SPICE (3) AS NECESSARI. PLEASE TIPE OR PRINT IN INC.				
Item I.	T			
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County:			
ALR10BE20	Baldwi	Baldwin		
Facility Entrance Latitude & Longitude:	Phone J	Number:		
30.998194 -87.667667	251-937	-0371		
Facility Street Address or Location Description:	<u></u>			
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	le Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.
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 distu	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
UT to Bushy Creek		1.74		☐ 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 main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	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:	dy presen	t onsite at the time o	of inspection? If "Yes	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	1 Part V c	of the permit:		STANDS STANDS OF STANDS
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 inspection?				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

eather Conditions:			
ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
All the second s			
			
		Charles and the control of the contr	
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			A PARTIE NAME OF THE PARTIES OF THE

"Based upon the inspection of (date & time) 5-24-2319 9:30 Am conducted by the QCP, QCI, or a qualified person (list: Serem Howell) 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 Tyler Mitchell, P.E. Construction Manager	Signature Mulid	Date 6/18/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CRO F MAL	Date 621-19

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County:			
ALR10BE20	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.998194 -87.667667	251-937-0371			
Facility Street Address or Location Description:				
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars Road, then	Hoyle Bryars Rd West 1.	5 Miles to the Bridge.	
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 d	rains through each	
Receiving Water	Disturbed A	Acres Discharge Point #	Representative Outfall	
UT to Bushy Creek	1.74		☐ YES ☒ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
 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 main descriptions of BMPs that need maintenance:	ntained at the time of i	nspection? If "No", pleas	e provide location(s) and	
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. 🗌 YES 🔀 NO Is this facility a Priority Construction Site?				
2. 🗌 YES 🔀 NO Has the facility disturbed greater than 10 ac	res?		8	
3. ☐ YES ☒ NO Was the site discharging at the time of inspection?				
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data r	nust be attached.			

eather Conditions:		A 100 A	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
- January Commission of the Co			
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			A TOTAL CONTRACTOR OF THE STATE
		A CONTRACTOR OF THE PROPERTY O	

"Based upon the inspection of (date & time) 5-31-2019 11:30 conducted by the QCP, QCI, or a qualified person (list: Derent follow) 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 Tyler Mitchell, P.E. Construction Manager	Signature Males	Date 6/18/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CALL MA	Date 6-31-19

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. <u>PLEASE TYPE OR PRINT IN INK.</u>	DEPARIM	ENT. IF SPACE IS IN	SUFFICIENT, CONTIN	DE ON AN ATTACHED	
Item I.					
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West				
Permit Number:	County:				
ALR10BE20	Baldwi				
Facility Entrance Latitude & Longitude:	Phone I	Vumber:			
30.998194 -87.667667	251-937	-0371			
Facility Street Address or Location Description:					
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	le Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.	
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	
UT to Bushy Creek		1.74		☐ YES ☒ NO	
*		No. 2011 10 10 10 10 10 10 10 10 10 10 10 10		☐ YES ☐ NO	
	#WIVE		za za natrika na kaniria na tanpa ja na kanji kanarati in gamani mana	☐ YES ☐ NO	
	,,,			☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.					
YES ☑ NO Did discharges of sediment or other pollutar	nts occur	rom the site? If "Y	es" please list a descr	iption of the	
discharge(s) and their location(s):	nts occur i	iom me site. Ii I	cs , pieme int a deser	ipuon or the	
2. XES NO Were BMPs properly implemented and main	ntained at	the time of inspecti	on? If "No", please j	provide location(s) and	
descriptions of BMPs that need maintenance:				,	
		Cilia de la companione de			
3. YES NO Are BMPs needed in addition to those already	dy presen	t onsite at the time (of inspection? If "Ye	s" please provide a	
description and location of additional BMPs that are needed:	*			,	
A DAME MADE III DAME (1)	15 76 977	n 1 (1)		: (DMD() 1 .	
 YES NO Have any BMPs failed to operate as designed failed: 	ed? If "Y	es", please provide l	location(s) and descrip	otion of BiviP(s) that	
5. ☐ YES ☒ NO Were there BMPs required by the CBMPP th	hat were n	ot installed or instal	lled in a manner not o	consistent with the	
CBMPP? If "Yes", please provide a description and location who					
*					
Item IV.					
The Permittee shall conduct turbidity monitoring in accordance with	i 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 acres?					
3. TYES NO Was the site discharging at the time of inspection?					

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

Weather Conditions:	1/2" of rainfall this week.		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
and the second s			
		New Automorphisms (Automorphisms (Au	

"Based upon the inspection of (date & time) 6-7-2019 8:30 gc conducted by the QCP, QCI, or a qualified person
(list: Second Howell) 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 Tyler Mitchell, P.E. Construction Manager	Signature Mthat	Date 6/18/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CQUS AN	Date 6-21-19

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.	DEFACTIV	EIVI. IF SPACE IS IIV	SOFTIGENT, CONTINU	DE OLVILLA MITAGLED
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County:			
ALR10BE20	Baldwi			
Facility Entrance Latitude & Longitude:	Phone ?	Number:		
30.998194 -87.667667	251-937	7-0371		
Facility Street Address or Location Description:				
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.
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
UT to Bushy Creek		1.74		☐ YES ⊠ NO
				☐ YES ☐ NO
		A CONTRACTOR OF THE CONTRACTOR		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
YES ☑ NO Did discharges of sediment or other pollutar.	its occur	from the site? If "Y	es" please list a descr	intion of the
discharge(s) and their location(s):	its occur	from the site. If I	es , piease list a deser	ption of the
	* .			
2. XES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ntained at	the time of inspecti	ion? If "No", please p	provide location(s) and
3. YES NO Are BMPs needed in addition to those alread	dv presen	t onsite at the time	of inspection? If "Ye	s" please provide a
description and location of additional BMPs that are needed:	, 1		ı	1
		430-42000-0-11-010		
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.	tion (terminal)	***************************************		elitettiitiinii 1900–1900 kiin ole vasta kasta kas
The Permittee shall conduct turbidity monitoring in accordance with	ı Part V c	of the permit:	and Court seasons the season was a season to the season to	
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 inspection?				

4. ☐ YES ⊠ NO

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

Item V. Weather Conditions: 2.5" of rainfall this week. Analytical Method(s) Discharge Point # Date, Time, and Location of Samples Collected Sample Results

"Based upon the inspection of (date & time) 4-14-2019 8:30 pm conducted by the QCP, QCI, or a qualified person (list: Sercent Hours) 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 Tyler Mitchell, P.E. Construction Manager	Signature Signature	Date 6/18/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CLL > And	Date 6 21-19

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:	County:			
ALR10BE20	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.998194 -87.667667	251-937-0371			
Facility Street Address or Location Description:				
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyle	e Bryars Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.	
Item II.				
List name of current ultimate receiving water(s) (indicate if through I treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of dist	urbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
UT to Bushy Creek	1.74		☐ YES ☒ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
	months and a second		☐ YES ☐ NO	
Item III.	and the second s			
1. TYES NO Did discharges of sediment or other pollutan discharge(s) and their location(s):	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	
descriptions of BMPs that need maintenance: 3. ☐ YES ☒ NO Are BMPs needed in addition to those already	dy present onsite at the time	of inspection? If "Ye	s" please provide a	
descriptions of BMPs that need maintenance: 3. ☐ YES ☒ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. ☐ YES ☒ NO Have any BMPs failed to operate as designed	dy present onsite at the time ed? If "Yes", please provide	of inspection? If "Ye location(s) and descriptled in a manner not o	s" please provide a ption of BMP(s) that consistent with the	
descriptions of BMPs that need maintenance: 3. ☐ YES ☐ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. ☐ YES ☐ NO Have any BMPs failed to operate as designed failed: 5. ☐ YES ☐ NO Were there BMPs required by the CBMPP the	dy present onsite at the time ed? If "Yes", please provide	of inspection? If "Ye location(s) and descriptled in a manner not o	s" please provide a ption of BMP(s) that consistent with the	
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descriptions of BMPs that need maintenance: 3. ☐ YES ☒ NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 4. ☐ YES ☒ NO Have any BMPs failed to operate as designed failed: 5. ☐ YES ☒ NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location where Item IV. Item IV. The Permittee shall conduct turbidity monitoring in accordance with 1. ☐ YES ☒ NO Is this facility a Priority Construction Site?	dy present onsite at the time ed? If "Yes", please provide nat were not installed or instalere the BMPs were not instalere the Part V of the permit:	of inspection? If "Ye location(s) and descriptled in a manner not o	s" please provide a ption of BMP(s) that consistent with the	

	1/4" of rainfall this week.	0 17 1	A 1 2 13 8 1 1/3
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		The state of the s	
	THE RESERVE OF THE PROPERTY OF		

"Based upon the inspection of (date & time) 6-28-2019 10:00 conducted by the QCP, QCI, or a qualified person (list: Screen Howell 2010) 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 Tyler Mitchell, P.E. Construction Manager	Signature Mehall	Date 7/23/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CALZ AL	Date 7/24/19

Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number: ALR10BE20	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30.998194 -87.667667	251-937-0371			
Facility Street Address or Location Description: From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars Road, then Hoy	le Bryars Rd West 1.5	Miles to the Bridge.	
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 d	sturbed acres which dra	uins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
UT to Bushy Creek	1.74		☐ YES ☒ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
 YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s): 	its occur from the site? If	'Yes", please list a desc	ription of the	
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3. YES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	dy present onsite at the tim	e of inspection? If "Ye	s" please provide a	
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Yes", please provid	e location(s) and descri	ption of BMP(s) that	
5. TYES NO Were there BMPs required by the CBMPP the 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:			
1. The YES NO Is this facility a Priority Construction Site?				
2. \square YES \boxtimes NO Has the facility disturbed greater than 10 ac	res?			
3. TYES NO Was the site discharging at the time of inspe	ection?			
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data r	nust be attached.			

Weather Conditions: No rainfall this week.

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

"Based upon the inspection of (date & time) 7-3-2019 8:30 Am conducted by the QCP, QCI, or a qualified person (list: Second Howell) 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 Tyler Mitchell, P.E. Construction Manager	Signature Sulfa Publish	Date 7/23/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CRI > AA	Date 7/24/19

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINTIN INK. Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West			
Permit Number:				
ALR10BE20	County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	Jumber:		
30.998194 -87.667667	251-937-			
Facility Street Address or Location Description:	<u> </u>	November 1980 and 19		
From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	le Bryars I	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.
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
UT to Bushy Creek		1.74		☐ 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 f	rom 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	ion? If "No", please j	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	of inspection? If "Ye	s" please provide a
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	n 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 ac	res?			
3. ☐ YES ☐ NO Was the site discharging at the time of inspe				
4. YES NO Samples collected, if "Yes", sampling data r		cached.		

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			A CONTRACTOR OF THE CONTRACTOR
		# 4 11 3 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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A SAME SAN DESCRIPTION OF THE SAME SAN DESCRIPTION OF THE SAN DESCRI			
	A CONTRACTOR OF THE CONTRACTOR		
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"Based upon the inspection of (date & time) 7-12-2019 9:00 Am. conducted by the QCP, QCI, or a qualified person
(list: Serveny Howe !!) 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 Tyler Mitchell, P.E. Construction Manager	Signature	Date 7/23/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CN 4 HM	Date 7/24/19

Item I.					
Permittee Name: Facility/Site Name:					
Baldwin County Commission	Bridge Replacement on Hoyle Bryars Road over Bushy Creek West				
Permit Number: ALR10BE20		County: Baldwin			
Facility Entrance Latitude & Longitude:	Phone 1	Number:			
30.998194 -87.667667	251-937	-0371			
Facility Street Address or Location Description: From I-65 take CR-47 East to CR-61 then CR-61 South to Hoyl	e Bryars	Road, then Hoyle	Bryars Rd West 1.5	Miles to the Bridge.	
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	ırbed acres which dra		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
UT to Bushy Creek		1.74		☐ YES ☒ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.		Let a service and a service and	(100 miles)		
1. TYES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):					
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	provide location(s) and	
3. TYES NO Are BMPs needed in addition to those alreat description and location of additional BMPs that are needed:	dy presen	t onsite at the time o	of inspection? If "Ye	s" please provide a	
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Y	es", please provide l	ocation(s) and descri	ption of BMP(s) that	
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location who					
Item IV.			And the second s		
		<i>(</i> 1			
The Permittee shall conduct turbidity monitoring in accordance with	ı Part V c	of the permit:			
The Permittee shall conduct turbidity monitoring in accordance with	ı Part V c	if the permit:			
The Permittee shall conduct turbidity monitoring in accordance with 1. YES NO Is this facility a Priority Construction Site?		if the permit:			
The Permittee shall conduct turbidity monitoring in accordance with	res?	if the permit:			

Veather Conditions:	2.5" of rainfall this week.		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		×:	
		with a discount of the second	
			The same and the s

"Based upon the inspection of (date & time) 7-19-2019 10:00 pm conducted by the QCP, QCI, or a qualified person (list: Sercent House) 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 Tyler Mitchell, P.E. Construction Manager	Signature Sulla Author	Date 7/23/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CRAD MA	Date 7/24/19