

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 MDRCCS16K		
	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 No		
If yes, provide the NPDES ID number(s) for all other such operators at the same project site: _____			
SECTION II. OPERATOR INFORMATION			
Operator Information	Operator Name		
	MDOT SHA		
	Mailing Address		
	Street		
	320 West Warren Rd		
	City	State	ZIP Code
Hunt Valley	MD	21030	
County or Similar Government Division:			
SHA D4 Construction			
Phone Number	Email Address		
410-229-2424	District4construction@mdot.maryland.gov		
Preparer	Complete if form was prepared by someone other than the certifier:		
	First Name	Middle Initial	Last Name
	Desalghn		Fikremariam
	Organization		
MDOT SHA District 4 Construction			
Phone Number	Email Address		
443-717-0077	dfikremariam@mdot.maryland.gov		
SECTION III. SITE INFORMATION			
Site Address	Site Name		
	Water Main Replacement York Rd, Roundabout to Newell ave. Towson, MD 21204		
Site Address	Street/Location		
	York Rd, Towson, MD 21204		
	City	State	ZIP Code
	Towson	MD	21204
County or Similar Government Division:			
Baltimore County			
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 checked="" 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	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 2	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 3	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 4	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 5	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 6	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 7	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 8	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 9	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 10	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Week 11	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Week 12	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Week 13	None	150		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Week 14	None	150		<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	Desalghn	Middle Initial	Last Name
				Fikremariam
	Title	Project Engineer		
	Signature			Date (MM/DD/YYYY)
			10-22-2025	
Phone Number	443-717-0077	Email Address	dfikremariam@mdot.maryland.gov	