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.	DEPARIM	ENI. IF SPACE IS IN	SUFFICIENT, CONTIN	DE ON AN ATTACHED
Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County	:		
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	7-0371		
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				8 mi then north on CR
Item II.	1			
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.		D. 1.16	D: 1 D: "	D : 0 (1)
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		YES NO
				YES NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.			2	
1. YES NO Did discharges of sediment or other pollutar	nts occur	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 mai	ntained at	the time of inspect	ion? If "No", please j	provide location(s) and
descriptions of BMPs that need maintenance:				
3. YES NO Are BMPs needed in addition to those alreat description and location of additional BMPs that are needed:	ıdy preser	t onsite at the time	of inspection? If "Ye	s" please provide a
description and location of additional Divir's that are needed.				
4. YES NO Have any BMPs failed to operate as design.	ado If "V	es" please provide	location(s) and descrip	ption of BMP(s) that
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	hat were 1	not installed or insta	lled in a manner not c	onsistent with the
CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.		Marie Company Marie Company (Marie Company)		
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. TYES NO Has the facility disturbed greater than 10 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of insp	ection?			

4. The YES NO Samples collected, if "Yes", sampling data must be attached.

"Based upon the inspection of (date & time) 6-6-19 7,00 AM conducted by the QCP, QCI, or a qualified person (list: under the direct supervision of the QCP identified below. To	
QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to	
maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewa	
runoff, except for those deficiencies noted above, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution cont	
practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and no	
authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction	
supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base	
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	
reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties submitting false information, including the possibility of fines and imprisonment for knowing violations."	for

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Pengh	Date 6/6/2019
	1/0	
Name & Title of Permittee Responsible Official	Signature /	Date
Charles F. Gruber, Commission Chairman	Ches Kil	6-18-19

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPITANCE ACTION BY THE DEPARTMENT. IE SDACE IS INCLUDED.

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.	DEFARINI	ENT. IF SPACE IS IN	SOFFICIENT, CONTINU	DE ON AN ATTACHED
Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	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				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 dist	urbed acres which dra	ins 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.				
1. ☐ 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 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 th CBMPP? If "Yes", please provide a description and location who				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	h 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 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

041111

Weather Conditions:	1.75" RAINFALL ON JUNE 6, 2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) 6-7-19 7:00 A.M. conducted by the QCP, QCI, or a qualified person (list: 4-4-19 9) under the direct supervision of the QCP identified below. The
(list: Warm Dyra) 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	Date 6/7/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Could be All	Date 6-18-19

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.

Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Old Br	Old Brady Road Pit		
Permit Number:	County	:		
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone ?	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	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 .20 mi on west sid	to 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 MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.				
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. YES NO Did discharges of sediment or other pollutant 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 maintained at the time of inspection? If "No", please provide location(s) and descriptions of BMPs that need maintenance:				

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 co	nduct 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 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.		

041111

3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a

Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that

4. YES NO

failed:

description and location of additional BMPs that are needed:

Veather Conditions:	.75" RAINFALL ON JUNE 7-8, 2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

	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 BN	MPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources of p	ollution 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 to	tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of law that this docum	nent and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified personnel	l properly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the system, or those persons d	irectly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true, accurate, and complete	
reproduced, is consistent in format and identical in content to the ADEM appro	
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 out of a second	Date 6/10/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Che & Hal	Date 6 -18 -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.

Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	Old Brady Road Pit			
Permit Number: ALR6850034	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	Jumber:		
30.39'3.431 N 87.39'27.786 W	251-937-			
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				8 mi then north on CR
Item II.	aapiox	20 III on west side	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 distu	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				NO
Item III.			and the state of t	NO SECURIO NA PARA PARA PARA PARA PARA PARA PARA P
1. ☐ 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):	ns occur n	om the site. If I	es , please list a deser	iption of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at 1	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	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. 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.				
Item IV. The Permittee shall conduct turbidity monitoring in accordance with	n Part V of	the permit:		
The Permittee shall conduct turbidity monitoring in accordance with	1 Part V of	the permit:		
The Permittee shall conduct turbidity monitoring in accordance with 1. ☐ YES ☒ NO Is this facility a Priority Construction Site?		the permit:		
The Permittee shall conduct turbidity monitoring in accordance with	cres?	the permit:		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
obenarge rount "	Date, This, and Location of Samples Solected	outiple results	Tamay area a recurse a (o)

	7.00 AW conducted by the QCP, QCI, or a qualified person
(list: Warm Du) under the direct supervision of the QCP identified below. The
	nd non-structural BMPs have been fully implemented and regularly maintained to the
	n of all sources of pollution in stormwater and authorized related process wastewater
	nce with the facility's CBMPP, good sediment, erosion, and other pollution control
	charges have been tested or evaluated for the presence of non-stormwater and non-
	aw that this document and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that	t 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
	curate, and complete. I certify that this form has not been altered, and if copied or
	o the ADEM approved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines an	nd imprisonment for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature	Date 6/19/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Chi Z Hal	Date 6-24-19

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:	Facility/Site Name:				
Baldwin County Commission	Old Brady Road Pit				
Permit Number:	County:				
ALR6850034	Baldwi				
Facility Entrance Latitude & Longitude:	Phone I	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				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 dist	urbed acres which dra		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Styx River		10		☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.	Item III.				
 YES NO Did discharges of sediment or other pollutant discharge(s) and their location(s): YES NO Were BMPs properly implemented and main 				•	
descriptions of BMPs that need maintenance:	IIIameu ac	the time of mapeet	Off: II 140 , picase p	MOVICE IOCALIOII(3) 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 of	of inspection? If "Yes	" please provide a	
4. TYES NO Have any BMPs failed to operate as designe failed:	ed? 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 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. TYES NO Is this facility a Priority Construction Site?					
2. YES NO Has the facility disturbed greater than 10 ac	res?				
3. YES NO Was the site discharging at the time of inspe	ection?				
4 TYPS NO Samples collected if "Yes" sampling data n	must be at	tached			

Weather Conditions:	.75" RAINFALL ON JUNE 27, 2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (date & time) $\sqrt{2}\sqrt{8}\sqrt{7}$ / $\sqrt{60}$ / $\sqrt{100}$ conducted by the QCP, QCI, or a qualified person
(list: Wayne Byl) 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 PM	Date 6/28/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Land	Date 7-9-19

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.		, 55, 55	
Item I.			
Permittee Name:	ittee 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 68 and approx. 1 mile. Turn north on Old Brady Rd and site is			x. 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 numb	er of disturbed acres which	h drains through each
Receiving Water	Disturbe	d Acres Discharge Poin	t # Representative Outfall
Styx River	10		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur from the si	te? If "Yes", please list a o	description of the
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at the time o	f inspection? If "No", ple	ease provide location(s) and
3. YES 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	"Yes" please provide a
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Yes", please	provide location(s) and do	escription of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location wh			
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	n Part V of the perm	it:	
1. TYES NO Is this facility a Priority Construction Site?			
2. 🗌 YES 🔯 NO Has the facility disturbed greater than 10 ac	eres?		
3. TYES NO Was the site discharging at the time of insp	ection?		
4. TYES NO Samples collected, if "Yes", sampling data must be attached.			

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

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Tweld P	Date 7/1/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Clas An	Date 7-9-19

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.	DEPARIM	ENT. IF SPACE IS IN	SUFFICIENT, CONTING	DE ON AN ATTACHED
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone I	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				8 mi then north on CR
Item II.	aapioxi	.20 III on west sic	or road.	
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
Styx River		10		YES NO
•				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
			<u> </u>	☐ YES ☐ NO
Item III.				
1. YES NO Did discharges of sediment or other pollutar	nte occur	from the site? If "Y	es" please list a descr	intion of the
discharge(s) and their location(s):	nts occur i	formule site: If I	es, please list a deser	iption of the
100 (100) 940				
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspect	on? If "No", please p	provide location(s) and
descriptions of Divir's that need manifestance.				
3. ☐ YES ☒ NO Are BMPs needed in addition to those alrea	dv presen	t onsite at the time	of inspection? If "Yes	s" please provide a
description and location of additional BMPs that are needed:	71		1	1
4. 🔲 YES 🔯 NO Have any BMPs failed to operate as designed	ed? If "Y	es", please provide	ocation(s) and descrip	otion of BMP(s) that
failed:				
5. ☐ YES ☒ NO Were there BMPs required by the CBMPP the	L		llad in a mannar not a	onsistant with the
CBMPP? If "Yes", please provide a description and location wh				
Item IV.			T. P. T.	
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	f the permit:		
		1 		
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acres?				
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				

☐ YES ☒ NO Samples collected, if "Yes", sampling data must be attached.

Weather Conditions: 5.50" RAINFALL JULY 12 - JULY 14, 2019						
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)			

"Based upon the inspection of (date & time) 7/5/9 7:40 Am conducted by the QCP, QCI, or a qualified person (list: Washe by 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 Danh	Date 7/15/2019
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Chi S M N	Date 7-22-19

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.

Item I.						
Permittee Name:	Facility/Si	ility/Site Name:				
Baldwin County Commission		Old Brady Road Pit				
Permit Number: Count		County: Baldwin				
Facility Entrance Latitude & Longitude:	Phone Number:					
		251-937-0371				
Facility Street Address or Location Description:						
From I-10 take Loxley exit south. Head south on Hwy 59 for approx 1.3 mi, turn east onto CR 68. Approx. 5.8 mi then north on CR 68 and approx. 1 mile. Turn north on Old Brady Rd and site is aaprox20 mi on west side of road.						
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 th	e number of distu	urbed acres which dra	ins through each		
Receiving Water	I	Disturbed Acres	Discharge Point #	Representative Outfall		
Styx River	1	0		☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
Item III.						
1. TES 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 already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:						
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. 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. TYES NO Has the facility disturbed greater than 10 acres?						
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?						
4. TYES NO Samples collected, if "Yes", sampling data must be attached.						

West Conditions	2.00U DAINEALL HILV 20 HILV 21 2010		
	2.00" RAINFALL JULY 20 - JULY 21, 2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
QCI or QCP identific maximum extent pra runoff, except for the practices, and the re authorized process supervision in accord on my inquiry of the submitted is, to the reproduced, is consi	ded below certifies that effective structural and non-sacticable for the prevention and minimization of all sacticable for the prevention and the contract of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualifies the person or persons who manage the system, or those best of my knowledge and belief, true, accurate, and istent in format and identical in content to the Automation, including the possibility of fines and imprison.	sources of pollution in stormwater and authorized at the facility's CBMPP, good sediment, erosion, a have been tested or evaluated for the presence of this document and all attachments were prepared personnel properly gather and evaluate the infose persons directly responsible for gathering the innd complete. I certify that this form has not been DEM approved form. I am aware that there are	QCP identified below. The regularly maintained to the related process wastewater and other pollution control f non-stormwater and non-red under my direction or ormation submitted. Based formation, the information n altered, and if copied or
Paul Penry, Area 2		Fauer Pyln	7/22/2019
Name & Title of Perr	mittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman		2511= M	2/25/10