Item I.				
Permittee Name:	Facility/	'Site Name:	Control of the Contro	
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	-0371		
Facility Street Address or Location Description:				
From I-10 take Loxley exit south. Head south on Hwy 59 for a	pprox 1.3	3 mi, turn east ont	o CR 68. Approx. 5.	8 mi then north on CR
68 and approx. 1 mile. Turn north on Old Brady Rd and site is Item II.	aaprox.	.20 mi on west sid	e of road.	
List name of current ultimate receiving water(s) (indicate if through l	MS4) and	the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.		- The manual of the control of the c		an anough caen
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				de la companya de la
1. YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	its occur f	rom the site? If "Y	es", please list a descr	iption of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present	onsite at the time o	of inspection? If "Yes	" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	d? If "Ye	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location whe				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of	the permit:		
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?				
2. Tyes NO Has the facility disturbed greater than 10 acr	res?			
3. TYES NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data m	nust be att	ached.		

Item V. 1.50" RAINFALL ON JANUARY 23, 2019 Weather Conditions: Analytical Method(s) Discharge Point # Date, Time, and Location of Samples Collected Sample Results "Based upon the inspection of (date & time) / -24-19 7/20 AM conducted by the QCP, QCI, or a qualified person) 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 nonauthorized 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." Date Name & Designation of QCI or QCP 1/24/2019 Paul Penry, Area 200 Supervisor Name & Title of Permittee Responsible Official Date Signature Charles F. Gruber, Commission Chairman CDQ 3 39/249

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

Item I.			
Permittee Name:	Facility/Site Name:	The state of the s	
Baldwin County Commission	Old Brady Road Pit		
Permit Number:	County:		
ALR6850034	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30.39'3.431 N 87.39'27.786 W	251-937-0371		
Facility Street Address or Location Description:			
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	pprox 1.3 mi, turn east on	to CR 68. Approx. 5.	8 mi then north on CR
Item II.	aaprox20 iii on west sid	e of foad.	
List name of current ultimate receiving water(s) (indicate if through I	MS4) and the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.		1	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Styx River	10		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
 ☐ YES ☒ NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): 			
2. XES 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. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present onsite at the time	of inspection? If "Yes	" please provide a
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:			
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe	at were not installed or insta re the BMPs were not instal	lled in a manner not co led or installed incorre	onsistent with the ctly:
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
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2. \square YES \boxtimes NO Has the facility disturbed greater than 10 acr	es?		
3. TYES NO Was the site discharging at the time of inspection?			
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data m	ust be attached.		

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1.00" RAINFALL ON FEBRUARY 2, 2019		
Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	Mario 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

(list:	"Based upon the inspection of (date & time)	200 Maconducted by the QCP, QCI, or a qualified person
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	(list: Wayne Byka) under the direct supervision of the QCP identified below. The
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	QCI or QCP identified below certifies that effective structural and non-st	tructural BMPs have been fully implemented and regularly maintained to the
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reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for	on my inquiry of the person or persons who manage the system, or those	e persons directly responsible for gathering the information, the information
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."	submitted is, to the best of my knowledge and belief, true, accurate, an	d complete. I certify that this form has not been altered, and if copied or
submitting false information, including the possibility of fines and imprisonment for knowing violations."	reproduced, is consistent in format and identical in content to the AE	DEM approved form. I am aware that there are significant penalties for
	submitting false information, including the possibility of fines and imprise	onment for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Faul OF	Date 2/4/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Che 2 Ma	Date 3/27/19

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Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County	:	and the second of the second o	
ALR6850034	Baldwi			is
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	-0371		
Facility Street Address or Location Description:				1,000
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	pprox 1	3 mi, turn east ont 20 mi on west side	o CR 68. Approx. 5.	8 mi then north on CR
Item II.	auptoni	.20 mi on west sid	c or road.	
List name of current ultimate receiving water(s) (indicate if through I treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
		- A SECURITION OF THE SECURITION		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s): 				
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present	onsite at the time o	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:				
1. TYES NO Is this facility a Priority Construction Site?				
2. \square YES \boxtimes NO Has the facility disturbed greater than 10 acr	res?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data m	nust be at	tached.		

Item V			
Weather Conditions:	1.00" RAINFALL ON FEBRUARY 26, 20	19	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
AND THE STATE OF T			
runoff, except for the practices, and the recauthorized process v supervision in accord on my inquiry of the submitted is, to the be reproduced, is consists submitting false information of the produced of the submitting false information.	pection of (date & time) 227/19 72 Dync By AG ed below certifies that effective structural and non-secticable for the prevention and minimization of all at the properties of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualifity person or persons who manage the system, or those pest of my knowledge and belief, true, accurate, a stent in format and identical in content to the A mation, including the possibility of fines and imprise	structural BMPs have been fully implemented and sources of pollution in stormwater and authorized the facility's CBMPP, good sediment, erosion, have been tested or evaluated for the presence of this document and all attachments were prepared personnel properly gather and evaluate the inference of the properly gather and evaluate the inference properly responsible for gathering the indicomplete. I certify that this form has not be DEM approved form. I am aware that there a somment for knowing violations."	d regularly maintained to the d related process wastewater and other pollution control of non-stormwater and non- ared under my direction or formation submitted. Based information, the information open altered, and if copied or are significant penalties for
Name & Designation of Paul Penry, Area 20		Signature Tand D	Date 2/27/2019
	nittee Responsible Official Commission Chairman	Signature	Date 3427/15

Item I.				
Permittee Name: Facility/Site Name:				
Baldwin County Commission	Old Brady Road Pit			
Permit Number: ALR6850034	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone Numb	oer:		
30.39'3.431 N 87.39'27.786 W	251-937-0371	1		
Facility Street Address or Location Description:				
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	pprox 1.3 mi, aaprox20 n	turn east ont ni on west sid	o CR 68. Approx. 5. e of road.	8 mi then north on CR
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the r	number of dist	urbed acres which dra	ins through each
Receiving Water	Dis	turbed Acres	Discharge Point #	Representative Outfall
Styx River	10			☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. TYES NO Did discharges of sediment or other pollutant discharge(s) and their location(s):	its occur from	the site? If "Y	es", please list a descr	iption of the
2. XYES 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:				provide location(s) and
3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:				
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the	permit:		
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 acr	res?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

Item V. Weather Conditions: 2.00" RAINFALL ON APRIL 4, 2019 Discharge Point # Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) "Based upon the inspection of (date & time) 3-5-19 7.00 Av conducted by the QCP, QCI, or a qualified person Paul Perry) 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 nonauthorized 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."

Paul Penry, Area 200 Supervisor	Signature Paul D	4/5/2019
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	cels Mr	4/15/19

2 of 2

Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Old Brady Road Pit		
Permit Number:	County:		
ALR6850034	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30.39'3.431 N 87.39'27.786 W	251-937-0371		
Facility Street Address or Location Description:			
From I-10 take Loxley exit south. Head south on Hwy 59 for a	pprox 1.3 mi, turn east on	to CR 68. Approx. 5.	8 mi then north on CR
68 and approx. 1 mile. Turn north on Old Brady Rd and site is Item II.	aaprox20 mi on west sic	de of road.	
List name of current ultimate receiving water(s) (indicate if through i	MS4) and the number of dis	turbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.	no y and the manneer of this		ans through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Styx River	10		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.	12 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	4	
 TYES NO Did discharges of sediment or other pollutant discharge(s) and their location(s): 	ts occur from the site? If "Y	Yes", please list a descr	iption of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	tained at the time of inspect	ion? If "No", please p	provide location(s) and
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4. TYES NO Have any BMPs failed to operate as designed failed:	d? If "Yes", please provide	location(s) and descrip	tion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP that CBMPP? If "Yes", please provide a description and location when	nt were not installed or insta re the BMPs were not instal	lled in a manner not co led or installed incorre	onsistent with the ctly:
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
1. TYES NO Is this facility a Priority Construction Site?			
2. TYES NO Has the facility disturbed greater than 10 acres	es?		
3. TYES NO Was the site discharging at the time of inspection?			
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data m	ust be attached.		

	1.50" RAINFALL ON APRIL 18, 2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s
4-110			

"Based upon the inspection of (date & time) 423/19 7:30 Am. conducted by the QCP, QCI, or a qualified person (list: userus) 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 Paul Penry, Area 200 Supervisor	Signature Paul P	Date 4/22/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Chy Hul	Date 4/30//C/

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

Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Old Brady Road Pit		
Permit Number:	County:		
ALR6850034	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30.39'3.431 N 87.39'27.786 W	251-937-0371		
Facility Street Address or Location Description:			1
From I-10 take Loxley exit south. Head south on Hwy 59 for a	pprox 1.3 mi, turn east on	to CR 68. Approx. 5.	8 mi then north on CR
68 and approx. 1 mile. Turn north on Old Brady Rd and site is Item II.	aaprox20 mi on west sid	e of road.	
List name of current ultimate receiving water(s) (indicate if through I	MS4) and the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.		arout acres when the	mis unough each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Styx River	10		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
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 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 	tained at the time of inspecti	on? If "No", please p	provide location(s) and
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4. TYES NO Have any BMPs failed to operate as designed failed:	d? If "Yes", please provide l	ocation(s) and descrip	tion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when	at were not installed or installer the BMPs were not installe	led in a manner not co ed or installed incorre	onsistent with the ctly:
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
1. TYES NO Is this facility a Priority Construction Site?			
2. 🗌 YES 🛛 NO Has the facility disturbed greater than 10 acre	es?		
3. TYES NO Was the site discharging at the time of inspec	tion?		
4. 🗌 YES 🛛 NO Samples collected, if "Yes", sampling data m	ust be attached.		

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Discharge Point #	.75" RAINFALL ON APRIL 25, 2019	2 12 1	
or of the property of the prop	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s

		2000 11 17 17 17 17 17 17 17 17 17 17 17 17	
TELEVISION CONTRACTOR OF THE PROPERTY OF THE P			
		P	
		- S	

"Based upon the inspection of (date & time) $4 - 36 - 19$ conducted by the QCP, QCI, or a qualified person
(list: Yaul Perm) under the direct supervision of the OCP 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
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submitting false information, including the possibility of fines and imprisonment for knowing violations."
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Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul P	Date 4/26/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature COLY AL	Date 5-8-15

Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Old Brady Road Pit		
Permit Number: ALR6850034	County: Baldwin		
Facility Entrance Latitude & Longitude: 30.39'3.431 N 87.39'27.786 W	Phone Number: 251-937-0371		_
Facility Street Address or Location Description: From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	approx 1.3 mi, turn es aaprox20 mi on w	ast onto CR 68. Approx. 5	5.8 mi then north on CR
Item II.			
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number	of disturbed acres which dr	ains through each
Receiving Water	Disturbed A	Acres Discharge Point #	Representative Outfall
Styx River	10	The state of the s	☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
1. TYES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	ts occur from the site?	If "Yes", please list a desc	ription of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of i	nspection? If "No", please	provide location(s) and
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	ly present onsite at the	time of inspection? If "Ye	es" please provide a
4. TYES NO Have any BMPs failed to operate as designe failed:	d? If "Yes", please pr	ovide location(s) and descri	ption of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when	at were not installed o	r installed in a manner not o installed or installed incorr	consistent with the ectly:
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
1. TYES NO Is this facility a Priority Construction Site?	135		
2. TYES NO Has the facility disturbed greater than 10 acr	res?		
3. YES NO Was the site discharging at the time of inspe	ction?		
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data m	nust be attached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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ist: CI or QCP identification extent practices, and the reathorized process approvision in accordance in my inquiry of the abmitted is, to the produced, is consi	Dection of date & time) \$\frac{13-19}{2000}\$ Section of date & time) \$\frac{13-19}{2000}\$ Section of date & time) \$\frac{13-19}{2000}\$ The decidence of the prevention and minimization of all some deficiencies noted above, in accordance with quirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualified person or persons who manage the system, or those best of my knowledge and belief, true, accurate, and stent in format and identical in content to the Alemation, including the possibility of fines and imprison.	ources of pollution in stormwater and author the facility's CBMPP, good sediment, eroshave been tested or evaluated for the presenthis document and all attachments were properly gather and evaluate the personnel properly gather and evaluate the persons directly responsible for gathering and complete. I certify that this form has no DEM approved form. I am aware that the	the QCP identified below. The description of the de
me & Designation aul Penry, Area 20		Signature	Date
	III SUDERVISOR		5/13/2019