

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: Intersection CR32 at CR55
Permit Number: ALR10BDJY	County: Baldwin
Facility Entrance Latitude & Longitude: 30.4725, -87.7508	Phone Number: 251-937-0371
Facility Street Address or Location Description: From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.	

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
Baker Branch	2.39		<input type="checkbox"/> YES <input type="checkbox"/> NO
Baker Branch	2.39		<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 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): sediment over top small portion of silt fence
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 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: sediment washed over one small portions of silt fence
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 type="checkbox"/> YES <input checked="" 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) 1-23-19 conducted by the QCP, QCI, or a qualified person (list: Matt Ulrich T5358) 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 4-29-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature 	Date 4-30-19

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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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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:



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1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Is this facility a Priority Construction Site?
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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) 2-1-19 10:30 conducted by the QCP, QCI, or a qualified person (list: Mat Wirth T5358) 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 4-29-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature 	Date 4-30-19

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Permit Number: ALR10BDJY	County: Baldwin
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4. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions: fair

[illegible]

Based upon the inspection of (date & time) 3-1-19 11:00 conducted by the QCP, QCI, or a qualified person (list: Math Ulrich T5358) 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 Frank Lundy, Operations Manager	Signature 	Date 4-29-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature 	Date 4-30-19

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Weather Conditions: fair

[illegible]

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Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature 	Date 4-29-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature 	Date 4/30/19



BALDWIN COUNTY
HIGHWAY DEPARTMENT
P.O. Box 220
SILVERHILL, ALABAMA 36576
TELEPHONE: (251) 937-0371
FAX (251) 937-0201

JOEY NUNNALLY, P.E.
COUNTY ENGINEER

March 22, 2019

To: Alabama Department of Environmental Management
Water Division
P.O. Box 301463
Montgomery, Al. 36130-1463

Re: Notice of Termination Request
Permit # ALR0BDJY
Intersection CR 32 AT CR 55
Baldwin County
AREA 300

Enclosed please find the Notice of Termination Request, Pictures, & the Final Inspection Form for the above referenced project. Should you have any questions or comments, please advise.

Thank you,

Sincerely,

JOEY NUNNALLY, P.E.
COUNTY ENGINEER

By: _____

Dustin Thweatt
Bridge / Project Coordinator

JN/DT

cc: File (3)
Attachments

TERMINATION REQUEST – GENERAL PERMIT NUMBER ALR100000

NPDES PERMIT NUMBER ALR100000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES THAT RESULT IN A TOTAL LAND DISTURBANCE OF ONE ACRE OR GREATER AND SITES LESS THAN ONE ACRE BUT ARE PART OF A LARGER COMMON PLAN OR DEVELOPMENT OR SALE

**Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463**

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

Item I.

Permittee Name Baldwin County Commission		Facility/Site Name Intersection CR 32 AT CR 55
NPDES Permit Number ALR10BDJY	Facility Street Address <u>or</u> Location Description From I-65 take AL-59 South 13.4 miles. Take CR 32 west 2.8 miles to the project site.	
County(s) Baldwin	City, State, and Zip Code Silverhill, AL, 36576	



Item II.

1. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Has all regulated activity authorized by this Permit at this facility been completed? (i.e. construction/industrial effects removed; solid waste/debris properly disposed; all disturbed areas have been fully reclaimed, permanently stabilized, or perennial vegetative cover established; and stormwater discharges do not represent an adverse impact to water quality.)
2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the Permittee lost operational control of the facility/site?
3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the Permittee lost legal responsibility for the facility/site?

If "Yes" to any or all of questions 2 or 3, in order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible permittee/operator(s) must be listed and the succeeding responsible operator must obtain coverage:

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES permit coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this permit, ADEM Administrative Code Chapter 335-6-6, or other ADEM rules until a complete and correct request for termination of the permit is received by the Department. I understand that the permittee, operator, owner, developer, contractors, home builder(s), property owners association, etc., separately or collectively, must retain permit coverage for subdivision developments or other phased developments until all disturbance activity, including individual home construction, is substantially complete. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOI in order to correct any deficiencies, comply with federal stormwater permitting requirements, and provide for the protection of water quality. "I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other person or persons who manage the system or the facility, I am directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

**SIGN
HERE**

Name & Designation of QCP Frank Lundy, Operations Manager P.E.	Signature 	Date 3-22-19
Name & Title of Responsible Official Charles F. Gruber, Commissioner Chairman	Signature 	Date 3-25-19

ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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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: <div style="text-align: center;"><i>Final stabilization reached</i></div>
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:
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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) 3-26-2019 3:00pm conducted by the QCP, QCI, or a qualified person (list: Dustin Thweatt T#4009) 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 3-27-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature 	Date 3-28-19







