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: | Facility/Site Name: | | | |
| Baldwin County Commission | Blueberry Lane | | | |
| Permit Number: ALR10BCRT | County: Baldwin | | | |
| Facility Entrance Latitude & Longitude: | | | | |
| 30.50175, - 87.7679 | Phone Number: 251-937-0371 | | | |
| Facility Street Address or Location Description: 2.0 miles south of State Route 104 | | | | |
| Item II. | | | | |
| List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary. | MS4) and | the number of dist | urbed acres which dra | ins through each |
| Receiving Water | | Disturbed Acres | Discharge Point # | Representative Outfall |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | 14 | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Item III. | | | | |
| 1. ☐ 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): | | | | |
| 2. XES 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. TYES 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. The YES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: | | | | |
| 5. TYES 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. | | | Hermani Albano di Santono di Andria di Antonio di Antonio di Antonio di Antonio di Antonio di Antonio di Antoni | |
| The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit: | | | | |
| 1. ☐ YES ☒ NO Is this facility a Priority Construction Site? | | | | |
| 2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acres? | | | | |
| 3. ☐ YES ☒ NO Was the site discharging at the time of inspection? | | | | |
| 4. ☐ YES ☐ NO Samples collected, if "Yes", sampling data m | | ached. | | |

Item V.

| eather Conditions: | 5.5" RAINFALL ON FEBRUARY 11, 2018 | | |
|--------------------|---|---|----------------------|
| Discharge Point # | Date, Time, and Location of Samples Collected | Sample Results | Analytical Method(s) |
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| Signature P | Date 2/12/2018 |
|-------------|-----------------------|
| Signature | Date / 32/18 |
| | Signature Shark Thurt |

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. | | | | |
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| Permittee Name: | Facility/Site Name: | | | |
| Baldwin County Commission | Blueberry Lane | | | |
| Permit Number: ALR10BCRT | County: Baldwin | | | |
| Facility Entrance Latitude & Longitude: | Phone Number: | | | |
| 30.50175, - 87.7679 | 251-937-0371 | | | |
| Facility Street Address or Location Description: | | | | - |
| 2.0 miles south of State Route 104 | | | | |
| Item II. | | | | |
| List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary. | MS4) and | the number of dist | urbed acres which dra | ins through each |
| Receiving Water | | Disturbed Acres | Discharge Point # | Representative Outfall |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek 4 | | 4.85 | | ☐ YES ☐ 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: | | and think of mapoon | | 201140 100441011(0) talia |
| 3. TYES 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. ☐ YES ☒ NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: | | | | |
| 5. TYES 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. ☐ YES ☒ NO Is this facility a Priority Construction Site? | | | | |
| 2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acres? | | | | |
| 3. ☐ YES ☒ NO Was the site discharging at the time of inspection? | | | | |
| F. YES NO Samples collected, if "Yes", sampling data must be attached. | | | | |

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Item V. 2" RAINFALL ON APRIL 8, 2018 Weather Conditions: Discharge Point # Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) "Based upon the inspection of (date & time) 4-9-18 8:30 AM conducted by the QCP, QCI, or a qualified person Maul Vency) under the direct supervision of the QCP identified below. The OCI 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 nonauthorized 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 Date Signature 4/9/2018 Paul Penry, Area 200 Supervisor Name & Title of Permittee Responsible Official Signature Frank Burt, Commission Chairman

ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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| Item I. | | | | |
|--|--------------------|-----------------|-----------------------|------------------------|
| Permittee Name: | | | | |
| Baldwin County Commission | Blueberry Lane | | | |
| Permit Number: ALR10BCRT | County: Baldwin | | | |
| Facility Entrance Latitude & Longitude: | Phone Number: | | | |
| 30.50175, - 87.7679 | | | | |
| Facility Street Address or Location Description: 2.0 miles south of State Route 104 | | | | |
| Item II. | | | | |
| List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary. | MS4) and | | urbed acres which dra | ins through each |
| Receiving Water | | Disturbed Acres | Discharge Point # | Representative Outfall |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Pole Cat Creek | | 4.85 | | ☐ YES ☐ NO |
| Item III. | | | | 7 |
| 1. ☐ 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): | | | | |
| 2. XES 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. TYES 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. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: | | | | |
| 5. TYES 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. TYES NO Is this facility a Priority Construction Site? | | | | |
| 2. YES NO Has the facility disturbed greater than 10 acres? | | | | |
| 3. YES NO Was the site discharging at the time of inspection? | | | | |
| 4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data must be attached. | | | | |

Item V. Weather Conditions: 1.5" RAINFALL ON APRIL 14, 2018 Discharge Point # Date, Time, and Location of Samples Collected Analytical Method(s) Sample Results

| "Based upon the inspection of (date & time) 4-16-18 (list: QCI or QCP identified below certifies that effective structural and no maximum extent practicable for the prevention and minimization of a runoff, except for those deficiencies noted above, in accordance we practices, and the requirements of the permit. I certify that discharge authorized process wastewaters. I certify under penalty of law the supervision in accordance with a system designed to assure that qual on my inquiry of the person or persons who manage the system, or the submitted is, to the best of my knowledge and belief, true, accurate reproduced, is consistent in format and identical in content to the submitting false information, including the possibility of fines and impossibility of fines and i | all sources of pollution in stormwater and authorized with the facility's CBMPP, good sediment, erosion, ges have been tested or evaluated for the presence of that this document and all attachments were preparable personnel properly gather and evaluate the information those persons directly responsible for gathering the integration of the property of the presence | QCP identified below. The direct regularly maintained to the direct related process wastewater and other pollution control of non-stormwater and non-ared under my direction or formation submitted. Based information, the information pen altered, and if copied or |
|--|---|---|
| Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor | Signature | Date 4/16/2018 |
| Faul Felliy, Alea 200 Supervisor | Have Different | 4/10/2018 |
| Name & Title of Permittee Responsible Official | Signature | Date / |
| Frank Burt, Commission Chairman | Jan Buy | 9 4318 |
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