Nutrient Reduction Progress Report (Permit Condition Part III.A.3.b)

SECTION I: Facility Information

(A) Facility Name and Address:
[FORMTEXT]

[FORMTEXT] ***Total facility size (acres)***

(B) Registration Number:

20-SR- ***[FORMTEXT]***

(C) Baseline information about facility (as of January 1, 2006 or later)

[FORMTEXT][FORMTEXT] Total impervious surface area (square feet)
[FORMTEXT][FORMTEXT] Untreated impervious surface area (square feet)
[FORMTEXT][FORMTEXT] Impervious surface area subject to 20% restoration requirement (acres)

(D) Control Measures Selected **Planned completion date** ***[FORMTEXT]***

[FORMTEXT] Restored Impervious Surfaces (acres)
[FORMTEXT] Accounting Guidance Practices (acres)
[FORMTEXT] Sediment and Erosion Control (TN lbs/year)
[FORMTEXT] Reduced fertilizer (TN lbs/year)
[FORMTEXT] Reduced nitrogen to achieve benchmarks (TN lbs/year)
[FORMTEXT] Reallocated TN load (TN lbs/year)
[FORMTEXT] Were any of these control measures planned or completed off-site? (Yes

Brief Description of Restoration or other equivalent measures:
[FORMTEXT]

SECTION II: Certification

"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 gather and evaluate 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."

Signature	***Date***
Signatory Name/Title: Typed or Printed	***Email Address or Phone Number***
[FORMTEXT]	***[FORMTEXT]***

SECTION I: Owner/Operator Information

(A) Provide the name, address and size (in acres) of the facility covered under the registration. This should match the information submitted in the NOI or reflect any changes in property size.

(B) Provide the registration number provided by the Department for your coverage under this permit. This number will start with 20SR, and end with 4 numbers (i.e. 20SR1234).

(C) This part provides the baseline data for requirements related to impervious surfaces.

Total impervious surface area in square feet is determined in Part III.A.2.a of the permit.

Untreated impervious surface area in square feet is determined in Part III.A.2.d of the permit.

Impervious surface area subject to 20% restoration requirement in acres is determined in Part III.A.2.e of the permit.

(D) This part provides the update on your restoration activities consistent with Part III.A.1.c or Part III.A.1.d.

- The planned completion date is based on your current best estimate of the restoration requirements of this permit. If all the work is complete, simply use the date of completion.
- The practices listed are the options provided in the permit. Simply indicate here the amount of work under each control measure you have planned or implemented.

  Restored Impervious Surfaces are control measures in either the Design Manual or Proprietary Practices (Part III.A.1.c.i) you have selected to meet the 20% restoration requirement. This is reported in acres of impervious surface treated.

  Accounting Guidance Practices are control measures in the Accounting Guidance (Part III.A.1.c.ii) you have selected to meet the 20% restoration requirement. This is reported in acres of impervious surface treated.

  Sediment and Erosion Control is one of the new equivalent control measures (Part III.A.1.c.iii) you have implemented to meet the requirements of this permit, with the calculated reduction in Total Nitrogen (TN) in lbs/year.

  Reduced fertilizer is one of the new equivalent control measures (Part III.A.1.c.iii) you have implemented to meet the requirements of this permit, with the calculated reduction in Total Nitrogen (TN) in lbs/year.

  Reduced nitrogen to achieve benchmarks is one of the new equivalent control measures (Part III.A.1.c.iii) you have implemented to meet the requirements of this permit, with the calculated reduction in Total Nitrogen (TN) in lbs/year.

  Reallocated TN load is one of the new equivalent control measures (Part III.A.1.c.iii) you have implemented to meet the requirements of this permit, with the calculated reduction in Total Nitrogen (TN) in lbs/year.

  Off-site work should be acknowledged by indicating Yes if any work was performed off-site to mee the permit requirements, or indicate No if it was all performed at your site. (Part III.A.1.d)

  Provide the date of the **Latest Comprehensive Site Compliance Evaluation** (Part V.A.2)

- Brief description section should be a high level description of tasks related to the remaining surfaces yet to be restored. Include a summary of each area on-site being treated, including the treatment strategy you will employ. Include types of BMPs implemented, and describe any equivalent measures you employed. Confirm if all work was performed at your facility or off-site.

- Indicate the last report date Comprehensive Site Compliance Evaluation Report, under Part V.A.2, which includes an evaluation of your restoration BMPs and verifies your maintenance activities.

SECTION II: Certification

To be completed by as detailed in Part II.C of the permit. An original signature and date is required. Your contact information is essential so that if the Department has questions they can contact you.

HOW TO SUBMIT:

You must ensure that the form is completely filled out. Completed reports should be sent to: **Maryland Department of the Environment, Wastewater Permits Program, 1800 Washington Blvd, Ste 455, Baltimore, MD 21230.**