

# 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 26 From CR 95 to Breman Road</b>
Permit Number: <b>ALR10BEL1</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>30°23'32.28" N, 87°33'52.20" W</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>CR 26 (intersecting with CR 95 on the west side)</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>Hammock Creek</b>	<b>4.39</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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: <i>We have not began work on this project</i>
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: 2.50" OF RAINFALL 4-8-19

[illegible]

"Based upon the inspection of (date & time) 4-8-19 8:30 Am conducted by the QCP, QCI, or a qualified person (list: Johnny JACKSON) 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>4-29-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>4-30-19</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 26 From CR 95 to Breman Road</b>
Permit Number: <b>ALR10BEL1</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>30°23'32.28" N, 87°33'52.20" W</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>CR 26 (intersecting with CR 95 on the west side)</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>Hammock Creek</b>	<b>4.39</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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: <b>CONSTRUCTION HAS NOT YET STARTED</b>
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: 1.50" RAINFALL 4-26-19

[illegible]

"Based upon the inspection of (date & time) 4-26-19 11:30 AM conducted by the QCP, QCI, or a qualified person (list: Johnny JACKSON) 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>5-6-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-8-19</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 26 From CR 95 to Berman Road</b>
Permit Number: <b>ALR10BEL1</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>30°23'32.28" N, 87°33'52.20" W</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>CR 26 (intersecting with CR 95 on the west side)</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>Hammock Creek</b>	<b>4.39</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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: <b>CONSTRUCTION HAS NOT YET BEGUN</b>
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: 3.25" OF RAINFALL 5-13-2019

[illegible]

"Based upon the inspection of (date & time) 5-13-19 8:30 Am conducted by the QCP, QCI, or a qualified person (list: Johnny Jackson) 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>5-15-19</b>
Name & Title of Permittee Responsible Official <b>Charles F. Gruber, Commission Chairman</b>	Signature 	Date <b>5-17-19</b>