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	CR-9 Bridge Replacement				
Permit Number: ALR10BCH3		County: Baldwin			
Facility Entrance Latitude & Longitude: N30 29' 27.30" W87 47'48.23"	Phone I 251-937	Number: '-0371			
Facility Street Address or Location Description: From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Ta	ake CR-55 south 2.	0 miles. Take CR-48	3 west 2.5 miles.	
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	,	
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Item III.					
1.   ☐ YES ☐ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):		from the site? If "Y	es", please list a descr	iption of the	
There was some wash under the silt fence at Station 17+35 ld.  2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:  They were in the process of making repairs from the weeker side. The silt fence at sta. 25+60 & 27+40 right side are more	ntained at	event. There was a	wash under the silt	fence at sta. 17+35 left	
3. X YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	ndy presen				
The rip rap energy basin at 17+30 left side needs to be reinf					
4. XYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:					
There was some wash under the silt fence at Station 17+35		. 11 1	II 1: 8		
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location wh					
	-	and the secretary transfer and the second se	THE NEW YORK THE PARTY OF THE P		
Item IV.	1 D 37	C.1.			
The Permittee shall conduct turbidity monitoring in accordance with		of the permit:			
1. X YES NO Is this facility a Priority Construction Site?				2 222	
2. TYES NO Has the facility disturbed greater than 10 acres?					
3. YES NO Was the site discharging at the time of insp					
4. 🔲 YES 🔯 NO 🛮 Samples collected, if "Yes", sampling data	must be a	ttached.			

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ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature	Date 6-28-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature	Date 7-1-19

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.

T I				
Item I.				
Permittee Name:  Baldwin County Commission	Facility/Site Name:  CR-9 Bridge Replacement			
Permit Number: ALR10BCH3	County			
		····		
Facility Entrance Latitude & Longitude:	C 2000 3000 00	Number:		
N30 29' 27.30" W87 47'48.23"	251-937	-03/1		
Facility Street Address or Location Description:			0 "	
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Ta	ake CR-55 south 2.	0 miles. Take CR-48	3 west 2.5 miles.
Item II.	and the second second second			
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
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek	3.5	6.6		☐ YES ☐ NO
Item III.			hard the second	
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	its occur	from the site? If "Y	es", please list a descr	iption of the
There was some wash under the silt fence at Station 26+80 i	right but	did none left R.O.	W	
2.   YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:  They were in the process of making repairs from the weeker repair.				
3. XES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	dy presen	t onsite at the time	of inspection? If "Yes	s" please provide a
The rip rap energy basin at 17+30 left side needs to be reinfe	orced.			
4. XES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
There was some wash under the silt fence at Station 26+80	right side	<b>:</b> .		
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 state of the s	The state of the s	AND THE RESERVE OF THE PARTY OF
The Permittee shall conduct turbidity monitoring in accordance with	n Part V c	of the permit:	No. of Contract of	
1. XES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data must be attached.				

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	Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
CR S Maigra				
Sporte State of the state of th				
		(1)		,
	- II			

"Based upon the inspection of (date & time) 6-19:79 7:00 HM conducted by the QCP, QCI, or a qualified person
(list: Add lan 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 Signature with the result of the r	Date 6-28-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Class Ma	Date 7-1-19

SHEET(S) AS NECESSART. PLEASE TIPE OR PRINT IN INK.				
Item I.	T E 11:	/C' NI		
Permittee Name:	Facility/Site Name: CR-9 Bridge Replacement			
Baldwin County Commission	CR-9 B	ridge Replacemen	τ	
Permit Number:	County			
ALR10BCH3	Baldwi	n		
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
N30 29' 27.30" W87 47'48.23"	251-937	-0371		
Facility Street Address or Location Description:	1			
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. Ta	ake CR-55 south 2.	0 miles. Take CR-48	8 west 2.5 miles.
I II				A CONTRACTOR OF STREET, STREET
Item II.  List name of current ultimate receiving water(s) (indicate if through	MS4) and	the number of dist	irbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.	11101) und	the frameer of dist		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6	***************************************	☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Item III.				
YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur	from the site? If "Y	es", please list a descr	iption of the
The rip rap along the creek bank was dirty and it is possible	e that sor	ne material did lea	we the ROW, but no	one observed.
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. XYES 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:  Sodding is near completed, but permenant seed and mulch needs to be completed. I was told that all permenant BMP will be completed by the end of July 2, 2019.				
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 to CBMPP? If "Yes", please provide a description and location when				
Item IV.				and the substitution of th
The Permittee shall conduct turbidity monitoring in accordance wit	h Part V o	of the permit:		The state of the s
1. ☑ YES ☐ NO Is this facility a Priority Construction Site?				
2. 🔲 YES 🔯 NO Has the facility disturbed greater than 10 acres?				
3. TYES NO Was the site discharging at the time of insp	ection?			
4. 🔲 YES 🔯 NO Samples collected, if "Yes", sampling data must be attached.				

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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	150	County:	
-	on the second	The state of the s	
	43 P		

"Based upon the inspection of (date & time) Juxe 29,2019 7:00 PM conducted by the QCP, QCI, or a qualified person (list: Which I was 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 Frank Lundy, Operations Manager	Signature	Date 7-1-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature  CRE > MAN	Date 7 - 2 - 19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.				
Item I.  Permittee Name:	Facility/Site Na			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number:				
ALR10BCH3	County: Baldwin	A 2	to entropy.	
Facility Entrance Latitude & Longitude:	Phone Number	:		
N30 29' 27.30" W87 47'48.23"	251-937-0371			rincitara Naesta
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 treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the nu	nber of dist		ns through each
Receiving Water	Distu	rbed Acres	Discharge Point #	Representative Outfall
Polecat Creek	6.6			☐ YES ☐ NO
Polecat Creek	6.6			☐ YES ☐ NO
Polecat Creek	6.6			☐ YES ☐ NO
Polecat Creek	6.6			☐ YES ☐ NO
Polecat Creek	6.6			☐ YES ☐ NO
Item III.				
1. ☐ YES ☐ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur from the	e site? If "Y	es", please list a descri	iption of the
2. XES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	ntained at the tim	e 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:	ndy present onsite	at the time of	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.		ALCOHOLD STATE OF THE PARTY OF		
The Permittee shall conduct turbidity monitoring in accordance with	h Part V of the pe	rmit:		
1. XES NO Is this facility a Priority Construction Site?				
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data must be attached.				

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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	The Samuel Samue	251-237-45-3	1 TAGE 35
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"Based upon the inspection of (date & time) July 3, 2019 10:00 AM conducted by the QCP, QCI, or a qualified person
(list: Discharge 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 8-6-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CLL XL	Date 8-12-19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.  Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR-9 Bridge Replacemen	nt	
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 i	miles. Take CR-55 south 2	.0 miles. Take CR-4	8 west 2.5 miles.
Item II.	DOM: US CHAO CHAO HOME HAVE TO A CHAO HAVE TO A CHA		
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
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Polecat Creek	6.6		☐ YES ☐ NO
Item III.			
<ol> <li>         TES ⋈ NO Did discharges of sediment or other pollutant discharge(s) and their location(s):     </li> </ol>	ts occur from the site? If "Y	es", please list a descr	ription of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of inspect	ion? 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 present onsite at the time	of inspection? If "Ye	s" please provide a
4.   YES   NO Have any BMPs failed to operate as designed failed:	d? If "Yes", please provide	location(s) and descrip	otion of BMP(s) that
i			
5. TES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location whe			
CBMPP? If "Yes", please provide a description and location whe			
CBMPP? If "Yes", please provide a description and location whe Item IV.	ere the BMPs were not instal		
CBMPP? If "Yes", please provide a description and location whe Item IV.  The Permittee shall conduct turbidity monitoring in accordance with	ere the BMPs were not instal		
Item IV.  The Permittee shall conduct turbidity monitoring in accordance with  1.   YES  NO Is this facility a Priority Construction Site?	Part V of the permit:		
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:		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		Francy Na Pearl	74 X
		CREMINE SOMETHING	
		County:	water to the first terms of the
- 1	Agazaio de la grado	Shore Numbers	
**************************************	2 2 20 July 287 47 42 TO	251-937-0371	Facility Fat Nan 291 25
	3	F AND THE STATE OF	\$ 19.307 St.7 Aug
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	"Based upon the inspection of playe & time) 7//0/19 11-00 HWT conducted by the QCP, QCI, or a qualified person
	(list:
	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
the a	reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for
ar terrore.	submitting false information, including the possibility of fines and imprisonment for knowing violations."

2 8-6-19
Date 8 -12-19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEIAKIN	ENT. IT STACE IS IN	SOFFICIEIVI, CONTINU	DE OTTENTE MALED
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number:	County:			
ALR10BCH3	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 29' 27.30" W87 47'48.23"				
Facility Street Address or Location Description:				
From I-10 take HWY 59 south 8.5 miles. Take SR-104 west 2.5	miles. T	ake CR-55 south 2.	0 miles. Take CR-48	3 west 2.5 miles.
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
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek		6.6		☐ YES ☐ NO
Polecat Creek 6.6 YES NO				☐ YES ☐ NO
Item III.				
1. X YES X NO Did discharges of sediment or other pollutar discharge(s) and their location(s):				
There are 3 locations of possible sedimant loss. 17+00 left (				
2. TYES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	ntained at	the time of inspect	ion? If "No", please p	provide location(s) and
The silt fence and the front slope from 24+50 to 25+50 need				
Material needs to be reclaimed and Silt fence needs to be pl				
3. TYES NO Are BMPs needed in addition to those alrea description and location of additional BMPs that are needed:	ay preser	it onsite at the time	or inspection? If Tes	s please provide a
4. XES NO Have any BMPs failed to operate as design	ed? If "Y	es", please provide	location(s) and descrip	otion of BMP(s) that
failed:				
All 3 areas had been planted with permanent seeding and mulching, but the root system had not been established.				
5. TES 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	h Part V o	of the permit:		
1. ☑ YES ☐ NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 ac	cres?			
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.	al				
Weather Conditions:	We had 4.99% form Hurricane Barry.				
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)		
Discharge Form	2.00, 100, 100		, , , , , ,		
<u> </u>					
"Based upon the inspection of date & time) July 15, 2019 1:00 PM					
Name & Designation		Signature	Date		
Frank Lundy, Ope	erations Manager	freh If	8-6-19		
	mittee Responsible Official	Signature	Date		
Charles F. Gruber	, Commission Chairman	DO M .	8-12-16		

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.					
Item I.					
Permittee Name: Facility/Site Name:					
Baldwin County Commission	CR-9 Bridge Replacement				
Permit Number:	County:				
ALR10BCH3	Baldwin				
Facility Entrance Latitude & Longitude:	Phone Number:				
N30 29' 27.30" W87 47'48.23"	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. Ta	ke CR-55 south 2.	0 miles. Take CR-48	west 2.5 miles.	
Item II.			12		
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	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek		6.6		☐ YES ☐ NO	
Polecat Creek 6.6 YES NO				☐ YES ☐ NO	
Polecat Creek 6.6 YES NO					
Item III.					
<ol> <li>☐ 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):</li> </ol>					
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:  BMP's at 24+60-25+60 left are still functioning but need In cleaning out.		1 <del>0</del>		105	
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	h Part V o	f the permit:			
1. X YES NO Is this facility a Priority Construction Site?					
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 ac	cres?				
3. ☐ YES ☒ 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: We had a rain event that lasted from 7/19/19-7/23/19 resualting in 2.00".					
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)		
"Based upon the inspection of (date & time) 7-11-19 7:66 AM conducted by the QCP, QCI, or a qualified person (list:  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 perations Manager	Signature	Date		
rank Lunuy, Op	- Indiagor	Track fif	8-6-19		
Name & Title of Peri	mittee Responsible Official	Signature	Date		
Charles F. Gruber,	Commission Chairman	00	8-17-19		

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEPARTMENT. IF SPACE IS II	NSOFFICIENT, CONTING	DE ON AN ATTACHED	
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR-9 Bridge Replacement			
Permit Number:	County:			
ALR10BCH3	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
N30 29' 27.30" W87 47'48.23"	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	3 west 2.5 miles.	
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 dis	turbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek	6.6		☐ YES ☐ NO	
Polecat Creek 6.6 YES NO				
Item III.				
1. YES NO Did discharges of sediment or other pollutal discharge(s) and their location(s):	nts occur from the site? If "	Yes", please list a descr	iption of the	
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	intained at the time of inspec	tion? If "No", please p	provide location(s) and	
3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	ady present onsite at the time	of inspection? If "Yes	s" please provide a	
4. TYES NO Have any BMPs failed to operate as design failed:	ned? If "Yes", please provide	location(s) and descrip	ption 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.			E.	
The Permittee shall conduct turbidity monitoring in accordance wit	h 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 a	cres?			
3. ☐ YES ☒ NO Was the site discharging at the time of insp	pection?			
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

Item V. Weather Conditions: Partly Cloudy Analytical Method(s) Date, Time, and Location of Samples Collected Sample Results Discharge Point #

$A \circ A$
"Based upon the inspection of (date & time) 2-31-9 15:00 AM conducted by the QCP, QCI, or a qualified person (list:
(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 Frank Lundy, Operations Manager	Signature Freh	Date <b>8-</b> 6-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Chy J Mal	Date 8-12-19