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	Old Brady Road Pit			
Permit Number: ALR6850034	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.39'3.431 N 87.39'27.786 W	251-937-0371			
Facility Street Address or Location Description:				
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	pprox 1.3 mi, tur aaprox20 mi o	rn east onte n west side	o CR 68. Approx. 5. e of road.	.8 mi then north on CR
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 num	ber of distu	urbed acres which dra	ins through each
Receiving Water	Disturb	oed Acres	Discharge Point #	Representative Outfall
Styx River	10			☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
7				☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s): 	ts occur from the	site? If "Ye	es", please list a descr	ription of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	tained at the time	of inspection	on? If "No", please	provide location(s) and
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present onsite a	t the time o	f inspection? If "Ye	s" please provide a
4. ☐ YES ☑ NO Have any BMPs failed to operate as designed failed:	d? If "Yes", pleas	e provide lo	ocation(s) and descrip	otion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe	at were not installe re the BMPs were	ed or install not installe	ed in a manner not c d or installed incorre	onsistent with the ectly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the perr	nit:		
1. YES NO Is this facility a Priority Construction Site?	1			
2. ☐ YES ☐ NO Has the facility disturbed greater than 10 acr	es?			
3. ☐ YES ☐ NO Was the site discharging at the time of inspec				
4. ☐ YES ☐ NO Samples collected, if "Yes", sampling data m				

Date, Time, and Location of Samples Collected	Sample Results	
		Analytical Method(s)
	*	
	ion of (date & time) 2-12-18 7.	ion of (date & time) $\partial -12 - 18$ 7.30 conducted by the QCP, QCI, or a

Name & Designation of QCI or QCP Paul Penry, Area 200 Assistant Supervisor	Signature Vaul D	Date 2/12/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Surv	Date 32/18

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	Old Brady Road Pit			
Permit Number: ALR6850034	County:			
Facility Entrance Latitude & Longitude:	Phone N	Tumbon	· · · · · · · · · · · · · · · · · · ·	
30.39'3.431 N 87.39'27.786 W	251-937			
Facility Street Address or Location Description:	201 701			
From I-10 take Loxley exit south. Head south on Hwy 59 for a	inntox 1.3	mi, turn east ont	o CR 68. Approx. 5.	8 mi then north on CR
68 and approx. 1 mile. Turn north on Old Brady Rd and site is	aaprox.	20 mi on west sid	e of road.	
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
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	nts occur f	rom the site? If "Y	es", please list a descr	iption of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
3. TYES 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	" please provide a
4. ☐ YES ☑ NO Have any BMPs failed to operate as designe failed:	ed? If "Ye	s", please provide l	ocation(s) and descrip	otion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location whe				
Item IV.				Commence of the contract of th
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 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.		

Item V.

Item V. Weather Conditions:	2" RAINFALL ON APRIL 8, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		д	
graduation and the second and the second			

"Based upon the inspection of (date & time) $-9-18$ (and conducted by the QCP, QCI, or a qualified person
(list: Yaul Yavy) 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 Paul Penry, Area 200 Supervisor	Signature Paul	Date 4/9/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sanh Austral	Date / S

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:	e	
Baldwin County Commission	Old Brady Road Pit		
Permit Number: ALR6850034	County: Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30.39'3.431 N 87.39'27.786 W	251-937-0371		
Facility Street Address or Location Description:			
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	approx 1.3 mi, turn east o aaprox20 mi on west s	nto CR 68. Approx. 5. de of road.	8 mi then north on CR
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 di	sturbed acres which dra	ins through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Styx River	10		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
1. TYES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	ts occur from the site? If "	Yes", please list a descr	ription of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of inspec	ction? If "No", please j	provide location(s) and
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present onsite at the time	e of inspection? If "Ye	s" please provide a
4. TYES NO Have any BMPs failed to operate as designe failed:	d? If "Yes", please provide	e location(s) and descrip	ption of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location whe	at were not installed or inst ere the BMPs were not insta	alled in a manner not c illed 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?	1		
2. YES NO Has the facility disturbed greater than 10 acr	es?		
3. ☐ YES ☒ NO Was the site discharging at the time of inspe			
4. TYES NO Samples collected, if "Yes", sampling data m			

U N N N N N N N N N N N N N N N N N N N		!	l l
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			-
ist: CI or QCP identification extent practices, and the relationized process approvision in accordance in my inquiry of the abmitted is, to the approduced, is consi		sources of pollution in stormwater and authorize the facility's CBMPP, good sediment, erosice have been tested or evaluated for the presence this document and all attachments were present presenced personnel properly gather and evaluate the e persons directly responsible for gathering the document. I certify that this form has not DEM approved form. I am aware that there	ne QCP identified below. The process was the p
ame & Designation	of QCI or QCP 00 Supervisor	Signature	Date 4/16/2018