ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County:			
ALR10BE20	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.998194 -87.667667	251-937-0371			
Facility Street Address or Location Description:				
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars Road, then	Hoyle Bryars Rd West 1.5	Miles to the Bridge.	
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 disturbed acres which dr	ains through each	
Receiving Water	Disturbed	Acres Discharge Point #	Representative Outfall	
UT to Bushy Creek	1.74		☐ 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):	ts occur from the site	? If "Yes", please list a desc	ription of the	
2. XES NO Were BMPs properly implemented and mair descriptions of BMPs that need maintenance:	tained at the time of i	inspection? If "No", please	provide location(s) and	
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present onsite at th	e time of inspection? If "Yo	es" please provide a	
4. YES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:			
1. TYES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acr	res?			
3. TYES NO Was the site discharging at the time of inspection?				
4. TES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.

Weather Conditions:	Cloudy/Rain 1" of rainfall		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			No. of the second secon
	,		

	by the QCP, QCI, or a qualified person
(list: Grew Howell) under the	direct supervision of the QCP identified below. The
QCI of QCP identified below certifies that effective structural and non-structural BMPs have be	een 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 CBMPI	
practices, and the requirements of the permit. I certify that discharges have been tested or e	
authorized process wastewaters. I certify under penalty of law that this document and a	
supervision in accordance with a system designed to assure that qualified personnel properly	
on my inquiry of the person or persons who manage the system, or those persons directly resp	
submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify	
reproduced, is consistent in format and identical in content to the ADEM approved form.	
submitting false information, including the possibility of fines and imprisonment for knowing v	violations."

Name & Designation of QCl or QCP Tyler Mitchell, P.E. Construction Manager	Signature Method	Date 4/9/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature Coll + An	Date 4/15/19

ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County	County:		
ALR10BE20	Baldwi	n		
Facility Entrance Latitude & Longitude:	Phone I	Number:		
30.998194 -87.667667	251-937	-0371		
Facility Street Address or Location Description:				
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.
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
UT to Bushy Creek		1.74		☐ 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 f	rom the site? If "Yo	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 inspection	on? If "No", please p	provide location(s) and
3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:				
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of	the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. 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 must be attached.				

Item V.

Discharge Point #	Sunny 2.50" of rainfall over the weekend		
ischarge Follit #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
THE TANKE IN CO.			

		Marie de la companya	
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"Based upon the inspection of (date & time) 4-15-2019 10:00 conducted by the QCP, QCI, or a qualified person
under the direct supervision of the OCD identified below. The
QCL or QCP igentified 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 Tyler Mitchell, P.E. Construction Manager	Signature	Date 4/15/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature Child Ad	Date 4 - 16 - 19

ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number: ALR10BE20		County: Baldwin		
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30.998194 -87.667667	251-937	-0371		
Facility Street Address or Location Description: From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	le Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.
Item II.	CAM ENGLISHMENT CONTRACTOR			
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
UT to Bushy Creek		1.74		☐ 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): 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:			om in 100, pieme p	novide identificially and
3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:				
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of	the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. 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 must be attached.				

Item V.

eather Conditions:	Sunny 2.50" of rainfall over the weekend		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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			and the second s
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"Based upon the inspection of (date & time) 5/3-2019 (list: Jerchy Howe) 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 Tyler Mitchell, P.E. Construction Manager	Signature Man	Date 5/14/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CLL & Ar	Date 5-17-19

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