## 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	(=200):	& P Hurricane Road N from Hurricane Road to EOM		
Permit Number: County:				
ALR10BBYZ	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 50'15.26" W87 53'46.44"	251-937-0371			
Facility Street Address or Location Description:				
From I-65 take AL-225 south 8.3 miles. Take Cr-86/Hurricane	Rd. west 0.8 miles. Keep	straight onto Hurric	ane Rd. and travel 1.3	
miles to the beginning of project at dirt Road.				
Item II.  List name of current ultimate receiving water(s) (indicate if through	ugh MS4) and the number	of disturbed acres whi	ch drains through	
each treatment system or BMP: Add additional sheet(s) if necess		OI GIOGAI SOG GETTE		
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
UT of Hurricane Bayou	2.75		YES NO	
UT of Hurricane Bayou	2.75		YES NO	
UT of Hurricane Bayou	2.75		YES NO	
UT of Hurricane Bayou	2.75		YES NO	
See attached sheet	2.75		YES NO	
Item III.				
1. YES NO Did discharges of sediment or other pollu	utants occur from the site	? If "Yes", please list	a description of the	
discharge(s) and their location(s):	To Table To Table To Table To Appendix 20 10 10 10 10 10 10 10 10 10 10 10 10 10	1	75 175 tuga sarahana • sarah sarahananan - sarahan-ada	
2. YES NO Were BMPs properly implemented and r		nspection? If "No", p	lease provide	
location(s) and descriptions of BMPs that need maintenance:				
3. YES NO Are BMPs needed in addition to those a		ne time of inspection?	If "Yes" please	
provide a description and location of additional BMPs that are	e needed:			
DATE OF THE PARTY	. 10 10 "17 " -1	. 1 1+:(-)	1 1	
4. YES NO Have any BMPs failed to operate as des BMP(s) that failed:	signed? If Yes, please p	)rovide location(s) allu	description of	
/				
5. YES NO Were there BMPs required by the CBMF	P that were not installed	or installed in a mann	er 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. X YES NO Is this facility a Priority Construction S	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.

Item V.			
Weather Conditions:	AFTUR 1.0" OF RAIN FAIL	No PROBLEM NOTED.	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	N/A	NO LIVE STROKE ON SITE	

Name & Designation of QCI or QCP Kevin Carroll, Area Supervisor	Signature. Herr Lawell	Date 2-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sural Suran Sural Suran Sural Su	Date   8
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Permittee Name: Facility/Site Name:				
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Facility Entrance Latitude & Longitude:	Phone Number:			
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Item III.				
1. YES NO Did discharges of sediment or other polludischarge(s) and their location(s):	stants occur from the site?	? If "Yes", please list	a description of the	
SEDIMENT 1055 @ STA 40+00	AT CROSS DIRAIN	N MUTIET		
2. YES NO Were BMPs properly implemented and m			lease provide	
location(s) and descriptions of BMPs that need maintenance:			eth discrete de sign	
	gradie			
3. YES NO Are BMPs needed in addition to those al		ne 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 DVPS DVN VI DVD 111 VI SDVD				
5. YES 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:				
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Item IV.				
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	vitil I alt v of the perimit.		ì	

2.	YES V	NO	Has the facility disturbed greater than 10 acres?
3.	YES Z	NO	Was the site discharging at the time of inspection?
4.	YES	NO	Samples collected, if "Yes", sampling data must be attached.

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Item V

(SEG PARTIE)

Item v.			
Weather Conditions:	: AFTER A 5" RAIN EVENT	OVERWERKEND JOBISINGOODS	HAPE EXCEPT STA 401
Discharge Point #	Date, Time, and Location of Samples  Collected	Sample Results	Analytical Method(s)
	N/A	NO LIVE STRUME ON SITE	

"Based upon the inspection of (date & time) 2.12-18 10:00 Am conducted by the QCP, QCI, or a qualified person (list: Note that Signature Signature) 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 Kevin Carroll, Area Supervisor	Signature Herr Landl	Date 3-26-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sent Q	Date   32/8
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		-	
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. RAIN EVENT OVER WEEKED JOD SITU IS GOOD Weather Conditions: Date, Time, and Location of Samples Analytical Method(s) Sample Results Discharge Point # Collected LIVE STRUME ON SITE "Based upon the inspection of (date & time) 2-26-18 // conducted by the QCP, QCI, or a qualified person (list: May 298/4 under the direct supervision of the QCP identified below. The

Name & Designation of QCI or QCP Kevin Carroll, Area Supervisor	Signature How I Canoll	Date 3-1-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Shaw	Date / 30/18