

**ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION**

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): <b>There was some wash under the silt fence at Station 17+35 left side.</b>
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance: <b>They were in the process of making repairs from the weekend rain event. There was a wash under the silt fence at sta. 17+35 left side. The silt fence at sta. 25+60 &amp; 27+40 right side are more than 1/3 full. Front slope sta. 23+75-24+50 left side need repair.</b>
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed: <b>The rip rap energy basin at 17+30 left side needs to be reinforced.</b>
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: <b>There was some wash under the silt fence at Station 17+35 left side.</b>
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:


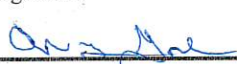
Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Weather Conditions: **The rain guage was checked 6/17/19 at 700 A.M. containing 1.26" for the weekend rain event.**

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) 6-17-19 7:00 AM conducted by the QCP, QCI, or a qualified person (list: Adam Lang T5633) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-28-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>7-1-19</b>

## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
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Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
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Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): <b>There was some wash under the silt fence at Station 26+80 right but did none left R.O.W..</b>
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance: <b>They were in the process of making repairs from the weekend rain event. The Front slope sta. 23+75-24+50 left side needed repair.</b>
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed: <b>The rip rap energy basin at 17+30 left side needs to be reinforced.</b>
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: <b>There was some wash under the silt fence at Station 26+80 right side.</b>
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

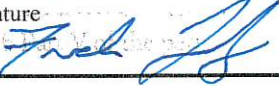
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1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: **The rain guage was checked 6/19/19 at 700 A.M. containing 0.98" for the previous day rain event.**

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

“Based upon the inspection of (date & time) 6-19-19 7:00 AM conducted by the QCP, QCI, or a qualified person (list: Adrian Lang 15633) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility’s CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-28-19</b>
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Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>7-1-19</b>
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## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): <b>The rip rap along the creek bank was dirty and it is possible that some material did leave the ROW, but none observed.</b>
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed: <b>Sodding is near completed, but permanent seed and mulch needs to be completed. I was told that all permanent BMP will be completed by the end of July 2, 2019.</b>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:



Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: For 7/28/19 @7:00 AM we had 0.26" and @ 5:15 pm we had 1.71". On 7/29/19 weather was overcast.			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) JUNE 29, 2019 7:00 AM conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>7-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>7-2-19</b>

**ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION**

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Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
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Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.

Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

- YES  NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
- YES  NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
- YES  NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
- YES  NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
- YES  NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

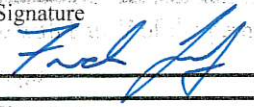

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:

- YES  NO Is this facility a Priority Construction Site?
- YES  NO Has the facility disturbed greater than 10 acres?
- YES  NO Was the site discharging at the time of inspection?
- YES  NO Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: <b>Partly cloudy</b>			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) July 3, 2019 10:00AM conducted by the QCP, QCI, or a qualified person (list: Adrian Ray T5633) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>8-6-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>8-12-19</b>



## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

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**Item II.**

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

**Item III.**

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
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5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

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2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

Weather Conditions: <b>Overcast</b>			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

“Based upon the inspection of (date & time) 7/10/19 11:00 AM conducted by the QCP, QCI, or a qualified person (list: T5633 Adrian Langa) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility’s CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>8-6-19</b>
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Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>8-12-19</b>
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Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): <b>There are 3 locations of possible sediment loss. 17+00 left @ ROW, 26+10 left @ the creek, 29+00-29+50 right @ ROW.</b>
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance: <b>The silt fence and the front slope from 24+50 to 25+50 needs to be replaced and the flume need cleaning out on the left side. Material needs to be reclaimed and Silt fence needs to be placed 28+75-29+50 on the right side. Need floating basin boom.</b>
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: <b>All 3 areas had been planted with permanent seeding and mulching, but the root system had not been established.</b>
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.



## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance: <b>BMP's at 24+60-25+60 left are still functioning but need Improvement. The front slope has rills, and the silt fence needs cleaning out.</b>
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.

Weather Conditions: **We had a rain event that lasted from 7/19/19-7/23/19 resulting in 2.00".**

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) 7-26-19 7:06 AM conducted by the QCP, QCI, or a qualified person (list: John Day) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility's CBMP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature <u>Frank Lundy</u>	Date <b>8-6-19</b>
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Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature <u>Charles F. Gruber</u>	Date <b>8-12-19</b>
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## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5 miles. Take CR-55 south 2.0 miles. Take CR-48 west 2.5 miles.</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):
2. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Were BMPs properly implemented and maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:

Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?	
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

Weather Conditions: <b>Partly Cloudy</b>			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

“Based upon the inspection of (date & time) 8-31-19 10:00 AM conducted by the QCP, QCI, or a qualified person (list: Frank Lundy) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, **except for those deficiencies noted above**, in accordance with the facility’s CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. 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 certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name & Designation of QCI or QCP <b>Frank Lundy, Operations Manager</b>	Signature <u>Frank Lundy</u>	Date <u>8-6-19</u>
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Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature <u>Charles F. Gruber</u>	Date <u>8-12-19</u>
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