

# 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: Baldwin County Commission	Facility/Site Name: 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 2.5 miles. Take 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 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> 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:
- ☐ 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:
- ☐ YES ☒ NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
- ☐ 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:

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

[illegible]

"Based upon the inspection of (date & time) Oct 26 2018 8:30am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang 75633) 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 CBMP, 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 QCT or QCP <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-13-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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## Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
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Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
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Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Discharge Point #

Date, Time, and Location of Samples Collected

## Sample Results

Analytical Method(s)

"Based upon the inspection of (date & time) Nov 2 2018 8:00am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 \_\_\_\_\_

Date \_\_\_\_\_

5-20-19



# ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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## Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) Nov 9, 2018, 8:00 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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## Item I.

Permittee Name: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <b>@ Sta 25+00 It needs a floating basin/bam.</b>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: Clear 32°-50° moderate variable 11/12/18 5:00am to 11/14/18 11:14 am

[illegible]

"Based upon the inspection of (date & time) Nov 14 2018, 3:15 pm conducted by the QCP, QCI, or a qualified person (list: Adam Lang 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 CBMP, 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-2-19</b>



# ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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## Item I.

Permittee Name: Baldwin County Commission	Facility/Site Name: 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 2.5 miles. Take 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 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
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Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: Floating basin boom installed @ Sta 25+00 H on Nov 30, 2018.
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) Dec 3, 2018, 10:15 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



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## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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:
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## Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) Dec 17, 2018, 8:30am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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:

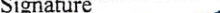

## Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) Dec. 21, 2018, 8:30am 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 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <i>Material loss @ Rt Shoulder Sta. 25+50 Rt North bank basin boom is detached. Basin boom @ Sta 25+00 It needs to be raised &amp; summed.</i>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) Dec 31, 2018 10:15am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# 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: Baldwin County Commission	Facility/Site Name: 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 2.5 miles. Take 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 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> 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:
- ☐ 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:
- ☐ YES ☒ NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
- ☐ 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:



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

Item V.

Weather Conditions: Cloudy, 30°-53° 1.50" moderate-heavy rainfall Jan 23, 2019 10:30am-2:40pm

[illegible]

"Based upon the inspection of (date & time) Jan 24, 2019 8:30 am conducted by the QCP, QCI, or a qualified person (list: Adrian Luna T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-1-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

[illegible]

"Based upon the inspection of (date & time) Feb 27 2019 10:00 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lano 75633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>4-30-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-20-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) March 15, 2019 9:00am conducted by the QCP, QCI, or a qualified person (list: Adrian Lara T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>5-17-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-21-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <b>60 lf of silt fence and 50 lf of wattles were placed at Sta 28+37 to 28+97 Lt. on 3/29/19 in preparation for weekend rainfall.</b>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: Rain , 66-74 degrees. 1.95 inches rainfall overnight April 4 and continuing into weekend.

[illegible]

"Based upon the inspection of (date & time) 4/5/19, 9:30 am. conducted by the QCP, QCI, or a qualified person (list: Adrian Lang TSC331) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-5-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>6-6-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <b>140 lf of wattles were placed at various locations between Sta 15+00 to 29+50 Lt and Rt on 4/18/19 after this rainfall accessment was completed.</b>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: Clear, 75 to 46 degrees. 0.80 inches rainfall Sunday April 4 from moderate rainfall overnight.

[illegible]

"Based upon the inspection of (date & time) April 15, 2019 8:30 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-5-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>6-6-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: Rain, 56 to 65 degrees. 1.53 inches rainfall Thursday overnight and Friday early morning 4/18/19 to 4/19/19.

[illegible]

"Based upon the inspection of (date & time) April 19, 2019 9:05 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 CBMP, 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-5-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>6-6-19</b>



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

## 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
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Polecat Creek</b>	<b>6.6</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO

## Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <b>Placed 244 lf of silt fencing and 40 lf of wattle along the edge of recently installed slope paved ditches from 25+25 to 26+58 Lt</b>
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: Overcast, 60 to 75 degrees. 0.82 inches rainfall Thursday overnight and Friday morning 4/25/19 to 4/26/19.

[illegible]

"Based upon the inspection of (date & time) April 26, 2019 8:30am conducted by the QCP, QCI, or a qualified person (list: Adam Lang T5633) 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 	Date 6-6-19



# 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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>CR-9 Bridge Replacement</b>
Permit Number: <b>ALR10BCH3</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>N30 29' 27.30" W87 47'48.23"</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>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.</b>	

**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
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO
Polecat Creek	6.6		<input type="checkbox"/> YES <input type="checkbox"/> NO

**Item III.**

1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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): <b>See Attached</b>
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: <b>See Attached</b>
3. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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: <b>See Attached</b>
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: <b>See Attached</b>
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: <b>See Attached</b>



**Item IV.**

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
1. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is this facility a Priority Construction Site?	
2. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Weather Conditions: "UPSET EVENT" 3.31 inches, Sunday May 12, through early morning Monday May 13, 2019: Clear, 62\*-85\*

[illegible]

"Based upon the inspection of (date & time) May 13, 2019 8:00 am conducted by the QCP, QCI, or a qualified person (list: Adrian Lang T5633) 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 <b>Frank Lundy, Operations Manager</b>	Signature 	Date <b>6-5-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>6-6-19</b>



ATTACHMENT: STORMWATER INSPECTION REPORT AND BMP CERTIFICATION MAY 13, 2019

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. **YES**. 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.