107-13-1)	X			< 100	230					1	ug/L	lbs			
3V. Benzene (71-43-2)	X			< 5	<0.011					1	ug/L	lbs			
4V. Bis (Chloromethyl) Ether (542-88-1)				N/R											
5V. Bromoform (75-25-2)	X			< 5	<0.011					1	ug/L	lbs			
6V. Carbon Tetrachloride (56-23-5)	X			< 5	<0.011					1	ug/L	lbs			
7V. Chlorobenzene (108-90-7)	X			< 5	<0.011					1	ug/L	lbs			
8V. Chlorodibromomethane (124-48-1)	X			< 5	<0.011					1	ug/L	lbs			
9V. Chloroethane (75-00-3)	X			< 10	<0.023					1	ug/L	lbs			
10V. 2-Chloroethylvinyl Ether (110-75-8)	X			< 5	<0.011					1	ug/L	lbs			
11V. Chloroform (67-66-3)	X			< 5	<0.011					1	ug/L	lbs			
12V. Dichlorobromomethane (75-27-4)	X			< 5	<0.011					1	ug/L	lbs			
13V. Dichlorodifluoromethane (75-71-8)	X			< 10	<0.023					1	ug/L	lbs			
14V. 1,1-Dichloroethane (75-34-3)	X			< 5	<0.011					1	ug/L	lbs			
15V. 1,2-Dichloroethane (107-06-2)	X			< 5	<0.011					1	ug/L	lbs			
16V. 1,1-Dichloroethylene (75-35-4)	X			< 5	<0.011					1	ug/L	lbs			
17V. 1,2-Dichloropropane (78-87-5)	X			< 5	<0.011					1	ug/L	lbs			
18V. 1,3-Dichloropropylene (542-75-6)	X			< 5	<0.011					1	ug/L	lbs			
19V. Ethylbenzene (100-41-4)	X			< 5	<0.011					1	ug/L	lbs			
20V. Methyl Bromide (74-83-9)	X			< 10	<0.023					1	ug/L	lbs			
21V. Methyl Chloride (74-87-3)	X			< 10	<0.023					1	ug/L	lbs			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION - VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)	X			< 5	< 0.011					1	ug/L	lbs			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)	X			< 5	< 0.011					1	ug/L	lbs			
24V. Tetrachloroethylene (127-18-4)	X			< 5	< 0.011					1	ug/L	lbs			
25V. Toluene (108-88-3)	X			< 5	< 0.011					1	ug/L	lbs			
26V. 1,2-Trans-Dichloroethylene (156-60-5)	X			< 5	< 0.011					1	ug/L	lbs			
27V. 1,1,1-Trichloroethane (71-55-6)	X			< 5	< 0.011					1	ug/L	lbs			
28V. 1,1,2-Trichloroethane (79-00-5)	X			< 5	< 0.011					1	ug/L	lbs			
29V Trichloroethylene (79-01-6)	X			< 5	< 0.011					1	ug/L	lbs			
30V. Trichlorofluoromethane (75-69-4)	X			< 10	< 0.023					1	ug/L	lbs			
31V. Vinyl Chloride (75-01-4)	X			< 10	< 0.023					1	ug/L	lbs			
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	X			< 10	< 0.023					1	ug/L	lbs			
2A. 2,4-Dichlorophenol (120-83-2)	X			< 10	< 0.023					1	ug/L	lbs			
3A. 2,4-Dimethylphenol (105-67-9)	X			< 10	< 0.023					1	ug/L	lbs			
4A. 4,6-Dinitro-O-Cresol (534-52-1)	X			< 53	< 0.12					1	ug/L	lbs			
5A. 2,4-Dinitrophenol (51-28-5)	X			< 53	< 0.12					1	ug/L	lbs			
6A. 2-Nitrophenol (88-75-5)	X			< 10	< 0.023					1	ug/L	lbs			
7A. 4-Nitrophenol (100-02-7)	X			< 53	< 0.12					1	ug/L	lbs			
8A. P-Chloro-M-Cresol (59-50-7)	X			< 10	< 0.023					1	ug/L	lbs			
9A. Pentachlorophenol (87-86-5)	X			< 53	< 0.12					1	ug/L	lbs			
10A. Phenol (108-95-2)	X			< 10	< 0.023					1	ug/L	lbs			
11A. 2,4,6-Trichlorophenol (88-05-2)	X			< 10	< 0.023					1	ug/L	lbs			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)	X			< 10	< 0.023					1	mg/L	lbs			
2B. Acenaphthylene (208-96-8)	X			< 10	< 0.023					1	mg/L	lbs			
3B. Anthracene (120-12-7)	X			< 10	< 0.023					1	mg/L	lbs			
4B. Benzidine (92-87-5)	X			< 53	< 0.12					1	mg/L	lbs			
5B. Benzo (a) Anthracene (56-55-3)	X			< 10	< 0.023					1	mg/L	lbs			
6B. Benzo (a) Pyrene (50-32-8)	X			< 10	< 0.023					1	mg/L	lbs			
7B. 3,4-Benzo-fluoranthene (205-99-2)	X			< 10	< 0.023					1	mg/L	lbs			
8B. Benzo (ghi) Perylene (191-24-2)	X			< 10	< 0.023					1	mg/L	lbs			
9B. Benzo (k) Fluoranthene (207-08-9)	X			< 10	< 0.023					1	mg/L	lbs			
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	X			< 10	< 0.023					1	mg/L	lbs			
11B. Bis (2-Chloroethyl) Ether (111-44-4)	X			< 10	< 0.023					1	mg/L	lbs			
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)	X			< 10	< 0.023					1	mg/L	lbs			
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	X			16	0.036					1	mg/L	lbs			
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	X			< 10	< 0.023					1	mg/L	lbs			
15B. Butyl Benzyl Phthalate (85-68-7)	X			< 10	< 0.023					1	mg/L	lbs			
16B. 2-Chloronaphthalene (91-58-7)	X			< 10	< 0.023					1	mg/L	lbs			
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	X			< 10	< 0.023					1	mg/L	lbs			
18B. Chrysene (218-01-9)	X			< 10	< 0.023					1	mg/L	lbs			
19B. Dibenzo (a,h) Anthracene (53-70-3)	X			< 10	< 0.023					1	mg/L	lbs			
20B. 1,2-Dichlorobenzene (95-50-1)	X			< 10	< 0.023					1	mg/L	lbs			
21B. 1,3-Di-chlorobenzene (541-73-1)	X			< 10	< 0.023					1	mg/L	lbs			

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)	X			< 10	<0.023					1	mg/L	lbs			
23B. 3,3-Dichlorobenzidine (91-94-1)	X			< 21	<0.047					1	mg/L	lbs			
24B. Diethyl Phthalate (84-66-2)	X			< 10	<0.023					1	mg/L	lbs			
25B. Dimethyl Phthalate (131-11-3)	X			< 10	<0.023					1	mg/L	lbs			
26B. Di-N-Butyl Phthalate (84-74-2)	X			< 10	<0.023					1	mg/L	lbs			
27B. 2,4-Dinitrotoluene (121-14-2)	X			< 10	<0.023					1	mg/L	lbs			
28B. 2,6-Dinitrotoluene (606-20-2)	X			< 10	<0.023					1	mg/L	lbs			
29B. Di-N-Octyl Phthalate (117-84-0)	X			< 10	<0.023					1	mg/L	lbs			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	X			< 10	<0.023					1	mg/L	lbs			
31B. Fluoranthene (206-44-0)	X			< 10	<0.023					1	mg/L	lbs			
32B. Fluorene (86-73-7)	X			< 10	<0.023					1	mg/L	lbs			
33B. Hexachlorobenzene (118-74-1)	X			< 10	<0.023					1	mg/L	lbs			
34B. Hexachlorobutadiene (87-68-3)	X			< 10	<0.023					1	mg/L	lbs			
35B. Hexachlorocyclopentadiene (77-47-4)	X			< 10	<0.023					1	mg/L	lbs			
36B Hexachloroethane (67-72-1)	X			< 10	<0.023					1	mg/L	lbs			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	X			< 10	<0.023					1	mg/L	lbs			
38B. Isophorone (78-59-1)	X			< 10	<0.023					1	mg/L	lbs			
39B. Naphthalene (91-20-3)	X			< 10	<0.023					1	mg/L	lbs			
40B. Nitrobenzene (98-95-3)	X			< 10	<0.023					1	mg/L	lbs			
41B. N-Nitrosodimethylamine (62-75-9)	X			< 10	<0.023					1	mg/L	lbs			
42B. N-Nitrosodi-N-Propylamine (621-64-7)	X			< 10	<0.023					1	mg/L	lbs			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)	X			< 10	<0.023					1	mg/L	lbs			
44B. Phenanthrene (85-01-8)	X			< 10	<0.023					1	mg/L	lbs			
45B. Pyrene (129-00-0)	X			< 10	<0.023					1	mg/L	lbs			
46B. 1,2,4-Trichlorobenzene (120-82-1)	X			< 10	<0.023					1	mg/L	lbs			
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)				N/R											
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
MD0002399	MP 102

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
	GC/MS FRACTION – PESTICIDES (continued)														
17P. Heptachlor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from item 1 of Form 1)
MD0002399

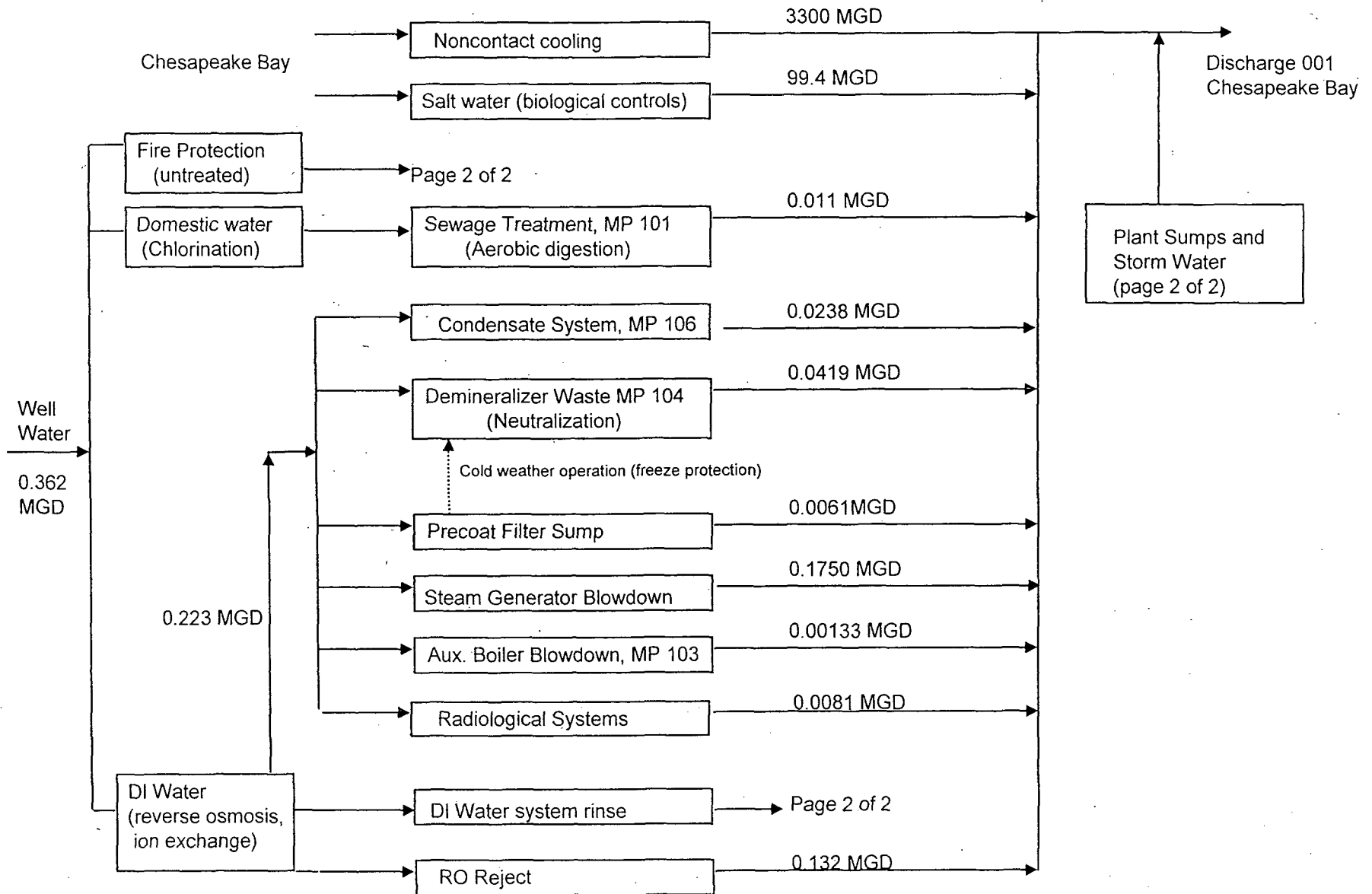
V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. MP 104
--	-----------------------

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	< 2.0	< 0.70					1	mg/l	lbs			
b. Chemical Oxygen Demand (COD)	< 10	< 3.5					1	mg/l	lbs			
c. Total Organic Carbon (TOC)	3.5	1.2					1	mg/l	lbs			
d. Total Suspended Solids (TSS)					2.8	1.0	12	mg/l	lbs			
e. Ammonia (as N)	2.7	0.94					1	mg/l	lbs			
f. Flow	VALUE		VALUE		VALUE 41865		80	gpd		VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE ambient			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE ambient			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM 6.0	MAXIMUM 8.9			90	STANDARD UNITS				

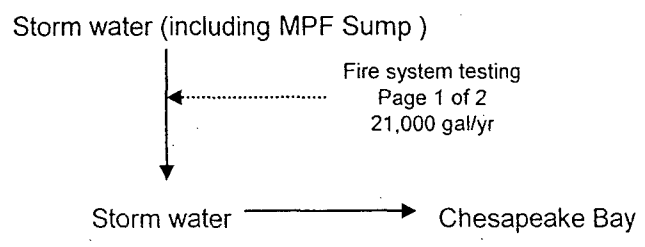
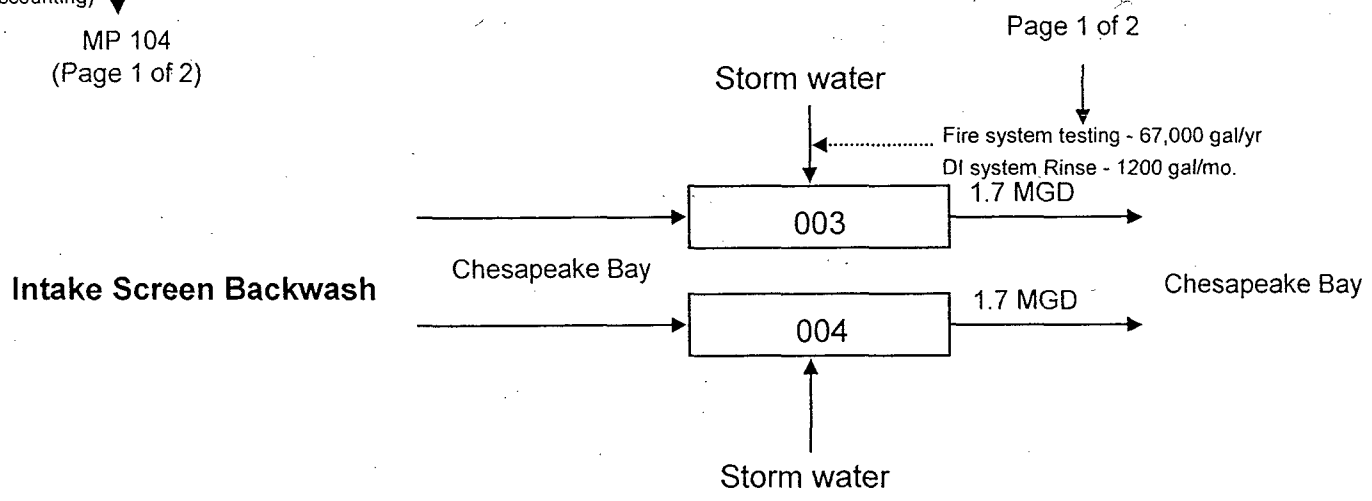
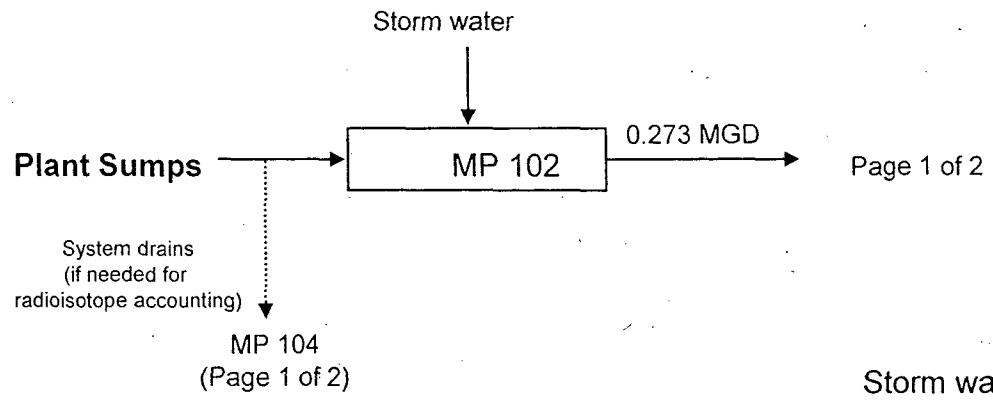
PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (as N)														



..... Temporary line-up

Schematic of Water Flow - Page 1 of 2
 Calvert Cliffs Nuclear Power Plant, Inc.
 Lusby, Maryland BDN 04/28/08



..... Temporary line-up

ENCLOSURE (3)

CERTIFICATE OF WORKER'S COMPENSATION INSURANCE

COVERAGE (1 PAGE)

**Calvert Cliffs Nuclear Power Plant, Inc.
May 29, 2008**

ACORDTM

CERTIFICATE OF INSURANCE

ISSUE DATE

04/23/2008

PRODUCER

Associated Electric & Gas Insurance Services Limited
1 Meadowlands Plaza
East Rutherford, NJ 07073

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

Company A Associated Electric & Gas Ins Svcs Ltd

INSURED

Calvert Cliffs Nuclear Power Plant c/o Constellation Energy Group, Inc.
750 East Pratt Street, 16th Floor
Baltimore, MD 21202

Company B

Company C

Company D

Company E

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
	GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location			EACH OCCURRENCE	\$
				FIRE DAMAGE	\$
				MEDICAL EXPENSE	\$
				PERS. AND ADVERTISING INJURY	\$
				GENERAL AGGREGATE	\$
				PRODUCTS AND COMP. OPER. AGG.	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input type="checkbox"/>			COMBINED SINGLE LIMIT	\$
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE	
				COLLISION	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY			WC Statutory Limit	Other
				EL EACH ACCIDENT	\$
				EL DISEASE (Each employee)	\$
				EL DISEASE (Policy Limit)	\$
	EXCESS LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made			EACH OCCURRENCE	\$
				AGGREGATE	\$
A	EXCESS WC Excess Workers' Compensation	C0208A1A07	11/01/2007 11/01/2008	Each Accident or	\$
				Each Employee for Disease	\$ 1,000,000
				Retention	\$ 200,000
					\$

RE: License application.

CERTIFICATE HOLDER

Maryland Department of the Environment
Water Management Administration
1800 Washington Boulevard
Baltimore, MD 21230

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Authorized Representative

Sandra X. Johnson

ENCLOSURE (4)

GENERAL PERMIT FOR STORM WATER DISCHARGES (4 PAGES)

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd. ● Baltimore Maryland 21230
(410) 537-3000 ● 1-800-633-6101 ● <http://www.mde.state.md.us>

WASTEWATER PERMITS PROGRAM

GENERAL PERMIT FOR STORM WATER DISCHARGES

GENERAL PERMIT NO. 02-SW

Submission of this Notice of Intent (NOI) constitutes notice that the party identified in Section I of this form intends to be authorized by a State/NPDES permit issued for storm water discharges from the facility identified in Section II of this form. Authorization to discharge begins upon notification of acceptance of this NOI by Maryland Department of the Environment (MDE). Complete all sections of this form and mail to MDE, P.O. Box 2057, Baltimore, MD 21203. Phone (410) 537-3634. **The NOI is not complete without fee payment (State and local government exempt), a map, and this form. An original signature is required on page 3.**

SECTION I. FACILITY OPERATOR

Name (Legal name of entity): Calvert Cliffs Nuclear Power Plant, Inc.

Mailing Address: 1650 Calvert Cliffs Parkway

City: Lusby State: MD ZIP: 20657

Contact Person: Douglas R. Bauder Telephone (410) 495-5205

Type of Operator: Private Federal State/local

Federal Tax Identification Number: 52-2217-429

Worker's Compensation Insurance Policy or binder number: CO208A1A07

Insurance Company Associated Electric & Gas Ins. Svcs. Ltd.

If facility was registered under 97SW, enter registration number _____

Is this facility currently covered under other NPDES permits? Yes No

If yes, provide the permit number or registration number for other permits.

02-DP-0187 MD0002399

MARYLAND DEPARTMENT OF THE ENVIRONMENT

SECTION II. FACILITY LOCATION INFORMATION

Facility Name: Calvert Cliffs Nuclear Power Plant, Inc.

Mailing Address: 1650 Calvert Cliffs Parkway

City: Lusby County: Calvert State: MD ZIP: 20657

The approximate center of the facility to the nearest 15 seconds:

Latitude: 38 25 50 Longitude: 76 26 40

Name of Receiving Water(s): Chesapeake Bay

If the discharge is to a municipal separate storm sewer, give the name of the municipal operator of the storm sewer and the ultimate receiving water(s): N/A

*Concurrent submission of a signed copy of the NOI to the above entity is required. Please see the end of this form for mailing addresses.

Estimated area of industrial activity at facility in acres: 300

Give one four-digit SIC code that best represents the principal products or activities provided by the facility: 4911

Written description of industrial activity taking place Nuclear Powered Steam – electric power plant

Is storm water quality data available? Yes No If yes, attach a summary of data.

SECTION III. REQUIRED NOI FEE

Required NOI fee - Check one:

- A. Standard Fee: \$550 single fee payable in advance or annual \$120 payments beginning with the submission of the NOI application and every July 1 thereafter beginning 2003 (total fee of \$600).

Enclosed is the full payment of \$550.

Enclosed is the first payment of \$ 120.

- B. Check if State or local government _____ (no fee).

No fee required per e-mail from John McGillen, May 7, 2008.



MARYLAND DEPARTMENT OF THE ENVIRONMENT

C. Fee for facilities beginning operation after December 2002:

1. Month and year facility began operating: _____

2. Number of months between 12-1-02 and above date: _____

3. Enclosed is

___ Full payment of the prorated fee of \$ _____, calculated as follows (to the nearest dollar):

$$\$550 - [(\$9) \times (\text{no. of months listed above})] = \text{fee.}$$

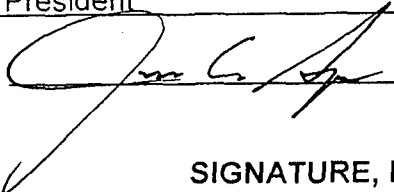
___ First payment of \$120. (Your next annual payment will be prorated by MDE.)

SECTION IV. CERTIFICATION

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.

Print Name: James A. Spina

Title: Vice President

Signature:  Date: 5/27/03

SIGNATURE, FEE, and MAP REQUIRED

For proper credit, do not return application fee without this form completed.

Mail to Maryland Department of the Environment, P.O. Box 2057, Baltimore, MD 21203-2057

For MDE use:

Facility # _____ Receipt # _____ Date _____

PCA 13710 Object 5707 Suffix 406

MARYLAND DEPARTMENT OF THE ENVIRONMENT

Facilities which discharge storm water associated with industrial activity to the municipal separate storm sewer system of the Anne Arundel County, Baltimore City, Baltimore County, Carroll County, Charles County, Frederick County, Harford County, Howard County, Montgomery County, Prince George's County, or the State Highways Administration shall, in addition to filing copies of this NOI, submit, concurrently, signed copies of the NOI to the operator of the municipal separate storm sewer to which they discharge. NOIs shall be submitted to the attention of the "storm water coordinator" at the following addresses.

Anne Arundel County – Richard Olson, Department of Public Works, Bureau of Highways, Infrastructure Management Division, MS#3223, 1 Harry S. Truman Parkway, Annapolis, MD 21401 (410-222-7973)

Baltimore City – William Stack, Water Quality Management, City of Baltimore, 3001 Druid Park Drive, Baltimore, MD 21215 (410-396-0732)

Baltimore County – Steve Stewart, NPDES Storm Water Program, Department of Environmental Protection and Resource Management, 401 Bosley Avenue, Suite 416, Towson, MD 21204 (410887-4488)

Carroll County – Jim Slater, Department of Public Works, 225 North Center Street, Westminster, MD 21157-5194 (410-386-2035)

Charles County – Karen Wigger, Planning & Growth Management, Development Services, Post Office Box 2150, La Plata, MD 20646 (301-645-0683)

Frederick County – Shannon Moore, Department of Public Works, 118 N. Market Street, Frederick, MD 21701 (410-694-1413)

Harford County – Christine Buckley, Bureau of Water Resources Engineering, Department of Public Works, 220 South Main Street, Bel Air, MD 21014 (410-638-3545)

Howard County – Howard Saltzman, Department of Public Works, Stormwater Management Division, 6751 Columbia Gateway Drive #514, Columbia, MD 21046 (410-313-6416)

Montgomery County – Cameron Wiegand, Department of Environmental Protection, Watershed Management Division, 255 Rockville Pike, Suite 120, Rockville, MD 20850 (240-777-7736)

Prince George's County – Larry Coffman, Programs and Planning Division, Department of Environmental Resources, 9400 Peppercorn Place, Sixth Floor, Largo, MD 20774 (301-883-5836)

State Highway Administration – Sonal Sanghavi, Highway Hydraulics Division, Maryland State Highway Administration, 707 North Calvert Street, Baltimore, MD 21202 (410-545-8414)



ENCLOSURE (5)

**WASTEWATER DISCHARGE PERMIT APPLICATION SUPPLEMENT:
INDUSTRIAL WASTEWATER TREATMENT PLANT CLASSIFICATION
(2 PAGES)**

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Blvd. ● Baltimore Maryland 21230
(410) 537-3000 ● 1-800-633-6101 ● http://www.mde.state.md.us

WASTEWATER DISCHARGE PERMIT APPLICATION SUPPLEMENT:
INDUSTRIAL WASTEWATER TREATMENT PLANT CLASSIFICATION

[1] Name of facility: Calvert Cliffs Nuclear Power Plant, Inc.;

[2] Current State Discharge Permit Number (for renewals only): 02-DP-0187;

[3] What is the current classification of your industrial wastewater treatment system? *Please refer to the attached table (Table 1, Classification Of Industrial Wastewater Treatment Plants) and indicate the numeric classification as described in the table:*

CLASSIFICATION: 1;

[4] What type of treatment system, as referenced in Table 1, best describes your wastewater treatment system?

TYPE OF TREATMENT SYSTEM: pH Control;

[5] If your industrial wastewater operator or superintendent is certified, what is the classification? (See the certified operator's certificate).

OPERATOR CERTIFICATION: Industrial Waste Water – Class 1;

OR, If you believe that your process is one of the exempted facilities, see the attached table (Table 2, Facilities Not Required To Have Certified Operators), please check the following box:

Certified Operator Not Needed

INDUSTRIAL WASTE WATER TREATMENT PLANT CLASSIFICATION

Table 1

CLASSIFICATION OF INDUSTRIAL WASTEWATER TREATMENT PLANTS

Class of Plants	Type of Treatment Systems	Typical Processes Included in the System
1	Basic Treatment	Petroleum base oil separators, liquid cooling and pH control.
2	Physical Treatment	Sedimentation, screening, pH control and solids removal.
3	Land Treatment	Primary treatment, sedimentation, solids removal, pumping and land treatment.
4	Biological Lagoons	Aerobic or anaerobic waste stabilization lagoons, disinfection and chemical addition.
5	Activated Sludge	Primary treatment, sedimentation, activated sludge and sludge handling.
6	Physical Chemical Treatment	Reduction of chemical and toxic substances including but not limited to cyanide and chromium, acid-alkali neutralization, coagulation and flocculation.
7	Site Specific	Plants not covered under the first six types of treatment yet covered under these regulations.

Table 2

FACILITIES NOT REQUIRED TO HAVE CERTIFIED OPERATORS

Note: Generally speaking, the following categories of facilities are not required by the Code of Maryland Regulations (COMAR) to have certified operators:

- Petroleum storage and distribution facilities
- Seafood processors
- Vehicle washing facilities
- Vehicle maintenance facilities
- Sand and gravel facilities
- Stone quarries
- Industries de-chlorinating supply water as their only treatment
- Industries discharging only storm water runoff
- Industries performing tank or pipe hydrostatic testing

