Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR 26 From CR 95 to Breman Road		
Permit Number:	County:		
ALR10BEL1	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'32.28" N, 87°33'52.20" W	251-937-0371		
Facility Street Address or Location Description:			
CR 26 (intersecting with CR 95 on the west side)			
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	uns through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek	4.39		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
<ol> <li>TYES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):         ConSTRUCTION HAS NOT YET STARTED #     </li> <li>YES NO Were BMPs properly implemented and main descriptions of BMPs that need residents.</li> </ol>	AT THIS SITE		
descriptions of BMPs that need maintenance:  3.   YES  NO Are BMPs needed in addition to those already descriptions and leaves a leave to the second leaves and leaves a leave to the leaves and leaves a leaves and leaves a leaves			a) saled
description and location of additional BMPs that are needed:	ly present offsite at the time	of inspection? If "Yes	s" please provide a
<ol> <li>TYES NO Have any BMPs failed to operate as designed failed:</li> </ol>	d? If "Yes", please provide	location(s) and descrip	otion of BMP(s) that
<ol> <li>YES NO Were there BMPs required by the CBMPP that CBMPP? If "Yes", please provide a description and location when</li> </ol>	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 RESERVE THE PROPERTY OF THE PARTY OF THE	
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
1. XES NO Is this facility a Priority Construction Site?	1		1
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acre	es?		
3. YES NO Was the site discharging at the time of inspec			1
H. ☐ YES ☒ NO Samples collected, if "Yes", sampling data m			

Weather Conditions:	0.00" OF RAINFALL 3-15-19		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s
- Auto-			
WHAT WAS A STATE OF THE STATE O			

"Based upon the inspection of (date & time) 3/15/19 7 Am conducted by the QCP, QCI, or a qualified person (list; 15/19 10 and 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 Frol III	Date 4-29-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature	Date
	Cars Da	6-18-19

Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County			
ALR10BEL1	Baldwi			
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
30°23'32.28" N, 87°33'52.20" W	251-937	-0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
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 distr	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
			(A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	☐ YES ☐ NO
Item III.			A THE COLUMN TO SERVICE AND A	
1. TYES 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 mair descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	on? If "No", please p	provide location(s) and
CONSTRUCTION HAS NOT YET BE	bun			
3.   YES 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. The YES 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 STATE OF THE S		
The Permittee shall conduct turbidity monitoring in accordance with	Part V of	the permit:	The section of the se	
1. X YES NO Is this facility a Priority Construction Site?				
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 m		ached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

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."

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature	Date 6-12-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CALS AA	Date 6 -18-19

Item I.				
Permittee Name: Facility/Site Name:				
Baldwin County Commission	CR 26 From CR 95 to B	reman Road		
Permit Number: ALR10BEL1	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'32.28" N, 87°33'52.20" W	251-937-0371			
Facility Street Address or Location Description: CR 26 (intersecting with CR 95 on the west side)				
Item II.			THE CONTRACTOR OF THE CONTRACT	
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	
Hammock Creek	4.39		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.			Access to the second se	
1. ☐ YES ☒ NO Did discharges of sediment or other pollutan discharge(s) and their location(s):				
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:		tion? If "No", please p	provide location(s) and	
CONSTRUCTION HAS NO	T YET BEGUN			
3. The YES 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. The YES 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. XYES NO Is this facility a Priority Construction Site?	1			
2. YES NO Has the facility disturbed greater than 10 acr	es?			
3. ☐ YES ☐ NO Was the site discharging at the time of inspec				
4. ☐ YES ☐ NO Samples collected, if "Yes", sampling data m				

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Amalatical Made at (A
8	Zuto, Tano, and Escation of Samples Concetted	Sample Results	Analytical Method(s)
		The state of the s	

"Based upon the inspection of (date & time) Conducted by the QCP, QCI, or a qualified person
(list: Johnny JACKSON ) 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
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."
, and imprisonment for knowing violations.

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature  Fiel J	Date 6-12-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature  COLY AM	Date 6-18-19

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nem i.	T /-:			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'32.28" N, 87°33'52.20" W	251-937-0371			
Facility Street Address or Location Description:	•			
CR 26 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through	MS4) and the number of dist	urbed acres which dra	ins through each	
treatment system or BMP: Add additional sheet(s) if necessary.  Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Hammock Creek	4.39	Discharge 1 onte #	YES NO	
Transmoon creek	4.37			
			YES NO	
Item III.				
1. ☐ 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	
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	
CONSTRUCTION HAS NOT YET STA	RIGH			
3. YES 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. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	nat were not installed or instal ere the BMPs were not install	led in a manner not co	onsistent with the ctly:	
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who	nat were not installed or instal ere the BMPs were not install	led in a manner not co	onsistent with the ctly:	
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who Item IV.	nat were not installed or instal ere the BMPs were not install	led in a manner not co ed or installed incorre	onsistent with the ctly:	
CBMPP? If "Yes", please provide a description and location who	ere the BMPs were not install	led in a manner not co ed or installed incorre	onsistent with the ctly:	
CBMPP? If "Yes", please provide a description and location who Item IV.	ere the BMPs were not install	led in a manner not co ed or installed incorre	onsistent with the ctly:	
CBMPP? If "Yes", please provide a description and location who  Item IV.  The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:	led in a manner not co ed or installed incorre	onsistent with the ctly:	
CBMPP? If "Yes", please provide a description and location who 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:	led in a manner not co ed or installed incorre	onsistent with the ctly:	

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		•	, , , , , , , , , , , , , , , , , , ,

Based upon the inspection of (date & time) 6 17-11 0.30 Hin conducted by the QCP, QCI, or a qualified person
(list: Johnny Jackson) 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
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 6-21-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature  CAL & AR	Date 6-21-19

Item I.				
Permittee Name:	Facility/	'Site Name:		
Baldwin County Commission	CR 26 I	From CR 95 to Bre	man Road	
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'32.28" N, 87°33'52.20" W	251-937-0371			
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
Item II.	3.4C4\ 1	1 1 1 1 1	1.1 1:1.1	
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	irbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
☐ YES ☐ NO				
Item III.				
1. TYES NO Did discharges of sediment or other pollutar	nts occur f	from the site? If "Y	es", please list a descr	iption of the
discharge(s) and their location(s):				
2. XES NO Were BMPs properly implemented and main	ntained at	the time of inspect	on? If "No" please r	provide location(s) and
descriptions of BMPs that need maintenance:	intamed at	the three of hispeet.	on. If I've , pieuse ;	orovide location(s) and
CONSTRUCTION NOT YET STARTED			es .	
3. TYES NO Are BMPs needed in addition to those alread	ndy presen	t onsite at the time	of inspection? If "Yes	s" please provide a
description and location of additional BMPs that are needed:				
4. YES NO Have any BMPs failed to operate as designed	ogy it «A	oo" places provide	ocation(s) and descrip	ation of RMD(s) that
4. TYES NO Have any BMPs failed to operate as designed failed:	ear II I	es, please provide	ocation(s) and descrip	bilon of bivir (s) that
5. YES NO Were there BMPs required by the CBMPP the				
CBMPP? If "Yes", please provide a description and location wh	ere the BI	MPs were not instal	ed or installed incorre	ectly:
Item IV.	L Down IV o	f els a securit		
The Permittee shall conduct turbidity monitoring in accordance with	n Part V O	i the permit:		
1. XYES NO Is this facility a Priority Construction Site?	,			
2. TYES NO Has the facility disturbed greater than 10 acres?				
3. TYES NO Was the site discharging at the time of inspection?				
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data	must be at	tached.		

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
8		ounpie resuits	1 may treat tricenou(b)

"Based upon the inspection of (date & time) 7-1-19 X:30 AM conducted by the QCP, QCI, or a qualified person (list: 50 N N Y 50 CV) 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 7-2-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Cold Add	Date 7-2-19

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Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'32.28" N, 87°33'52.20" W	251-937-0371			
*				
Facility Street Address or Location Description: CR 26 (intersecting with CR 95 on the west side)				
CR 20 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through	MS4) and the number o	f disturbed acres which dr	ains through each	
treatment system or BMP: Add additional sheet(s) if necessary.	D:1-1A	D:-1 D-:-+ #	D O -f -11	
Receiving Water	Disturbed A	cres Discharge Point #	Representative Outfall	
Hammock Creek	4.39		YES NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
			W 200 100 100 100 100 100 100 100 100 100	
YES ☑ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	its occur from the site?	If Tes, please list a desc	enption of the	
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time of in	spection? If "No", please	provide location(s) and	
3. TYES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	dy present onsite at the	time of inspection? If "Ye	es" please provide a	
4.   YES   NO Have any BMPs failed to operate as designed failed:	ed? If "Yes", please pro	vide location(s) and descr	iption 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. ☑ YES ☐ NO Is this facility a Priority Construction Site?	and the second s			
2. TES NO Has the facility disturbed greater than 10 ac	res)			
3. TYES NO Was the site discharging at the time of insper				
4. Tes NO Samples collected, if "Yes", sampling data must be attached.				

item v.			
Weather Conditions:	1" OF RAINFALL 7-15-19 work not started	yet	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
QCI or QCP identifi maximum extent pra runoff, except for t practices, and the re authorized process supervision in accor on my inquiry of the submitted is, to the reproduced, is cons	pection of (date & time) 7-15-19 8:30  ed below certifies that effective structural and non-sacticable for the prevention and minimization of all and 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 qualified person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a distent in format and identical in content to the Armation, including the possibility of fines and imprint	tructural BMPs have been fully implemented an sources of pollution in stormwater and authorize the facility's CBMPP, good sediment, erosion have been tested or evaluated for the presence this document and all attachments were preped personnel properly gather and evaluate the interpretation of the presence and complete. I certify that this form has not be DEM approved form. I am aware that there	QCP identified below. The d regularly maintained to the d related process wastewater, and other pollution control of non-stormwater and non-pared under my direction or aformation submitted. Based information, the information een altered, and if copied or
Name & Designation Frank Lundy, Ope		Signature	Date 7-10-19
		Trok for	7-18-19
	mittee Responsible Official Commission Chairman	Signature	Date 7/10/10

Item I.				
Permittee Name: Facility/Site Name:				£
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	umber:		
30°23'32.28" N, 87°33'52.20" W	251-937-0	0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
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 t	he number of dist	ırbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
			W. W	☐ YES ☐ NO
				☐ YES ☐ NO
- 2				☐ YES ☐ NO
Item III.				
1. ☐ YES ☒ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur fr	om the site? If "Y	es", please list a descr	iption of the
2. XES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	intained at t	he 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:	ady present	onsite at the time o	of inspection? If "Ye	s" please provide a
4. ☐ YES ☑ 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 wh				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	th Part V of	the permit:		
1.   ☐ YES ☐ NO Is this facility a Priority Construction Site?		-		
2. TES NO Has the facility disturbed greater than 10 ac				
3. TES 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:	1" OF RAINFALL 7-24-19 work not started	yet	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	`		
QCI or QCP identifi maximum extent pra- runoff, except for the practices, and the re- authorized process supervision in accor- on my inquiry of the submitted is, to the reproduced, is consi	pection of (date & time) 7-24-19 8/30  ed below certifies that effective structural and non-secticable for the prevention and minimization of all sections and 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, a sistent in format and identical in content to the Armation, including the possibility of fines and imprison	) under the direct supervision of the tructural 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 interpretation of the presence of the presen	QCP identified below. The direct regularly maintained to the direct related process wastewater and other pollution control of non-stormwater and non-ared under my direction or formation submitted. Based information, the information ren altered, and if copied or
Name & Designation		Signature	Date
Frank Lundy, Ope	rauous manager	Tool off	7-25-19
	mittee Responsible Official	Signature	Date
Charles F. Gruber,	Commission Chairman	OCIA NO	7-29-19

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.	DLIMIN	EIVI. II SI ACE IS IIV	SOTTGEN, CONTIN	OE OIVIN III III CIED
Item I.	T			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone	Number:		
30°23'32.28" N, 87°33'52.20" W	251-937	7-0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				Julius .
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
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
4	TES NO			
Issue III				
Item III.  1. ☐ YES ☒ NO Did discharges of sediment or other pollutar		C	·»1 1:1	::
discharge(s) and their location(s):	nts occur	from the site? If I	es, please list a descr	ipuon oi the
2. XES NO Were BMPs properly implemented and mai	ntained at	the time of inspecti	on? If "No", please t	provide location(s) and
descriptions of BMPs that need maintenance:		the three of hispeets	ion ii ito , pieme j	orovide robuston(o) tare
3. ☐ YES ☒ NO Are BMPs needed in addition to those alrea	dy preser	t onsite at the time	of inspection? If "Yes	s" please provide a
description and location of additional BMPs that are needed:			-	
le .				
4. 🔲 YES 🔯 NO Have any BMPs failed to operate as designed	ed? If "Y	es", please provide l	location(s) and descrip	otion of BMP(s) that
failed:				
		<del></del>		
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location wh	hat were i ere the B	not installed or instal MPs were not install	lled in a manner not c ed or installed incorre	onsistent with the
Direction and the second of th	ere ure D.	THE WEIGHT HOURS	ou of histanea hieoffe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Dart V	of the permit.	930	
I.	iiait v (	n die periille.		
3. YES NO Was the site discharging at the time of inspection?				

☐ 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)
Sistinge 1 ome "	Dute, Thie, and Document of Samples Concered	ounpo recue	
<del></del>			
<u> </u>			

"Based upon the inspection of (date & time) $\delta \sim 3 \sim 17$ 0, 30 A M conducted by the QCP, QCI, or a qualified person
(list: Johnny Jackson) under the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater
runoff, except for those deficiencies noted above, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non
authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction of
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 of
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 <b>3-9-19</b>
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CLUS AN	Date 8-12-19