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 wes	t 2.5 miles	s. 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 throug treatment system or BMP: Add additional sheet(s) if necessary.	gh MS4) and	l the number of dist	urbed acres which dra	ins through each		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Polecat Creek		6.6	The second secon	☐ 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		
 YES NO Were BMPs properly implemented and medescriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designated: 	eady presen	t onsite at the time	of inspection? If "Yes	s" please provide a		
5. YES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location w						
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance w	ith Part V c	of the permit:				
1. • YES NO Is this facility a Priority Construction Site	?					
2. \square YES \square NO Has the facility disturbed greater than 10	acres?					
3. YES NO Was the site discharging at the time of ins	spection?					
4. YES NO Samples collected, if "Yes", sampling data	a must be a	ttached.				

Veather Conditions:	Marking and the second		
Discharge Point#	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
55			
17			
-			
The state of the s			

"Based upon the inspection of (date & time) \(\frac{5/21/8}{\text{Inc.}} \) \(\frac{6750}{\text{Inc.}} \) 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 Frank Lundy, Operations Manager	Signature ##	Date /0-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Service Sank Service	Date /33/18

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 Bridge Replacement				
Permit Number: ALR10BCH3	County: Baldwin	: i County			
Facility Entrance Latitude & Longitude:	Phone	Number:	PROGRAM STATE OF THE STATE OF T		
N30 29' 27.30" W87 47' 48.23"		72-8553			
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.	
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	And the control of th	☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Item III.					
YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	ts occur f	from the site? If "Y	es", please list a descr	iption of the	
2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	itained at	the time of inspecti	on? If "No", please p	provide location(s) and	
3. 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:					
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. 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 o	f 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 inspe					
4. YES NO Samples collected, if "Yes", sampling data must be attached.					

Weather Conditions:	1.35" min from 6.	5.18 to 6.6-18	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
and the second s			
v zadiójnos v zastato na sate es te			
3,100			

"Based upon the inspection of (date & time) (1/15) conducted by the QCP, QCI, or a qualified person (list: (1/15) 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 Frank Lundy, Operations Manager	Signature	Date
	I not fif	10-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	Date

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.

SHEET(S) AS NECESSARY. <u>PLEASE TYPE OR PRINT IN INK.</u> Item I.						
Permittee Name: Baldwin County Commission		/Site Name: ridge Replacemer	nt			
Permit Number: ALR10BCH3	County	County: Baldwin County				
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47' 48.23"		Number: 72-8553				
Facility Street Address or Location Description: From I-10 take HWY 59 South 8.5 Miles. Take SR-104 w	vest 2.5 miles	:. Take CR-55 sou	uth 2.0 miles. Take	CR-48 west 2.5 miles		
Item II.	NOTICE AND DESCRIPTION OF THE PARTY OF THE P					
List name of current ultimate receiving water(s) (indicate if three treatment system or BMP: Add additional sheet(s) if necessary		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 1		☐ YES ☐ NO			
Polecat Creek 6.6 YES NO			☐ YES ☐ NO			
Item III.						
YES NO Did discharges of sediment or other podischarge(s) and their location(s):	ollutants occur	from the site? If "Y	es", please list a descr	iption of the		
2. X YES NO Were BMPs properly implemented and descriptions of BMPs that need maintenance:	d maintained at	the time of inspect	ion? If "No", please p	provide location(s) and		
3. YES NO Are BMPs needed in addition to those description and location of additional BMPs that are needed	already presen	t onsite at the time	of inspection? If "Yes	s" please provide a		
4. TYES NO Have any BMPs failed to operate as defailed:	esigned? If "Y	es", please provide l	ocation(s) and descrip	tion of BMP(s) that		
5. YES NO Were there BMPs required by the CBM CBMPP? If "Yes", please provide a description and location	IPP that were non where the BI	not installed or instal MPs were not install	lled in a manner not c ed or installed incorre	onsistent with the octly:		
Item IV.		A STATE OF THE STA				
The Permittee shall conduct turbidity monitoring in accordance	e with Part V o	f the permit:				
1. • YES NO Is this facility a Priority Construction S	Site?	ē				
2. ☐ YES ☑NO Has the facility disturbed greater than						
3. YES NO Was the site discharging at the time of						

ADEM Form 23 11-11 1 of 2

Samples collected, if "Yes", sampling data must be attached.

4. YES NO

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature	Date /0-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Surs Surs Surs Surs Surs Surs Surs Surs	Date 10/32/30/8

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.

J	lt	e	n	1	I	•

Item 1.	-				
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	CR-9 Bridge Replacement				
Permit Number:	County:				
ALR10BCH3		County			
Facility Entrance Latitude & Longitude:	Phone	Number:			
N30 29' 27.30" W87 47' 48.23"	(251) 97	72-8553			
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.	
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	ggrow arman grow	6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Item III.	THE PARTY OF THE P				
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. YES NO Have any BMPs failed to operate as designed failed:	dy presen	t onsite at the time o	of inspection? If "Yes	s" please provide a	
5. 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 o	f 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 must be attached.					

Item V.	NO 1170 - 10°		
Weather Conditions:	P/C 87°-73°, 1.	5 inch	
Discharge Point#	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		1	
- Carlotte Commence			e Pili
			25.00

"Based upon the inspection of (date & time) 6-13-11 | 13-30 | 20-13-11 | 13-30 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-11 | 20-13-1

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature The J	Date 10 - 22 - 18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Stignature Surf	Date 1933/3018
		/ //

ADEM Form 23 11-11

2 of 2

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.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.						
Item I.						
Permittee Name:	Facility/Site Name:					
Baldwin County Commission	CR-9 Bridge Replacement					
Permit Number:	County:					
ALR10BCH3	Baldwin	Baldwin County				
Facility Entrance Latitude & Longitude:	Phone	Number:				
N30 29' 27.30" W87 47' 48.23"	(251) 9	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	th 2.0 miles. Take	CR-48 west 2.5 miles.		
Item II.						
List name of current ultimate receiving water(s) (indicate if through	MS4) and	the number of dist	urbed acres which dra	ins through each		
treatment system or BMP: Add additional sheet(s) if necessary.						
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.						
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur	from the site? If "Y	es", please list a descr	iption of the		
2. YES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	ion? If "No", please p	provide location(s) and		
3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	idy presen	t onsite at the time o	of inspection? If "Yes	a" please provide a		
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. YES NO Were there BMPs required by the CBMPP to CBMPP? If "Yes", please provide a description and location wh	hat were n tere the Bl	ot installed or instal vIPs were not install	lled in a manner not c ed or installed incorre	onsistent with the ctly:		
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	h Part V o	f the permit:				
1. • YES NO Is this facility a Priority Construction Site?		para-				
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 ac	cres?					
3. TYES MNO Was the site discharging at the time of inspection?						

ADEM Form 23 11-11 1 of 2

Samples collected, if "Yes", sampling data must be attached.

4. YES NO

"Based upon the inspection of (date & time) 7-3-18 10:30 cm conducted by the QCP, QCI, or a qualified person (list: 400 MCP) 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 Frank Lundy, Operations Manager	Signature Tool 11	Date /0-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sunt	Date 10/23/20/8
	have or my	1200

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:	The state of the s		
Baldwin County Commission	CR-9 B	CR-9 Bridge Replacement			
Permit Number:	County	County:			
ALR10BCH3	Baldwir	n County			
Facility Entrance Latitude & Longitude:	Name of the Control o	Number:			
N30 29' 27.30" W87 47' 48.23"	(251) 9	72-8553			
Facility Street Address or Location Description:					
From I-10 take HWY 59 South 8.5 Miles.Tak	te SR-104 west 2.5 miles	s. 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) (d the number of dist	urbed acres which dra	ins through each	
treatment system or BMP: Add additional sheet(Receiving Water	s) if necessary.	Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek		6.6	Discharge I offic !!	YES NO	
Polecat Creek		6.6		TES NO	
Polecat Creek		6.6		TES NO	
Polecat Creek		6.6		YES NO	
Polecat Creek		6.6		YES NO	
Item III.					
1. X YES NO Did discharges of sediment discharge(s) and their location(s): Minor S	jediment loss a	ccured ext st	es", please list a descr	iption of the	
1. X YES NO Did discharges of sedimen	topul the silt	tence.	ations 17+50	1 + 25to0.	
 XYES NO Did discharges of sediment discharge(s) and their location(s): Minor S XYES NO Were BMPs properly improdescriptions of BMPs that need maintenance: XYES NO Are BMPs needed in add description and location of additional BMPs the 	toped the 511t plemented and maintained a dition to those already presentat are needed: Rip Re	t the time of inspect	ion? If "No", please p	provide location(s) and	
 X YES NO Did discharges of sedimendischarge(s) and their location(s): Minor S X YES NO Were BMPs properly improved descriptions of BMPs that need maintenance: X YES NO Are BMPs needed in add 	toped the 514 elemented and maintained a ition to those already presentat are needed: Rip Re	t the time of inspect	ion? If "No", please pof inspection? If "Yes	provide location(s) and s" please provide a hocostons	
1. ▼YES NO Did discharges of sediment discharge(s) and their location(s): Minor Solve 2. ▼YES NO Were BMPs properly impressed descriptions of BMPs that need maintenance: 3. ▼YES NO Are BMPs needed in add description and location of additional BMPs the Slove Here were done.	toped the 5:14 plemented and maintained a ition to those already present are needed: Rip Re o operate as designed? If "You had by the CBMPP that were a	t the time of inspect the time of inspect at onsite at the time of www address, please provide	ion? If "No", please pof inspection? If "Yes Idea to boll location(s) and descripted in a manner not c	orovide location(s) and s" please provide a location s ption of BMP(s) that	
1. ▼YES NO Did discharges of sediment discharge(s) and their location(s): Minor S Diff Gras Hugh Were SMPs properly improduces of BMPs that need maintenance: 3. ▼YES NO Are BMPs needed in add description and location of additional BMPs the Slow Have any BMPs failed to failed: 5. ▼YES NO Were there BMPs required.	toped the 5:14 plemented and maintained a ition to those already present are needed: Rip Re o operate as designed? If "You had by the CBMPP that were a	t the time of inspect the time of inspect at onsite at the time of www address, please provide	ion? If "No", please pof inspection? If "Yes Idea to boll location(s) and descripted in a manner not c	orovide location(s) and s" please provide a location s ption of BMP(s) that	
 YES NO Did discharges of sedimendischarge(s) and their location(s): Minor S YES NO Were BMPs properly improdescriptions of BMPs that need maintenance: YES NO Are BMPs needed in add description and location of additional BMPs that have any BMPs failed to failed: YES NO Have any BMPs failed to CBMPP? If "Yes", please provide a description 	ition to those already presentat are needed: Rip Ro	t the time of inspect at onsite at the time of www ac Yes", please provide not installed or install MPs were not install	ion? If "No", please pof inspection? If "Yes Idea to boll location(s) and descripted in a manner not c	orovide location(s) and s" please provide a location s ption of BMP(s) that	
 YES NO Did discharges of sediment discharge(s) and their location(s): Minor S YES NO Were BMPs properly improdescriptions of BMPs that need maintenance: YES NO Are BMPs needed in add description and location of additional BMPs that have any BMPs failed to failed: YES NO Have any BMPs failed to CBMPP? If "Yes", please provide a description in the location of additional bmps failed: 	toped the 5:14 columnt (os) of toped the 5:14 columnt to those already present that are needed: Rip Ro columnt to those already p	t the time of inspect at onsite at the time of www ac Yes", please provide not installed or install MPs were not install	ion? If "No", please pof inspection? If "Yes Idea to boll location(s) and descripted in a manner not c	orovide location(s) and s" please provide a location s ption of BMP(s) that	
 YES NO Did discharges of sediment discharge(s) and their location(s): Minor S YES NO Were BMPs properly improdescriptions of BMPs that need maintenance: YES NO Are BMPs needed in add description and location of additional BMPs that have any BMPs failed to failed: YES NO Have any BMPs failed to CBMPP? If "Yes", please provide a description in Item IV. 	toped the 5:14 columnt (05) 0 toped the 5:14 columnt to those already present at are needed: Rip Re columnt to those already present at ar	t the time of inspect at onsite at the time of www ac Yes", please provide not installed or install MPs were not install	ion? If "No", please pof inspection? If "Yes Idea to boll location(s) and descripted in a manner not c	orovide location(s) and s" please provide a location s ption of BMP(s) that	

ADEM Form 23 11-11 1 of 2

4. TYES X NO Samples collected, if "Yes", sampling data must be attached.

Discharge Point#	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
- 1 - 100 FAM II 100 CO 100 FA 100 CO 100 FA			
manage and the second			
		The second secon	
		A STATE OF THE STA	
ist: CI or QCP identification mum extent praymoff, except for tractices, and the reathorized process apervision in according my inquiry of the abmitted is, to the eproduced, is cons	pection of (date & time) 7-16-18 1.004 ed below certifies that effective structural and non-secticable for the prevention and minimization of all shose deficiencies noted above, in accordance with quirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualifies person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a istent in format and identical in content to the Armation, including the possibility of fines and imprin) under the direct supervision of the tructural BMPs have been fully implemented a sources of pollution in stormwater and authorish the facility's CBMPP, good sediment, erosion have been tested or evaluated for the present this document and all attachments were pred personnel properly gather and evaluate the persons directly responsible for gathering the complete. I certify that this form has not DEM approved form. I am aware that the	the QCP identified below. The and regularly maintained to the zed related process wastewater on, and other pollution controlle of non-stormwater and not epared under my direction of information submitted. Base the information, the information been altered, and if copied of
ma P. Dazionation	of QCI or QCP	Signature	Date
ille & Designation			

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.

SHEET(S) AS NECESSARY. <u>PLEASE TYPE OR PRINT IN INK.</u> Item I.						
Permittee Name: Baldwin County Commission		/Site Name: ridge Replacemer	nt			
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.		
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 drai	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.						
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):						
2. X YES 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. 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. TYES NO Have any BMPs failed to operate as designed failed:						
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	nat were n ere the BN	ot installed or instal IPs were not install	led in a manner not co ed or installed incorre	onsistent with the ctly:		
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 in		tached.				

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.		/a			
Permittee Name: Baldwin County Commission		Facility/Site Name: CR-9 Bridge Replacement			
Permit Number:	County	County:			
ALR10BCH3		Baldwin County			
Facility Entrance Latitude & Longitude:	Phone	Number:		*	
N30 29' 27.30" W87 47' 48.23"	(251) 9	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	s. 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) (inc treatment system or BMP: Add additional sheet(s)	dicate if through MS4) and if necessary.	l 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.					
1. YES NO Did discharges of sediment discharge(s) and their location(s):	or other pollutants occur	from the site? If "Y	es", please list a descr	iption of the	
2. X YES NO Were BMPs properly imple descriptions of BMPs that need maintenance:	mented and maintained at	the time of inspect	ion? If "No", please p	provide location(s) and	
3. X YES NO Are BMPs needed in additional additional BMPs that worth bank behind and makes many	are needed: The con	t onsite at the time of	of inspection? If "Yes	s" please provide a	
4. YES NO Have any BMPs failed to o		es", please provide	ocation(s) and descrip	otion of BMP(s) that	
failed:					
failed: 5. YES NO Were there BMPs required by CBMPP? If "Yes", please provide a description					
failed: 5. ☐ YES ☑ NO Were there BMPs required by					
failed: 5. YES NO Were there BMPs required by CBMPP? If "Yes", please provide a description	and location where the Bl	MPs were not install			
failed: 5. YES NO Were there BMPs required by CBMPP? If "Yes", please provide a description Item IV.	and location where the Black accordance with Part V c	MPs were not install			
failed: 5. YES NO Were there BMPs required by CBMPP? If "Yes", please provide a description Item IV. The Permittee shall conduct turbidity monitoring in	and location where the Bl accordance with Part V c nstruction Site?	MPs were not install			

ADEM Form 23 11-11 1 of 2

Samples collected, if "Yes", sampling data must be attached.

4. YES NO

maximum extent practicable for the prevention and minimiza runoff, except for those deficiencies noted above, in accor practices, and the requirements of the permit. I certify that authorized process wastewaters. I certify under penalty o supervision in accordance with a system designed to assure to n my inquiry of the person or persons who manage the syste submitted is, to the best of my knowledge and belief, true, a reproduced, is consistent in format and identical in conten submitting false information, including the possibility of fines	dance with the facility's CBMPP, good sediment, erosion, discharges have been tested or evaluated for the presence of law that this document and all attachments were preported qualified personnel properly gather and evaluate the interest of the em, or those persons directly responsible for gathering the accurate, and complete. I certify that this form has not be to the ADEM approved form. I am aware that there	, and other pollution control of non-stormwater and non- ared under my direction or formation submitted. Based information, the information een altered, and if copied or
Name & Designation of QCI or QCP	Signature	Date
Frank Lundy, Operations Manager	Freh Is	10-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sund	1923/2018
ADEM Form 23 11-11	2 of 2	

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.

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 so	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 dis	turbed acres which dra	ins through each		
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall		
Polecat Creek	6.6		☐ YES ☐ NO		
Polecat Creek	6.6	00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ YES ☐ NO		
Polecat Creek	6.6		☐ YES ☐ NO		
Polecat Creek	6.6		☐ YES ☐ NO		
Polecat Creek	6.6		☐ YES ☐ NO		
			ecter		
2. ▼YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 3. □ YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. □ YES NO Have any BMPs failed to operate as designed failed:	ntained at the time of inspec	tion? If "No", please properties of inspection? If "Yes	provide location(s) and		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designer failed: YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who 	Itained at the time of inspectally present onsite at the time and? If "Yes", please provide that were not installed or installed or installed or installed or installed.	of inspection? If "Yes location(s) and descrip	orovide location(s) and s" please provide a ption of BMP(s) that		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designer failed: YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when Item IV. 	Intained at the time of inspectally present onsite at the time and? If "Yes", please provide that were not installed or instance the BMPs were not installed.	of inspection? If "Yes location(s) and descrip	orovide location(s) and s" please provide a ption of BMP(s) that		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designe failed: YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when Item IV. 	Intained at the time of inspectally present onsite at the time and? If "Yes", please provide that were not installed or instance the BMPs were not installed.	of inspection? If "Yes location(s) and descrip	orovide location(s) and s" please provide a ption of BMP(s) that		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designed failed: YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when the Item IV. YES NO Is this facility a Priority Construction Site? 	Intained at the time of inspectations of the time of time of the t	of inspection? If "Yes location(s) and descrip	orovide location(s) and s" please provide a ption of BMP(s) that		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: YES NO Have any BMPs failed to operate as designe failed: YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when Item IV. 	ntained at the time of inspection of the time of the t	of inspection? If "Yes location(s) and descrip	orovide location(s) and s" please provide a ption of BMP(s) that		

"Based upon the inspection of (date & time) 8-14-18 5:00 pm conducted by the QCP, QCI, or a qualified person (list: 156-3 under the direct supervision of the QCP identified below. The QCI of 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 Frank Lundy, Operations Manager	Signature Free	Date 10-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Surf	Date 1923/18

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: e Replacemer	t		
	ļ	- Teplacemen			
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. Ta	ıke 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 drai	ns through each	
Receiving Water	Di	sturbed 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.					
discharge(s) and their location(s): 50me Minor Sca Where the Water undermined the Sil 2. XYES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	+ Fence	<u>. </u>			
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: Notice the water watermined it. A rip remarks to be blown on the 50	ady present on the Silian Check	t Fence	of inspection? If "Yes Areds to be	" please provide a - installul notalkol and	
4. YES NO Have any BMPs failed to operate as designated:	ed? If "Yes",	please provide l	ocation(s) and descrip	tion of BMP(s) that	
5. YES NO Were there BMPs required by the CBMPP to CBMPP? If "Yes", please provide a description and location wh					
Item IV.					
The Permittee shall conduct turbidity monitoring in accordance with	h Part V of the	e permit:			
1. • YES NO Is this facility a Priority Construction Site?					
2. YES X NO Has the facility disturbed greater than 10 ac	cres?				
3. YES NO Was the site discharging at the time of insp	ection?				
4. YES NO Samples collected, if "Yes", sampling data i		ied.			

Weather Conditions:	92°-76°	P/C-Rain	1.3"	of Rain Fall	
Discharge Point#	Date, Time, and Locati	on of Samples Collected		Sample Results Downstream	Analytical Method(s)
3	8/16/18, 11:30	un Sta. 26+28	4,28	4.68	Oakton T100
	. ,		eeawaaaaaa		
				responses to the second below the second	
		New York Committee the Committee of the			
					W
ч					

"Based upon the inspection of (date & time) 4.3.30 pm conducted by the QCP, QCI, or a qualified person (list: 40.1 in a feet 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	Signature	Date
Frank Lundy, Operations Manager	Trak of	10-22-18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	Date /23/8

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.

_				
- 1	+0	1	. 1	г
- 1		ш		١.

Herri I.				
Permittee Name: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin			
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 US59 South 8.5mi, SR104 west 2.5mi, CR55	south 2.	0mi, Take CR48	west 2.5mi, CR9 sc	outh 1.9mi to site.
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 drain	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
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and main 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: 4. YES NO Have any BMPs failed to operate as designed failed: 5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	dy presen	t onsite at the time of the consistence of the cons	of inspection? If "Yes ocation(s) and descrip	" please provide a tion of BMP(s) that
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	f the permit:		
1. • YES NO Is this facility a Priority Construction Site?				
2. \square YES \nearrow NO Has the facility disturbed greater than 10 ac	2. YES X 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.				

14	am	1/

Weather Conditions:	averast, rain 880 1.0) (
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		λ,	
			- 9
			-

"Based upon the inspection of (date & time) 8/2/18 3:30 pm conducted by the QCP, QCI, or a qualified person (list: 4/2/2) under the direct supervision of the QCP identified below. The QCI or QCP identified below cortifies 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 /0.22-/9
Signature Sand	Date, 1.
	Fred for

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	- 1
TICILI	1.

Hem I.				
Permittee Name: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47' 48.23"	Phone 1 (251) 97	Number: 72-8553		
Facility Street Address or Location Description: From I-10 take US59 South 8.5mi, SR104 west 2.5mi, CR55	south 2.	0mi, Take CR48	west 2.5mi, CR9 so	uth 1.9mi to site.
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 drai	ns 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.				
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):				
2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	rovide location(s) and
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	of inspection? If "Yes	" please provide a
4. YES NO Have any BMPs failed to operate as designed failed:	ed? If "Y	es", please provide l	ocation(s) and descrip	tion of BMP(s) that
5. 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 o	f the permit:		
1. • YES NO Is this facility a Priority Construction Site?	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?				

Item V.			
Weather Conditions:	approast rain 75°-91°	1.78"	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
Discharge Foliit #	Date, Time, and Location of bampies concered	Outspie Persone	, , , , , , , , , , , , , , , , , , , ,
	1 1 2 2 400	2	
			16 0
3.24			
			ř

"Based upon the inspection of (date & time) 8/23/18 8:05 am conducted by the QCP, QCI, or a qualified person (list: Lown 156.33 under the direct supervision of the QCP identified below. The QCI or QCP identified below ertifies 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-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 Frank Lundy, Operations Manager	Signature Firel III	Date 10 - 22 - 18
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sunt	1933/2018

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.

tem	

Item I.				
Permittee Name: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47' 48.23"	Phone 1 (251) 97	Vumber:		
	(231) 97	2-0000		
Facility Street Address or Location Description: From I-10 take US59 South 8.5mi, SR104 west 2.5mi, CR55	south 2.	0mi, Take CR48	west 2.5mi, CR9 sc	uth 1.9mi to site.
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	ns 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 pollutant discharge(s) and their location(s): YES NO Were BMPs properly implemented and main 				
descriptions of BMPs that need maintenance:	named at	the time of hispeed	on. If Ivo , please p	Tovide Ideation(s) and
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy presen	onsite at the time o	of inspection? If "Yes	" 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. 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 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 inspection?				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

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.		A 12		
Permittee Name: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin			
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 US59 South 8.5mi, SR104 west 2.5mi, CR55	south 2.	0mi, Take CR48	west 2.5mi, CR9 so	outh 1.9mi to site.
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 distr	arbed acres which drai	ns 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
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 3. YES NO Are BMPs needed in addition to those alreat description and location of additional BMPs that are needed: 4. YES NO Have any BMPs failed to operate and designer failed: 5. YES NO Were there BMPs required by the CBMPP to CBMPP? If "Yes", please provide a description and location where	dy present white	t onsite at the time of Silt Howe es", please provide less from Too	ocation(s) and descrip	" please provide a tion of BMP(s) that consistent with the
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n 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	cres?			
3. XYES NO Was the site discharging at the time of inspection?				
4. XYES NO Samples collected, if "Yes", sampling data must be attached.				

ADEM Form 23 11-11