

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 MDRCP09F3
	Does this report fulfill turbidity monitoring report obligations of other operators that are covered under this permit for the same project site? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 D&F Construction, Inc,		
	Mailing Address		
	Street 4017 Penn-Belt Place		
	City Forestville	State MD	ZIP Code 20747
	County or Similar Government Division: Prince George's		
	Phone Number 301-516-8460	Email Address cmundo@dfcci.net	
Preparer	Complete if form was prepared by someone other than the certifier:		
	First Name	Middle Initial	Last Name
	Organization		
	Phone Number	Email Address	

SECTION III. SITE INFORMATION

Site Address	Site Name Dumont Oaks Pond Dredging		
	Street/Location 733 Symphony Woods Dr off Oak Leaf Drive (Entrance)		
Site Address	City Silver Spring	State MD	ZIP Code 20901
	County or Similar Government Division: Montgomery		

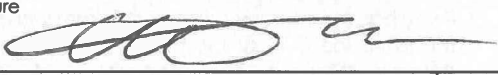
SECTION IV. MONITORING QUARTER

Monitoring Quarter	Identify monitoring quarter (select only one):	<input type="checkbox"/> Quarter 1 (January 1 – March 31)	<input type="checkbox"/> Quarter 3 (July 1 – September 30)
		<input type="checkbox"/> Quarter 2 (April 1 – June 30)	<input checked="" 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? 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	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	N/A	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	
	Cristian	J	MUNDO	
	Title			
	SUPERINTENDENT			
Signature			Date (MM/DD/YYYY)	
			1/22/2026	
Phone Number		Email Address		
240-484-3937		CMUNDO@DFCCI.NET		