SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK. Item I.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road		
Permit Number:	County:		
ALR10BEL0	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'57" N, 87°43'32" W	251-937-0371		
Facility Street Address or Location Description:			
Poser Road (0.5 miles west of CR-65)			
Item II.			
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of dist	urbed acres which dra	ins through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Magnolia River	5.08		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
1. TYES 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 main descriptions of BMPs that need maintenance:	ntained at the time of inspect	ion? If "No", please p	provide location(s) and
3. YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present onsite at the time	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designe failed:	ed? If "Yes", please provide	location(s) and descrip	otion of BMP(s) that
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 insta ere the BMPs were not instal	lled in a manner not co led or installed incorre	onsistent with the ectly:
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
1. X YES NO Is this facility a Priority Construction Site?			
2. The YES NO Has the facility disturbed greater than 10 acres?			
3. TYES NO Was the site discharging at the time of inspe	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)

"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 QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural I	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 facili	ty's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that discharges have been	1 tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of law that this docu	iment and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified personr	nel 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 comple	ete. 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 app	roved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and imprisonment for	or knowing violations."

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature The J	Date 6-12-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CM 3 AM	Date 6 - 18 - 19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.		2 10 11 10 01 11 02 11 (1) 00 1 (1)	OL OIVIEVIII II CELED	
Item I.	•			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number:	County:			
ALR10BEL0	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'57" N, 87°43'32" W	251-937-0371			
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number	of disturbed acres which dr	ains through each	
Receiving Water	Disturbed A	Acres Discharge Point #	Representative Outfall	
Magnolia River	5.08		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
1. The 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. ☐ 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. X 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 inspe	ection?			
4. YES NO Samples collected, if "Yes", sampling data n	nust be attached.			

Item V.

	1.75" OF RAINFALL 6-7-2019		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

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 CREA MAN	Date 6-18-19

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itemii.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number:	County:			
ALR10BEL0	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'57" N, 87°43'32" W	251-937-0371			
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through	MS4) and the number of d	sturbed acres which dra	ins through each	
treatment system or BMP: Add additional sheet(s) if necessary. Receiving Water	Disturbed Acres	Disabanas Daint #	P	
		Discharge Point #	Representative Outfall	
Magnolia River	5.08		YES NO	
			YES NO	
			YES NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
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3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:				
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:			
1. 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 n				

Item V.

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

"Based upon the inspection of (date & time) 6-19-19 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 6-21-19
Name & Title of Permittee Responsible Official	Signature	Date
Charles F. Gruber, Commission Chairman	CU3 AN	6-21-19

Item I.				
Permittee Name:	Facility/Site I	Name:		
Baldwin County Commission	Poser Road	from Charola	ais Road to Brewer F	Road
Permit Number:	County:			
ALR10BEL0	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Numb	er:		
30°23'57" N, 87°43'32" W	251-937-0371	n		
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the n	umber of dist	urbed acres which dra	ins through each
Receiving Water	Dist	urbed Acres	Discharge Point #	Representative Outfall
Magnolia River	5.08	ex .		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
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3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present onsit	e at the time (of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designe failed:	ed? If "Yes", pla	ease provide l	ocation(s) and descrip	otion of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location whe	lat were not instere the BMPs w	talled or installere not install	led in a manner not co ed or installed incorre	onsistent with the ctly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	Part V of the p	permit:		
1. X YES NO Is this facility a Priority Construction Site?	=			
2. ☐ YES ☒ NO Has the facility disturbed greater than 10 acr	res?			
3. ☐ YES ☒ NO Was the site discharging at the time of inspe				
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data m		ł.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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2017, 111, 101, 101, 101, 101, 101, 101, 			
The control of the co			

st: Johnny	pection of (date & time) 7-1-19 8:60 JACKSON ed below certifies that effective structural and non-s) under the direct supervision of	f the QCP identified below. T

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature Thou The	Date 7-2-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CRI 3 3 3	Date 7-2-19

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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.	22114(11)	DIVINI DITICAL TO II	COLLICEDITI, COLLIE	OL ON MINIMALED
Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number:	County:			
ALR10BEL0	Baldwi			
Facility Entrance Latitude & Longitude:	Phone	Number:		
30°23'57" N, 87°43'32" W	251-937	'-0371		
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Magnolia River		5.08		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.			L	
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4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Y	es", please provide l	ocation(s) and descrip	otion of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP th CBMPP? If "Yes", please provide a description and location who	nat were n ere the BN	ot installed or instal MPs were not install	led in a manner not c ed or installed incorre	onsistent with the octly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	f the permit:		
1. XES NO Is this facility a Priority Construction Site?				
2. 🗌 YES 🔯 NO Has the facility disturbed greater than 10 ac	res?			
3. TYES NO Was the site discharging at the time of inspec	ection?			

☐ YES ☒ NO

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

Item V.				
Weather Conditions:	3.25" OF RAINFALL 7-15-19			
Discharge Point #	Date, Time, and Location of Samples Collected		Sample Results	Analytical Method(s)
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Clist: Sohn ny QCI or QCP identific maximum extent pra runoff, except for the practices, and the reauthorized process supervision in according on my inquiry of the submitted is, to the reproduced, is consisubmitting false information.	ded below certifies that effective structural and non-sacticable for the prevention and minimization of all subspaces and those deficiencies noted above, in accordance with equirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that redance 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 instent in format and identical in content to the Allormation, including the possibility of fines and imprison.	structural B sources of p the facility have been this docur ed personne se persons ound complet LDEM appr	o under the direct supervision of the MPs have been fully implemented and pollution in stormwater and authorized y's CBMPP, good sediment, erosion, tested or evaluated for the presence of ment and all attachments were prepared properly gather and evaluate the infidirectly responsible for gathering the infidirectly responsibl	QCP identified below. The direct regularly maintained to the direct process wastewater and other pollution control of non-stormwater and non-ared under my direction or formation submitted. Based information, the information cen altered, and if copied or are significant penalties for
Name & Designation Frank Lundy, Ope			Signature	Date
Frank Lunuy, Opc	rations inalizates		trale for	7-18-19
Name & Title of Perr	mittee Responsible Official Commission Chairman		Signature	Date

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Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	Poser Road from Charolais Road to Brewer Road			
Permit Number: ALR10BEL0	County Baldwi			
Facility Entrance Latitude & Longitude:	Phone I	Number:		
30°23'57" N, 87°43'32" W	251-937	-0371		
Facility Street Address or Location Description:				
Poser Road (0.5 miles west of CR-65)				
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Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Magnolia River		5.08		☐ YES ☐ NO
	*			☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
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4. TYES NO Samples collected, if "Yes", sampling data		ttached.		

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		·	
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		\(\(\cdot\) = \(\cdot\)	
. ,	pection of (date & time) 7-24-19 8:00	MAN COR COL	1:E-J
	JACKSON) under the direct supervision o	a quantified person f the OCP identified below. The

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 QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural	
maximum extent practicable for the prevention and minimization of all sources of	
runoff, except for those deficiencies noted above, in accordance with the facil	
practices, and the requirements of the permit. I certify that discharges have bee	
authorized process wastewaters. I certify under penalty of law that this doc	
supervision in accordance with a system designed to assure that qualified person	
on my inquiry of the person or persons who manage the system, or those persons	
submitted is, to the best of my knowledge and belief, true, accurate, and compl	
reproduced, is consistent in format and identical in content to the ADEM app	
submitting false information, including the possibility of fines and imprisonment f	for knowing violations."

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature	Date 7.25-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature CM 3 Am	Date 7-39-19

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nem i.			
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	Poser Road from Charola	is Road to Brewer R	load
Permit Number:	County:		
ALR10BEL0	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'57" N, 87°43'32" W	251-937-0371		
Facility Street Address or Location Description:			
Poser Road (0.5 miles west of CR-65)			
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Magnolia River	5.08	Discharge Follit#	YES NO
Magnona Hivel	3.06		
			YES NO
Item III.			
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The Permittee shall conduct turbidity monitoring in accordance with	Part V of the permit:		
4 Pres Pres - 11 6 111 - 21 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
1. X YES NO Is this facility a Priority Construction Site?			
 YES ☐ NO Is this facility a Priority Construction Site? YES ☐ NO Has the facility disturbed greater than 10 acr 	es?		

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
ischarge i ome "	Date, Time, and Location of Samples Concered	Sample Testiles	Thirdytical Piccinod(5)
locad upon the inc	pection of (date & time) 8-5-19 8:00 A	M conducted by the OCP OCI or	a qualified person

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 8-9-19
Name & Title of Permittee Responsible Official Charles F. Gruber, Commission Chairman	Signature Mal	Date 8-12-19