

## ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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: <b>Baldwin County Commission</b>	Facility/Site Name: <b>Woerner Rd</b>
Permit Number: <b>ALR10B312</b>	County: <b>Baldwin</b>
Facility Entrance Latitude & Longitude: <b>30°26'37.12" N 87°34'52.90" W</b>	Phone Number: <b>251-937-0371</b>
Facility Street Address or Location Description: <b>G,D,B and Pave Woerner Road from CR 87 to CR 95</b>	

Item II.

List name of current ultimate receiving water(s) (indicate if through MS4) and the number of disturbed acres which drains through each treatment system or BMP: Add additional sheet(s) if necessary.			
Receiving Water	Disturbed Acres	Discharge Point #	Representative Outfall
UT of Threemile Creek	3.37		<input type="checkbox"/> YES <input type="checkbox"/> NO
UT of Threemile Creek	3.37		<input type="checkbox"/> YES <input type="checkbox"/> NO
UT of Threemile Creek	3.37		<input type="checkbox"/> YES <input type="checkbox"/> NO
Threemile Creek	5.5		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:
5. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is this facility a Priority Construction Site?
2.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Has the facility disturbed greater than 10 acres?
3.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Was the site discharging at the time of inspection?
4.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.

