SECTION 1: FACILITY DESCRIPTION AND CONTACT INFORMATION

1.1 Facility Information

| Facility Information | | |
|--|-------------------------------------|--------------------------|
| Name of Facility: Maryland City Water Reclamation Facility | | |
| Street: 462 Brock Bridge Rd | | |
| City: Laurel | State: MD | ZIP Code: 20724 |
| County: Anne Arundel County | Pull- | |
| Permit Registration Number: 02SW0761 | (if covered under a previous permit | |
| | | |
| Latitude/Longitude (Use decimal format) | | |
| Latitude: L | Longitude: | |
| 1. <u>39.0828</u> ° N (decimal) | 1. 76.8264 ° W (decimal) | |
| Estimated area of industrial activity at site exposed to stormy | vater: 13.71 | (acres) |
| are an area and area area area area area area area are | 10.71 | (40/63) |
| Primary SIC Code or 2-letter Activity Code: TW, 4952 | | |
| (refer to Appendix A of the 12-SW) | | |
| Identify your applicable sector and subsector: Sector T: Trea | atment Works | |
| | TO THE | |
| Name and 8 digit identifier of the receiving water body: Pat | uxent River upper, 02 | 131104 |
| Are any of your discharges directly into any segment of an "ir | |] Yes |
| | | |
| If Yes, identify name of the impaired water (and segment, if a | | |
| Identify the pollutant(s) causing the impairment: Sedimer | | |
| For pollutants identified, which do you have reason to bel | ieve will be present in | your discharge? |
| Stormwater discharge may contain nutrients and suspended | sediment. | |
| For pollutants identified, which have a completed TMDL? Coli (E. Coli) | Total Suspended So | olids (TSS), Escherichia |
| Do you discharge into a high quality receiving water designate | ed as a Tier 2 water? | ☐ Yes ☐ No |