



Maryland Department of the Environment

Turbidity Monitoring Report Form for Dewatering Discharges to Tier II and Sediment Impaired Waters Under the 20CP NPDES Construction General Permit

SECTION I. PERMIT INFORMATION

Permit	NPDES ID	
	Does this report fulfill turbidity monitoring report obligations of other operators that are covered under this permit for the same project site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide the NPDES ID number(s) for all other such operators at the same project site:	<u>RPC028645</u>

SECTION II. OPERATOR INFORMATION

Operator Information	Operator Name		
	<u>Scott Shinskie</u>		
	Mailing Address		
	Street		
	<u>7960 Milestone Crossing</u>		
	City	State	ZIP Code
<u>Jessup</u>	<u>MD</u>	<u>20794</u>	
County or Similar Government Division:			
<u>Anne Arundel</u>			
Phone Number	Email Address		
<u>240-876-9180</u>	<u>SShinskie@Varsity.com</u>		
Complete if form was prepared by someone other than the certifier:			
First Name	Middle Initial	Last Name	
<u>Javier</u>		<u>Lopez</u>	
Organization			
<u>CBG</u>			
Phone Number	Email Address		
<u>240-691-6883</u>	<u>Javier.Lopez@CBGBC.com</u>		

SECTION III. SITE INFORMATION

Site Address	Site Name		
	<u>Milestone Crossing</u>		
Site Address	Street/Location		
	<u>7960 Milestone Pkwy</u>		
	City	State	ZIP Code
	<u>Jessup</u>	<u>MD</u>	<u>20794</u>
County or Similar Government Division:			
<u>Anne Arundel</u>			

SECTION IV. MONITORING QUARTER

Monitoring Quarter	Identify monitoring quarter (select only one):	<input type="checkbox"/> Quarter 1 (January 1 – March 31)	<input checked="" type="checkbox"/> Quarter 3 (July 1 – September 30)
		<input type="checkbox"/> Quarter 2 (April 1 – June 30)	<input type="checkbox"/> Quarter 4 (October 1 – December 31)

SECTION V. TURBIDITY MONITORING DATA

Turbidity Monitoring	Discharge Point Description/ Name:				
	Was dewatering water discharged during the monitoring quarter? <input type="checkbox"/> Yes (Enter the data below) <input type="checkbox"/> No (Skip to Section VII)				
	Specific Week within Monitoring Quarter	Daily Maximum (NTU) ¹	Benchmark Threshold (NTU)	Notes	Average exceeds Benchmark? ²
	Week 1	N/A	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	19.37		150	Trap # 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Week 14		150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
¹ Report to the nearest whole number. Enter "N/A" if no dewatering discharge occurred during any particular week. ² 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

Certification Information	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
	Javier Lopez		
	Title		
	Assist Superintendent		
Signature		Date (MM/DD/YYYY)	
Javier Lopez		09/25/25	
Phone Number	Email Address		
240-691-6883	Javier.Lopez@CBGBC.com		

Turbidity Monitoring Report Form



Maryland Department of the Environment

Turbidity Monitoring Report Form for Dewatering Discharges to Tier II and Sediment Impaired Waters Under the 20CP NPDES Construction General Permit

SECTION I. PERMIT INFORMATION

Permit	NPDES ID
	Does this report fulfill turbidity monitoring report obligations of other operators that are covered under this permit for the same project site? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the NPDES ID number(s) for all other such operators at the same project site: <u>RPC028645</u>

SECTION II. OPERATOR INFORMATION

Operator Information	Operator Name <u>Scott Shinskie</u>		
	Mailing Address		
	Street <u>7960 Milestone Rkwy</u>		
	City <u>Jessup</u>	State <u>MD</u>	ZIP Code <u>20794</u>
	County or Similar Government Division: <u>Anne Arundel</u>		
	Phone Number <u>240-876-9180</u>	Email Address <u>Sshinskie@Varsity.com</u>	
Preparer	Complete if form was prepared by someone other than the certifier:		
	First Name <u>Javier</u>	Middle Initial	Last Name <u>Lopez</u>
	Organization <u>CBG</u>		
	Phone Number <u>240-691-6883</u>	Email Address <u>Javier.Lopez@CBG BC.COM</u>	

SECTION III. SITE INFORMATION

Site Address	Site Name <u>Mileston Crossing</u>		
	Street/Location <u>7960 Milestone Rkwy</u>		
Site Address	City <u>Jessup</u>	State <u>MD</u>	ZIP Code <u>20794</u>
	County or Similar Government Division: <u>Anne Arundel</u>		

SECTION IV. MONITORING QUARTER

Monitoring Quarter	Identify monitoring quarter (select only one): <input type="checkbox"/> Quarter 1 (January 1 – March 31)	<input checked="" type="checkbox"/> Quarter 3 (July 1 – September 30)
	<input type="checkbox"/> Quarter 2 (April 1 – June 30)	<input type="checkbox"/> Quarter 4 (October 1 – December 31)

SECTION V. TURBIDITY MONITORING DATA

Turbidity Monitoring	Discharge Point Description/ Name:				
	Was dewatering water discharged during the monitoring quarter? <input type="checkbox"/> Yes (Enter the data below) <input type="checkbox"/> No (Skip to Section VII)				
	Specific Week within Monitoring Quarter	Daily Maximum (NTU) ¹	Benchmark Threshold (NTU)	Notes	Average exceeds Benchmark? ²
	Week 1	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 2	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 3	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 4	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 5	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 6	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 7	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 8	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 9	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 10	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Week 11	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 12	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 13	N/A	150		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 14	18.78	150	Trap # 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
¹ Report to the nearest whole number. Enter "N/A" if no dewatering discharge occurred during any particular week.					
² 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

Certification Information	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
	Javier			Lopez
	Title			
	Asst Superintendent			
Signature			Date (MM/DD/YYYY)	
Javier Lopez			09/26/25	
Phone Number		Email Address		
240-691-6883		Javier.Lopez@CB6BC.com		

General Instructions

Who Must Submit A Turbidity Monitoring Report to MDE?

Sites covered under the Construction General Permit (20CP) that are required to monitor pursuant to Part III.B.4 of the permit must submit Turbidity Monitoring Reports consistent with the reporting requirements specified in Part III.B.4.d of the permit.

When Must I Submit A Turbidity Monitoring Report to MDE?

You must submit your report to MDE no later than 28 days following the end of each monitoring quarter. Submit a form for every quarter the site is active.

Monitoring Quarter #	Months	Reporting Deadline
1	January 1 – March 31	April 28
2	April 1 – June 30	July 28
3	July 1 – September 30	October 28
4	October 1 – December 31	January 28

Completing the Form

Obtain and read a copy of the 20CP, viewable at <https://mdewwp.page.link/CGP>. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please submit the original document with signature in ink - do not send a photocopied signature. **Photocopy your form for your records before you send the completed original form to the appropriate address.**

Section I. Permit Information

Provide the NPDES ID (i.e., NOI tracking number starting with "MDRC") assigned to the site for which this form is being submitted. Submit the form only for sites discharging dewatering water to a sediment-impaired water or a water designated as a Tier II water.

Indicate whether this report fulfills turbidity monitoring report obligations of other operators that are covered under this permit for the same project site. If the answer is yes, provide all relevant NPDES ID numbers.

Section II. Operator Information

Provide the legal name of the person, firm, public organization, or any other entity that is considered the operator of the site. See Part I.B.1 and Appendix A for the definition of "operator." Provide the operator's mailing address, phone number, and e-mail. The operator information in this Section should match the operator information provided on your NOI form.

If this form was prepared by someone other than the certifier, include the name, organization, phone number, and email address of the person who prepared this form.

Section III. Site Information

Enter the official or legal name and complete street address, including city, State, ZIP code, and county or similar government subdivision of the site. If the site lacks a street address, indicate the general location (e.g., Intersection of State Highways 61 and 34). The site information in this Section should match the site information provided on your NOI form.

Section IV. Monitoring Quarter

Indicate the appropriate monitoring quarter (Quarter 1, 2, 3, or 4).

Months	Monitoring Quarter
January 1 – March 31	1
April 1 – June 30	2
July 1 – September 30	3
October 1 – December 31	4

Section V. Turbidity Monitoring Data

Provide the discharge point description/name if you are discharging dewatering water from more than one point at the site. If you are discharging from only one point at the site, leave the spaces blank.

Submit Section V data for each dewatering discharge point. For example, if you are discharging dewatering water from two points at the site, then submit two Section Vs (one for each discharge point).

Indicate whether dewatering occurred during the monitoring quarter. If "Yes" enter the data in the data table. If "No" skip to Section VI.

For reporting purposes, a monitoring week starts with a Monday and ends on Sunday. A numerical value is assigned for each week, which is called a Week Number (e.g., 1, 2, 3 etc.).

Next, determine the daily maximum turbidity value for the corresponding monitoring week. The report has a notes field to indicate if multiple days caused an exceedance.

Enter the daily maximum turbidity values for the corresponding week into the table. Enter "N/A" into the table for the turbidity weekly average if no dewatering discharge occurred during the week.

The benchmark threshold for turbidity for this permit is 150 NTUs.

For each week with a value for the daily maximum that exceeds the benchmark, select "Yes" or "No" in the table to indicate whether the weekly average value exceeds the 150 NTU benchmark or the alternate turbidity benchmark (whichever is applicable). If "Yes", the operator must conduct follow-up corrective action pursuant to Part III.D.5 and document any corrective action taken in the corrective action log in accordance with Part III.D.3.

Section VI. Certification Information

Forms must be signed by a person described in Part II.A.8, or by a duly authorized representative of that person.

An unsigned or undated form will be considered incomplete.

Revisions to a Submitted Form

If you have previously submitted a form with an error, submit a revised form with the correct information. After discovering the error, submit the revised form as soon as possible. Make a notation on the revised form where the correction was made.

Appendix D 20CP : Turbidity Monitoring Report Form and Instructions

Part III.B.4.d.iii requires you to use the MDE eReporting system, or "egov.maryland.gov/mde/npdes/Account/Login" system, to submit your report electronically. To be compliance you must complete and submit the following form.