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/	Facility/Site Name:		
Baldwin County Commission	CR-9 Br	CR-9 Bridge Replacement		
Permit Number:	County:			
ALR10BCH3	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 29' 27.30" W87 47' 48.23"	(251) 972-8553			
Facility Street Address or Location Description:		e:	and the second s	
From I-10 take HWY 59 South 8.5 Miles. Take SR-104 west 2	2.5 miles	. Take CR-55 sou	th 2.0 miles. Take	CR-48 west 2.5 miles.
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	arbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		6.6		YES NO
Polecat Creek		6.6		YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		TYES TNO
Item III.				L 120 L
 YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s): (1) SECTION OF SICTION OF SICTI	error	the time of inspecti	on? If "No", please p	provide location(s) and
description and location of additional BMPs that are needed:	7.1			
4. YES NO Have any BMPs failed to operate as designe failed:	:d? If"Ye	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location whe	at were no	ot installed or instal IPs were not install	led in a manner not c ed or installed incorre	onsistent with the ectly:
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 acr	res?			
3. YES NO Was the site discharging at the time of inspe				
4. ☐ YES ✓ NO Samples collected, if "Yes", sampling data m		ached.		

ADEM Form 23 11-11 1 of 2

Weather Conditions: 6.6" FROM 2/9 P.H. TO 2/12/18 R.M.				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
and the second s				
		A STATE OF THE STA		
51 				

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature Lily	Date 3-23-2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sheet	Date 1982 / 1985

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:		/Site Name:		
Baldwin County Commission	CR-9 B	CR-9 Bridge Replacement		
Permit Number: ALR10BCH3	County: Baldwin County			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47' 48.23"	1-	Number: 72-8553		
Facility Street Address or Location Description: From I-10 take HWY 59 South 8.5 Miles.Take SR-104 west	2.5 miles	. Take CR-55 sou	uth 2.0 miles. Take	CR-48 west 2.5 miles
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
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): YES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance: 				
3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	dy presen	t onsite at the time	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If"Yo	es", please provide l	ocation(s) and descrip	tion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location wh				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	f the permit:		
1. • YES NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 ac	res?			
3. YES NO Was the site discharging at the time of inspe	ection?			
4. YES NO Samples collected, if "Yes", sampling data r		tached.		

ADEM Form 23 11-11 1 of 2

Item V.			
Weather Conditions:	P/C H= 66° L= 32°		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
9		•	
			- postav Maria ob -
V			
	3		
		14	

"Based upon the inspection of (date & time) \(\frac{\

Name & Designation of QCI or QCP	Signature	Date
Frank Lundy, Operations Manager	Fran If	4-26-18
Name & Title of Permittee Responsible Official	Signature	Date
Frank Burt, Commission Chairman	Trank Dany	1/30/18
	Jewin V.	



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: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin County			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47' 48.23"	Phone Number: (251) 972-8553			
Facility Street Address or Location Description: From I-10 take HWY 59 South 8.5 Miles.Take SR-104 west 2	2.5 miles	. Take CR-55 sou	uth 2.0 miles. Take	CR-48 west 2.5 miles.
İtem 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
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.		The Post of the Po		
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): JTA 23+50/LEFT OUTSIDE SILT FEMCE. DEPRESSED ARE. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 	SIDE.	VISUAL CONN	UTRAST IN D ECT TO MATE	EPRESSION FRMAY.
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy presen	t onsite at the time o	of inspection? If "Yes	s" please provide a
4. YES NO Have any BMPs failed to operate as designe failed:	ed? If"Ye	es", please provide l	ocation(s) and descrip	ntion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location who	at were n	ot installed or instal Ps were not install	led in a manner not c ed or installed incorre	onsistent with the ectly:
Item IV.			***************************************	The state of the s
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	the permit:	OF THE REAL PROPERTY OF THE PARTY OF THE PAR	
1. • YES NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 acr	res?			
3. YES NO Was the site discharging at the time of inspection?				
4. YES NO Samples collected, if "Yes", sampling data in	nust be att	ached.		

"Based upon the inspection of (date & time) 4/9/18 0800 HES conducted by the QCP, QCI, or a qualified person (list: HALTER HACKEY) 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."

Signature	Date 4-26-18
Signature Thank Burt	Date 430/18
	Froh Jef

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	CR-9 Br	CR-9 Bridge Replacement		
Permit Number:	County:			
ALR10BCH3	Baldwin	County		
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 29' 27.30" W87 47' 48.23"	(251) 972-8553			
Facility Street Address or Location Description:				N.
From I-10 take HWY 59 South 8.5 Miles. Take SR-104 west 2	2.5 miles	. Take CR-55 soเ	ıth 2.0 miles. Take	CR-48 west 2.5 miles.
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	ırbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): YES NO Were BMPs properly implemented and main 				
descriptions of BMPs that need maintenance:		0		(7)
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present	onsite at the time of	of inspection? If "Yes	s" please provide a
4. YES NO Have any BMPs failed to operate as designe failed:	ed? If "Ye	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who				
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 acr	res?			
3. YES NO Was the site discharging at the time of inspe				
4. TYES NO Samples collected, if "Yes", sampling data or		ached.		

1 of 2

ADEM Form 23 11-11

Veather Conditions:	1.38 "RAINFALL OVER 4/14 ,	4/15/18	
Discharge Point#	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

Signature	Date 4-26-18
Signature Just	Date / 30/18
	Froh H