Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number:	County:			
ALR10BEL0	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'57" N, 87°43'32" W	251-937-0371			
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through N 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	
Magnolia River	5.08		☐ YES ☐ NO	
		n annu an annu	☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.	- Inches			
The state of				
discharge(s) and their location(s):	s seed from the site. If	es , piease list a descr	aption of the	
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and maint descriptions of BMPs that need maintenance:		9	VOD	
discharge(s) and their location(s): 2. YES NO Were BMPs properly implemented and main	tained at the time of inspect	on? If "No", please p	provide location(s) and	
 discharge(s) and their location(s): YES NO Were BMPs properly implemented and maint descriptions of BMPs that need maintenance: YES NO Are BMPs needed in addition to those alread 	tained at the time of inspect	ion? If "No", please post inspection? If "Yes	provide location(s) and s" please provide a	
discharge(s) and their location(s): 2. YES □ NO Were BMPs properly implemented and maint descriptions of BMPs that need maintenance: 3. □ YES □ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. □ YES □ NO Have any BMPs failed to operate as designed.	tained at the time of inspect by present onsite at the time d? If "Yes", please provide	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	
 discharge(s) and their location(s): YES ☐ NO Were BMPs properly implemented and maint descriptions of BMPs that need maintenance: YES ☒ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: ☐ YES ☒ NO Have any BMPs failed to operate as designed failed: ☐ YES ☒ NO Were there BMPs required by the CBMPP that 	tained at the time of inspect by present onsite at the time d? If "Yes", please provide	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	
 discharge(s) and their location(s): YES ☐ NO Were BMPs properly implemented and maint descriptions of BMPs that need maintenance: YES ☒ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: ☐ YES ☒ NO Have any BMPs failed to operate as designed failed: ☐ YES ☒ NO Were there BMPs required by the CBMPP that CBMPP? If "Yes", please provide a description and location when 	tained at the time of inspect by present onsite at the time of d? If "Yes", please provide of at were not installed or installed	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	
discharge(s) and their location(s): 2.	tained at the time of inspect by present onsite at the time of d? If "Yes", please provide of at were not installed or installed	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	
discharge(s) and their location(s): 2.	tained at the time of inspect by present onsite at the time of d? If "Yes", please provide of at were not installed or installed the BMPs were not installed.	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	
discharge(s) and their location(s): 2.	tained at the time of inspect by present onsite at the time of time of the tim	on? If "No", please pof inspection? If "Yes	orovide location(s) and s" please provide a ption of BMP(s) that	

Item V. Weather Conditions: 0.00" OF RAINFALL 3-15-49 Discharge Point # Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) "Based upon the inspection of (date & time) 3/15/19 7 AM conducted by the QCP, QCI, or a qualified person (list: Chy () under the direct supervision of the OCP identified below. The QCI or QCP dentified 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." Name & Designation of QCI or QCP Signature Date Frank Lundy, Operations Manager 4-29-19 Name & Title of Permittee Responsible Official Signature Date

Charles F. Gruber, Commission Chairman

Item I.				
mittee Name: Facility/Site Name:				
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number: ALR10BEL0	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:	***************************************		
30°23'57" N, 87°43'32" W	251-937-0371			
Facility Street Address or Location Description: Poser Road (0.5 miles west of CR-65)				
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 numb	per of disturbed a	acres which dra	ins through each
Receiving Water	Disturbe	ed Acres Disch	narge Point #	Representative Outfall
Magnolia River	5.08		The state of the s	☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutan discharge(s) and their location(s): 	ts occur from the s	ite? If "Yes", ple	ease 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 o	of inspection? If	"No", please p	provide location(s) and
3. XES 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 inspe	ection? If "Yes	s" please provide a
See pictures - added mulch and seed on all exposed pipe col	ar			
 YES NO Have any BMPs failed to operate as designe failed: 	d? If "Yes", please	provide location	n(s) and descrip	otion of BMP(s) that
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 perm	uit:		
1. XYES NO Is this facility a Priority Construction Site?	<u></u>			
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acr	es?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspe				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.			
Weather Conditions:	2.50" OF RAINFALL 4-8-19		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
***************************************		524	
J			
January State of the State of t			
			44.00
Annual Marie Control of the Control			

"Based upon the inspection of (date & time) 4819 Condent Conducted by the QCP, QCI, or a qualified person (list: 100 PM) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, except for those deficiencies noted above, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

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

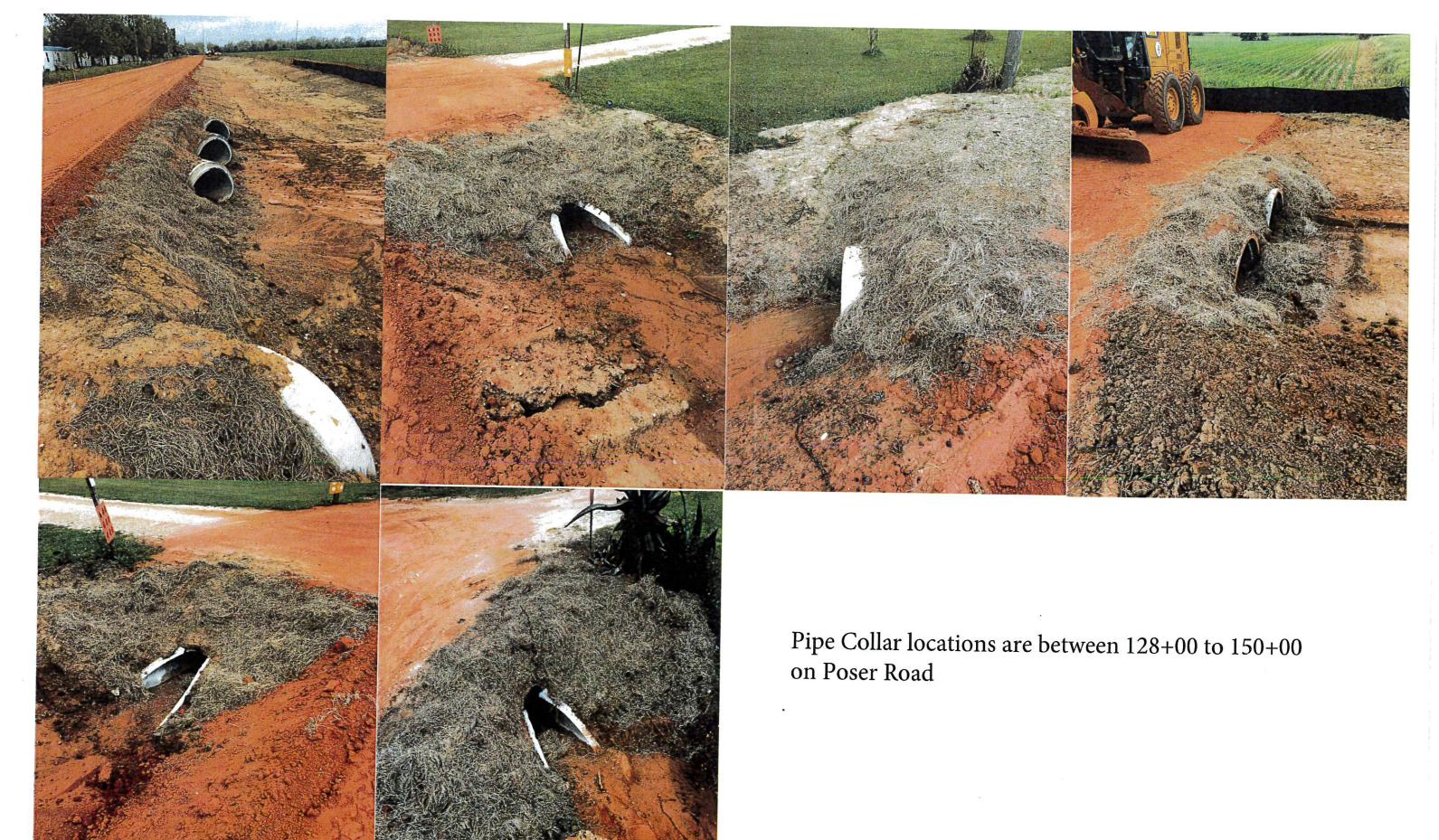
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number:	County:			
ALR10BEL0	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:	A STATE OF THE STA		
30°23'57" N, 87°43'32" W	251-937-0371			
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.	The first control of the second control of t			
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	
Magnolia River	5.08		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
 YES NO Did discharges of sediment or other pollutant discharge(s) and their location(s): 				
2. XES 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	
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	y present onsite at the time o	of inspection? If "Yes	a" please provide a	
4. TYES NO Have any BMPs failed to operate as designed failed:	d? If "Yes", please provide l	ocation(s) and descrip	otion of BMP(s) that	
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. XYES NO Is this facility a Priority Construction Site?	•			
2. TYES NO Has the facility disturbed greater than 10 acre	es?			
3. YES NO Was the site discharging at the time of inspec	ction?		1	

Item V.

v 1 D ' "		G 1 D 1	A 1.1 136 1 1/A
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
and the second s			
			accusation and the control of the co

"Based upon the inspection of (date & time) 4-15-19 7. Am	conducted by the QCP, QCI, or a qualified person
(list: Chy Cape) under the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural	
maximum extent practicable for the prevention and minimization of all sources of	
runoff, except for those deficiencies noted above, in accordance with the faci	ility's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that discharges have be	en tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of law that this doc	cument and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified person	1 1 7 5
on my inquiry of the person or persons who manage the system, or those person	
submitted is, to the best of my knowledge and belief, true, accurate, and comp	
reproduced, is consistent in format and identical in content to the ADEM ap	
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 CRUS How	Date 4-30-19



Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number: ALR10BEL0	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone	Number:		
30°23'57" N, 87°43'32" W	251-93	7-0371		
Facility Street Address or Location Description:		X 300 - X - 30 - 30 - 30 - 30 - 30 - 30		
Poser Road (0.5 miles west of CR-65)				
Item II.				
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
Magnolia River		5.08		☐ YES ☐ NO
				☐ YES ☐ NO
			NET - 1	☐ YES ☐ NO
				☐YES ☐ NO
				☐YES ☐NO
Item III.				
1. TYES NO Did discharges of sediment or other pollutant discharge(s) and their location(s):	ts occur	rom the site? If "Yo	es", 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 inspection	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:	ly presen	onsite at the time o	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. 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. XES 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 inspec	ction?			
4. TES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s
9.7			
		The state of the s	
		- The state of the	

"Based upon the inspection of (date & time) 1-26-19 (list: John v 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 Frank Lundy, Operations Manager	Signature Final III Date 5-6-19		
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CM \ AA	Date 5 - 7 - 19	

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

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.				
Item I. Permittee Name:	T. '1'.	/O' NT		
Baldwin County Commission	Facility/Site Name: Poser Road from Charolais Road to Brewer Road			
	1 oser Road from Charolais Road to Diewer Road			
Permit Number: ALR10BEL0	County:			
	Baldwi			
Facility Entrance Latitude & Longitude:	1 S SSSSSSSS	Number:		
30°23'57" N, 87°43'32" W	251-937	7-0371		
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Magnolia River		5.08	Discharge 1 ont	YES NO
magnona River		5.08		
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): 	nts occur i	from 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 alreadescription and location of additional BMPs that are needed:	dy presen	t 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	n Part V o	f the permit:		
1. X YES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 ac	cres?			
3. TYES NO Was the site discharging at the time of inspection?				

4. ☐ YES ⊠ NO

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

Item V.

Weather Conditions: 1.50" OF RAINFALL 5-13-2019				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)	

			-	

"Based upon the inspection of (date & time) 5-13-19 Y:00 A M conducted by the QCP, QCI, or a qualified person
(list: 30 h n n v JACK 50w) 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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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 5-15-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Club & Lond	Date 5-17-19