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.	DEFACIN	EIVI. II SPACE IS IIV	SOFFICIENT, CONTIN	OE ON AN ATTACLED
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR 26	From CR 95 to Bre	eman Road	
Permit Number:	County	8		
ALR10BEL1	Baldwi			
Facility Entrance Latitude & Longitude:	Phone I	Number:		
30°23'32.28" N, 87°33'52.20" W	251-937	-0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
		<u> </u>		☐ YES ☐ NO
I III				
Item III.			7 " 1 1' 1	: .:
1. YES NO Did discharges of sediment or other pollutate discharge(s) and their location(s):	nts occur	rom the site? II I	es , please list a descr	nption of the
2. ⊠ YES ☐ NO Were BMPs properly implemented and mai	intained at	the time of inspect	ion? If "No", please i	provide location(s) and
descriptions of BMPs that need maintenance:			, , , , , , , , , , , , , , , , , , ,	(7)
3. TYES NO Are BMPs needed in addition to those already	ady presen	t onsite at the time	of inspection? If "Ye	s" please provide a
description and location of additional BMPs that are needed:				
				000 40
4. TYES NO Have any BMPs failed to operate as design failed:	ned? If "Y	es", please provide	location(s) and descrip	ption of BMP(s) that
raned:				
5 DVEC MNO W	1 .		11 1 '	
5. YES NO Were there BMPs required by the CBMPP t CBMPP? If "Yes", please provide a description and location wh				
				<b>,</b>
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance with	h Part V o	f the permit:		
YES □ NO Is this facility a Priority Construction Site?		Permin		
2.   YES   NO Has the facility disturbed greater than 10 ac				
3. The YES NO Was the site discharging at the time of insp	bection!			

☐ YES ⊠ NO

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

Item V Weather Conditions: 0.00" OF RAINFALL 11-27-2019 - work not started yet Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) Discharge Point # "Based upon the inspection of (date & time) 11-27-19 9:00 AM conducted by the QCP, QCI, or a qualified person (list: Johnny JACKSON ) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, except for those deficiencies noted above, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-

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	free off	12-6-19
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Bliticop Underwood	Date \2.9.19

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.

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Permittee Name:	E - 'l'- /C'- NI		
Baldwin County Commission	Facility/Site Name: CR 26 From CR 95 to Breman Road		
	CR 20 From CR 95 to DR	eman Koau	
Permit Number:	County:		
ALR10BEL1	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'32.28" N, 87°33'52.20" W	251-937-0371		7
Facility Street Address or Location Description:			
CR 26 (intersecting with CR 95 on the west side)			
Item II.			
List name of current ultimate receiving water(s) (indicate if through I	MS4) and the number of dist	urbed acres which dra	ins through each
treatment system or BMP: Add additional sheet(s) if necessary.  Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		Discharge Foliit#	
нашноск стеек	4.39		YES NO
1			YES NO
			YES NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			150
1. YES NO Did discharges of sediment or other pollutant	ts 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 main	tained at the time of inspect	ion? If "No", please p	provide location(s) and
descriptions of BMPs that need maintenance:			
		C:	
3. 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 inspection? If "Yes	s" please provide a
4. ☐ YES ☒ NO Have any BMPs failed to operate as designed	d? If "Yes" please provide l	location(s) and descrip	ntion of RMP(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	at were not installed or instal	lled in a manner not c	onsistent with the
CBMPP? If "Yes", please provide a description and location whe	re the BMPs were not install	ed or installed incorre	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. YES NO Has the facility disturbed greater than 10 acr			
3. ☐ YES ☒ NO Was the site discharging at the time of inspec			

Weather Conditions:	1" OF RAINFALL 12-17-19	_	
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		F	
			-
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Sec.			

"Based upon the inspection of (date & time) // 17-19 3:00 fm conducted by the QCP, QCI, or a qualified person (list: Johnny JACK 50N) 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 Fral	Date /2-26-19
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Butti Op Underwa	Date 1.6.26 26

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	CR 26 From CR 95 to Breman Road		
Permit Number:	County:		
ALR10BEL1	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'32.28" N, 87°33'52.20" W	251-937-0371		
Facility Street Address or Location Description:			
CR 26 (intersecting with CR 95 on the west side)			
Item II.			
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	n MS4) and the number of dis	turbed acres which dra	ins through each
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek	4.39		☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
Item III.			
<ol> <li>☐ YES ☒ NO Did discharges of sediment or other polluta discharge(s) and their location(s):</li> <li>☑ YES ☐ NO Were BMPs properly implemented and made and interest of PMPs that need a printerest of P</li></ol>		•	
descriptions of BMPs that need maintenance:			
3. TYES NO Are BMPs needed in addition to those alreduced description and location of additional BMPs that are needed:	eady present onsite at the time	e of inspection? If "Ye	s" please provide a
4. TYES NO Have any BMPs failed to operate as designabled:	ned? If "Yes", please provide	e location(s) and descri	ption of BMP(s) that
5. TYES NO Were there BMPs required by the CBMPP CBMPP? If "Yes", please provide a description and location w			
Item IV.			
The Permittee shall conduct turbidity monitoring in accordance wi	ith Part V of the permit:		
1. XYES NO Is this facility a Priority Construction Site.	?		*
2. ☐ YES ☒ NO Has the facility disturbed greater than 10:			
3. ☐ YES ☒ NO Was the site discharging at the time of ins			
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data	-		

Item V. Weather Conditions: 3.50" OF RAINFALL ON 1/16/2020 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 Frod A	Date 1-30-20
Name & Title of Permittee Responsible Official  Charles F. Gruber, Commission Chairman  BILLIE TO UN AFRICADOL)	Signature Jollndes work	Date 2-12-206-8
	$\boldsymbol{\mathcal{U}}$	

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.

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Item 1.		ONDER TO SERVICE OF THE SERVICE OF T	
Permittee Name:	Facility/Site Name:		
Baldwin County Commission	CR 26 From CR 95 to Breman Road		
Permit Number:	County:		
ALR10BEL1	Baldwin		
Facility Entrance Latitude & Longitude:	Phone Number:		
30°23'32.28" N, 87°33'52.20" W	251-937-0371		
Facility Street Address or Location Description:			
CR 26 (intersecting with CR 95 on the west side)			
Item II.			
List name of current ultimate receiving water(s) (indicate if through	MS4) and the number of	disturbed acres which dra	ains through each
treatment system or BMP: Add additional sheet(s) if necessary.  Receiving Water	Disturbed Ac	res Discharge Point #	Representative Outfall
Hammock Creek	4.39	2 montage 1 outer	☐ YES ☐ NO
Trummoek Greek	1107		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 site?	f "Yes", please list a desc	ription of the
discharge(s) and then location(s).			
2. XYES NO Were BMPs properly implemented and mai	ntained at the time of inc	noation) If "No" places	nuovida la action(a) and
descriptions of BMPs that need maintenance:	intained at the time of his	pection: 11 140, please	provide location(s) and
3. ☐ YES ☒ NO Are BMPs needed in addition to those alrea	dy present onsite at the t	ime of inspection? If "Ye	es" please provide a
description and location of additional BMPs that are needed:			
4. TYES NO Have any BMPs failed to operate as design failed:	ed? If "Yes", please pro	vide location(s) and descri	iption of BMP(s) that
raneu:			
5. YES NO Were there BMPs required by the CBMPP t	hat were not installed or	installed in a manner not	consistent with the
CBMPP? If "Yes", please provide a description and location wh			
Item IV.	MC-1000 - 144-55-55-54 MAN (151-54-55)		
The Permittee shall conduct turbidity monitoring in accordance wit	h 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 a	cres?		
3. TYES NO Was the site discharging at the time of insp	pection?		
4. 🗌 YES 🔀 NO Samples collected, if "Yes", sampling data	must be attached.		

ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
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"Based upon the inspection of (date & time)/ -3 1-3030 & 87777 _ conducted by the QCP, QCI, or a qualified person
(list: ) 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 contro
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 o
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 o
reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties fo
submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature Had	Date 1-30-20
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Johnder word	Date   Date

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.				84 (8)
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone No	umber:		
30°23'32.28" N, 87°33'52.20" W	251-937-0	0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	n MS4) and t	he number of dist	ırbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
	YES NO			
Item III.				
1. YES NO Did discharges of sediment or other polluta	ants occur fr	om the site? If "V	es" please list a descr	intion of the
discharge(s) and their location(s):	and occur in	om the site: 11 1	es, piease list a deser	iption of the
2. XES NO Were BMPs properly implemented and ma	aintained at t	he time of inspecti	on? If "No", please p	provide location(s) and
descriptions of BMPs that need maintenance:				50000
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:				
description and location of additional bivins that are needed:				
4 DVES MNO Have any RMPs failed to operate as design	ned) If "Ve	s" place provide	location(s) and descrip	ation of BMD(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. The 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:				
	<del></del>			
Item IV.				Pyto and at the state of the second s
The Permittee shall conduct turbidity monitoring in accordance wi		the permit:		
1. X YES NO Is this facility a Priority Construction Site?				
2. TYES NO Has the facility disturbed greater than 10 acres?				
3. TYES NO Was the site discharging at the time of inspection?				

☐ YES ☒ NO

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

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

Signature	Date 2-10-20
Signature Collinderwood	Date 2/12/2020
	Ful II

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	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:			
30°23'32.28" N, 87°33'52.20" W	251-937-0371			
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the number of dist	turbed acres which dra	ins through each	
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall	
Hammock Creek	4.39		☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
			☐ YES ☐ NO	
Item III.				
1. YES NO Did discharges of sediment or other polluta discharge(s) and their location(s):	nts occur from the site? If "	Yes", please list a descr	ription of the	
2. XES NO Were BMPs properly implemented and ma descriptions of BMPs that need maintenance:	intained at the time of inspec	tion? If "No", please	provide location(s) and	
3. TYES NO Are BMPs needed in addition to those alreddescription and location of additional BMPs that are needed:	ady present onsite at the time	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. YES NO Were there BMPs required by the CBMPP of CBMPP? If "Yes", please provide a description and location where there BMPs required by the CBMPP of CBMPP?				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance wit	th Part V of the permit:			
1. XYES NO Is this facility a Priority Construction Site?	<u>(</u>			
2. TYES NO Has the facility disturbed greater than 10 a	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.				

Weather Conditions:	.75" of rainfall on 2-18-2020		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

"Based upon the inspection of (data & time) 2-19-20 8:30An	
based upon the hispection of (date & time)	ducted by the QCP, QCI, or a qualified person
(list: Johny Jackson ) un	der the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural BMPs	s have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources of polls	ution 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 test	ted or evaluated for the presence of non-stormwater and non-
authorized process wastewaters. I certify under penalty of law that this documen	t and all attachments were prepared under my direction or
supervision in accordance with a system designed to assure that qualified personnel pr	roperly gather and evaluate the information submitted. Based
on my inquiry of the person or persons who manage the system, or those persons direct	ctly 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	d form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and imprisonment for kn	owing violations."

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature  From Al	Date 2-23-20
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Jo Under word	Date 2 . 27. 2020

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	CR 26 From CR 95 to Breman Road			
Permit Number:	County:			
ALR10BEL1	Baldwi			
Facility Entrance Latitude & Longitude:		Number:		
30°23'32.28" N, 87°33'52.20" W	251-937	7-0371		
Facility Street Address or Location Description:				
CR 26 (intersecting with CR 95 on the west side)				
Item II.				
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Hammock Creek		4.39		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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:				
descriptions of bivil's 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 design	ed? If "Y	es", please provide	location(s) and descrip	ption of BMP(s) that
failed:				
C DATE MAD We do DATE in the CDATE of the CD				
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 wit	h 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 a				
3. YES NO Was the site discharging at the time of inspection?				
4. TYES NO Samples collected, if "Yes", sampling data must be attached.				

Item V.			
Weather Conditions:	.75" of rainfall on 2/20/2020		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
QCI or QCP identifi maximum extent practices, and the reauthorized process supervision in according on my inquiry of the submitted is, to the reproduced, is cons	pection of (date & time) 2/21/2000 8 section of (date & time) 2/21/2000 8 section of the prevention and minimization of all hose deficiencies noted above, in accordance with equirements of the permit. I certify that discharges wastewaters. I certify under penalty of law that dance with a system designed to assure that qualified person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a distent in format and identical in content to the Approximation, including the possibility of fines and imprint	sources of pollution in stormwater and authorized in the facility's CBMPP, good sediment, erosion, a have been tested or evaluated for the presence of this document and all attachments were preparted personnel properly gather and evaluate the infects persons directly responsible for gathering the infect of the presence of this document and all attachments were preparted personnel properly gather and evaluate the infects persons directly responsible for gathering the infect of the presence	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 in altered, and if copied or

Name & Designation of QCI or QCP Frank Lundy, Operations Manager	Signature  Fig. 14	Date 2-28-20
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Bulling Under w	Date 03.11.2020
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