Item I.					
Permittee Name:	Facility	Site Name:			
Baldwin County Commission	Old Brady Road Pit				
Permit Number: ALR6850034	County: Baldwin				
Facility Entrance Latitude & Longitude:	Phone 1	Number:			
30.39'3.431 N 87.39'27.786 W	251-937	-0371			
Facility Street Address or Location Description:					
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	pprox 1. aaprox.	3 mi, turn east ont .20 mi on west sid	o CR 68. Approx. 5. e of road.	8 mi then north on CR	
Item II.					
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each	
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Styx River		10		☐ YES ☐ NO	
				☐ YES ☐ NO	
		1		☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.					
1. TYES NO Did discharges of sediment or other pollutant discharge(s) and their location(s):	ts occur	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	on? 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 presen	onsite at the time o	of inspection? If "Yes	" 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. YES NO Is this facility a Priority Construction Site?		277			
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 n		tached.			

Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	4/01/00/00/00/00/00/00/00/00/00/00/00/00/	
	<u> </u>	
1		
2		

Based upon the inspection of (date & time) //	conducted by the QCF, QCI, or a quantied person
(list: Paul Penry	under the direct supervision of the QCP identified below. The
QCI or QCP identified below certifies that effective structural and non-structural Bl	MPs have been fully implemented and regularly maintained to the
maximum extent practicable for the prevention and minimization of all sources of p	
runoff, except for those deficiencies noted above, in accordance with the facility	
practices, and the requirements of the permit. I certify that discharges have been	
authorized process wastewaters. I certify under penalty of law that this document	
supervision in accordance with a system designed to assure that qualified personne	
on my inquiry of the person or persons who manage the system, or those persons of	
submitted is, to the best of my knowledge and belief, true, accurate, and complet	
reproduced, is consistent in format and identical in content to the ADEM appro	oved form. I am aware that there are significant penalties for
submitting false information, including the possibility of fines and imprisonment for	knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Vaul O A	Date 11/1/2019
	V	
Name & Title of Permittee Responsible Official	Signature ——	Date
Charles F. Gruber, Commission Chairman	cees Ma	11-19-19

Item I.					
Permittee Name:	Facility/	Site Name:		W	
Baldwin County Commission	Old Brady Road Pit				
Permit Number: ALR6850034	County: Baldwin				
Facility Entrance Latitude & Longitude:	Phone I	Number:			
30.39'3.431 N 87.39'27.786 W	251-937	-0371			
Facility Street Address or Location Description:					
From I-10 take Loxley exit south. Head south on Hwy 59 for a				8 mi then north on CR	
68 and approx. 1 mile. Turn north on Old Brady Rd and site is	aaprox.	.20 mi on west side	e of road.		
Item II. List name of current ultimate receiving water(s) (indicate if through I	MS4) and	the number of dist	ırbed acres which dra	ins through each	
treatment system or BMP: Add additional sheet(s) if necessary.					
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall	
Styx River		10		☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.					
1. ☐ YES ☒ NO Did discharges of sediment or other pollutan 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	on? If "No", please p	provide location(s) and	
3. TYES NO Are BMPs needed in addition to those alread description and location of additional BMPs that are needed:	dy present	onsite at the time of	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 the CBMPP? If "Yes", please provide a description and location who					
Item IV.					
The Permittee shall conduct turbidity monitoring in accordance with	Part V o	f 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. TYES NO Samples collected, if "Yes", sampling data n		tached.			

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
\$			
ist:	pection of (date & time) 12-26-19 6. Where D by The field below certifies that effective structural and non-sacticable for the prevention and minimization of all 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 qualifications.	sources of pollution in stormwater and authorize the facility's CBMPP, good sediment, erosic have been tested or evaluated for the presence this document and all attachments were pre-	ne QCP identified below. The quality maintained to the regularly maintained to the related process wastewaten, and other pollution control of non-stormwater and no expared under my direction
n my inquiry of th ubmitted is, to the eproduced, is cons ubmitting false info	e person or persons who manage the system, or those best of my knowledge and belief, true, accurate, a sistent in format and identical in content to the A permation, including the possibility of fines and imprint of QCI or QCP	se persons directly responsible for gathering the nd complete. I certify that this form has not DEM approved form. I am aware that there	e information, the information been altered, and if copied

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.					
Item I.					
Permittee Name:	Facility/Site Name:				
Baldwin County Commission	Old Brady Road Pit				
Permit Number:	County:				
ALR6850034	Baldwin				
Facility Entrance Latitude & Longitude:	Phone Nu	mber:			
30.39'3.431 N 87.39'27.786 W	251-937-03	571			
Facility Street Address or Location Description:	Facility Street Address or Location Description:				
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is				8 mi then north on CR	
Item II.					
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and the	e number of dist	urbed acres which dra	ins through each	
Receiving Water	I	isturbed Acres	Discharge Point #	Representative Outfall	
Styx River	10)		☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
				☐ YES ☐ NO	
Item III.					
1. ☐ YES ☐ NO Did discharges of sediment or other pollutar discharge(s) and their location(s):			70. 2		
 YES NO Were BMPs properly implemented and main descriptions of BMPs that need maintenance: 	intained at the	e time of inspecti	on? If "No", please p	provide location(s) and	
3. YES NO Are BMPs needed in addition to those alreat description and location of additional BMPs that are needed:	ady present o	nsite at the time o	of inspection? If "Yes	s" please provide a	
4. TYES NO Have any BMPs failed to operate as designed failed:	ed? If "Yes"	, please provide l	ocation(s) and descrip	otion of BMP(s) that	
5. TYES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location when					
Item IV.					
The Permittee shall conduct turbidity monitoring in accordance with	h Part V of th	ne permit:	22		
1. 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 inspiral to the state of the stat					
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)
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			-
	9		
		,	
ist: CI or QCP identification aximum extent properties, and the reactices, and the reactices process apervision in according in my inquiry of the abmitted is, to the produced, is consistent with the consistency of the produced, is consistent with the consistency of the consiste	ded below certifies that effective structural and non acticable for the prevention and minimization of al hose deficiencies noted above, in accordance with equirements of the permit. I certify that discharge wastewaters. I certify under penalty of law the dance with a system designed to assure that qualities person or persons who manage the system, or the best of my knowledge and belief, true, accurate, istent in format and identical in content to the armation, including the possibility of fines and important.	I sources of pollution in stormwater and authorize the facility's CBMPP, good sediment, erosion as have been tested or evaluated for the presence at this document and all attachments were prepared personnel properly gather and evaluate the incose persons directly responsible for gathering the and complete. I certify that this form has not be ADEM approved form. I am aware that there	e QCP identified below. The dregularly maintained to the drelated process wastewaten, and other pollution control of non-stormwater and non pared under my direction on formation submitted. Based information, the information peen altered, and if copied o
me & Designation		Signature	Date 1/13/2020

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.					
Item I.	E '11' /0' NT				
Permittee Name:	Facility/Site Name: Old Brady Road Pit				
Baldwin County Commission	Old Brady Road Pit	! 			
Permit Number:	County:				
ALR6850034	Baldwin	Baldwin			
Facility Entrance Latitude & Longitude:	Phone Number:				
30.39'3.431 N 87.39'27.786 W	251-937-0371	251-937-0371			
Facility Street Address or Location Description:					
From I-10 take Loxley exit south. Head south on Hwy 59 68 and approx. 1 mile. Turn north on Old Brady Rd and si			.8 mi then north on CR		
Item II.					
List name of current ultimate receiving water(s) (indicate if thro treatment system or BMP: Add additional sheet(s) if necessary.		of disturbed acres which dra	ains through each		
Receiving Water	Disturbed A	Acres Discharge Point #	Representative Outfall		
Styx River	10		☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
			☐ YES ☐ NO		
Item III.	entronoment restriction en	THE STATE OF THE PROPERTY OF T	THE STREET STREET, AND THE STREET, STR		
 ☐ YES ☒ NO Did discharges of sediment or other pol discharge(s) and their location(s): ☑ YES ☐ NO Were BMPs properly implemented and descriptions of BMPs that need maintenance: 					
3. YES NO Are BMPs needed in addition to those description and location of additional BMPs that are needed		time of inspection? If "Ye	es" please provide a		
4. TYES NO Have any BMPs failed to operate as defailed:	signed? If "Yes", please pr	ovide location(s) and descri	iption of BMP(s) that		
5. YES NO Were there BMPs required by the CBM CBMPP? If "Yes", please provide a description and location					
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 S	Site?				
2. YES NO Has the facility disturbed greater than					
3. ☐ YES ☒ NO Was the site discharging at the time of					
4. YES NO Samples collected, if "Yes", sampling of					

Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
ischarge i olik #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
	,		
17 5000000			

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Varied .	Date 1/21/2020
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Gollnderword	Date 21(3)2020

SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.				or of the third had
Item I.				
Permittee Name:	Facility/Site Name:			
Baldwin County Commission	Old Brady Road Pit			
Permit Number:	County:			
ALR6850034	Baldwi			
Facility Entrance Latitude & Longitude:	Phone I	Number:		
30.39'3.431 N 87.39'27.786 W	251-937	-0371		
Facility Street Address or Location Description:				
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List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall
Styx River		10		☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
				☐ YES ☐ NO
Item III.				
1. TYES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	nts occur	from the site? If "Y	es", please list a descr	ription of the
2. ☐ YES ☐ NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	intained at	the time of inspect	ion? If "No", please	provide location(s) and
3. TYES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	ady presen	t onsite at the time	of inspection? If "Ye	es" please provide a
4. TYES NO Have any BMPs failed to operate as design failed:	ned? If "Y	es", please provide	location(s) and descri	ption of BMP(s) that
5. YES NO Were there BMPs required by the CBMPP t CBMPP? If "Yes", please provide a description and location wh				
Item IV.				
The Permittee shall conduct turbidity monitoring in accordance wit	th Part V o	of the permit:		
1. TYES NO Is this facility a Priority Construction Site?				
2. 🗌 YES 🔀 NO Has the facility disturbed greater than 10 a	icres?			
3. TYES NO Was the site discharging at the time of insp	pection?			
4. Tes NO Samples collected, if "Yes", sampling data must be attached.				

	1.50" RAINFALL FEBRUARY 5, 2020		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		8	
	=		

"Based upon the inspection of (date & time) I will will be a conducted by the QCP, QCI, or a qualified person (list: Language of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural BMPs have been fully implemented and regularly maintained to the maximum extent practicable for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff, except for those deficiencies noted above, in accordance with the facility's CBMPP, good sediment, erosion, and other pollution control practices, and the requirements of the permit. I certify that discharges have been tested or evaluated for the presence of non-stormwater and non-authorized process wastewaters. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Faul D	Mu	Date 2/6/2020
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Bellie Jold	nderword	Date 2 ·3 7 · 2 030

Item I.						
Permittee Name:	Facility/Site Name:					
Baldwin County Commission	Old Brady Road Pit					
Permit Number:	County:					
ALR6850034	Baldwin					
Facility Entrance Latitude & Longitude:	Phone I	Number:				
30.39'3.431 N 87.39'27.786 W 251-937-0371						
Facility Street Address or Location Description:						
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	approx 1.3	3 mi, turn east ont 20 mi on west side	o CR 68. Approx. 5. e of road.	8 mi then north on CR		
Item II.						
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Styx River		10		☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
Item III.	AND SAFETY OF THE SAFETY OF TH	MITTER AND COME THE SERVICES AND ADDRESS AND SERVICES AND		The second secon		
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:						
3. TYES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:						
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:						
5. YES NO Were there BMPs required by the CBMPP the CBMPP? If "Yes", please provide a description and location wh	hat were r ere the Bl	ot installed or insta MPs were not instal	lled in a manner not c led or installed incorre	onsistent with the ectly:		
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	n Part V o	f the permit:				
1. ☐ 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	ection?					
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data	must be a	tached.				

eather Conditions:	.75" RAINFALL FEBRUARY 6, 2020		
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul D	M	Date 2/7/2020
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature (Silling)	Inderword	Date 7.27.2020

Item I.						
Permittee Name:	Facility	/Site Name:				
Baldwin County Commission	Old Brady Road Pit					
Permit Number:	County:					
ALR6850034	Baldwin					
Facility Entrance Latitude & Longitude:	Phone I	Number:				
30.39'3.431 N 87.39'27.786 W	251-937-0371					
Facility Street Address or Location Description:						
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Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Styx River		10		☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
Item III.						
1. YES NO Did discharges of sediment or other pollutar discharge(s) and their location(s):	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	on? If "No", please p	provide location(s) and		
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:						
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Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	h Part V (of the permit:				
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2. 🗌 YES 🔯 NO Has the facility disturbed greater than 10 ac	cres?					
3. ☐ YES ☒ NO Was the site discharging at the time of insp	ection?					
4. ☐ YES ☒ NO Samples collected, if "Yes", sampling data	must be a	ttached.				

Singhama Daint #	Date, Time, and Location of Samples Collected	Sample Posults	Appletical Medical(A
ischarge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Signature Paul O	Date 2/13/2020
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Jo Under un	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.				å		
Permittee Name:	Facility	/Site Name:				
Baldwin County Commission	Old Brady Road Pit					
Permit Number:	County:					
ALR6850034	Baldwin					
Facility Entrance Latitude & Longitude:	Phone	Number:				
30.39'3.431 N 87.39'27.786 W 251-937-0371						
Facility Street Address or Location Description:						
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Item II.	uuptom	120 III on west sid	e or roug.			
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Styx River		10		☐ YES ☐ NO		
		6		☐ YES ☐ NO		
* -				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
Item III.						
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3. TYES NO Are BMPs needed in addition to those alreadescription and location of additional BMPs that are needed:	ady presei	nt onsite at the time	of inspection? If "Yes	s" please provide a		
4. TYES NO Have any BMPs failed to operate as design failed:	ed? If "Y	es", please provide	location(s) and descrip	otion of BMP(s) that		
5. TYES NO Were there BMPs required by the CBMPP t CBMPP? If "Yes", please provide a description and location wh						
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	h Part V	of the permit:				
1. TYES NO Is this facility a Priority Construction Site?						
2. 🗌 YES 🔀 NO Has the facility disturbed greater than 10 as	cres?					
3. TYES NO Was the site discharging at the time of insp	ection?					
4. 🗌 YES 🔯 NO Samples collected, if "Yes", sampling data	must be a	attached.				

Item V. Weather Conditions: 1.00" RAINFALL FEBRUARY 18, 2020 Discharge Point # Date, Time, and Location of Samples Collected Sample Results Analytical Method(s) "Based upon the inspection of (date & time) 2 - 19-2020 100 Am conducted by the QCP, QCI, or a qualified person) under the direct supervision of the QCP identified below. The QCI or QCP identified below certifies that effective structural and non-structural 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 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 Signature Date Paul Penry, Area 200 Supervisor 2/19/2020 Name & Title of Permittee Responsible Official Signature Date Billie Jo Underwood, Commission Chairman

03.11.20

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Item I.	=					
Permittee Name:	Facility	Site Name:				
Baldwin County Commission	Old Brady Road Pit					
Permit Number:	County:					
ALR6850034	Baldwin					
Facility Entrance Latitude & Longitude:	Phone I	Number:				
30.39'3.431 N 87.39'27.786 W 251-937-0371						
Facility Street Address or Location Description:						
From I-10 take Loxley exit south. Head south on Hwy 59 for a 68 and approx. 1 mile. Turn north on Old Brady Rd and site is	approx 1s aaprox.	3 mi, turn east ont .20 mi on west side	o CR 68. Approx. 5. e of road.	8 mi then north on CR		
Item II.						
List name of current ultimate receiving water(s) (indicate if through treatment system or BMP: Add additional sheet(s) if necessary.	MS4) and	the number of dist	urbed acres which dra	ins through each		
Receiving Water		Disturbed Acres	Discharge Point #	Representative Outfall		
Styx River		10		☐ YES ☐ NO		
				☐ YES ☐ NO		
*				☐ YES ☐ NO		
				☐ YES ☐ NO		
				☐ YES ☐ NO		
Item III.						
1. ☐ YES ☒ NO Did discharges of sediment or other pollutants occur from the site? If "Yes", please list a description of the discharge(s) and their location(s):						
2. XES NO Were BMPs properly implemented and mai descriptions of BMPs that need maintenance:	intained at	the time of inspect	ion? If "No", please p	provide location(s) and		
3. TES NO Are BMPs needed in addition to those already present onsite at the time of inspection? If "Yes" please provide a description and location of additional BMPs that are needed:						
4. TYES NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:						
5. YES NO Were there BMPs required by the CBMPP t CBMPP? If "Yes", please provide a description and location wh						
Item IV.						
The Permittee shall conduct turbidity monitoring in accordance with	h Part V o	of the permit:				
1. ☐ YES ☒ NO Is this facility a Priority Construction Site?						
2. 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		ttached.				

Weather Conditions:	1.00" RAINFALL MARCH 4, 2020		THE THE STATE OF T
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)
		· · · · · · · · · · · · · · · · · · ·	
41-111			

Name & Designation of QCI or QCP Paul Penry, Area 200 Supervisor	Fare DRy	Date 3/5/2020
Name & Title of Permittee Responsible Official Billie Jo Underwood, Commission Chairman	Signature Sillie Collaboration of Sillie Collaboration of the Sillie Collaboration of	Date 3.13.2020