Permit Number	Item I.					
Baldwin County Commission Old Brady Road Pit Permit Number: ALR689034 County: Baldwin Pone Number: 231-937-0371 Pacility Entrance Latitude & Longitude: 30.397-3431N 87.39727786 W 221-937-0371 Pacility Street Address or Location Description: Prom 1-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mi, turn east onto CR 68. Approx. 5.8 mi then north on CR 68 and approx. 1.1 mile. Turn north on Old Brady Rd and stire is approx. 2.0 m ion west side of road. Item II. List rame 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 Styx River 10		Escility/Cita Nama				
Permit Number: ALR6859034 Facility Entrance Latitude & Longitude: 3.03/93-431 N 87.39/27.786 W 251-937-0371 Facility Street Address or Location Description: From 1-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mi, turn east onto CR 68. Approx. 5.8 mi then north on CR 68 and approx. 1 mile. Turn north on Old Brady Rd and site is asprox. 20 mi on west side of road. 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 Distrutbed Acres Distrutbed Acres Discharge Point # Representative Outfall Styx River 10						
Pacility Entrance Latitude & Longitude: 30.39'3.431 N 87.39'27.786 W Pacility Street Address or Location Description: Prom I-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mit, turn east onto CR 68. Approx. 5.8 mi then north on CR 68 and approx. 1 mile. Turn north on Oth Brady Rd and site is aaprox. 20 mi on west side of road. 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 Disturbed Acres Disturbed Acres Disturbed Acres Dischage Point # Representative Outfall Styx River 10	Permit Number:	County:				
Spanner Span	ALR6850034	Baldwin				
Facility Street Address or Location Description: From I-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mi, turn east onto CR 68. Approx, 5.8 mi then north on CR 68 and approx. I mile. Turn north on Old Brady Rd and site is approx. 20 mi on west side of road. 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 Styx River 10 YES NO YES NO	Facility Entrance Latitude & Longitude:	Phone Number:				
From 1-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mi, turn east onto CR 68. Approx, 5.8 mi then north on CR 68 and approx. 1 mile. Turn morth on Old Brady Rd and site is approx. 20 mi on west side of road. 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 Styx River 10 YES NO YES NO	30.39'3.431 N 87.39'27.786 W	251-937-0371				
Sea and approx. 1 mile. Turn north on Old Brady Rd and site is aaprox. 20 mi on west side of road. 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	Facility Street Address or Location Description:					
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				5.8 mi then north on CR		
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. Disturbed Acres Discharge Point # Representative Outfall		aaprox20 mi on v	west side of road.			
Treatment system or BMP: Add additional sheet(s) if necessary. Receiving Water	PARAMETER STATE (CONTROL OF CONTROL OF CONTR	MCA) and the mumbe	n of distribud source which d	raine through each		
Receiving Water		wis4) and the numbe	r of disturbed acres which d	rains through each		
YES NO NO No NO NO NO NO NO		Disturbed	Acres Discharge Point #	Representative Outfall		
	Styx River	10		☐ YES ☐ NO		
Item IV. YES NO NO YES NO Were BMP's properly implemented and maintained at the time of inspection? If "No", please provide location(s) and description of BMP's that need maintenance: YES NO Are BMP's needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMP's that are needed: YES NO Have any BMP's failed to operate as designed? If "Yes", please provide location(s) and description of BMP's If "Yes", please provide a description and location of additional bmP's that are needed: YES NO Have any BMP's failed to operate as designed? If "Yes", please provide location(s) and description of BMP's) that failed: YES NO Were there BMP's 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 BMP's were not installed or installed incorrectly: Item IV. The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit: YES NO Is this facility a Priority Construction Site? YES NO Has the facility disturbed greater than 10 acres? YES NO Was the site discharging at the time of inspection?				☐ YES ☐ NO		
Item III. 1.						
Item III. 1.						
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. ⋈ 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 ⋈ 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 in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed in correctly: 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 acres? 3. □ YES ⋈ NO Was the site discharging at the time of inspection?						
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. ⋈ 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 ⋈ 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: 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 acres? 3. □ YES ⋈ NO Was the site discharging at the time of inspection?						
discharge(s) and their location(s): 2. 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 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: 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 Was the site discharging at the time of inspection?		<i>c</i> 1 :	> T(#37			
descriptions of BMPs that need maintenance: 3.		its occur from the sit	e? If "Yes", please list a des	cription of the		
description and location of additional BMPs that are needed: 4.	2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of	inspection? If "No", please	e provide location(s) and		
failed: 5. ☐ YES ☒ NO Were there BMPs required by the CBMPP that were not 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 acres? 3. ☐ YES ☒ NO Was the site discharging at the time of inspection?		ly present onsite at t	he time of inspection? If "Y	es" please provide a		
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 acres? 3. □ YES ☒ NO Was the site discharging at the time of inspection?		d? If "Yes", please p	provide location(s) and descr	ription of BMP(s) that		
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?						
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?	Item IV.					
 YES NO Is this facility a Priority Construction Site? YES NO Has the facility disturbed greater than 10 acres? YES NO Was the site discharging at the time of inspection? 		Part V of the permi	t:			
 YES NO Has the facility disturbed greater than 10 acres? YES NO Was the site discharging at the time of inspection? 	2 0.73					
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?						
4. YES NO Samples collected, if "Yes", sampling data must be attached.						

Washan Candisiana	1 EAU DAINEALL ON OCTOBER 27 2014	0			
Weather Conditions:	1.50" RAINFALL ON OCTOBER 25, 2018	8		T	
Discharge Point #	Date, Time, and Location of Samples Collected		Sample Results	Analy	tical Method(s)
				1	
				-	
				-	
	6				
8					
				+	
(list:	cobelow certifies that effective structural and non-secticable for the prevention and minimization of all structural end for the prevention and minimization of all structural end for the prevention and minimization of all structures of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualified person or persons who manage the system, or those posts of my knowledge and belief, true, accurate, and stent in format and identical in content to the Alternation, including the possibility of fines and impris	structural BM sources of p the facility have been the this documed personnel se persons diend complete DEM approsonment for	ollution in stormwater and authorized is CBMPP, good sediment, erosion, tested or evaluated for the presence tent and all attachments were prepared properly gather and evaluate the interestly responsible for gathering the interest is a certify that this form has not be eved form. I am aware that there is knowing violations."	QCP identid regularly red related programmer, and other of non-storrared under formation suinformation, are significations.	ified below. The maintained to the maintained to the possible of the possible
Name & Designation			Signature		Date 10/26/2018
Paul Penry, Area 20	oupervisor		Haull Kyh		10/40/4010
Name & Title of Pern	nittee Responsible Official	Т	Signature	Т	Date
0.000 0.000	uber, Commission Chairman		DOG X H I		1/20/200

Item I.					
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	Old Br	ady 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	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	pprox 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.					
1. ☐ YES ☐ NO Did discharges of sediment or other pollutan discharge(s) and their location(s):					
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:	ly presen	t onsite at the time o	of inspection? If "Yes	" please provide a	
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:					
5. 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.	VIII TO THE TOTAL PROPERTY OF THE TOTAL PROP				
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	the permit:			
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?		- www.cato • w Former 697			
2. ☐ YES ☐ NO Has the facility disturbed greater than 10 acr	es?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?					
4. YES NO Samples collected, if "Yes", sampling data must be attached.					

eather Conditions.	2.50" RAINFALL ON NOVEMBER 1, 2018	· · · · · · · · · · · · · · · · · · ·	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	*		
		<u> </u>	
			Ţ-

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature with the signature	Date 11/2/2018
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	Cles Ad	1/29/2019

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DLIMIN	EIVI. II SI NOL IS II	SOFFICIENT, CONTIN	OL ON AN ATTACLED	
Item I.					
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	Old Brady Road Pit				
Permit Number:	County:				
ALR6850034	Baldwi				
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. 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	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.		100			
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur i	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. TYES 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	" please provide a	
4. YES NO Have any BMPs failed to operate as designed failed:	ed? If "Yo	es", please provide	location(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	nat were n ere the BN	ot installed or insta MPs were not install	lled in a manner not c ed or installed incorre	onsistent with the ectly:	
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 acres?					
3. TYES NO Was the site discharging at the time of inspection?					
4. TES NO Samples collected, if "Yes", sampling data must be attached.					

Item v.			
Weather Conditions:	1.50" RAINFALL ON NOVEMBER 12, 20	018	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	,		
1			
(list:QCI or QCP identific maximum extent pra runoff, except for the practices, and the reauthorized process supervision in according in according in according in the reproduced, is consistent to the reproduced, is consistent in the reproduced in the repro	ed below certifies that effective structural and non-secticable for the prevention and minimization of all a chose deficiencies noted above, in accordance with quirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualifies person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a distent in format and identical in content to the A remation, including the possibility of fines and imprison QCI or QCP	sources of pollution in stormwater and authorized the facility's CBMPP, good sediment, erosion, have been tested or evaluated for the presence this document and all attachments were prepared personnel properly gather and evaluate the interpretate persons directly responsible for gathering the and complete. I certify that this form has not be DEM approved form. I am aware that there	QCP identified below. The diregularly maintained to the direlated process wastewater and other pollution control of non-stormwater and non-ared under my direction or formation submitted. Based information, the information sen altered, and if copied or are significant penalties for
Paul Penry, Area 2		Houl Hengh	11/13/2018
	nittee Responsible Official Commission Chairman	Signature	Date

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

SHEET(S) AS NECESSARY. <u>PLEASE TYPE OR PRINT IN INK.</u>			, , , , , , , , , , , , , , , , , , , ,		
Item I.					
Permittee Name:	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	approx 1 approx.	3 mi, turn east ont .20 mi on west side	o CR 68. Approx. 5.	8 mi then north on CR	
Item II.	Т				
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	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 pollutar discharge(s) and their location(s):	nts 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:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and	
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy presen	t onsite at the time o	of inspection? If "Yes	s" please provide a	
4. TYES NO Have any BMPs failed to operate as designed? 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	ı Part V o	f the permit:			
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?					
2. The YES NO Has the facility disturbed greater than 10 acres?					
3. The YES NO Was the site discharging at the time of inspection?					

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

4. YES NO

Weather Conditions:	2.00" RAINFALL ON NOVEMBER 25, 2	018			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)		
	•	•			
			*		
			=		
			8		
"Based upon the inspection of (date & time) In 26-18 Too Amconducted by the QCP, QCI, 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 Paul Penry, Area 2		Signature P	Date 11/26/2018		

Signature

1129/2019

Date

041111

Name & Title of Permittee Responsible Official

Charles F. Gruber, 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. <u>PLEASE TYPE OR PRINT IN INK.</u>					
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 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 1.3 aaprox.	3 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.					
YES ⋈ NO Did discharges of sediment or other pollutant	its occur f	rom the site? If "Y	es" please list a descr	iption of the	
discharge(s) and their location(s):		10111 1110 01101 11 1	es , pieuse iss u deser	.puon or une	
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	dy presen	onsite at the time of	of inspection? If "Yes	" nlease provide a	
description and location of additional BMPs that are needed:	dy present	onsite at the time (of hispection. If Tes	picase provide a	
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:					
5. 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. TYES NO Has the facility disturbed greater than 10 acres?					
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?					

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

4. ☐ YES ⊠ NO

Weather Conditions:	1.50" RAINFALL ON DECEMBER 1, 201	8			
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)		
	•	•			
La de la companya de					
"Based upon the inspection of (date & time) 13-18 7.00 A conducted by the QCP, QCI, or a qualified person (list:					
Name & Designation Paul Penry, Area 20		Signature Pulls	Date 12/3/2018		
Name & Title of Perr	nittee Responsible Official	Signature	Date		
	Commission Chairman	Signature	Date		

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.						
Permittee Name:	Facility/Site Name:					
Baldwin County Commission	Old Br	ady Road Pit				
Permit Number: ALR6850034		County: 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	pprox 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				☐ YES ☐ NO		
Item III.						
 YES ⋈ NO Did discharges of sediment or other pollutan discharge(s) and their location(s): 	ts occur	from the site? If "Y	es", please list a descr	iption of the		
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		
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy presen	t onsite at the time o	of inspection? If "Yes	" please provide a		
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:						
5. The YES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:						
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	f the permit:				
1. YES NO Is this facility a Priority Construction Site?		•				
2. ☐ YES ☐ NO Has the facility disturbed greater than 10 acres?						
3. TYES 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)

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul D.	Date 12/10/2018
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Class & Rob	Date

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

SHEET(S) AS NECESSARY. 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			8 mi then north on CR		
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		
Styx River 10 YES NO					
☐ YES ☐ NO					
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
Item III.					
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur from the site? If "	Yes", please list a descr	ription of the		
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of inspe	ction? If "No", please j	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	e of inspection? If "Ye	s" please provide a		
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Yes", please provide	e location(s) and descrip	ption of BMP(s) that		
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	nat were not installed or instere the BMPs were not inst	talled in a manner not c alled or installed incorre	onsistent with the ectly:		
Item IV.					
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:				
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?					
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?		8		
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)
80 - 0 11		•	
4			

"Based upon the inspection of (date & time) / 1 / 1 / 2 conducted by the QCP, QCI, 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 contro
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 of
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 De La La	Date 12/14/2018
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CDL3 LS	Date 1/29/2019

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

SHEET(S) AS NECESSARY. <u>PLEASE TYPE OR PRINT IN INK.</u> Item I.					
Permittee Name:	Facility/Site Name:		THE		
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 mi, turn east or aaprox20 mi on west si	nto CR 68. Approx. 5. de of road.	.8 mi then north on CR		
Item II.					
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of dis	turbed acres which dra	ains 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.					
 TES NO Did discharges of sediment or other pollutan discharge(s) and their location(s): 	its occur from the site? If "`	Yes", please list a desci	ription of the		
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 1	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	of inspection? If "Ye	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	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	Part V of the permit:				
1. TYES NO Is this facility a Priority Construction Site?					
2. YES NO Has the facility disturbed greater than 10 acr	res?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspe	ection?				
4. ☐ YES ☐ NO Samples collected, if "Yes", sampling data must be attached.					

Sample Results Analytical Method(s)	
	Based upon the inspection of (date & time) 12-11-18 7:00 AM conducted by the QCP, QCI, or a qualified person st: under the direct supervision of the QCP identified below

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	ENT. IF SPACE IS IN	SUFFICIENT, CONTINU	UE ON AN ATTACHED	
Item I.	,				
Permittee Name: Facility/Site Name:					
Baldwin County Commission	dwin County Commission Old Brady Road Pit				
Permit Number: County:					
LR6850034 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 approx 1.3 mi, turn east onto CR 68. Approx. 5.8 mi then north on CR 68 and approx. 1 mile. Turn north on Old Brady Rd and site is aaprox20 mi on west side of road.					
Item II.	Г				
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.		Disturbed Acres	Discharge Point #	Representative Outfall	
Receiving Water		The second secon	Discharge Font #		
tyx River 10 YES NO					
				YES NO	
				YES NO	
				☐ YES ☐ NO	
				YES NO	
Item III.					
1. ☐ YES ☒ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur f	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. 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 failed:	ed? If "Yo	es", please provide l	location(s) and descrip	otion of BMP(s) that	
5. YES 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	eres?				
3. ☐ YES ☒ 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)
	•		

	conducted by the QCP, QCI, or a qualified person
(list: Wayne Rynd) under the direct supervision of the QCP identified below. The
	structural BMPs have been fully implemented and regularly maintained to the
	sources 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
	ed personnel properly gather and evaluate the information submitted. Based
	se persons directly responsible for gathering the information, the information
	nd 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 A	DEM approved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and impri	sonment for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature ()	Date 12/20/2018
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Clas Ha	Date 1/39/2019

Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	Old Bra	dy Road Pit		
Permit Number:	County:			
ALR6850034	Baldwin	1		
Facility Entrance Latitude & Longitude:	Phone N	Jumber:		
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.	aaprox	20 III OII WEST SIG	e of foad.	
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.	,			T
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10	managa aparata sa aya aya aya aya a	☐ 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. TES 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. YES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acres?				
3. TYES NO Was the site discharging at the time of inspection?				
4. YES NO Samples collected, if "Yes", sampling data n	nust be att	ached.		

Item V.				
Weather Conditions: 2.50" RAINFALL ON DECEMBER 28, 2018				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
	•	•		
maximum extent practices, and the recauthorized process vapervision in according on my inquiry of the submitted is, to the breproduced, is consi-	ded below certifies that effective structural and non-sciciable for the prevention and minimization of all nose 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 qualification or persons who manage the system, or those pest of my knowledge and belief, true, accurate, a stent in format and identical in content to the Armation, including the possibility of fines and impri	sources of pollution in stormwater and authorized at 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 indicate complete. I certify that this form has not been DEM approved form. I am aware that there are	related process wastewater and other pollution control f non-stormwater and non- red under my direction or ormation submitted. Based aformation, the information en altered, and if copied or	

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Carel OP 1/h.	Date 1/2/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Class Mar	Date []29/2014

PT	

Permittee Name: Baldwin County Commission	Facility/Site Name:	_	TO THE CONTRACT OF THE PARTY OF	
	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 or	ito CR 68. Approx. 5. de of road	8 mi then north on CR	
Item II.	aupton 120 m on west st	uc 0110uu.		
List name of current ultimate receiving water(s) (indicate if through I treatment system or BMP: Add additional sheet(s) if necessary.	VIS4) and the number of di	sturbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Styx River	10		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
 ☐ 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:	tained at the time of inspec	tion? If "No", please p	provide location(s) and	
3. TES 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. ☐ YES ☒ NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acres?				
3. TYES NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data m	nust be attached.	20.00		

Weather Conditions: 1.00" RAINFALL ON JANUARY 3, 2019				
	•	0 17 1	A 1 1 1 1 2 1 1/2	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	
3				
			,	
	100000000000000000000000000000000000000			
"Based upon the inspection of (date & time)				

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul O.	Date 1/4/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Cll ± H2	Date 1/29/2019

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

-			-
-1	+00	-	Т

Item I.			7	
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	pprox 1.3 mi, turn east of	nto CR 68. Approx. 5. de of road	8 mi then north on CR	
Item II.	auptom 120 mm on west s	0.1044		
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of di	sturbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Styx River	10		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
 ☐ 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. TES 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. 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 in				

Item V.			
Weather Conditions:	1.50" RAINFALL ON JANUARY 23, 2019		_
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
Clist: QCI or QCP identification maximum extent practices, and the reauthorized process supervision in according on my inquiry of the submitted is, to the reproduced, is consubmitting false information.	ded below certifies that effective structural and non-sacticable for the prevention and minimization of all a hose deficiencies noted above, in accordance with equirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualified person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a istent in format and identical in content to the Armation, including the possibility of fines and imprison	sources of pollution in stormwater and authorized the facility's CBMPP, good sediment, erosion, have been tested or evaluated for the presence this document and all attachments were preped personnel properly gather and evaluate the inse persons directly responsible for gathering the nd complete. I certify that this form has not be DEM approved form. I am aware that there sonment for knowing violations."	QCP identified below. The d regularly maintained to the d related process wastewater, and other pollution control of non-stormwater and non-ared under my direction or formation submitted. Based information, the information een altered, and if copied or are significant penalties for
Name & Designation Paul Penry, Area 2		Signature aul Dougla	Date 1/24/2019
	mittee Responsible Official Commission Chairman	Signature	Date
		Chi W	