STILLET (5) AS IVECESSAICT. TELESETTIE ORTRIVITATION.				
Item I.				
Permittee Name:	#####################################			
Baldwin County Commission	TAPNU-TA17(934)			
Permit Number:	County:			
ALR10BDJ6	Baldwi	n		
Facility Entrance Latitude & Longitude:	Phone I	Number:		
Lat 30d23.953'N, Long 87d53.246'W	251-937	-0371		
Facility Street Address or Location Description:	<u> </u>		The state of the s	
County Rd 1, From I-10 take US 98 to South Scenic 98 south to	CR 1; tal	ke CR 1 south to M	Iullet Point	
Item II.	SAN CONTRACTOR OF THE PARTY OF			
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
Mobile Bay		2.85	1.0	☐ YES ☐ NO
Mobile Bay		2.85	2.0	☐ YES ☐ NO
Mobile Bay		2.85	3.0	☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.			L	<u> </u>
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. TYES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	ntained at	the time of inspect	ion? If "No", please p	provide location(s) and
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 TO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	h Part V c	of the permit:		
YES □ NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 ac	cres?			
3. ☐ YES ☑ NO Was the site discharging at the time of insp				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

Weather Conditions:	CLEAR - NO RAINFALL FOR T	HE WEEK 0.00"	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			_

"Based upon the inspection of (date & time) 5-30-19	8:00 AM	conducted by the QCP, QCI, or a qualified person
(list: TASON BYRD) under the direct supervision of the QCP identified below. The
OCI or OCP identified below certifies that effective structura	al and non-structure	I BMPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimiza	ation of all sources	of pollution in stormwater and authorized related process wastewater
runoff, except for those deficiencies noted above, in accord	rdance with the fa-	cility's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that	discharges have b	een tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of	of law that this de	ocument and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure	that qualified person	onnel properly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the syst	tem, or those perso	ns directly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true,	accurate, and com	plete. I certify that this form has not been altered, and if copied or
reproduced, is consistent in format and identical in conten	nt to the ADEM a	pproved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines	s and imprisonmen	t for knowing violations."

Name & Designation of QCI or QCP Tyler Mitchell, P.E. Construction Manager	Signature Make	Date 6/10/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CLIA AN	Date 6-19

STILL I(S) IN INCOMENT. ELLIPSE TELE CASTAGETA ATTAGE.				
Item I.	T 211	/o' N		
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	TAPNU-TA17(934)			
Permit Number:	County:			
ALR10BDJ6	Baldwi	n		
Facility Entrance Latitude & Longitude:		Number:		1
Lat 30d23.953'N, Long 87d53.246'W	251-937	-0371		
Facility Street Address or Location Description:				
County Rd 1, From I-10 take US 98 to South Scenic 98 south to	CR 1; tal	ke CR 1 south to M	Iullet Point	
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
Mobile Bay		2.85	1.0	☐ YES ☐ NO
Mobile Bay	The second secon	2.85	2.0	☐ YES ☐ NO
Mobile Bay		2.85	3.0	☐ YES ☐ NO
	☐ YES ☐ NO			
				☐ YES ☐ NO
Item III.				
1. TYES 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. YES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:				and the second s
3. TYES TNO 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 to CBMPP? If "Yes", please provide a description and location wh	hat were nere the B	not installed or insta MPs were not instal	lled in a manner not o led or installed incom	consistent with the ectly:
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance witl	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				
4. YES NO Samples collected, if "Yes", sampling data must be attached.				

Weather Conditions:	RAIN EVENT 6-6-19 TO 6-10-	19 RAIN TOTAL: 4.20	NCHES
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			- Company of the Comp
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Harry was a second of the seco		*	

"Based upon the inspection of (date & time) 10:00 A.M. 6-10-19 conducted by the QCP, QCI, or a qualified person
(list: Jason Byrd) 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 Spola
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature Coa > Mar	Date 6-12-19

SHEET(S) AS NECESSARY. <u>PLEASE TYPE OR PRINT IN INK.</u> Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission		TAPNU-TA17(934)		
Permit Number:	County	:	AND COMMENT OF THE PARTY OF THE	ennanti ennan di istrak a
ALR10BDJ6	Baldwi			
Facility Entrance Latitude & Longitude:	Phone 1	Number:		
Lat 30d23.953'N, Long 87d53.246'W	251-937	′-0371		
Facility Street Address or Location Description:				
County Rd 1, From I-10 take US 98 to South Scenic 98 south to	CR 1; ta	ke CR 1 south to M	Aullet Point	
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
Mobile Bay		2.85	1.0	☐ YES ☐ NO
Mobile Bay		2.85	2.0	☐ YES ☐ NO
Mobile Bay		2.85	3.0	☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. TYES 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. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	ıtained at	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:	ly present	t onsite at the time o	of inspection? If "Yes	a" 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	Part V o	f the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acr	res?			
3. YES NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data m	nust be at	tached.		£

Weather Conditions:	TUESDAY 6-18-19 : RAIN	1.50 INCHES	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		4	
THE REAL PROPERTY OF THE PARTY			

and appearance of (date to time)	10.00 a.m.	conducted by the QCP, QCI, or a qualified person
(list: Jason Burd) under the direct supervision of the OCP identified below. The
QCI or QCP identified below certifies that effective structural a	and non-structural I	BMPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization	on of all sources of	pollution in stormwater and authorized related process wastewater
runoff, except for those deficiencies noted above, in accorda	ance with the facili	ty's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that di	ischarges have been	tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of	law that this docu	ment and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that	at qualified personr	nel properly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the system	m, or those persons	directly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true, ac	ccurate, 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 a	and imprisonment fo	or knowing violations."

Name & Designation of QCI or QCP Tyler Mitchell, P.E. Construction Manager	Signature Mallall	Date 6/20/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CM 3 AM	Date 6-21-19

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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.	DEI MCINI	SIVI. II SI NGE IS IIV	JOITT CELLVI, COLVIII V	or or man man b
Item I.				
Permittee Name:	Facility/	Site Name:		
Baldwin County Commission	TAPNU	J -TA17(934)		
Permit Number:	County:			
ALR10BDJ6	Baldwin			
Facility Entrance Latitude & Longitude:	Phone N	Number:		
Lat 30d23.953'N, Long 87d53.246'W	251-937-	-0371		
Facility Street Address or Location Description:				
County Rd 1, From I-10 take US 98 to South Scenic 98 south to	o CR 1; tal	ce CR 1 south to M	Iullet Point	
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
Mobile Bay		2.85	1.0	☐ YES ☐ NO
Mobile Bay		2.85	2.0	☐ YES ☐ NO
Mobile Bay		2.85	3.0	☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. TYES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur f	rom the site? If "Y	es", please list a descr	iption of the
2. YES 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. TYES NO Were there BMPs required by the CBMPP that were not installed or installed in a manner not consistent with the CBMPP? If "Yes", please provide a description and location where the BMPs were not installed or installed incorrectly:				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	h Part V of	f 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 inspe	pection?			

4. YES NO

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

	RAIN TOTAL: 1.90" 6-31-19 TO		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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aprikonanime in resultante de la companya de la com			
			A CONTRACTOR OF THE PROPERTY O

"Based upon the inspection of (date & time) 10:00 a.m 7-1-2019 conducted by the QCP, QCI, or a qualified person
(list: Christanhe T. 134rd) 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 7/3/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CM & Max	Date 7/8/19

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Item I.				
Permittee Name:	Facility	/Site Name:		
Baldwin County Commission	TAPN	U-TA17(934)		
Permit Number: ALR10BDJ6	County Baldwi			
Facility Entrance Latitude & Longitude:		Number:	- Covered Constitution	
Lat 30d23.953'N, Long 87d53.246'W	251-937	-0371		
Facility Street Address or Location Description: County Rd 1, From I-10 take US 98 to South Scenic 98 south to	CR 1; tal	ke CR 1 south to N	Aullet Point	
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	arbed acres which drain	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Mobile Bay		2.85	1.0	☐YES ☐ NO
Mobile Bay		2.85	2.0	☐ YES ☐ NO
Mobile Bay		2.85	3.0	☐ YES ☐ NO
				☐YES ☐ NO
	100.000			☐ YES ☐ NO
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 	-			
2. YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance:	tained at	the time of inspecti	on? If "No", please p	rovide location(s) and
 YES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed: 	ly present	onsite at the time of	f inspection? If "Yes	" 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 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 of	the permit:	Abstract resident som til statist det frem krivers til som be	
1. YES NO Is this facility a Priority Construction Site?				
2. YES NO Has the facility disturbed greater than 10 acre	es?			
3. YES NO Was the site discharging at the time of inspec				
YES NO Samples collected, if "Yes", sampling data must be attached.				

Item V. Weather Conditions:	RAIN TOTAL: 5.5" 7-12	2-19 TO 7-15-19	
Discharge Point#	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
The state of the s			
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2 (,)	
"Based upon the inspection of (date & time) 7-15-19 10:00 a.m. condu	icted by the QCP, QCI, or a qualified person
(list: Christopher J. Byrd) under	r the direct supervision of the OCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural BMPs have	ave been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources of pollution	on in stormwater and authorized related process wastewater
runoff, except for those deficiencies noted above, in accordance with the facility's CB	BMPP, 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 a	and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified personnel prop	erly 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 complete is, to the best of my knowledge and belief, true, accurate, and complete.	ertify that this form has not been altered, and if copied or
reproduced, is consistent in format and identical in content to the ADEM approved f	form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and imprisonment for know	ving violations."

Name & Designation of QCI or QCP Tyler Mitchell, P.E. Construction Manager	Signature Syla Metable	Date 7/17/19
Name & Title of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature CM 2 AM	Date 7/19/19

Item I.					
Permittee Name: Facility/Site Name:					
Baldwin County Commission	TAPN	U-TA17(934)			
Permit Number: ALR10BDJ6	County Baldwi				
Facility Entrance Latitude & Longitude:	Phone	Number:			
Lat 30d23.953'N, Long 87d53.246'W	251-937	7-0371			
Facility Street Address or Location Description: County Rd 1, From I-10 take US 98 to South Scenic 98 south to	CR 1; ta	ke CR 1 south to N	Aullet Point		
Item II.		Kindi in anti-anti-anti-anti-anti-anti-anti-anti-			
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	ns through each	
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Mobile Bay		2.85	1.0	☐ YES ☐ NO	
Mobile Bay		2.85	2.0	☐ YES ☐ NO	
Mobile Bay		2.85	3.0	☐ 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): YES 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. 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. YES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that 					
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 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 l	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.					

Voothor Conditions	RAIN TOTAL: 0.85" 7-19	7-19 TD 7-23-19	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
- Since addition of the Control of t			
		The Superior of the Superior o	
			<u> </u>
THE SHOW THE PARTY OF THE PARTY			
		No. 10 April	

"Based upon the inspection of (date & time) 7-24-19	11:00 a.m.	conducted by the QCP, QCI, or a qualified person
(list: CHRISTUPHER J. BYRD) under the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structur	rai and non-structura	DIVIT'S HAVE DEER THIS HUDSEHICHTON AND LESSINGLY MANUSURAL IN THE
maximum extent practicable for the prevention and minimiz	zation of all sources of	of pollution in stormwater and authorized related process wastewater
runoff, except for those deficiencies noted above, in acco	ordance with the fac	ility's CBMPP, good sediment, erosion, and other pollution control
practices, and the requirements of the permit. I certify that	it discharges have be	en tested or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty	of law that this do	cument and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure	that qualified person	nnel properly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the sys	stem, or those persor	is directly responsible for gathering the information, the information
submitted is, to the best of my knowledge and belief, true,	, accurate, and comp	lete. I certify that this form has not been altered, and if copied or
reproduced, is consistent in format and identical in conte	ent to the ADEM ar	proved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fine	es and imprisonment	for knowing violations."

Name & Designation of QCI or QCP Tyler Mitchell, P.E. Construction Manager	Signature Melad	Date 7/25/19
Name & Litle of Permittee Responsible Official Charles Gruber, Commission Chairman	Signature Class & Max	Date 7-29-19