



# Turbidity Monitoring Report Form

		<b>Maryland Department of the Environment</b>	
		Turbidity Monitoring Report Form for Dewatering Discharges to Tier II and Sediment Impaired Waters Under the 20CP NPDES Construction General Permit	
<b>SECTION I. PERMIT INFORMATION</b>			
Permit	NPDES ID <b>20CPIF0BK / MDRCIF0BK - P190 Advanced Energetics Research Complex</b>		
	Does this report fulfill turbidity monitoring report obligations of other operators that are covered under this permit for the same project site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, provide the NPDES ID number(s) for all other such operators at the same project site: _____		
<b>SECTION II. OPERATOR INFORMATION</b>			
Operator Information	Operator Name		
	<b>John C. Grimberg Co.</b>		
	Mailing Address		
	Street		
	<b>3200 Tower Oaks Blvd. Suite 300</b>		
	City	State	ZIP Code
	<b>Rockville</b>	<b>Maryland</b>	<b>20852</b>
County or Similar Government Division:			
<b>Montgomery County</b>			
Phone Number		Email Address	
<b>301-881-5120</b>		<b>grees@grimberg.com</b>	
Preparer	Complete if form was prepared by someone other than the certifier:		
	First Name	Middle Initial	Last Name
	Organization		
	Phone Number	Email Address	
<b>SECTION III. SITE INFORMATION</b>			
Site Address	Site Name		
	<b>P190 Advanced Energetics Research Complex</b>		
Site Address	Street/Location		
	<b>Latitude 3.39d 34' 1.67" N (deg, min, sec)</b>		
	<b>Longitude 3. 77d 12' 24.11 W (deg, min, sec)</b>		
	City	State	ZIP Code
	<b>Indian Head</b>	<b>Maryland</b>	<b>20640</b>
County or Similar Government Division:			
<b>Charles County</b>			
<b>SECTION IV. MONITORING QUARTER</b>			
Monitoring Quarter	<input type="checkbox"/> Quarter 1 (January 1 – March 31) <input type="checkbox"/> Quarter 3 (July 1 – September 30)		
	<input checked="" type="checkbox"/> Quarter 2 (April 1 – June 30) <input type="checkbox"/> Quarter 4 (October 1 – December 31)		
<b>SECTION V. TURBIDITY MONITORING DATA</b>			

<b>Turbidity Monitoring</b>	Discharge Point Description/ Name: <b>N/A</b>				
	Was dewatering water discharged during the monitoring quarter? <input type="checkbox"/> Yes (Enter the data below) <input checked="" type="checkbox"/> No (Skip to Section VII)				
	Specific Week within Monitoring Quarter	Daily Maximum (NTU) <sup>1</sup>	Benchmark Threshold (NTU)	Notes	Average exceeds Benchmark? <sup>2</sup>
	Week 1		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 2		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 3		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 4		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 5		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 6		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 7		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 8		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 9		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 10		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 11		150		<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 12		150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 13		150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 14		150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<sup>1</sup> Report to the nearest whole number. Enter "N/A" if no dewatering discharge occurred during any particular week. <sup>2</sup> If "Yes," the operator must conduct follow-up corrective action pursuant to Part III.D.2. and document any corrective action taken in the corrective action log in accordance with Part III.D.4.					

**VI. CERTIFICATION INFORMATION**

<b>Certification Information</b>	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 gathered and evaluated 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.		
	First Name	Middle Initial	Last Name
	<b>Gregg</b>	<b>J</b>	<b>Rees</b>
	Title		
	<b>Superintendent</b>		
Signature	Date (MM/DD/YYYY)		
	<b>09 / 19 / 2024</b>		
Phone Number	Email Address		
<b>240-204-1271</b>	<b>grees@grimberg.com</b>		