AppendixD20CP:TurbidityMonitoringReportFormandInstructions

PartIII.B.4.d.iiirequiresyoutousetheMDEeReportingsystem,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.

MarylandDepartmentoftheEnvironment

TurbidityMonitoringReportFormforDewateringDischargestoTierIIandSediment ImpairedWatersUnderthe20CPNPDESConstructionGeneralPermit

SECTIONI.PERMITINFORMATION

Permit

NPDESId

MDRCCS16K

Doesthisreportfulfillturbiditymonitoringreportobligationsofotheroperatorsthatarecoveredunderthispermit for the same project site? ☒Yes No

Ifyes,providetheNPDESIDnumber(s)forallothersuchoperatorsatthesameprojectsite: _____

SECTIONII.OPERATORINFORMATION

OperatorInformation

OperatorName

MDOT SHA

MailingAddress

Street

320 West Warren Rd

City	State	ZIPCode
Hunt Valley	MD	21030

CountyorSimilarGovernmentDivision:

SHA D4 Construction

PhoneNumber	EmailAddress
410-229-2424	District4construction@mdot.maryland.gov

Preparer

Completeifformwaspreparedbysomeoneotherthanthecertifier:

FirstName	MiddleInitial	LastName
Desalghn		Fikremariam

Organization

MDOT SHA District 4 Construction

PhoneNumber	EmailAddress
443-717-0077	dfikremariam@mdot.maryland.gov

SECTIONIII.SITEINFORMATION

SiteAddress

SiteName

Water Main Replacement York Rd, Roundabout to Newell ave. Towson, MD 21204

Site Address

Street/Location

York Rd, Towson, MD 21204

City	State	ZIPCode
Towson	MD	21204

CountyorSimilarGovernmentDivision:

Baltimore County

SECTIONIV.MONITORINGQUARTER

Monitoring Quarter

Identifymonitoringquarter (select only one):

☐Quarter1(January1–March31)

☐Quarter2(April1–June30)

☐Quarter3(July1–September30)

☒Quarter4(October1–December31)

SECTIONV.TURBIDITYMONITORINGDATA

Turbidity Monitoring

DischargePointDescription/Name:

Wasdewateringwaterdischargedduringthemonitoringquarter? ☐Yes(Enterthedatabelow) ☒No(SkiptoSectionVII)

SpecificWeekwithin MonitoringQuarter	DailyMaximum(NTU)[1]	BenchmarkThreshold (NTU)	Notes	AverageexceedsBenchmark?[2]
Week1	None	150		☐Yes ☒No
Week2	None	150		☐Yes ☒No
Week3	None	150		☐Yes ☒No
Week4	None	150		☐Yes ☒No
Week5	None	150		☐Yes ☒No
Week6	None	150		☐Yes ☒No
Week7	None	150		☐Yes ☒No
Week8	None	150		☐Yes ☒No
Week9	None	150		☐Yes ☒No
Week10	None	150		☐Yes ☒No
Week11	None	150		☐Yes ☒No
Week12	None	150		☐Yes ☒No
Week13	None	150		☐Yes ☒No
Week14	None	150		☐Yes ☒No

[1]Reporttothenearestwholenumber.Enter"N/A"ifnodewateringdischargeoccurredduringanyparticularweek.

[2] If"Yes,"theoperator mustconduct follow-upcorrectiveactionpursuanttoPartIII.D.2.anddocumentanycorrectiveactiontakenin the correctiveactionloginaccordancewithPartIII.D.4.

VI.CERTIFICATIONINFORMATION

CertificationInformation

Icertifyunderpenaltyoflawthatthisdocumentandallattachmentswerepreparedundermydirectionorsupervisioninaccordancewitha systemdesignedtoassurethatqualifiedpersonnelproperlygatheredandevaluatedtheinformationsubmitted.Basedonmyinquiryofthe personorpersonswhomanagethesystem,orthosepersonsdirectlyresponsibleforgatheringtheinformation,theinformationsubmittedis,to thebestofmyknowledgeandbelief,true,accurate,andcomplete.Iamawarethattherearesignificantpenaltiesforsubmittingfalse information,includingthepossibilityoffineandimprisonmentforknowingviolations.

FirstName	MiddleInitial	LastName
Desalghn		Fikremariam

Title: Project Engineer

Signature:

Date(MM/DD/YYYY): 1-08-2026

PhoneNumber: 443-717-0077

EmailAddress: dfikremariam@mdot.maryland.gov

General Instructions

WhoMustSubmitATurbidityMonitoringReporttoMDE?

SitescoveredundertheConstructionGeneralPermit(20CP) thatarerequiredtomonitorpursuanttoPartIII.B.4ofthe permitmust submitTurbidityMonitoringReports consistent withthereportingrequirementsspecifiedinPart III.B.4.ofthepermit.

WhenMustISubmitATurbidityMonitoringReporttoMDE?

YoumustsubmityourreporttoMDEnolaterthan28days followingtheendofeachmonitoringquarter.Submitaformfor everyquarterthesiteisactive.

Monitoring Quarter#	Months	Reporting Deadline
1	January1–March31	April28
2	April1–June30	July28
3	July1–September30	October28
4	October1–December31	January28

CompletingtheForm

Obtainandreadacopyofthe20CP,viewableat https://mdewwp.page.link/CGP.Tocomplete thisform,type orprint,usinguppercaseletters,intheappropriateareasonly. Pleasesubmittheoriginaldocumentwithsignatureinink-do notsendaphotocopiedsignature.**Photocopyyourformfor your records beforeyousendthe completed originalformto theappropriateaddress.**

SectionI.PermitInformation

ProvidetheNPDESID(i.e.,NOItrackingnumberstartingwith "MDRC") assigned to the site for which this form is being submitted. Submitthe form only for sites discharging dewatering watertoasediment-impairedwaterorawaterdesignatedas a Tier II water.

Indicatewhetherthisreportfulfillsturbiditymonitoringreport obligations of other operators that are covered under this permitforthesame projectsite. Iftheanswerisyes,provide all relevantNPDESIDnumbers.

SectionII.OperatorInformation

Providethelegalnameoftheperson,firm,publicorganization, oranyotherentitythatisconsideredtheoperatorofthesite. SeePartI.B.1andAppendixAforthedefinitionof"operator." Providetheoperator'smailingaddress,phonenumber,ande-mail.TheoperatorinformationinthisSectionshouldmatchthe operatorinformationprovidedonyourNOIform.

Ifthisformwaspreparedbysomeoneotherthanthecertifier, include the name, organization, phone number, and email addressofthepersonwhopreparedthisform.

SectionIII.SiteInformation

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 informationprovidedonyourNOIform.

SectionIV.MonitoringQuarter

Indicatetheappropriatemonitoringquarter(Quarter1,2,3,or 4).

Months	MonitoringQuarter
January1–March31	1
April1 –June30	2
July1–September30	3
October1–December31	4

SectionV.TurbidityMonitoringData

Provide the discharge point description/name if you are dischargingdewateringwaterfrommorethanonepointatthe site.Ifyouare dischargingfromonlyonepointatthe site,leave the spaces blank.

SubmitSectionVdataforeachdewateringdischargepoint.For example, if you are discharging dewatering water from two pointsatthe site, thensubmittwoSection Vs(one foreach dischargepoint).

Indicatewhetherdewateringoccurredduringthemonitoring quarter.If"Yes"enterthedatainthedatatable.If"No"skipto SectionVI.

For reportingpurposes,amonitoringweekstartswith a Monday andendsonSunday.Anumericalvalueisassignedforeach week,whichiscalledaWeekNumber(e.g.,1,2,3etc.).

Next, determine the daily maximum turbidity value for the correspondingmonitoringweek.Thereporthasanotesfieldto indicate if multiple days caused an exceedance.

Enterthe daily maximum turbidityvalues for thecorrespondingweek intothe table. Enter"N/A" intothe table for the turbidity weekly average if no dewatering discharge occurred during the week.

Thebenchmarkthresholdforturbidityforthispermitis150NTUs.

Foreachweekwithavalueforthedailymaximumthatexceedsthe benchmark,select"Yes"or"No"inthetabletoindicatewhetherthe weekly average value exceeds the 150 NTU benchmark or the alternateturbiditybenchmark(whicheverisapplicable).If"Yes",the operatormustconductfollow-upcorrectiveactionpursuant toPart III.D.5anddocumentanycorrectiveactiontakeninthecorrective actionloginaccordancewithPartIII.D.3.

SectionVI.CertificationInformation

FormsmustbesignedbyapersondescribedinPartII.A.8,orbya dulyauthorizedrepresentativeofthatperson.

Anunsignedorundatedformwillbeconsideredincomplete.

RevisionstoaSubmittedForm

If you have previously submitted a formwith an error, submit arevised formwiththecorrectinformation.Afterdiscoveringtheerror,submit therevisedformassoonaspossible.Makeanotationontherevised formwherethecorrectionwasmade.