



**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**

|   |   |  |
|---|---|--|
| <b>Permit</b>   | NPDES ID<br>MDRCB06Y6 <input type="text"/>  |  |
|   | 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: _____ |   |  |

**SECTION II. OPERATOR INFORMATION**

|                             |  |                                       |                       |
|-----------------------------|--|---------------------------------------|-----------------------|
| <b>Operator Information</b> | Operator Name<br>Reliable Real Estate Services, LLC                |                                       |                       |
|                             | Mailing Address  |                                       |                       |
|                             | Street<br>2410 Evergreen Road, Suite 200                           |                                       |                       |
|                             | City<br>Gambrills  | State<br>MD                           | ZIP Code<br>21054     |
|                             | County or Similar Government Division:<br>Anne Arundel             |                                       |                       |
| <b>Preparer</b>             | Complete if form was prepared by someone other than the certifier: |                                       |                       |
|                             | First Name<br>Kenneth  | Middle Initial<br>P.                  | Last Name<br>Williams |
|                             | Organization<br>Environmental Quality Resources, LLC               |                                       |                       |
|                             | Phone Number<br>301-370-6798                                       | Email Address<br>kwilliams@eqrllc.com |                       |

**SECTION III. SITE INFORMATION**

|                     |   |             |                   |
|---------------------|---|-------------|-------------------|
| <b>Site Address</b> | Site Name<br>Gambrills Gateway  |             |                   |
|                     | Street/Location<br>844, 846, & 848 Crain Highway On the right side of Southbound Rt. 3 at the intersection with St. Stephens Church Road. |             |                   |
| <b>Site Address</b> | City<br>Gambrills   | State<br>MD | ZIP Code<br>21054 |
|                     | County or Similar Government Division:<br>Anne Arundel  |             |                   |

**SECTION IV. MONITORING QUARTER**

|                           |  |                                     |  |
|---------------------------|--|-------------------------------------|--|
| <b>Monitoring Quarter</b> | Identify monitoring quarter (select only one):   |                                     |  |
|                           | <input checked="" type="checkbox"/> Quarter 1 (January 1 – March 31)<br><input type="checkbox"/> Quarter 2 (April 1 – June 30)<br><input type="checkbox"/> Quarter 3 (July 1 – September 30)<br><input type="checkbox"/> Quarter 4 (October 1 – December 31) | <input type="text" value="2024-1"/> |  |

**SECTION V. TURBIDITY MONITORING DATA**



MDRCB06Y6

| Discharge Point Description/ Name:   |   |                     |                           |       |                            |                                     |                                     |
|--|---|---------------------|---------------------------|-------|----------------------------|-------------------------------------|-------------------------------------|
| Was dewatering water discharged during the monitoring quarter?      Yes (Enter the data below) <input checked="" type="checkbox"/> No (Skip to Section VII)  |   |                     |                           |       |                            |                                     |                                     |
| Turbidity Monitoring   | Specific Week within Monitoring Quarter ▲ | Daily Maximum (NTU) | Benchmark Threshold (NTU) | Notes | Average Exceeds Benchmark? |                                     |                                     |
|  |   |                     |                           |       | Yes                        | No                                  | None                                |
|  | Week 01-1/6/2024                          |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 02-1/13/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 03-1/20/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 04-1/27/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 05-2/3/2024                          |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 06-2/10/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 07-2/17/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 08-2/24/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 09-3/2/2024                          |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 10-3/9/2024                          |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 11-3/16/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 12-3/23/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
|  | Week 13-3/30/2024                         |                     |                           |       |                            |                                     | <input checked="" type="checkbox"/> |
| Week 14-4/6/2024   |   |                     |                           |       |                            | <input checked="" type="checkbox"/> |                                     |
| <p><sup>1</sup> Report to the nearest whole number. Enter "N/A" if no dewatering discharge occurred during any particular week.</p> <p><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.</p> |   |                     |                           |       |                            |                                     |                                     |

**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<br><b>John</b>  | Middle Initial                                       | Last Name<br><b>Dixon</b> |
|                           | Title  |  |                           |
|                           | Signature  |  | Date (MM/DD/YYYY)         |
|                           | Phone Number<br><b>410-215-9105</b>  | Email Address<br><b>jdixon@reliablecompanies.net</b> |                           |