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, turn east on aaprox20 mi on west sid	to CR 68. Approx. 5. le 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 dis	turbed 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 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. ☐ 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. Tes NO Has the facility disturbed greater than 10 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.			
Weather Conditions:	MAY 2018, NO QUALIFYING EVENTS -	END OF MONTH REPORT	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
<u> </u>		•	
ar ann an the second se			
(list:		sources of pollution in stormwater and authorized the facility's CBMPP, good sediment, erosion, have been tested or evaluated for the presence of this document and all attachments were prepared personnel properly gather and evaluate the infect persons directly responsible for gathering the irrund complete. I certify that this form has not been DEM approved form. I am aware that there are	QCP identified below. The regularly maintained to the related process wastewater and other pollution control of non-stormwater and non-red under my direction or ormation submitted. Based aformation, the information en altered, and if copied or
Name & Designation Paul Penry, Area 2		Signature Carl Dec	Date 6/1/2018
Name & Title of Perr Frank Burt, Comm	nittee Responsible Official nission Chairman	Signature Surf	Date 1873/198

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 I	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				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 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. TES NO Did discharges of sediment or other pollutant 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 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 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.				

Weather Conditions:	1.00" RAINFALL ON JUNE 3, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul P	Date 6/4/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	Date 1 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.

Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Old Br	ady Road Pit		
Permit Number:	County	•		
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone 1	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, turn east ont	o CR 68. Approx. 5.	8 mi then north on CR
Item II.	aapiox.	.20 mi on west side	of foad.	
List name of current ultimate receiving water(s) (indicate if through l	MS4) and	the number of distr	ırbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.				T
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):	its occur	From the site? If "Y	es", please list a descr	iption of the
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 o	f 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. TYES NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
et: CI or QCP identification of the control of the	pection of (date & time) 6-1/-18 8.8 Ed below certifies that effective structural and non-structicable for the prevention and minimization of all sonose deficiencies noted above, in accordance with the	arces of pollution in stormwater and auth	f the QCP identified below. T ed and regularly maintained to to orized related process wastewa

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 Taul Prids	Date 6/11/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Surt (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.

Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	AND THE RESERVE AND THE PARTY	ady Road Pit		
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone 1	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 aaprox.	3 mi, turn east ont 20 mi on west sid	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 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 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. The 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. 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 acr	res?			
3. ☐ YES ☐ NO Was the site discharging at the time of inspection?				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data in		ached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		19	
-			

Based upon the hispection of (date & time)	conducted by the QCP, QCI, or a quantied person
(list: Calchell f. 5 Feld)) under the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural	al BMPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources	
runoff, except for those deficiencies noted above, in accordance with the fac	cility's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that discharges have be	een tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of law that this do	ocument and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified person	
on my inquiry of the person or persons who manage the system, or those perso	
submitted is, to the best of my knowledge and belief, true, accurate, and comp	
reproduced, is consistent in format and identical in content to the ADEM a	
submitting false information, including the possibility of fines and imprisonment	t for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul Deryl,	Date 6/13/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	Date 19/3/298

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.	DEITHORN	EIVI. II SINGE IS II	Worlder, Collin	CL OTTE THE TRANSPORT
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.39'3.431 N 87.39'27.786 W	251-937	7-0371		
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. s aaprox.	3 mi, turn east ont .20 mi on west sid	to 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 number of dist	urbed acres which dra	uns 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 pollutant discharge(s) and their location(s):	nts occur	from the site? If "Y	es", 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 inspect	ion? If "No", please I	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	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Y	es", please provide	location(s) and descrip	ption of BMP(s) that
5. TYES 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	n Part V o	f the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 ac	res?			
3. TYES NO Was the site discharging at the time of inspe	ection?			
4. YES NO Samples collected, if "Yes", sampling data n	nust be at	tached.		

Veather Conditions:	1.50" RAINFALL ON JULY 17, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) 7-18-18 7:30 AM conducted by the QCP, QCI, or a qualified person (list: Wayne by the 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 Denish	Date 7/18/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	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.

Item I.				
	- " (a)			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit	.,,		
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.39'3.431 N 87.39'27.786 W	251-937-0371	251-937-0371		
Facility Street Address or Location Description:				
From I-10 take Loxley exit south. Head south on Hwy 59 for a	pprox 1.3 mi, turn east on	to CR 68. Approx. 5.	8 mi then north on CR	
68 and approx. 1 mile. Turn north on Old Brady Rd and site is Item II.	aaprox20 mi on west sic	le of road.		
List name of current ultimate receiving water(s) (indicate if through I	MS4) and the number of dis	urbed acres which dra	ins through each	
treatment system or BMP: Add additional sheet(s) if necessary.		The second secon		
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 pollutant discharge(s) and their location(s):	ts occur from the site? If "Y	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 inspect	ion? 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:	ly present onsite at the time	of inspection? If "Yes	s" please provide a	
4. TYES NO Have any BMPs failed to operate as designed failed:	d? If "Yes", please provide	location(s) and descrip	otion of BMP(s) that	
 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 when 	at were not installed or insta	lled in a manner not c	onsistent with the	
failed: 5. ☐ YES ☒ NO Were there BMPs required by the CBMPP that	at were not installed or insta	lled in a manner not c	onsistent with the	
failed: 5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe	at were not installed or insta re the BMPs were not instal	lled in a manner not c	onsistent with the	
failed: 5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe Item IV.	at were not installed or insta re the BMPs were not instal	lled in a manner not c	onsistent with the	
failed: 5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe Item IV. The Permittee shall conduct turbidity monitoring in accordance with	at were not installed or insta re the BMPs were not instal Part V of the permit:	lled in a manner not c	onsistent with the	
failed: 5. ☐ YES ☒ NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe Item IV. The Permittee shall conduct turbidity monitoring in accordance with 1. ☐ YES ☒ NO Is this facility a Priority Construction Site?	at were not installed or instal re the BMPs were not instal Part V of the permit:	lled in a manner not c	onsistent with the	

	2.50" RAINFALL ON JULY 31, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			The second secon

"Based upon the inspection of (date & time) \(\frac{1}{2} - \frac{1}{2} \) 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 contropractices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and
authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base 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 Denny	Date 8/1/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	10 23/2018

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.

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	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 aaprox	mi, turn east ont 20 mi on 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 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 fi	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 1	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 o	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed 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 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 acc	res?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspe				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data in		ached.		

Item V.			
Weather Conditions:	1.50" RAINFALL ON AUGUST 8, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
2 mointage	Ditte, Tame, mice Document of Disapped Committee	Sample 2 as and	1)
_			
(list: QCI or QCP identific maximum extent pra runoff, except for the practices, and the reauthorized process on my inquiry of the submitted is, to the reproduced, is consisubmitting false information.	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, as stent in format and identical in content to the Armation, including the possibility of fines and imprison.	sources of pollution in stormwater and authorized the facility's CBMPP, good sediment, erosion, a have been tested or evaluated for the presence of this document and all attachments were prepared personnel properly gather and evaluate the infose persons directly responsible for gathering the innd complete. I certify that this form has not bee DEM approved form. I am aware that there are sonment for knowing violations."	CP identified below. The regularly maintained to the related process wastewater and other pollution control ron-stormwater and non-ed under my direction or rmation submitted. Based formation, the information altered, and if copied or e significant penalties for
Name & Designation Paul Penry, Area 20		Signature	Date 8/9/2018
		Twenty JV	
Name & Title of Perm Frank Burt, Comm	nittee Responsible Official nission Chairman	Signature	Date 5

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.	DEPARIM	ENI. IF SPACE IS IN	SUFFICIENT, CONTINU	DE ON AN ATTACHED
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	7-0371		
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				8 mi then north on CR
Item II.	uapross	.20 III on west sid	e or rough	
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.		n: 1 1.	D: 1 D: "	D
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River	International Control	10		YES NO
				YES NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.		*		
1. TYES 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. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspect	on? 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:	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 "Y	es", please provide	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 who				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	f the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. The YES NO Has the facility disturbed greater than 10 ac	res?			
3. TYES NO Was the site discharging at the time of inspec	ection?			

4. \square YES \boxtimes NO Samples collected, if "Yes", sampling data must be attached.

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		MANAGEMENT AND	

"Based upon the inspection of (date & time) $8-20-18$	7:00 Arcanducted by the QCP, QCI, or a qualified person
(list: WAYAR BYRC) under the direct supervision of the QCP identified below. The
QCI or QCP identified below ceftifies that effective structural and non-st	ructural BMPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all se	ources of pollution in stormwater and authorized related process wastewater
	the facility's CBMPP, good sediment, erosion, and other pollution control
	have been tested or evaluated for the presence of non-stormwater and non-
	this document and all attachments were prepared under my direction or
	d personnel properly gather and evaluate the information submitted. Based
	e persons directly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true, accurate, an	d 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 AL	DEM approved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and impris-	onment for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Faul Ferry	Date 8/20/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Surf	Date 23/20/8

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.

Item I.				
Permittee Name:	Facility/S	ite Name:		
Baldwin County Commission	Old Brac	ly Road Pit		
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	umber:		
30.39'3.431 N 87.39'27.786 W	251-937-0	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				8 mi then north on CR
Item II.	F			
List name of current ultimate receiving water(s) (indicate if through I treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and th	he number of dist	ırbed 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):	nts occur fro	om 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 th	ne 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 present (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 "Yes	", please provide l	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 who				
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 acr	res?			
3. TYES NO Was the site discharging at the time of inspe	ection?			
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data n	nust be atta	ched.		

Weather Conditions:	.75 " RAINFALL ON AUGUST 20, 2018		T
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
\$1			
		_	

ist: Way CI or QCP identification aximum extent practices, and the reathorized process appreciation in according my inquiry of the abmitted is, to the eproduced, is considered.		sources of pollution in stormwater and authoring the facility's CBMPP, good sediment, erosion have been tested or evaluated for the presence this document and all attachments were pred personnel properly gather and evaluate the se persons directly responsible for gathering the document. I certify that this form has not DEM approved form. I am aware that ther	the QCP identified below. The process wastewate on, and other pollution controls of non-stormwater and no epared under my direction information submitted. Basine information, the information been altered, and if copied
ame & Designation aul Penry, Area 2		Signature	Date 8/21/2018

Frank Burt, Commission Chairman

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	Old Bra	ndy Road Pit		
Permit Number:	County:			
ALR6850034	Baldwin	n		10
Facility Entrance Latitude & Longitude:	Phone N	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				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 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
			160	☐ YES ☐ NO
Item III.			landa a companya da companya d	***************************************
 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:		1	,,	()
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 o	of inspection? If "Yes	" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Ye	es", please provide l	ocation(s) and descrip	tion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who				
Item IV.	95		-	
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	the permit:		
1. YES NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 acc	res?			*
3. ☐ YES ☒ NO Was the site discharging at the time of inspe				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data in		tached.		

	5.5" RAINFALL ON SEPTEMBER 4, 2018		3 4 50 50
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		,	

"Based upon the inspection of (date & time) Graduate 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	Date 9/5/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Start	Date 19233015

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		ady Road Pit		
Permit Number: ALR6850034	County Baldwi			
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	7-0371		
Facility Street Address or Location Description:		edipation and provide a second		9
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				8 mi then north on CR
Item II.	aaprox.	.20 III on west sid	e or roug.	
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.				
YES ⋈ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	its occur	from 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 inspect	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:	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 "Y	es", please provide	location(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 who				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n Part V c	of 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 i		ttached.		

Weather Conditions:	1.5" RAINFALL ON SEPTEMBER 5, 2018		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		<u> </u>	
		у	

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature	Date 9/6/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature June	Date 1923/2018

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.

Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission		Old Brady Road Pit		
Permit Number: ALR6850034	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	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				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 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. TYES NO Did discharges of sediment or other pollutant 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. 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 o	of inspection? If "Yes	s" please provide a
4. ☐ YES ☒ NO Have any BMPs failed to operate as designed failed:	ed? If "Ye	es", 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 who				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	f the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 ac	cres?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspe				
4. TYES NO Samples collected, if "Yes", sampling data r		tached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			×
			
			120000000000000000000000000000000000000
41			

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Derny h	Date 9/11/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature	Date 12/2018
		, ,

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.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEITHEIM	EIVI. II SI ACE IS II	SOLFICIENT, CONTINU	SE ON AN ATTACLED
Item I.	1			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:		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 aaprox.	3 mi, turn east ont .20 mi on west sid	o CR 68. Approx. 5. e of road.	8 mi then north on CR
Item II.	1		<u> </u>	
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. TYES NO Did discharges of sediment or other pollutan	ıts occur f	rom the site? If "Y	es", please list a descr	iption of the
discharge(s) and their location(s):				
	al y			
2. XES NO Were BMPs properly implemented and mair descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
assorptions of DN2 s that need manifestation				
3. YES NO Are BMPs needed in addition to those alread	dv present	onsite at the time of	of inspection? If "Yes	s" please provide a
description and location of additional BMPs that are needed:	-) F		,,	presse provide u
		,		
4. YES NO Have any BMPs failed to operate as designed.	ed? If "Ye	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
failed:				
5. TYES NO Were there BMPs required by the CBMPP th		ot installed on instal	Ilad in a mannau nat a	
CBMPP? If "Yes", please provide a description and location whe				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	ı Part V o	f the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acr	res?			
3. TYES NO Was the site discharging at the time of inspection?				

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

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
ischarge Politi #	Date, Time, and Location of Samples Collected	Sample Results	Alialytical Method(s)
			001100000000000000000000000000000000000
in T			
		www.sis.susawaisallool.susawaisallool.susawaisallool.susawaisallool.susawaisallool.susawaisallool.susawaisallo	

"Based upon the inspection of (date & time)/ Conducted by the QCP, QCl, or a qualified person
(list: 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 /	Date 9/12/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sunt	Date 10/23/13
		, ,

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:		98
Baldwin County Commission	Old Br	Old Brady Road Pit		
Permit Number:	County	County:		
ALR6850034	Baldwi	n		
Facility Entrance Latitude & Longitude:	100000000000000000000000000000000000000	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, turn east ont .20 mi on west sid	o CR 68. Approx. 5.5 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 number of dist	urbed acres which dra	7
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				8
1. TYES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	its occur f	from 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:	itained 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	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:	d? If "Yo	es", please provide l	ocation(s) and descrip	otion 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	ı 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 acr	res?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data n	nust be at	tached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

		The state of the s	
			,
ist: OCI or QCP identification aximum extent praunoff, except for the ractices, and the recuthorized process supervision in according my inquiry of the abmitted is, to the leproduced, is consi	pection of (date & time) 9-24-19 Add below certifies that effective structural and non-structural effective structural and non-structural effective structural and non-structural effective structural and non-structural effective structural end non-structural end per effective structural end per effective structural end per effective structural end non-structural end per effective structural end non-structural end per effective structural e) under the direct supervision of tructural BMPs have been fully implemented burces of pollution in stormwater and author the facility's CBMPP, good sediment, erosinave been tested or evaluated for the presenthis document and all attachments were put personnel properly gather and evaluate the persons directly responsible for gathering the document. 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 ized related process wastewater on, and other pollution control of non-stormwater and nor repared under my direction of information submitted. Base the information, the information to been altered, and if copied of
me & Designation	of OCI or OCP	Signature \(\cappa_{\text{.}}\)	Date

Signature

Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman

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	approx 1.3 mi, turn east on aaprox20 mi on west sid	to 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 dis	turbed 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 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 main descriptions of BMPs that need maintenance:	ntained at the time of inspec	tion? 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 inspection? If "Yes	s" please provide a	
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 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.				

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
8			(0)
4			
			A 70.10 M TO

based upon the hispection of (date & time)
(list:) 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 Julio	Date 9/25/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Sank Sunt	Date 12/33/24/8
		, , , , , , , , , , , , , , , , , , , ,

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.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DETTICTIVE	EIVI. II SIRCE IS II	borratry, corving	SE OTTETTI MCLED
Item I.	_			
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County	:		
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone I	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	ipprox 1 aaprox.	3 mi, turn east ont .20 mi on west sid	o CR 68. Approx. 5.8 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 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
T. III				
Item III.		C 1 ' > TC 432	, n 1 1' . 1	· · · · · · · · · · · · · · · · · · ·
1. YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	its occur i	from the site? If "Y	es", please list a descri	iption of the
2. XES NO Were BMPs properly implemented and main	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
descriptions of BMPs that need maintenance:			*****	
3. TYES NO Are BMPs needed in addition to those alread	dy presen	t onsite at the time (of inspection? If "Yes	" please provide a
description and location of additional BMPs that are needed:				
				· (n) m() 1
 YES ⋈ NO Have any BMPs failed to operate as designe failed: 	ed? If "Yo	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
Tullou.				
5. YES NO Were there BMPs required by the CBMPP th	nat were r	 not installed or insta	lled in a manner not co	onsistent with the
CBMPP? If "Yes", please provide a description and location who				

Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	ı Part V o	f 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. TYES NO Samples collected, if "Yes", sampling data must be attached.

D' 1 D' . #		C I P I	A 1.1 137.1 1/A
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
-			

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature auch I	Date 9/28/2018
Name & Title of Permittee Responsible Official Frank Burt, Commission Chairman	Signature Leant June	Date 10 332018
		7. 7

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			
		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 aaprox.	3 mi, turn east ont .20 mi on west sid	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 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.			2. · · · · · · · · · · · · · · · · · · ·	
1. TYES 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 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.				

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
·····			
20014000			
ist: Wa Wall CI or QCP identificaximum extent pra unoff, except for the reactices, and the reathorized process repervision in accordance in my inquiry of the abmitted is, to the		sources of pollution in stormwater and author the facility's CBMPP, good sediment, erosi have been tested or evaluated for the presenthis document and all attachments were ped personnel properly gather and evaluate these 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 sized related process wastewater ion, and other pollution controller of non-stormwater and not repared under my direction of a information submitted. Base the information, the information to been altered, and if copied of

maximum extent practicable for the prevention and minimization of all sources of pollution in stormwa runoff, except for those deficiencies noted above , in accordance with the facility's CBMPP, good so practices, and the requirements of the permit. I certify that discharges have been tested or evaluated authorized process wastewaters. I certify under penalty of law that this document and all attachr supervision in accordance with a system designed to assure that qualified personnel properly gather an on my inquiry of the person or persons who manage the system, or those persons directly responsible f submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this reproduced, is consistent in format and identical in content to the ADEM approved form. I am a submitting false information, including the possibility of fines and imprisonment for knowing violations	ter and authorized related process wastewater ediment, erosion, and other pollution control for the presence of non-stormwater and non-nents were prepared under my direction or devaluate the information submitted. Based for gathering the information, the information form has not been altered, and if copied or ware that there are significant penalties for
Name & Designation of QCI or QCP Signature	Date
Paul Penry, Area 200 Supervisor	10/1/2018
,	///
Name & Title of Permittee Responsible Official Signature	Date 1
Frank Burt, Commission Chairman	10/23/2018
ADEM CSW Inspection Report Form 041111	2 of 2