ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT (ADEM) NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

Instructions: Please complete all questions. Respond with "N/A" as appropriate. Forms with incomplete or incorrect answers, or missing signatures will delay processing and may result in appropriate compliance action by the Department.

ITEM I.					
Permittee Name:		Facility/Site N	Facility/Site Name:		
Permit Number:		County:			
Facility/Site Entrance Latitude & Longitude:		Phone Number:			
Facility/Site Street	Address or Location Description:	<u> </u>			
ITEM II.	nt ultimate receiving water(s) (indicate if through M	ASA) and the nu	umber of disturbed acres which	drains through each treatment	
	dd additional sheet(s) if necessary.	154) and the na			
Receiving Water			Disturbed Acres	Discharge Point #	
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:				
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:				
YES NO	4. Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed:				
YES NO	5. 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:				

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ITEM IV.

Weather Conditions:						
Discharge Point #	Date, Time, and Location of Samples Collected	Sample Results	Analytical Method(s)			
l						
	an inspection conducted on	(Date & Time) by the QCP,	QCI, or a qualified person			
List Name(s)):) under the direct superv				
	the maximum extent practicable for the prevention and minimiza					
	water runoff, except for those deficiencies noted above, in accor					
	rol practices, and the requirements of the permit. I certify that discharged a result of the second					
	orized process wastewaters. I certify under penalty of law that this accordance with a system designed to assure that qualified personn					
	the person or persons who manage the system, or those persons					
	to the best of my knowledge and belief, true, accurate, and comp					
	consistent in format and identical in content to the ADEM approve					
alse informat	ion, including the possibility of fines and imprisonment for knowin	g violations."	_			
Name & Des	ignation of QCI or QCP	Signature	Date			
Name & Title	e of Permittee Responsible Official	Signature	Date			
	-	-				

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