Item I.			drove has built builder	
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	CR-9 B	ridge Replacemen	t manualing on the	A. Commercial
Permit Number:	County		are in a spirit in the second spirit in	
ALR10BCH3		n		de de la companya de
Facility Entrance Latitude & Longitude:	Phone I	Number:	emeseration is est to come in	the territory
N30 29' 27.30" W87 47'48.23"	251-937	7-0371	وبواده فندوا فاستمارون	and majorana and the second
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Ta	ake CR-55 south 2.	0 miles. Take CR-48	west 2.5 miles.
Item II.		Comment of the former species of the s		e with the control of the way of the first finding.
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	-1 . A 11	6.6		☐ YES ☐ NO
Polecat Creek		6.6	en outcommonstrates stammer and	-□ YES □ NO
Polecat Creek		6.6	en andrew to define in a section	☐ YES ☐ NO
Polecat Creek		-6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.		anne e de la company e de ferra de la comp		
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur	from the site? If "Y	es", please list a descr	iption of the
		Commercial de Transport de la reconstrucción	CONTRACTOR OF THE CONTRACTOR O	i de amori en la coma de la coma
2. YES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	ntained at	the time of inspect	ion? If "No", please p	provide location(s) and
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3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:				
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4. YES NO Have any BMPs failed to operate as design failed:	ed? If "Y	es", please provide	location(s) and descri	otion of BMP(s) that
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5. YES NO Were there BMPs required by the CBMPP to	hat were i	not installed or insta MPs were not instal	lled in a manner not o	onsistent with the
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go Item IV go i sancon i ga especial como con accomo con esta describa de como como como como como como como	The section of the second	er en	er allende og men om til søde held vær skødelske som	the state of the second section of the second section is a second of the second section in the second section is
The Permittee shall conduct turbidity monitoring in accordance with	h Part V o	of the permit:	e de la companya de La companya de la co	e produce se securiore de la composición del composición de la com
1. XES NO Is this facility a Priority Construction Site?	· · · · · · · · · · · · · · · · · · ·		erina er	to the comment of the
2. TYES NO Has the facility disturbed greater than 10 ac	cres?		CHAKARTUNING (1974) Georgiaalik Kulis (1984)	en de la partir de la compaña de la comp En compaña de la compaña d
3. YES NO Was the site discharging at the time of insp				
4. TYES NO Samples collected if "Yes", sampling data	must be a	ttached		

Weather Conditions:	PC 56°-83° 1.23" Valut	11 Oct 25, 2018 8:00,	m- 3:00pm
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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	y.		ta satirfactor approved

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	N. C.	Signature The The	Date 5-13-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman		Signature CLL+ A.L	Date 5-20-19

Item I.				
Permittee Name:	Facility/S	Site Name:		
Baldwin County Commission		dge Replacemen	t	
Permit Number:	County:			
ALR10BCH3	Baldwin			
Facility Entrance Latitude & Longitude:	Phone No	umber:		
N30 29' 27.30" W87 47'48.23"	251-937-0	0371		
Facility Street Address or Location Description:				
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Tak	te CR-55 south 2.	0 miles. Take CR-48	west 2.5 miles.
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and th	he number of distu	ırbed acres which dra	ins through each
Receiving Water	1	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	(6.6		☐ YES ☐ NO
Polecat Creek	(6.6	¥	☐ YES ☐ NO
Polecat Creek	6.6 YES NO			☐ YES ☐ NO
Polecat Creek	(5.6		☐ YES ☐ NO
Polecat Creek	(5.6		☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): 	nts occur fro	om the site? If "Yo	es", please list a descr	iption of the
2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at th	ne time of inspection	on? If "No", please p	provide location(s) and
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present o	onsite at the time o	of inspection? If "Yes	" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Yes'	", please provide l	ocation(s) and descrip	tion 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 ere the BMI	installed or installers were not installer	led in a manner not co ed or installed incorre	onsistent with the ctly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of t	he permit:		
1. XES NO Is this facility a Priority Construction Site?	11400 3944030000	•		
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acr	res?			
3. ☐ YES ☑ NO Was the site discharging at the time of inspe				
4. ☐ YES ☐ NO Samples collected, if "Yes", sampling data n		ched.		

Weather Conditions:	Partly Cloudy day after 20"	heavy minfall from Nov. 1,	2018
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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N. N. S.			
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QCI or QCP identifi maximum extent pra runoff, except for t practices, and the re authorized process supervision in accor on my inquiry of the submitted is, to the reproduced, is cons	ed below certifies that effective structural and non- acticable for the prevention and minimization of all 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 qualifie e person or persons who manage the system, or tho best of my knowledge and belief, true, accurate, a istent in format and identical in content to the A rmation, including the possibility of fines and impri	sources of pollution in stormwater and authorized in the facility's CBMPP, good sediment, erosion, as have been tested or evaluated for the presence of this document and all attachments were preparted personnel properly gather and evaluate the infection of the presence	regularly maintained to the 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		Signature	Date
Frank Lundy, Ope	tauons manager	Tack ful	5-1-19
	mittee Responsible Official	Signature	Date
Charles F. Gruber,	Commission Chairman	10011 Ant	5-20-19

Item V.

Item I.			The state of the s	
Permittee Name:	Facility	/Site Name:	N 5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Baldwin County Commission	CR-9 F	Bridge Replacemen	t	
Permit Number:	County	2		
ALR10BCH3		in	en Engage enterior a la l	en la reparación de la companya de l
Facility Entrance Latitude & Longitude:	Phone	Number:		
N30 29' 27.30" W87 47'48.23"	251-937	7-0371	**************************************	
Facility Street Address or Location Description:			tis his real assessment and real real	
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. T	ake CR-55 south 2.	0 miles. Take CR-48	3 west 2.5 miles.
Item II.	in many manden in		and the second s	to anything and the second sec
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	1	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	1,	6.6	n e monde es de e e	YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek	4	6.6		☐ YES ☐ NO
Polecat Creek		-6.6	and the state of the	☐ YES ☐ NO
Polecat Creek	- L	6.6		☐ YES ☐ NO
Item III.	1			
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):		NO ENGLES IN THE		
2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:				
4. YES NO Have any BMPs failed to operate as designed failed:	and mil	estadio la inglanga f Peningan angkacaya n	HISTORY IN COMPANY	Livery of the contract of the second
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	ere the Bl	MPs were not install	led or installed incorre	ectly:
Item IV.			District D sea case re-	professional and a gradual and street from
The Permittee shall conduct turbidity monitoring in accordance with	n Part V (of the permit:	dentes and fire a second and a second and	
1. ☐ YES ☐ NO Is this facility a Priority Construction Site?		Francisco	BONG STREET CONTROL	n and har sense.
2. YES NO Has the facility disturbed greater than 10 ac	rec	Here is to represent the control of		reparations on the operation of the second o
3. YES NO Was the site discharging at the time of inspection.			estical establishes	lar v. Brillian Landa [1]
4. YES NO Samples collected, if "Yes", sampling data r		endrad	and a second second second second	To see (Marine Control of the Contro
7. The Mind Samples collected, it less, sampling data i	nust be a	tached.		

Item V.			
Weather Conditions:	Partly Cloudy Wlightrain. 10'	"ininfall from 11/8/18 to 11/9/18 8:0	an
Discharge Point #	Date, Time, and Location of Samples Colle	1	Analytical Method(s)
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"Based upon the inspection of (date & time) Not 1.20 %. Example Conducted by the QCP, QCI, or a qualified person (list: Advision 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 5-1-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CREY MA	Date 5-20-19

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. PLEASE TYPE OR PRINT IN INK.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	5 / B	and all the earliese	Sexual Landaul (1991)	e j vermingskapjel
Item I.				F-12. 10 104 2016 124
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	CR-9 B	ridge Replacemen	it	
Permit Number:	County		and a second contract of the second contract	
ALR10BCH3	Baldwi		on all agreements of	on the state of th
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
N30 29' 27.30" W87 47'48.23"	251-937	-0371		The state of the s
Facility Street Address or Location Description:			ancie (601-10) 40	
From I-10 take HWY 59 south 8.5 miles. Take SR-104	west 2.5 miles. Ta	ake CR-55 south 2.	0 miles. Take CR-4	8 west 2.5 miles.
Item II.				
List name of current ultimate receiving water(s) (indicate if treatment system or BMP: Add additional sheet(s) if necessity	f through MS4) and ssary.	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		6.6	*	☐ YES ☐ NO
Polecat Creek		6.6		- YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6	- Art and a second and a	YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.				A COLUMN TO THE
1. YES NO Did discharges of sediment or other discharge(s) and their location(s):	er pollutants occur	from the site? If "Y	'es", please list a descr	ription of the
2. XYES NO Were BMPs properly implemented descriptions of BMPs that need maintenance:	d and maintained at	the time of inspect	ion? If "No", please	provide location(s) and
3. XYES NO Are BMPs needed in addition to the description and location of additional BMPs that are ne	eded: © St	25+00 H	needs a Ho	ating basinboom.
4. YES NO Have any BMPs failed to operate failed:	e in this back and	adamie saas dienmi f	Render to the terms.	Probability of the second
5. YES NO Were there BMPs required by the CEMPP? If "Yes", please provide a description and loc	cation where the B	MPs were not instal	lled in a manner not o led or installed incom	ectly:
Item IV.	to the major of the state of th	e e portugale and the experience and the experience of	- SEARCH TANK SET - MAJOR DE TO FRANK SEE TO ARENTE AND TO	- China da Characa de la Maria Maria de Caraca
The Permittee shall conduct turbidity monitoring in accord	lance with Part V o	f the permit:	The section of the se	na marin na Palakana na Kabana a T
1. ☑ YES ☐ NO Is this facility a Priority Construct	ion Site?	and the second		
2. TYES NO Has the facility disturbed greater t	han 10 acres?			omas from Asia Brown (1) On a control of colored (1)
3. YES NO Was the site discharging at the tim	ne of inspection?	na roma ser er er er	A CONTRACT OF THE PROPERTY OF	TO SHEET AS THE RESIDENCE OF THE STATE OF TH

4. YES NO

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

Item V. Jear 32 - 500 mederate randell 11/12/18 5:00mm to 11/4/18 11:14 am Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) Discharge Point #

"Based upon the inspection of (date & time) Nov 14 2017, 3:15 pm conducted by the QCP, QCI, or a qualified person (list: 400 pm. 15632 pm.) 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 5-1-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CM 3 AM	Date 520-19

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Permittee Name: Baldwin County Commission	Facility/Site Name: CR-9 Bridge Replacemen	ıt -	
Permit Number: ALR10BCH3	County: Baldwin		Section 1
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47'48.23"	Phone Number: 251-937-0371		
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-1	04 west 2.5 miles. Take CR-55 south 2	.0 miles. Take CR-4	8 west 2.5 miles.
Item II.			
List name of current ultimate receiving water(s) (indicate treatment system or BMP: Add additional sheet(s) if ne	e if through MS4) and the number of dist cessary.	urbed acres which dra	ins through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		YES NO
Polecat Creek	6.6		YES NO
Polecat Creek	6.6	191 14 - K.O. 1441 1440 14 14 14	☐ YES ☐ NO
Polecat Creek	6.6	Annah Territory on Description (Sec. 1)	☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Item III. 1. YES NO Did discharges of sediment or o discharge(s) and their location(s):	ther pollutants occur from the site? If "Y	'es", please list a desc	ription of the
1. YES NO Did discharges of sediment or o			W. Article Market
 YES NO Did discharges of sediment or o discharge(s) and their location(s): YES NO Were BMPs properly implement descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to description and location of additional BMPs that are 	ted and maintained at the time of inspect those already present onsite at the time	of inspection? If "Ye	provide location(s) and
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Item V.			
Weather Conditions:	C 47-62 Canulative 2.54	" overweekend 12/1/18-12/2/18	
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) Dec 3 2016 / 01/5 as conducted by the QCP, QCI, or a qualified person (list: 15633) 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 Add	Date 5-1-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	:	Signature CRL & Mod	Date 5-20-19

Item I.	8	Control of the Contro	A market and a second and a second a
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR-9 Bridge Replacem	ent	
Permit Number:	County:		
ALR10BCH3	Baldwin	ME 2 DESIGN Y D =	. i
Facility Entrance Latitude & Longitude:	Phone Number:		
N30 29' 27.30" W87 47'48.23"	251-937-0371	e and a contract of the contra	
Facility Street Address or Location Description:	e care and a referencia a secondario.		
From I-10 take HWY 59 south 8.5 miles. Take SR-104 w	vest 2.5 miles. Take CR-55 south	2.0 miles. Take CR-4	8 west 2.5 miles.
Item II.	The state of the s	- Taragradenia - Tarage - Statement	
List name of current ultimate receiving water(s) (indicate if t treatment system or BMP: Add additional sheet(s) if necess	hrough MS4) and the number of d ary.	isturbed acres which dra	ins through each
Receiving Water	Disturbed Acre	s Discharge Point #	Representative Outfall
Polecat Creek	6.6		YES NO
Polecat Creek	6.6		YES NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
 YES NO Were BMPs properly implemented a descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to the description and location of additional BMPs that are needed. YES NO Have any BMPs failed to operate as failed: YES NO Were there BMPs required by the CE CBMPP? If "Yes", please provide a description and local 	ose already present onsite at the tinded: s designed? If "Yes", please provided that were not installed or i	ne of inspection? If "Ye le location(s) and descri	s" please provide a ption of BMP(s) that
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The Permittee shall conduct turbidity monitoring in accorda	nce with Part V of the permit-	production and the control of the co	
YES □ NO Is this facility a Priority Construction	A CONTRACTOR OF THE CONTRACTOR	Azgstanii i dan	ningki da semid
2. YES NO Has the facility disturbed greater that	The text of the text text of the text of t	of the second	
3. YES NO Was the site discharging at the time		and the second second	Section (Section 1)
	•	The second secon	The second of th
4. ☐ YES NO Samples collected, if "Yes", sampling	ig data must be attached.		

Weather Conditions:	PC 446-636	3.35" pashfall c	unulative for weeking 12/	13/18-12/17/18
Discharge Point #		ation of Samples Collected	Sample Results	Analytical Method(s)
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a restaurant				
				

"Based upon the inspection of (date & time) Nec 17 2618, 2.30 conducted by the QCP, QCI, or a qualified person (list: 1633) 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 Firel J	Date 5-1-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CLO & MAN	Date 580-19

Item I. Permittee Name:	Facility	Site Name:				
Baldwin County Commission		ridge Replacemen				
Permit Number: ALR10BCH3	County: Baldwi	n	re executed a			
Facility Entrance Latitude & Longitude:		Phone Number:				
N30 29' 27.30" W87 47'48.23"	3	251-937-0371				
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-104	west 2.5 miles. Ta	ıke CR-55 south 2	0 miles. Take CR-4	8 west 2.5 miles.		
Item II.				1		
List name of current ultimate receiving water(s) (indicate it treatment system or BMP: Add additional sheet(s) if necessity	f through MS4) and ssary.	the number of dist	urbed acres which dra	ins through each		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Polecat Creek		6.6		☐ YES ☐ NO		
Polecat Creek		6.6	14- 14- 10-	YES NO		
Polecat Creek	1	6.6	(95) 100 100	☐ YES ☐ NO		
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Item III. 1. YES NO Did discharges of sediment or other discharge(s) and their location(s):	er pollutants occur		'es", please list a descr			
Item III. 1. YES NO Did discharges of sediment or other		from the site? If "Y		ription of the		
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ischarge Point #	Date, Time, and Location of Sam	ples Collected	Sample Results	Analytical Method(s
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ny inquiry of the nitted is, to the oduced, is cons nitting false info	e person or persons who manage the best of my knowledge and belief, istent in format and identical in commation, including the possibility of of QCI or QCP	e system, or those person true, accurate, and com- ontent to the ADEM a	ons directly responsible for gathering plete. I certify that this form has approved form. I am aware that	ng the information, the inform not been altered, and if copie

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

Item I.					
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	CR-9 E	ridge Replacemen	it -		
Permit Number:	County		Was 3-2000 10 - 22 na		
ALR10BCH3	Baldwi	n	i di manazarian di ka	- 1	
Facility Entrance Latitude & Longitude:	Phone	Number:			
N30 29' 27.30" W87 47'48.23"	251-937	2-0371	CONTRACTOR DE LA CONTRA		
Facility Street Address or Location Description:	• 100 • · · · · · · · · · · · · · · · · · ·	elegenment of the			
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.	5 miles. T	ake CR-55 south 2.	0 miles. Take CR-4	8 west 2.5 miles.	
Item II.					
List name of current ultimate receiving water(s) (indicate if throug treatment system or BMP: Add additional sheet(s) if necessary.	h MS4) and	the number of dist	urbed acres which dra	ins through each	
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		YES NO	
Polecat Creek		6.6		YES NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Item III.	4 -				
2. X YES NO Were BMPs properly implemented and modescriptions of BMPs that need maintenance:		Assessment the second of the second	a ze mentalian dan den ara sunce sunce	orden contact the sales of	
3. XYES NO Are BMPs needed in addition to those alredescription and location of additional BMPs that are needed: Marchael Basinboom & Sta 25					
4. TYES TYOO Have any BMPs failed to operate as design failed:	d end on. Buthan	utah eti damat Perimpaka	location(s) and descri	problem to the contract	
5. YES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location w	where the B	MPs were not instal	led or installed incorr	ectly:	
Item IV.	The state of the		o ang labar da i dalah dalah mandan		
The Permittee shall conduct turbidity monitoring in accordance wi	ith Part V c	f the permit.	there is a construence of the transition of the construence of the second of the secon	A PART STATE OF CONTRACTOR	
		or the permit.	Alegair All Carrier	or appear to the second of the f	
1. XES NO Is this facility a Priority Construction Site.	THE RESERVE			The second of th	
2. YES NO Has the facility disturbed greater than 10:			antikat Personalah	() in horacon sould	
3. YES NO Was the site discharging at the time of ins	-		TO THE RESIDENCE OF THE PARTY OF	en emineral e polici a polici a pro-	
4. ☐ YES ☑ NO Samples collected, if "Yes", sampling data	a must be a	ttached.			

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	Date, Time, and Location of Sample	es Collected	Sampl	e Results	I	Analytical Method(s
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Signature

Date

Name & Title of Permittee Responsible Official

Charles F. Gruber, Commission Chairman

Item I.			31. Apr. 3 -22.16 C. 1 W. 2 - 274-	A PRINCE A	
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	CR-9 B	ridge Replacemen	t	1	
Permit Number:	County	* (a. 15. power j. 1 % a. (b. 1		-	
ALR10BCH3	Baldwin		***	1	
Facility Entrance Latitude & Longitude:	Phone I	Number:			
N30 29' 27.30" W87 47'48.23"	251-937	-0371		1	
Facility Street Address or Location Description:		i de la companya della companya dell	me on formation		
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Ta	ake CR-55 south 2.	0 miles. Take CR-48	8 west 2.5 miles.	
Item II.					
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each	
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek		6.6		YES NO	
Polecat Creek		6.6	(254 S. R.) a. (5 See	☐ YES ☐ NO	
-Polecat Creek	1	6.6	1 W. = 1 N. + 1 20-4	☐ YES ☐ NO	
Polecat Creek		6.6	and from the s	☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Item III.	1		Carrier view of the second of the		
1. TES NO Did discharges of sediment or other polluta discharge(s) and their location(s):	ints occur	from the site? If "Y	es", please list a descr	ription of the	
2. YES NO Were BMPs properly implemented and ma descriptions of BMPs that need maintenance:	intained a	the time of inspect	ion? If "No", please	provide location(s) and	
3. YES NO Are BMPs needed in addition to those alredescription and location of additional BMPs that are needed:	19.1-	the second second	_ Survey of the Sale of	171	
4. TYES NO Have any BMPs failed to operate as design failed:	l saud a gi Bidan is b	a kadir seli ditensa L	$A_{1}^{2}(x_{1}(x_{1}), y_{1}(x_{2}), y_{2}(x_{2})) = x_{1}^{2}(x_{2}^{2}, y_{2}^{2})$	k general forces on a	
5. YES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location w	here the B	MPs were not instal	lled or installed incom	ectly:	
Item IV.	the state of the state of the	Secretaria de la secono dela secono de la secono dela secono de la secono dela secono de la secono dela secono dela secono dela secono dela secono dela secono de la secono de la secono de la secono de la secono dela seco	to Making Michael Law (Salasha) in the Edward Children (1994) 1994 (1994)	and the state of t	
The Permittee shall conduct turbidity monitoring in accordance with	th Part V	of the permit:	n nach deut der nechte der der der der der der der der der de	en e	
1. XES NO Is this facility a Priority Construction Site?			The second secon	and the second s	
2. TYES NO Has the facility disturbed greater than 10 a	nert with fell				
3. \(\text{YES} \text{ NO} \text{ Was the site discharging at the time of instance.} \)			A CONTRACTOR OF THE PROPERTY OF		
4. TYES MNO Samples collected if "Yes" sampling data must be attached					

	Date, Time, and Location of Samples C	ollected	Sample Results		Analytical	ivietnod(s)
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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.				The state of the s
Permittee Name:	Facility/Si		8 90 9- E 04.0000000000	** ** *** *** *** *** *** *** *** ***
Baldwin County Commission	CR-9 Brid	lge Replacemen	t	
Permit Number:	County:			
ALR10BCH3	Baldwin		TO METER 18 1 1 1 1 1	- I
Facility Entrance Latitude & Longitude:		mber:	THE PART OF THE CO.	
N30 29' 27.30" W87 47'48.23"	251-937-0	371	enter and a second second second second	
Facility Street Address or Location Description:		-	Andrew Colonia and Colonia	1-1
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2	.5 miles. Tak	e CR-55 south 2.	0 miles. Take CR-48	west 2.5 miles.
Item II.				
List name of current ultimate receiving water(s) (indicate if throug treatment system or BMP: Add additional sheet(s) if necessary.	gh MS4) and th	e number of dist	irbed acres which drai	ns through each
Receiving Water	I	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		5.6	48 4 5 1	☐ YES ☐ NO
Polecat Creek	6	i.6		- YES NO
Polecat Creek		5.6	w west two sor to the	☐ YES ☐ NO
Polecat Creek	6	5.6	rance a section of	☐ YES ☐ NO
Polecat Creek	6	i.6	The state of the same state of	☐ YES ☐ NO
Item III.				
discharge(s) and their location(s): 2. XYES NO Were BMPs properly implemented and madescriptions of BMPs that need maintenance: 3. XYES NO Are BMPs needed in addition to those alr description and location of additional BMPs that are needed:	ready present o	onsite at the time of	of inspection? If "Yes	" please provide a
the state of the s			Programme to the state of the s	Parties - Total and an installation (Parties
4. TES NO Have any BMPs failed to operate as designabled:	eri masah sugari Mis dan ngib da	plik na hijih mpibili. Tamu Japan, kalim	andayan ta inaka a garasa ta inagara	gradically for a company are not seen for the confirm
5. YES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location v	where the BMI	s were not install	ed or installed incorre	ctly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance w	vith Part V of t	he permit:		
1. ☐ YES ☐ NO Is this facility a Priority Construction Site			and the second states of the second second	STORY OF THE PROPERTY OF
2. YES NO Has the facility disturbed greater than 10	T			
3. YES NO Was the site discharging at the time of ins			profit of the process of the series	reduction of the
4. YES NO Samples collected, if "Yes", sampling date		chad	F William Contention	TO THE POST OF THE PROPERTY OF THE PROPERTY OF THE POST OF THE POS
i. Li Teo Al Teo oampies concetted, ii Teo, samping dat	ia musi oc aciai	chea.		

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Early morning Malende showers Weather Conditions: Rolly ew y-PC 61-770 Sample Results Analytical Method(s) Discharge Point # Date, Time, and Location of Samples Collected

"Based upon the inspection of (date & time) Feb 27 2019 1020 am conducted by the QCP, QCI, or a qualified person (list: 1019 an 1563) 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 First II	Date 4-30-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature	Date
	 CU3 AL	122019

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number:	County	County:		
ALR10BCH3	Baldwi	Baldwin		
Facility Entrance Latitude & Longitude:	Phone 1	Number:	e e	
N30 29' 27.30" W87 47'48.23"	251-937	7-0371		
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-104 wes	st 2.5 miles T	ake CR-55 south 2	0 miles. Take CR-4	8 west 2.5 miles.
Item II. List name of current ultimate receiving water(s) (indicate if three	rough MS4) and	the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary	y.	the number of dist	urbed acres winer are	and unrough each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		-6.6		YES NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6	3-	☐ YES ☐ NO
 YES NO Were BMPs properly implemented and descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those description and location of additional BMPs that are needed. 	e already preser	2 8		
			er division so	
 4. YES NO Have any BMPs failed to operate as d failed: 5. YES NO Were there BMPs required by the CBM 	MPP that were	not installed or insta	ılled in a manner not o	consistent with the
CBMPP? If "Yes", please provide a description and location	on where the B	MPs were not instal	lled or installed incom	ectly:
Item IV.			desired to the state of the sta	
The Permittee shall conduct turbidity monitoring in accordance		of the permit:		15 B B
1. XYES 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	of inspection?			
4. YES NO Samples collected, if "Yes", sampling	data must be a	ttached.		

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) Morch 15, 2019 9:00 aum conducted by the QCP, QCI, or a qualified person (list: Accordance with 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 5-17-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Class And	Date 501-19

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. PLEASE TYPE OR PRINT IN INK.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.		•	
Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR-9 Bridge Replacement		
Permit Number:	County:		
ALR10BCH3	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
N30 29' 27.30" W87 47'48.23"	251-937-0371		
Facility Street Address or Location Description:			
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Take CR-55 sou	th 2.0 miles. Take CR-4	8 west 2.5 miles.
Item II.			
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of	disturbed acres which dra	ains through each
Receiving Water	Disturbed Ac	res Discharge Point #	Representative Outfall
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Item III.			
1. YES NO Did discharges of sediment or other polluta discharge(s) and their location(s):	nts occur from the site?	f "Yes", please list a desc	ription of the
2. XES NO Were BMPs properly implemented and ma descriptions of BMPs that need maintenance:	intained at the time of ins	pection? If "No", please	provide location(s) and
3. X YES NO Are BMPs needed in addition to those alrest description and location of additional BMPs that are needed: 60 If of silt fence and 50 If of wattles were placed at Sta 28+			
4. YES NO Have any BMPs failed to operate as design failed:			
5. YES NO Were there BMPs required by the CBMPP of CBMPP? If "Yes", please provide a description and location when the company of the company			
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	th Part V of the permit		
YES □ NO Is this facility a Priority Construction Site?		e ya a katena da	
2. YES NO Has the facility disturbed greater than 10 a		i de la martina de la cal	
		defeation at the	
	•		
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data	must be attached.		

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Item V.

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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"Based upon the inspection of (date & time) 4/5/19, 1/50 0 0, conducted by the QCP, QCI, or a qualified person
"Based upon the inspection of (date & time) 4519 1000, conducted by the QCP, QCI, or a qualified person (list: 15633 under the direct supervision of the QCP identified below. The QCI or QCP identified below certified 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 Frank Lundy, Operations Manager	Signature	Date 6-5-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Class Max	Date 6-6-19

Item I.				
Permittee Name:	Facility/Site	e Name:		The state of the s
Baldwin County Commission		ge Replacemen	t	
Permit Number: ALR10BCH3	County: Baldwin	, .		en e
Facility Entrance Latitude & Longitude:	Phone Nun	nber:		
N30 29' 27.30" W87 47'48.23"	251-937-03	71		
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Take	CR-55 south 2.	0 miles. Take CR-48	3 west 2.5 miles.
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the	number of dist	ırbed acres which dra	ins through each
Receiving Water	D	isturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.0	6		☐ YES ☐ NO
Polecat Creek	6.0	6		☐ YES ☐ NO
Polecat Creek	6.0	6		☐ YES ☐ NO
Polecat Creek	6.	6		☐ YES ☐ NO
Polecat Creek	6.	6		☐ YES ☐ NO
Item III.				
1. TYES NO Did discharges of sediment or other polluta discharge(s) and their location(s):				
2. XES NO Were BMPs properly implemented and ma descriptions of BMPs that need maintenance:	intained at the	time of inspecti	on? If "No", please p	provide location(s) and
3. XYES NO Are BMPs needed in addition to those alredescription and location of additional BMPs that are needed: 140 If of wattles were placed at various locations between S was completed.			-	
4. YES NO Have any BMPs failed to operate as design failed:	ned? If "Yes",	, please provide l	ocation(s) and descrip	otion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location when the case of t				
Item IV.	- W		OCIÁ AMENINO NEL MONTO SE ESPARANTE MESTROPORTO.	
The Permittee shall conduct turbidity monitoring in accordance with	th Part V of th	e permit:		and the second s
1. ☐ YES ☐ NO Is this facility a Priority Construction Site?				
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 a				
3. ☐ YES ☒ NO Was the site discharging at the time of ins			a epice of entire to	
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data		hed.		

Item V.

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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"Based upon the inspection of (date & time) April 5 2019 8:30 am conducted by the QCP, QCI, or a qualified person (list: And 1 and 1 5633 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 6-5-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Club MM	Date 6-6-19

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County: Baldwin			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47'48.23"	Phone Number: 251-937-0371			
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2	2.5 miles. Ta	ke CR-55 south 2.	0 miles. Take CR-48	8 west 2.5 miles.
Item II.				. 1 11
List name of current ultimate receiving water(s) (indicate if throu	igh MS4) and	the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary. Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		0.0	The second secon	
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and descriptions of BMPs that need maintenance: 3. YES NO Are BMPs needed in addition to those a description and location of additional BMPs that are needed.	already preser			
4. TYES NO Have any BMPs failed to operate as de failed:	esigned? If "\	(es", please provide	e location(s) and descr	iption of BMP(s) that
5. YES NO Were there BMPs required by the CBM CBMPP? If "Yes", please provide a description and location	IPP that were on where the P	not installed or inst BMPs were not insta	called in a manner not alled or installed incor	consistent with the rectly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance	e with Part V	of the permit:		
1. X YES NO Is this facility a Priority Construction S				The state of the s
2. YES NO Has the facility disturbed greater than		2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ALE CALLED
3. YES NO Was the site discharging at the time of				e es
4. YES NO Samples collected, if "Yes", sampling		1 1		

Item V.

Discharge Point #	Date, Time, and Location of Samples Collected	d Sample Results		te, Time, and Location of Samples Collected Sample Results		Analytical Method(s)
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"Based upon the inspection of (date & time) April 19, 2019 9:05 km conducted by the QCP, QCI, or a qualified person (list: Archive Lang 15033) 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 Heal	Date 6-5-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CLI L HA	Date 6-6-19

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 SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEPARTMENT. IF SPACE IS INSU	JEFICIENI, CONTINU	JE ON AN ATTACHED
Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR-9 Bridge Replacement		
Permit Number:	County:		
ALR10BCH3	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
N30 29' 27.30" W87 47'48.23"	251-937-0371		
Facility Street Address or Location Description:		10	- 2-
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Take CR-55 south 2.0	miles. Take CR-48	west 2.5 miles.
Item II.	WELD PRODUCE AND AN ADVANCE AND AN ADVANCE AND AN ADVANCE AND AN ADVANCE AND A		¥
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 distur	bed acres which drai	ns through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek 6.6 YES NO			
Item III.			
1. TYES NO Did discharges of sediment or other polluta discharge(s) and their location(s):	unts occur from the site? If "Yes	o", please list a descri	iption of the
2. XES NO Were BMPs properly implemented and madescriptions of BMPs that need maintenance:	intained at the time of inspection	n? If "No", please p	provide location(s) and
3. X YES NO Are BMPs needed in addition to those alre description and location of additional BMPs that are needed:		.97	
Placed 244 If of silt fencing and 40 If of wattle along the ed	ge of recently installed slope p	paved ditches from	25+25 to 26+58 Lt
4. TYES NO Have any BMPs failed to operate as design failed:	ned? If "Yes", please provide lo	cation(s) and descrip	tion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location w	here the BMPs were not installed	d or installed incorre	
Item IV.		2012	3 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The Permittee shall conduct turbidity monitoring in accordance wi		ad as ad 1823 grant o	
	Fig. 2.16 Listing	, i Mysteries in a service in a	ret t
THE PERSON OF TH	energe en la company de la		The state of the s
2. YES NO Has the facility disturbed greater than 10 a			A Tooks, Co.
3. YES NO Was the site discharging at the time of ins			
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data must be attached.			

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	V9 13633	(date & time) April 26 2019 8:30 an conducted by the QCP, QCI, or 15632) under the direct supervision certifies that effective structural and non-structural BMPs have been fully implement

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature Frel III	Date 6-5-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Signature	Date 6-6-19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEFINITION IN OFFICE IS IT	ooiiiaaaii, ooiiiiii		
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number:	County:			
ALR10BCH3	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 29' 27.30" W87 47'48.23"	251-937-0371			
Facility Street Address or Location Description:				
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Take CR-55 south 2	2.0 miles. Take CR-48	west 2.5 miles.	
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of dis	turbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek 6.6 YES NO				
Item III.				
1. XYES 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):				
See Attached				
2. TYES NO Were BMPs properly implemented and ma descriptions of BMPs that need maintenance:	intained at the time of inspec	tion? If "No", please p	provide location(s) and	
See Attached				
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:				
See Attached				
4. XYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
See Attached				
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:				
See Attached			,	
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance wi	th Part V of the permit:			
			e	
2. TES NO Has the facility disturbed greater than 10 a				
3. YES NO Was the site discharging at the time of ins				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.

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) 13, 2019 8:00 am conducted by the QCP, QCI, or a qualified person (list: 15 633) 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 Frak III	Date 6-5-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Che 2 HA	Date 6-6-19

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ITEM III.

1. YES. Sediment losses occurred at several different locations on the jobsite due to an "UPSET RAINFALL EVENT" having received 3.31" of intense rainfall which occurred over the weekend from May 12, through early morning May 13, 2019. The material losses occurred at the following locations:

Station 27+15, 25.0' Rt at the bottom of the riprap slope between the new and existing bridges where excessive flow between the roadways overran the BMP's that were in place.

Station 17+60, 85' Lt where excessive flow deposited sediment beyond the permanent riprap basin.

Station 25+25, 90' Lt where excessive flow from the backslope collapsed the silt fence barrier and deposited sediment into the slope paved flume. All of this sediment was contained inside of the jobsite, however it is my belief that there is an underground spring leaching subsurface sediment into the basin adjacent to the construction site.

- 2. NO. As noted above these locations were succumbed to an "UPSET RAINFALL EVENT" and at the time of inspection the BMP's had been breached and were in desperate need of maintenance. Also the inlet at Station 16+00, 35' Rt needs additional measures applied due in part to the sod having not yet taken root.
- **3. YES**. Additional BMP's are being added to the following locations:

Floating basin boom has been ordered to be placed further upstream at Station 27+15 Rt. Also, after a portion of the (north) old bridge is demolished the deposited sedimentation can be reached and removed properly then the remaining blanket and riprap installed.

Even though the area near the 60" pipe end treatment located at Station 17+60 Lt is scheduled to be seeded, mulched, and sodded the perimeter silt fence will also be revamped or replaced to insure no further sedimentation loss occurs after its' cleaned up.

The long front slope adjacent to the slope paved ditch near Station 25+00 Lt is scheduled for rolled erosion control matting over the additional seeding to help stabilize the shoulder.

As mentioned above, the inlet at Station 16+00 Rt will have an inlet protection device fashioned over it as well as having the surrounding area stabilized with additional sod and mulch.

4. <u>YES.</u> Allowances were made to account for the runoff between the old and new alignments from Station 32+50 to 27+58. However, the "upset event" runoff overran the sump and the runoff exited over the riprap and beyond the floating basin boom.

5. NO. All required BMP's associated with the CBMPP were installed properly, however the location mentioned in number 4. Was not addressed at all in the plan. In essence we were being considerate and proactive in caring for our surroundings.