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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.	
Permittee Name:	Facility/Site Name:
Baldwin County Commission	Intersection CR32 at CR55
Permit Number:	County:
ALR10BDJY	Baldwin
Facility Entrance Latitude & Longitude:	Phone Number:
30.4725, -87.7508	251-937-0371
Facility Street Address or Location Description:	

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

Item	II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.					
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall		
Baker Branch	2.39		YES NO		
Baker Branch	2.39		YES NO		
			YES NO		
YES NO					
			🗌 YES 🗌 NO		

Item III.

- 1. YES X 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. X YES 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. YES X 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. YES X 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:

Contraction of the	The Permittee shall cor	nduct turbidity monitoring in accordance with Part V of the permit:	CONTRACTOR OF THE OWNER.
and a second second second	1. 🗌 YES 🖾 NO	Is this facility a Priority Construction Site?	Number of Street, or other
Service contractions	2. 🗌 YES 🛛 NO	Has the facility disturbed greater than 10 acres?	Contraction of the local division of the loc
	3. 🗌 YES 🖾 NO	Was the site discharging at the time of inspection?	al summer of
	4. 🗌 YES 🖾 NO	Samples collected, if "Yes", sampling data must be attached.	The statement of the st

Weather Conditions: 1.60" of rain			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

# "Based upon the inspection of (date & time) 10-25-18 11:00 AM conducted by the QCP, QCI, or a qualified person

(list: Mat Wirus T5358) 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 Frech Af	Date 1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	LA ELD	1-29-19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.			
Permittee Name: Baldwin County Commission	Facility/Site Name: Intersection CR32 at CR55		
Permit Number: ALR10BDJY	County: Baldwin		
Facility Entrance Latitude & Longitude: 30.4725, -87.7508	Phone Number: 251-937-0371		
Facility Street Address or Location Description: From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.			

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List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Baker Branch	2.39		YES NO
Baker Branch	2.39		YES NO
			YES INO
			YES NO
			YES INO

Item III.

- 1. YES X 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. 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. 🗌 YES 🕅 NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

5. YES X 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:

Т	he Permittee shall con	nduct 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 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
	ection of (date & time) <u>11-1-18</u> 11:00 A	NAN KATALAN KATALAN KATANG	and a second

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 1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	Cel- Hal	1-29-19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.	
Permittee Name:	Facility/Site Name:
Baldwin County Commission	Intersection CR32 at CR55
Permit Number: ALR10BDJY	County: Baldwin
Facility Entrance Latitude & Longitude:	Phone Number:
30.4725, -87.7508	251-937-0371
Facility Street Address or Location Description:	

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

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List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Baker Branch	2.39		YES NO
Baker Branch	2.39		YES NO
			YES NO
			YES NO
			YES NO

Item III.

1. XES 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):

Over top of silt fence North East side of CR-55 and CR-32

- 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. YES X 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. XES INO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

BMP silt fence failed with washout over top

5. YES X 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:

Th	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 acres?	
3.	X 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.

Weather Conditions: Rain 1.70in.				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
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"Based upon the inspection of (date & time) <u>11-13-18</u> (1."30 Pm) conducted by the QCP, QCI, or a qualified person
(list: <u>Christopher J. Burd</u> <u>T5295</u> ) 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
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	Signature	Date
Frank Lundy, Operations Manager	Frich III	1-28-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature	Date 1-29 - 19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.	
Permittee Name:	Facility/Site Name:
Baldwin County Commission	Intersection CR32 at CR55
Permit Number:	County:
ALR10BDJY	Baldwin
Facility Entrance Latitude & Longitude:	Phone Number:
30.4725, -87.7508	251-937-0371
Facility Street Address or Location Description:	

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Baker Branch	2.39		YES NO
Baker Branch	2.39		YES NO
			YES NO
			YES INO
			YES INO

Item III.

- 1. YES X 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. X YES 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. YES X 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 X 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:

Г	The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:		
1	. 🗌 YES 🖾 M	Is this facility a Priority Construction Site?	
2	. 🗌 YES 🖾 M	Has the facility disturbed greater than 10 acres?	
3	. 🗌 YES 🖾 M	Was the site discharging at the time of inspection?	
4	. 🗌 YES 🖾 M	Samples collected, if "Yes", sampling data must be attached.	

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Item v.				
Weather Conditions: Fair				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
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"Based upon the inspection of (date & time) 11/16/18 10:30 am Dusth Thweets T4009 (list:

conducted by the QCP, QCI, or a qualified person

) under the direct supervision of the QCP identified below. The OCI or OCP 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 nonauthorized 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	Frich JJ	1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	CALE AN	1 - 79 - 19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Permittee Name: Baldwin County Commission	Facility/Site Name: Intersection CR32 at CR55	
Permit Number: ALR10BDJY	County: Baldwin	
Facility Entrance Latitude & Longitude: 30.4725, -87.7508	Phone Number: 251-937-0371	
Facility Street Address or Location Description:		

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

Item II.				
List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.				
Receiving Water Disturbed Acres Discharge Point # Representative Out				
Baker Branch	2.39		YES NO	
Baker Branch	2.39		YES NO	
			YES NO	
			YES NO	
			YES NO	

Item III.

Item I.

- 1. YES X 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. XYES 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. 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. YES X NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

5. YES X 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:

	The Permittee shall con	nduct turbidity monitoring in accordance with Part V of the permit:
and the second se	1. 🗌 YES 🖾 NO	Is this facility a Priority Construction Site?
and the second se	2. 🗌 YES 🖾 NO	Has the facility disturbed greater than 10 acres?
Contraction of the local division of the loc	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
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Item V.			
Weather Conditions:	Fair		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time)  $\frac{\text{Tuesday } 11-20-18}{1300}$  conducted by the QCP, QCI, or a qualified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision of the QCP identified person (list: Dusth Thuest TH 2009) under the direct supervision (list: Dusth 2009) under the direct supervision (list: Dusth 2009) u ) 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 nonauthorized 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 1-28-19
Signature	Date $1 - 29 - 15$
	Freh 24

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.		
Permittee Name:	Facility/Site Name:	
Baldwin County Commission	Intersection CR32 at CR55	
Permit Number:	County:	
ALR10BDJY	Baldwin	
Facility Entrance Latitude & Longitude:	Phone Number:	
30.4725, -87.7508	251-937-0371	
Facility Street Address or Location Description:		
Energy I (E tales AI 50 Courth 12 A will be Tales CD 22		

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

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Item	
Intill	11.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Baker Branch	2.39		YES NO
Baker Branch	2.39		YES NO
			YES NO
			YES NO
			YES NO

Item III.

1. XES 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):

sediment over top small portion of silt fence

- 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. YES X 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. XES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

more sediment washed than the silt fence could handle

5. YES X 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:

1100 C	The	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 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)
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		or contrainers withing the structure and so	

"Based upor	the inspection	of (date & time)	) Monday	12-3-18	1:30
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conducted by the QCP, QCI, or a qualified person

(list: <u>Dustin Therease</u> **TH** 400 9 ) 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 Frank M	Date 1-28-19
	Contract that I Saturday and the		
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman		Signature	Date
Chances 1. Gruber, Commission Chanman	and the second second second	Chis Hou	1-29-19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Tichi I.		
Permittee Name:	Facility/Site Name:	
Baldwin County Commission	Intersection CR32 at CR55	
Permit Number: ALR10BDJY	County: Baldwin	
Facility Entrance Latitude & Longitude:	Phone Number:	
30.4725, -87.7508	251-937-0371	
Facility Street Address or Location Description:		
From L65 take AL-59 South 13.4 miles Take CR 33	west 2.8 miles to the project site	

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II

Itom I

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.						
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall			
Baker Branch	2.39		YES NO			
Baker Branch	2.39		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. 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. 🗌 YES 🖾 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:

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 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: fair					
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)		
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"Based upon the inspection of (date & time) Friday 12-7-18 1:30 (list: Duttin T. T# 4009 conducted by the QCP, QCI, or a qualified person

(list: Duth T,  $T \neq 4609$ ) 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 1-28-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman		Date $1 - 2\xi - 19$

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.		
Permittee Name:	Facility/Site Name:	
Baldwin County Commission	Intersection CR32 at CR55	
Permit Number: ALR10BDJY	County: Baldwin	
Facility Entrance Latitude & Longitude:	Phone Number:	
30.4725, -87.7508	251-937-0371	
Facility Street Address or Location Description:		
E		

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

Item II.					
List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.					
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall		
Baker Branch	2.39		YES NO		
Baker Branch	2.39		YES NO		
			YES NO		
			YES NO		
			YES NO		

Item III.

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Teams T

- 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. 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. XES XEN Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that

5. YES X 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:

-	The Permittee shall cor	duct turbidity monitoring in accordance with Part V of the permit:
	1. 🗌 YES 🖾 NO	Is this facility a Priority Construction Site?
		Has the facility disturbed greater than 10 acres?
	3. 🗌 YES 🖾 NO	Was the site discharging at the time of inspection?
4	4. 🗌 YES 🖾 NO	Samples collected, if "Yes", sampling data must be attached.

Item V.				
Weather Conditions: 2.38 inches of rain fell over the weekend				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
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"Based upon the inspection of (date & time) Marday 12-10-18 1:45 conducted by the QCP, QCI, or a qualified person
(list: DUSTIN Thuest TI Your ) 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 1-28-19
Name & Title of Permittee Responsible Official the facility disturbed greater if <b>Charles F. Gruber, Commission Chairman</b>	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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Item I.		
Permittee Name:	Facility/Site Name:	
Baldwin County Commission	Intersection CR32 at CR55	
Permit Number:	County:	
ALR10BDJY	Baldwin	
Facility Entrance Latitude & Longitude:	Phone Number:	
30.4725, -87.7508	251-937-0371	
Facility Street Address or Location Description:		
From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.		

Item	II.
ruun	<b>TT</b>

List name of current ultimate receiving water(s) (indicate if through MS4) treatment system or BMP: Add additional sheet(s) if necessary.	) and the number of dist	urbed acres which dra	ins through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Baker Branch	2.39		YES NO
Baker Branch	2.39		YES NO
			YES NO
			YES NO

Item III.

1. XES 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):

## sediment over top small portion of silt fence

- 2. X YES 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. XES 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:

## could use more silt fence along north and south side of CR-32

4. XYES INO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

## more sediment washed than the silt fence could handle

5. Style Sty

## Item IV.

	The Permittee shall cor	nduct 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 acres?
Contraction of the second s	3. 🗌 YES 🖾 NO	Was the site discharging at the time of inspection?
	4. 🗌 YES 🖾 NO	Samples collected, if "Yes", sampling data must be attached.

YES NO

Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
· · · · ·		
		)
	3 - C (1997) + 199	2 
		6 1
		5
	Date, Time, and Location of Samples Collected	

"Based upon the inspection of (date & time) Friday 12-14-18

conducted by the QCP, QCI, or a qualified person

(list: Dugth The the direct  $T \neq 4000$  ) 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 1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	CRIS AN	1-39-19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Permittee Name:	Facility/Site Name:
Baldwin County Commission	Intersection CR32 at CR55
Permit Number:	County:
ALR10BDJY	Baldwin
Facility Entrance Latitude & Longitude:	Phone Number:
30.4725, -87.7508	251-937-0371
Facility Street Address or Location Description:	

From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.

Item	II.

Item I

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.				
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Baker Branch	2.39		YES NO	
Baker Branch	2.39		YES INO	
			YES NO	
			YES NO	
			YES NO	

Item III.

1. XES 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):

sediment over top small portion of silt fence

- 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. YES X 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. XES INO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

sediment washed over two small portions of silt fence

5. YES X 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:

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:			
1. 🗌 YES 🖾 🛛	Is this facility a Priority Construction Site?		
2. 🗌 YES 🖾	Has the facility disturbed greater than 10 acres?		
3. 🗌 YES 🖾 1	Was the site discharging at the time of inspection?		
4. 🗌 YES 🔯 1	Samples collected, if "Yes", sampling data must be attached.		

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
ischarge i Ollit #	Date, Time, and Location of Samples Confected	Jampie Results	Analytical Method(s)
	-		
944.000 to 2000 to 2000 to 2000 to 2000			

"Based upon the inspection of (date & time) 11:00 A M conducted by the QCP, QCI, or a qualified person
(list: Mail Ulrich T5358 1-2-19 11:00 cm ) 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 1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	Chiz Ala	1-29-19

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. <u>PLEASE TYPE OR PRINT IN INK</u>.

Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Intersection CR32 at CR55		
Permit Number:	County:		
ALR10BDJY	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30.4725, -87.7508	251-937-0371		
Facility Street Address or Location Description:			
From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.			

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Item I

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.				
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Baker Branch	2.39		YES NO	
Baker Branch	2.39		YES NO	
			YES NO	
			YES NO	
			TYES NO	

Item III.

1. XES 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):

## sediment over top small portion of silt fence

- 2. X YES 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. YES X 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. XYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:

## sediment washed over two small portions of silt fence

5. YES X 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:

The Permittee shall cor	nduct 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 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.

cather Conditions.	0.8 inches of rain fell overnight		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
-	4	5-	

"Based upon the inspection of (date & time) Friday 1-4-19 (list: Dutable The game THE game L) 10 gam

conducted by the QCP, QCI, or a qualified person

(list: <u>Dushn Threen TH-Good 12:50 pm</u>) 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 1-28-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	Celt Mar	1-29-19