


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 <input 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				
Operator Information	Operator Name MDOT SHA			
	Mailing Address			
	Street 320 West Warren Rd			
	City Hunt Valley	State MD	ZIP Code 21030	
	County or Similar Government Division: SHA D4 Construction			
	Phone Number 410-229-2424	Email Address District4construction@mdot.maryland.gov		
Preparer	Complete if form was prepared by someone other than the certifier:			
	First Name Desalghn	Middle Initial	Last Name Fikremariam	
	Organization MDOT SHA District 4 Construction			
	Phone Number 443-717-0077	Email Address dfikremariam@mdot.maryland.gov		
SECTION III. SITE INFORMATION				
Site Address	Site Name Water Main Replacement York Rd, Roundabout to Newell ave. Towson, MD 21204			
	Street/Location York Rd, Towson, MD 21204			
	City Towson	State MD	ZIP Code 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	