

Appendix B

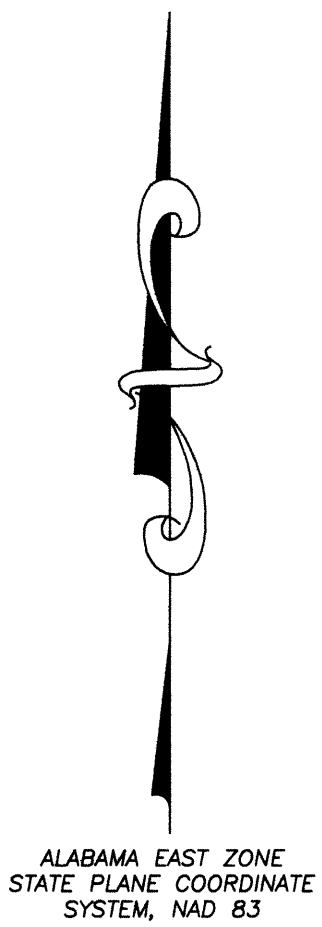
Survey and Permits

Appendix B is mainly comprised of Geophysical data (various digital formats)
that could not be converted to PDF.

The data that could be converted to PDF follows this page.

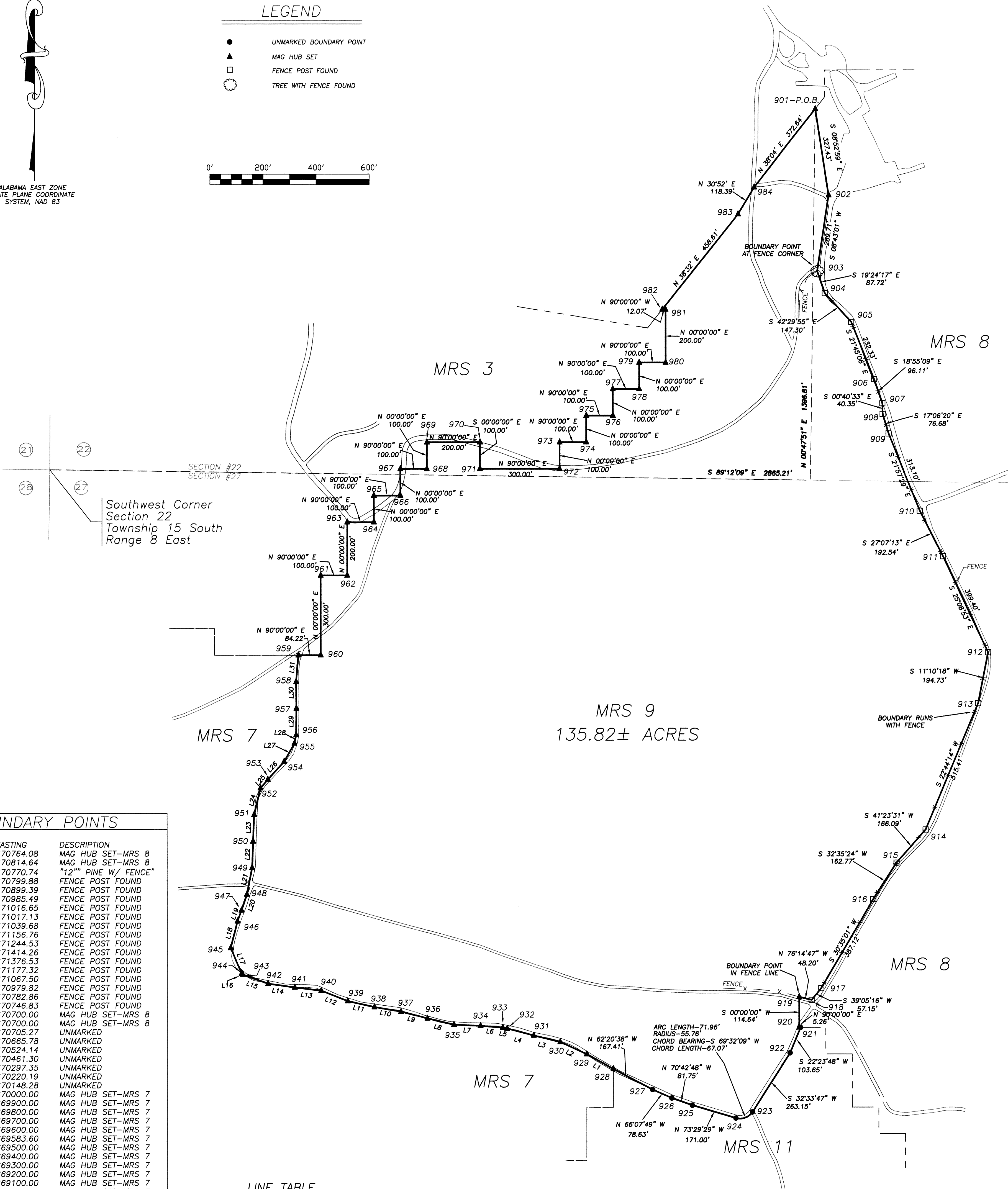
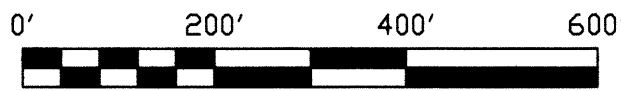
**Survey
Boundary**

FORT McCLELLAN MRS-9 MEC BOUNDARY
FORMER FT. McCLELLAN
ANNISTON, CALHOUN COUNTY, ALABAMA



LEGEND

- UNMARKED BOUNDARY POINT
- ▲ MAG HUB SET
- FENCE POST FOUND
- TREE WITH FENCE FOUND



BOUNDARY POINTS

ID	NORTHING	EASTING	DESCRIPTION
901	1166153.79	670764.08	MAG HUB SET-MRS 8
902	1165830.29	670814.64	MAG HUB SET-MRS 8
903	1165543.92	670770.74	"12" PINE W/ FENCE"
904	1165461.19	670799.88	FENCE POST FOUND
905	1165352.58	670899.39	FENCE POST FOUND
906	1165136.79	670985.49	FENCE POST FOUND
907	1165045.88	671016.65	FENCE POST FOUND
908	1165005.54	671017.13	FENCE POST FOUND
909	1164932.25	671039.68	FENCE POST FOUND
910	1164841.86	671156.76	FENCE POST FOUND
911	1164470.49	671244.53	FENCE POST FOUND
912	1164108.95	671414.26	FENCE POST FOUND
913	1163917.92	671376.53	FENCE POST FOUND
914	1163442.56	671177.32	FENCE POST FOUND
915	1163317.96	671067.50	FENCE POST FOUND
916	1163180.81	670979.82	FENCE POST FOUND
917	1162847.54	670782.86	FENCE POST FOUND
918	1162803.18	670746.83	FENCE POST FOUND
919	1162814.64	670700.00	MAG HUB SET-MRS 8
920	1162700.00	670700.00	MAG HUB SET-MRS 8
921	1162700.00	670705.27	UNMARKED
922	1162604.17	670665.78	UNMARKED
923	1162382.38	670524.14	UNMARKED
924	1162358.93	670461.30	UNMARKED
925	1162407.53	670297.35	UNMARKED
926	1162434.53	670220.19	UNMARKED
927	1162466.34	670148.28	UNMARKED
928	1162544.05	670000.00	MAG HUB SET-MRS 7
929	1162600.00	669900.00	MAG HUB SET-MRS 7
930	1162646.00	669800.00	MAG HUB SET-MRS 7
931	1162670.48	669700.00	MAG HUB SET-MRS 7
932	1162696.57	669600.00	MAG HUB SET-MRS 7
933	1162700.00	669583.60	MAG HUB SET-MRS 7
934	1162706.57	669500.00	MAG HUB SET-MRS 7
935	1162711.19	669400.00	MAG HUB SET-MRS 7
936	1162734.83	669300.00	MAG HUB SET-MRS 7
937	1162760.17	669200.00	MAG HUB SET-MRS 7
938	1162777.56	669100.00	MAG HUB SET-MRS 7
939	1162800.00	669000.00	MAG HUB SET-MRS 7
940	1162839.40	668900.00	MAG HUB SET-MRS 7
941	1162851.39	668800.00	MAG HUB SET-MRS 7
942	1162865.77	668700.00	MAG HUB SET-MRS 7
943	1162900.00	668604.38	MAG HUB SET-MRS 7
944	1162903.97	668600.00	MAG HUB SET-MRS 7
945	1163000.00	668559.27	MAG HUB SET-MRS 7
946	1163100.00	668584.75	MAG HUB SET-MRS 7
947	1163140.56	668600.00	MAG HUB SET-MRS 7
948	1163200.00	668620.56	MAG HUB SET-MRS 7
949	1163300.00	668640.53	MAG HUB SET-MRS 7
950	1163400.00	668644.06	MAG HUB SET-MRS 7
951	1163500.00	668648.59	MAG HUB SET-MRS 7
952	1163600.00	668672.40	MAG HUB SET-MRS 7
953	1163632.43	668700.00	MAG HUB SET-MRS 7
954	1163700.00	668761.49	MAG HUB SET-MRS 7
955	1163768.73	668800.00	MAG HUB SET-MRS 7
956	1163800.00	668806.81	MAG HUB SET-MRS 7
957	1163900.00	668807.89	MAG HUB SET-MRS 7
958	1164000.00	668807.20	MAG HUB SET-MRS 7
959	1164100.00	668815.79	MAG HUB SET-MRS 7
960	1164100.00	668900.00	MAG HUB SET-MRS 3
961	1164400.00	668900.00	MAG HUB SET-MRS 3
962	1164400.00	669000.00	MAG HUB SET-MRS 3
963	1164600.00	669000.00	MAG HUB SET-MRS 3
964	1164600.00	669100.00	MAG HUB SET-MRS 3
965	1164700.00	669100.00	MAG HUB SET-MRS 3
966	1164700.00	669200.00	MAG HUB SET-MRS 3
967	1164800.00	669200.00	MAG HUB SET-MRS 3
968	1164800.00	669300.00	MAG HUB SET-MRS 3
969	1164900.00	669300.00	MAG HUB SET-MRS 3
970	1164900.00	669500.00	MAG HUB SET-MRS 3
971	1164800.00	669500.00	MAG HUB SET-MRS 3
972	1164800.00	669800.00	MAG HUB SET-MRS 3
973	1164900.00	669800.00	MAG HUB SET-MRS 3
974	1164900.00	669900.00	MAG HUB SET-MRS 3
975	1165000.00	669900.00	MAG HUB SET-MRS 3
976	1165000.00	670000.00	MAG HUB SET-MRS 3
977	1165100.00	670000.00	MAG HUB SET-MRS 3
978	1165100.00	670100.00	MAG HUB SET-MRS 3
979	1165200.00	670100.00	MAG HUB SET-MRS 3
980	1165200.00	670200.00	MAG HUB SET-MRS 3
981	1165400.00	670200.00	MAG HUB SET-MRS 3
982	1165400.00	670187.94	MAG HUB SET-MRS 3
983	1165758.76	670473.62	MAG HUB SET-MRS 9
984	1165860.39	670534.34	MAG HUB SET-MRS 9

LINE TABLE

LINE	BEARING	DISTANCE
L1	N 60°46'23" W	114.59'
L2	N 65°17'51" W	110.07'
L3	N 76°14'40" W	102.95'
L4	N 75°22'39" W	103.35'
L5	N 78°11'13" W	16.75'
L6	N 85°30'23" W	83.86'
L7	N 87°21'17" W	100.11'
L8	N 76°41'58" W	102.76'
L9	N 75°46'50" W	103.16'
L10	N 80°08'06" W	101.50'
L11	N 77°21'08" W	102.49'
L12	N 68°29'44" W	107.48'
L13	N 83°09'46" W	100.72'
L14	N 81°49'01" W	101.03'
L15	N 70°18'13" W	101.56'
L16	N 47°48'40" W	5.91'
L17	N 22°59'01" W	104.31'
L18	N 14°17'41" E	103.20'
L19	N 20°36'20" E	43.33'
L20	N 19°04'49" E	62.90'
L21	N 11°17'36" E	101.97'
L22	N 02°01'18" E	100.06'
L23	N 02°35'37" E	100.10'
L24	N 13°23'34" E	102.80'
L25	N 40°24'00" E	42.58'
L26	N 42°18'10" E	91.36'
L27	N 29°15'44" E	78.78'
L28	N 12°17'10" E	32.00'
L29	N 00°37'08" E	100.01'
L30	N 00°23'43" W	100.00'
L31	N 04°54'35" E	100.37'

NOTES

SITUATED IN SECTIONS 22 & 27, LYING IN TOWNSHIP 15 SOUTH, RANGE 8 EAST, HUNTSVILLE MERIDIAN, CALHOUN COUNTY, ALABAMA

REFERENCE: DEED BOOK 3039, PAGE 291 (PROPERTY DESCRIPTION)
DEED BOOK 3125, PAGE 275 (TRANSFER TO THE MDA)

TOTAL AREA: 135.82± ACRES

FIELD SURVEYED 04/08/2013 - 04/12/2013

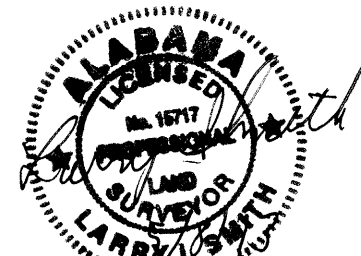
THE LOCATIONS OF ROADS, BUILDINGS, AND ADJOINING AREAS AS SHOWN HEREON ARE BASED ON A COMPILATION OF FIELD DATA PREVIOUSLY ACQUIRED MAPS AND DRAWINGS AND MAY NOT HAVE BEEN FIELD LOCATED AS PART OF THIS SURVEY.

THIS SURVEY IS INTENDED TO BE USED TO SPECIFY THE LIMITS OF A MEC REMEDIATION AREA ONLY. THIS SURVEY IS NOT INTENDED TO BE USED TO DELINEATE PROPERTY BOUNDARIES FOR TITLE TRANSFER.

I HEREBY CERTIFY THAT ALL PARTS OF THIS SPECIFIC PURPOSE SURVEY AND DRAWING HAVE BEEN COMPLETED IN ACCORDANCE WITH THE CURRENT REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR SURVEYING IN THE STATE OF ALABAMA TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. THIS SURVEY WAS CONDUCTED USING TOTAL STATION SURVEY EQUIPMENT BY THE METHOD OF RANDOM TRAVERSE. THIS SURVEY WAS ADJUSTED USING THE COMPASS RULE.

DATE: MAY 07, 2013

LARRY I. SMITH, P.L.S.
ALABAMA REGISTRATION NO. 15717



SHEET: MEC BOUNDARY SURVEY NUMBER: 1 of 1

L. I. SMITH & ASSOCIATES, INC.
SURVEYORS • ENGINEERS
302 North Caldwell Street
Paris, Tennessee 38242
731-644-1014 800-547-6947 FAX 731-644-0109
1100 Lebanon Pike, Suite 105
Nashville, Tennessee 37210
615-361-7143 FAX 615-266-0280

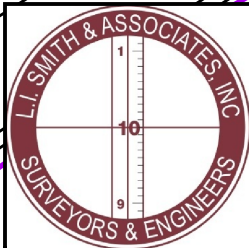
Website: www.lismith.com
DRAWN BY: R. BEASLEY CHECKED BY: L. SMITH SCALE: 1" = 200'
PROJECT # 4010.29.6230 DATE: 04/30/2013

REVISIONS

NO.	DESCRIPTION	DATE
1	REVISED BOUNDARY & ROAD ALONG MRS-11	05/07/13

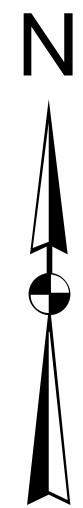
Survey

Grids



L.I. Smith & Associates, Inc.
Surveyors and Engineers

MRS9 - GRID POINTS TRACT 9-A SET

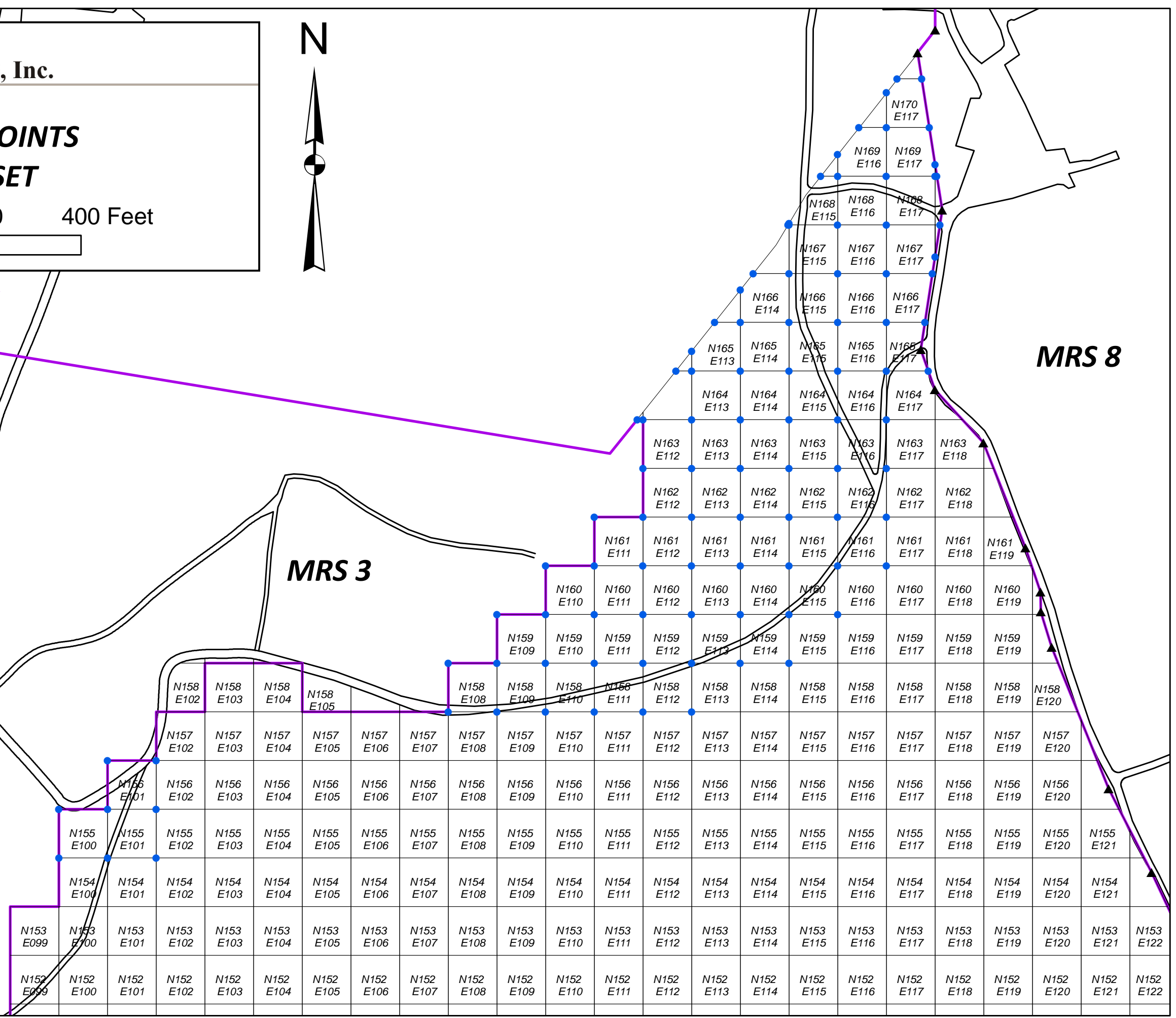


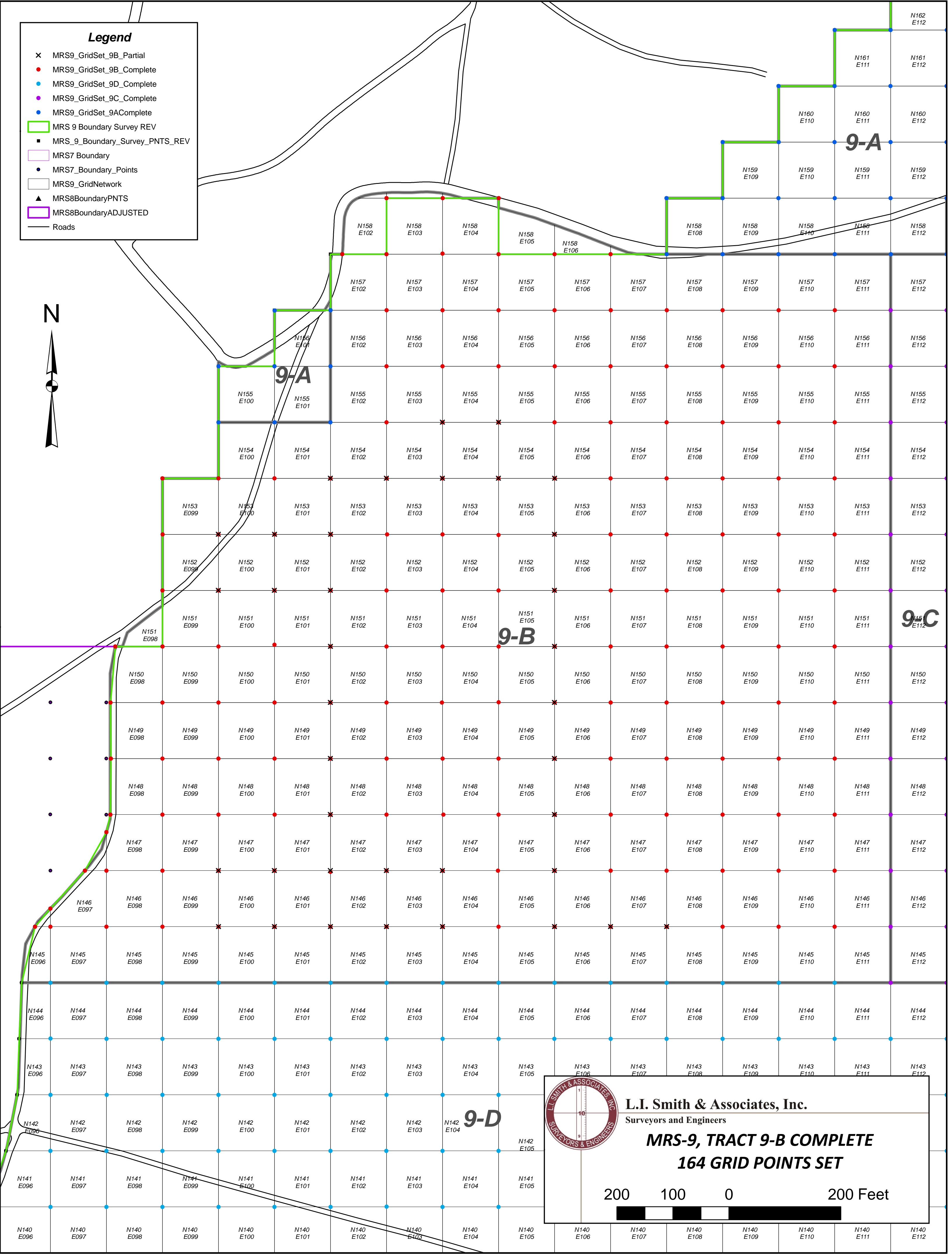
MRS 8

MRS 3





Legend

- MRS9_GridNetwork
- MRS8BoundaryPNTS
- MRS8BoundaryADJUSTED
- MRS 3
- Roads





Legend

- MRS9_GridSet_9C_Complete
- MRS9_GridSet_9AComplete
- MRS7_Boundary_Points
- MRS_9_Boundary_Survey_PNTS_REV
-  MRS 9 Boundary Survey REV
-  MRS9_GridNetwork
- ▲ MRS8BoundaryPNTS
-  MRS8BoundaryADJUSTED
-  MRS 3
- Roads

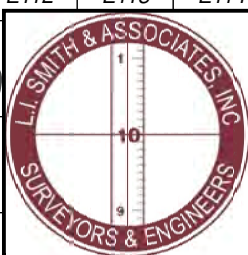


MRS 8

9-A

9-C
N152

9-B



L.I. Smith & Associates, Inc.

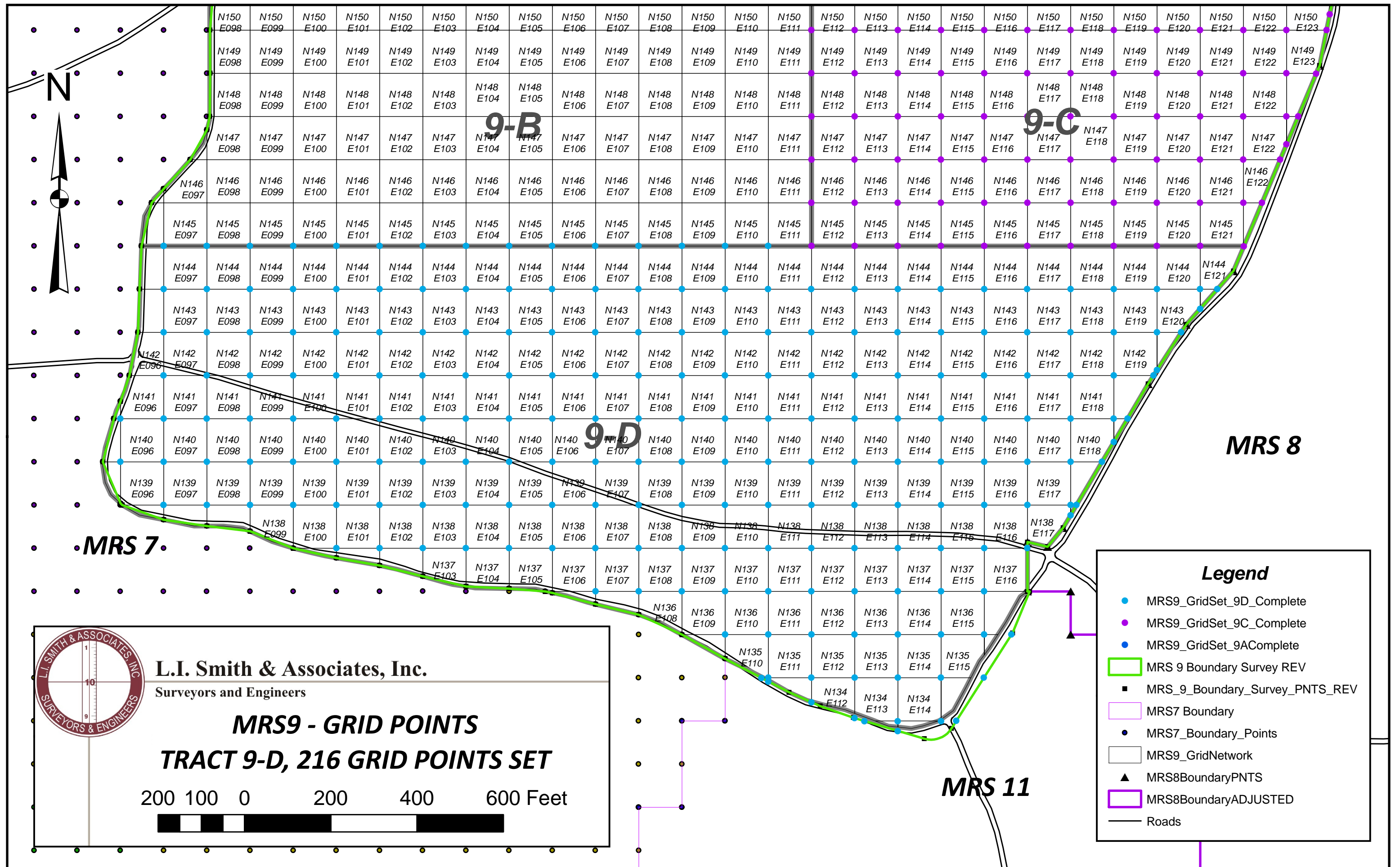
Surveyors and Engineers

MRS9 - GRID POINTS

TRACT 9-C, 197 GRID POINTS SET

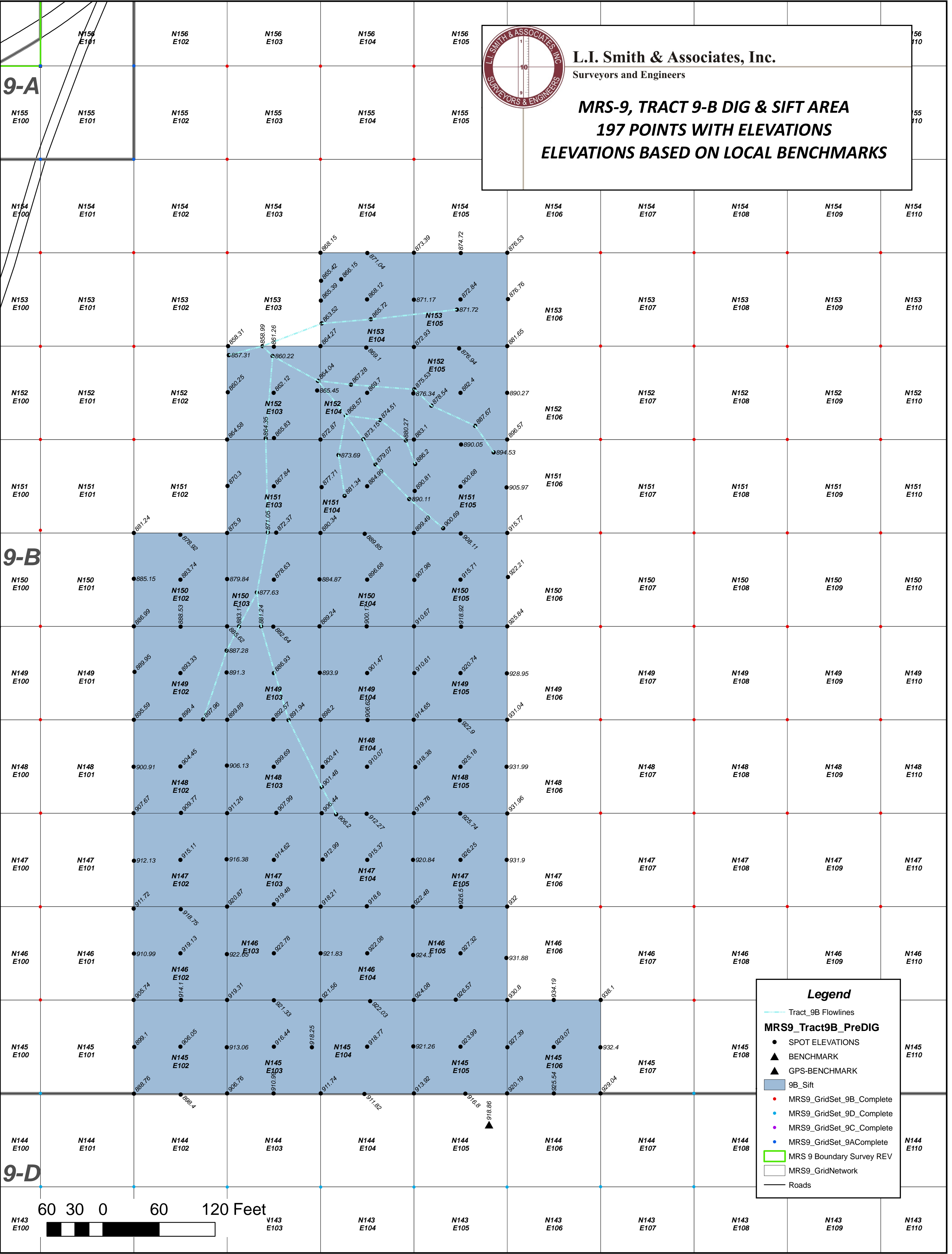
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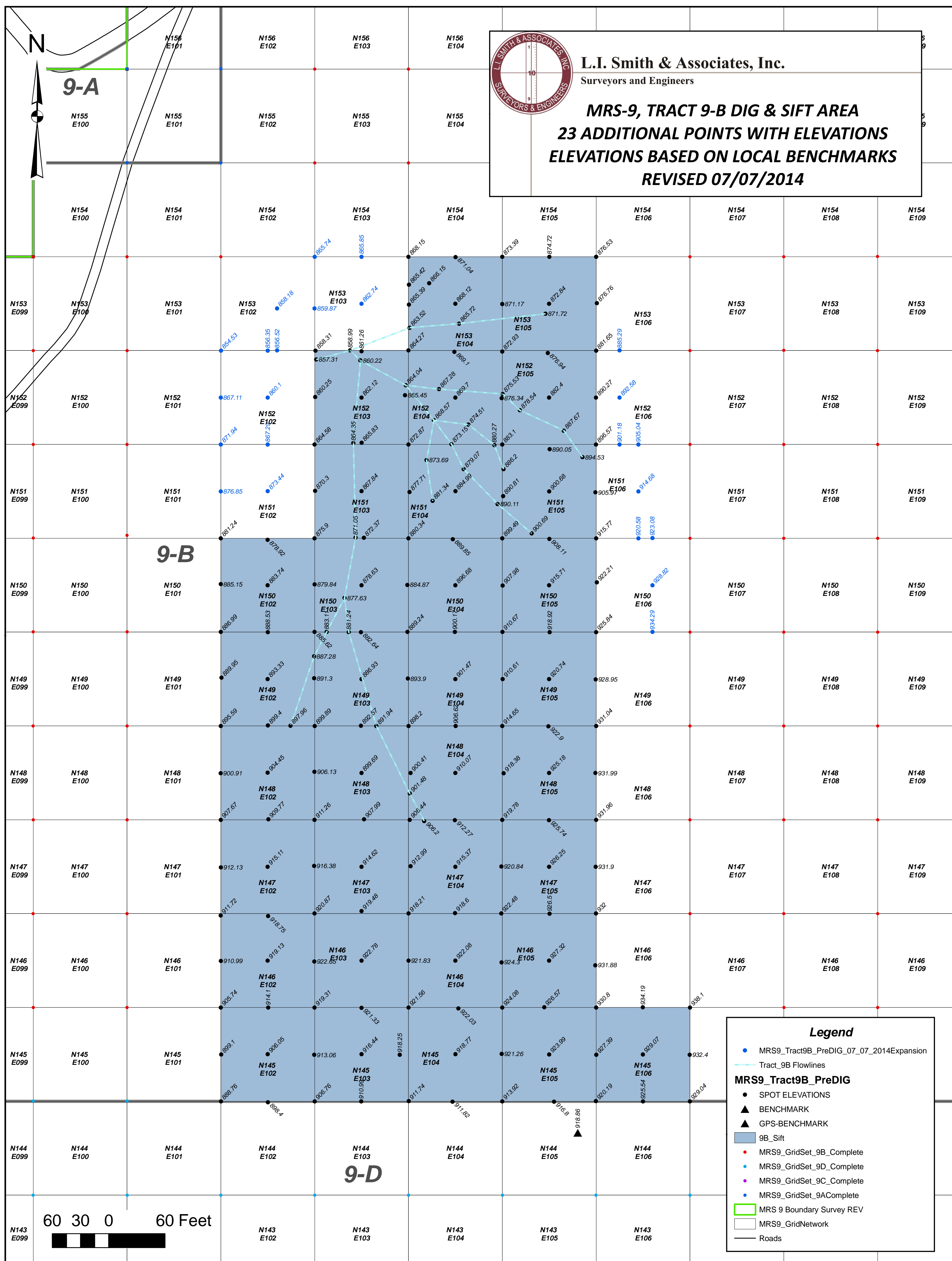


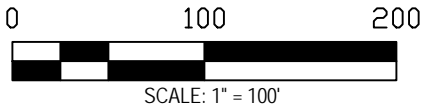


Survey

Sift Area Cut Fill







BM2
▲

LEGEND	
●	POINT LOCATION
▲	BENCHMARK
□	MRS 9-B GRID
□	MRS 9-B DIG & SIFT BOUNDARY

MRS-9, TRACT 9-B DIG & SIFT AREA

POINT NUMBER MAP

POINTS MONITORED FOR CUT AND FILL

DATE: 09/17/2014

THE ABOVE PROFESSIONAL LAND
SURVEYOR IS WORKING AS AN
AGENT FOR FOUR CORNERS SURVEYING
LLC





L.I. Smith & Associates, Inc.

www.lismith.com

Surveyors and Engineers

CORPORATE OFFICE 302 North Caldwell Street, Paris, Tennessee 38242

Phone: 731.644.1014 | Tollfree: 1.800.247.6847 | Fax: 731.644.0109

NASHVILLE OFFICE 1100 Lebanon Pike, Suite 105 Nashville, Tennessee 37210 | Phone: 615.256.0290

January 13, 2015

Mr. Richard Satkin
Matrix Environmental Services
283 Rucker Street, Building 3165
Anniston, AL 36205

RE: MRS-9 Impact Area

Dear Sir:

Please find enclosed tables of the elevations recorded in the MRS-9 Impact Area in order to verify the cut & fill depths of the Dig & Sift operations in MRS-9, Tract 9-B. Each elevation record is associated with its unique point number and the date the elevation was recorded.

The Post-Dig Delta is based on a differential comparison between the Post-Tree Removal elevations provided to L.I. Smith & Associates and the elevations that L.I. Smith & Associates recorded directly after the soil removal operations. The Post-Fill Delta is based on a differential comparison between the Post-Dig Elevations provided to L.I. Smith & Associates and the elevations that L.I. Smith & Associates recorded after fill operations.

All L.I. Smith & Associates elevations were acquired by differential levelling and are based on the local site benchmarks, which were to be used as a basis for all elevations at this site.

Sincerely,

01/13/2015

Larry I. Smith, PLS – AL No. 15717
L.I. Smith & Associates, Inc.
302 North Caldwell Street, Paris, Tennessee 38242
Phone: 731-644-1014
Email: lsmith@lismith.com

LI Smith Post Dig QC

Point No	SGO_Post_Tree_Z	QC_PostDig_Z	QC_PostDig_Z_Date	QC_Dig Delta
485	922.03	921.020	08/11/14	-1.01
486	921.437	920.330	08/11/14	-1.11
554	880.354	879.290	09/08/14	-1.06
555	899.829	898.730	09/08/14	-1.10
557	872.025	870.840	09/08/14	-1.18
558	920.58	919.520	09/08/14	-1.06
559	872.042	870.665	09/08/14	-1.38
560	903.11	902.050	09/08/14	-1.06
561	891.151	890.060	09/08/14	-1.09
562	881.944	880.820	09/08/14	-1.12
563	891.346	890.190	09/08/14	-1.16
564	906.028	904.870	09/08/14	-1.16
565	877.994	876.910	09/08/14	-1.08
566	900.977	899.890	09/08/14	-1.09
566A	905.762	904.650	08/11/14	-1.11
567A	914.68	913.550	09/08/14	-1.13
567B	919.273	918.040	08/11/14	-1.23
568A	921.656	920.380	08/11/14	-1.28
569	924.075	922.830	08/11/14	-1.25
570	930.688	928.770	08/11/14	-1.92
572	926.633	925.410	08/11/14	-1.22
573	914.174	912.910	08/11/14	-1.26
574	931.732	929.940	08/11/14	-1.79
575	924.195	922.820	08/11/14	-1.38
576	922.228	921.000	08/11/14	-1.23
577	911.019	909.860	08/11/14	-1.16
578	918.832	917.470	08/11/14	-1.36
579	922.702	921.600	08/11/14	-1.10
579A	911.782	910.780	08/11/14	-1.00
580	926.791	925.570	08/11/14	-1.22
580A	922.522	921.250	08/11/14	-1.27
580B	920.498	919.260	08/11/14	-1.24
581	921.893	920.640	08/11/14	-1.25
581A	926.472	925.210	08/11/14	-1.26
581B	918.491	917.380	08/11/14	-1.11
581C	918.202	917.060	08/11/14	-1.14
582	922.234	920.930	08/11/14	-1.30

LI Smith Post Dig QC

583	918.45	917.300	08/11/14	-1.15
583A	932.026	930.880	08/11/14	-1.15
584	919.271	918.170	08/11/14	-1.10
586	926.2	925.080	08/11/14	-1.12
587	931.685	930.450	08/11/14	-1.23
589A	895.619	894.510	08/27/14	-1.11
590	915.398	914.290	08/11/14	-1.11
590A	920.759	919.710	08/11/14	-1.05
590B	900.582	899.470	8/27/2014	-1.11
591	913.080	912.090	08/11/14	-0.99
591A	898.113	896.910	8/27/2014	-1.20
592A	914.278	913.110	8/27/2014	-1.17
593A	897.898	896.710	08/27/14	-1.19
594	906.013	904.970	08/11/14	-1.04
595	912.432	911.320	08/11/14	-1.11
597	925.724	924.670	08/11/14	-1.05
599	910.328	909.250	8/27/2014	-1.08
601	893.218	891.970	8/27/2014	-1.25
602A	886.954	885.730	8/27/2014	-1.22
603	893.73	892.580	8/27/2014	-1.15
603A	889.521	888.280	8/27/2014	-1.24
603B	886.22	884.940	8/27/2014	-1.28
604	892.051	890.910	8/27/2014	-1.14
604B	888.977	887.920	8/27/2014	-1.06
605	890.117	888.940	8/27/2014	-1.18
605B	918.963	917.770	8/27/2014	-1.19
605C	910.48	909.300	8/27/2014	-1.18
606	899.365	898.230	8/27/2014	-1.13
606A	888.719	887.530	8/27/2014	-1.19
608	878.153	877.081	09/08/14	-1.07
610	907.755	906.740	09/08/14	-1.01
611	878.15	876.960	09/08/14	-1.19
612	896.818	895.450	09/08/14	-1.37
615	915.758	914.640	09/08/14	-1.12
616	884.804	883.620	09/08/14	-1.18
618	885.176	884.000	8/27/2014	-1.18
618B	883.009	881.830	09/08/14	-1.18
619	921.995	920.800	09/08/14	-1.20
619A	867.217	865.950	09/08/14	-1.27

LI Smith Post Dig QC

619B	907.599	906.500	09/08/14	-1.10
619C	897.47	896.367	09/08/14	-1.10
620	904.976	903.879	09/08/14	-1.10
629	866.855	865.600	09/08/14	-1.26
633	860.551	859.330	09/08/14	-1.22
634	862.011	860.750	9/18/2014	-1.26
635	860.075	858.780	09/08/14	-1.30
636	864.654	863.400	9/18/2014	-1.25
639	863.918	862.830	9/18/2014	-1.09
640	860.604	859.480	9/18/2014	-1.12
643	868.666	867.540	9/18/2014	-1.13
658	907.62	905.960	8/27/2014	-1.66
659	911.165	909.960	8/27/2014	-1.20
660	906.636	905.600	08/11/14	-1.04
661	919.631	918.540	08/11/14	-1.09
662	931.977	930.770	08/11/14	-1.21
663	907.718	906.600	8/27/2014	-1.12
664	910.509	909.340	8/27/2014	-1.17
667	900.859	899.710	8/27/2014	-1.15
669	900.844	899.820	8/27/2014	-1.02
671A	858.077	856.960	09/08/14	-1.12
672A	905.091	903.840	8/27/2014	-1.25
672B	864.676	863.310	9/18/2014	-1.37
673	905.989	904.930	8/27/2014	-1.06
675A	885.416	884.26	09/08/14	-1.16
676	861.276	860.040	9/18/2014	-1.24
681	863.534	862.510	9/18/2014	-1.02
684A	868.16	867.095	9/8/2014	-1.06
685	858.235	857.194	9/8/2014	-1.04
686	865.758	864.380	9/18/2014	-1.38
686B	876.527	875.49	9/8/2014	-1.04
687A	865.74	864.420	9/18/2014	-1.32
688A	867.373	865.690	9/18/2014	-1.68
689A	865.85	864.790	9/18/2014	-1.06
690	868.61	867.440	9/18/2014	-1.17
714	873.39	872.230	09/08/14	-1.16
717	886.745	885.630	9/8/2014	-1.12
719	895.302	894.180	9/8/2014	-1.12
720	889.975	888.910	9/8/2014	-1.07

LI Smith Post Dig QC

722	901.14	900.036	9/8/2014	-1.10
859	871.713	870.520	09/08/14	-1.19

LI Smith Post Fill QC

Point No	SGO_PostDig_Z	QC_PostFill_Z	QC_PostFill_Date	QC_Fill Delta
485	920.962	922.27	8/27/2014	1.31
486	920.217	921.62	8/27/2014	1.40
552	879.591	881.04	9/24/2014	1.45
553	874.606	876.07	9/24/2014	1.46
554	879.319	881.02	9/18/2014	1.70
555	898.83	900.06	9/18/2014	1.23
556	921.972	923.18	9/24/2014	1.21
556A	914.457	915.82	9/18/2014	1.36
557	870.84	872.43	11/10/2014	1.59
558	919.504	920.97	9/18/2014	1.47
559	870.665	872.73	9/24/2014	2.07
560	902.114	903.30	9/18/2014	1.19
562	880.898	882.13	9/24/2014	1.23
563	890.275	891.62	9/24/2014	1.35
564	905.005	906.32	9/24/2014	1.32
565	876.976	878.16	9/24/2014	1.18
566	899.878	901.17	9/24/2014	1.29
567	875.277	876.72	9/24/2014	1.44
567A	913.499	915.02	9/24/2014	1.52
567B	917.917	919.38	8/27/2014	1.46
568	882.083	883.60	9/24/2014	1.52
568A	920.287	921.87	8/27/2014	1.58
569	922.888	924.27	8/27/2014	1.38
570	928.761	930.90	8/27/2014	2.14
572	925.445	926.94	8/27/2014	1.50
573	912.86	914.42	8/27/2014	1.56
575	922.896	924.40	8/27/2014	1.50
576	921.015	922.50	8/27/2014	1.49
577	909.926	911.20	8/27/2014	1.27
578	917.474	918.93	8/27/2014	1.46
579	921.433	922.89	8/27/2014	1.46
579A	909.722	911.77	8/27/2014	2.05
580	925.582	927.05	8/27/2014	1.47
580A	921.166	922.87	8/27/2014	1.70
580B	919.221	920.63	8/27/2014	1.41
581	920.679	922.11	8/27/2014	1.43
581A	925.165	926.62	8/27/2014	1.46

LI Smith Post Fill QC

581B	917.402	918.59	8/27/2014	1.19
581C	917.044	918.39	8/27/2014	1.35
582	920.971	922.52	8/27/2014	1.55
583	917.283	918.86	8/27/2014	1.58
584	918.058	919.43	8/27/2014	1.37
585	911.07	912.58	9/8/2014	1.51
586	925.03	926.51	9/8/2014	1.48
587	930.514	931.98	9/8/2014	1.47
588	913.5	914.87	9/8/2014	1.37
589	913.701	915.31	9/8/2014	1.61
589A	894.556	895.81	9/8/2014	1.25
590	914.198	915.67	9/8/2014	1.47
590A	919.686	920.81	9/8/2014	1.12
590B	898.53	900.04	9/8/2014	1.51
591	911.962	913.35	9/8/2014	1.39
591A	896.873	898.32	9/8/2014	1.45
592	889.82	891.46	9/8/2014	1.64
592A	912.951	914.59	9/8/2014	1.64
593	915.05	916.56	9/8/2014	1.51
593A	896.801	898.42	9/8/2014	1.62
593B	929.78	931.15	9/8/2014	1.37
594	905.013	906.52	9/8/2014	1.51
594A	896.85	899.47	9/8/2014	2.62
595	911.084	912.80	9/8/2014	1.72
596	927.451	929.09	9/18/2014	1.64
597	924.456	925.97	9/8/2014	1.51
598	900.606	902.06	9/18/2014	1.45
599	909.226	910.61	9/18/2014	1.38
600	885.829	887.63	11/10/2014	1.80
601	891.956	893.47	9/8/2014	1.51
602	919.455	920.83	9/18/2014	1.38
602A	885.778	887.22	9/8/2014	1.44
603	892.627	894.01	9/18/2014	1.38
603A	888.1914	889.76	9/8/2014	1.57
603B	884.947	886.53	9/8/2014	1.58
604	890.832	892.20	9/8/2014	1.37
604A	933.045	934.43	9/24/2014	1.38
604B	887.98	889.36	9/18/2014	1.38
605	888.987	890.24	9/8/2014	1.25

LI Smith Post Fill QC

605A	880.811	882.63	9/18/2014	1.82
605B	917.785	919.17	9/18/2014	1.38
605C	909.337	910.69	9/18/2014	1.35
606	898.226	899.69	9/18/2014	1.46
606A	887.571	888.99	9/8/2014	1.42
606B	924.576	926.03	9/18/2014	1.45
607	882.602	883.82	9/18/2014	1.22
608	877.081	878.50	11/10/2014	1.42
609	880.478	882.04	9/18/2014	1.56
610	906.712	908.02	9/18/2014	1.31
611	876.96	878.27	9/24/2014	1.31
612	895.597	897.07	9/18/2014	1.47
613	927.733	928.99	9/24/2014	1.26
614	882.892	884.40	9/24/2014	1.51
615	914.667	916.02	9/18/2014	1.35
616	883.781	885.23	9/18/2014	1.45
616A	863.588	865.02	9/24/2014	1.43
617	878.741	880.38	9/24/2014	1.64
617A	877.047	878.46	9/24/2014	1.41
617B	871.129	872.59	9/24/2014	1.46
618	884.059	885.06	9/24/2014	1.00
618A	888.679	890.11	9/18/2014	1.43
619	920.917	922.25	9/18/2014	1.33
619B	906.59	907.89	9/18/2014	1.30
620	903.879	905.34	9/24/2014	1.46
620A	873.657	874.94	9/24/2014	1.28
621	863.646	865.59	11/10/2014	1.94
622	864.754	866.17	9/24/2014	1.42
623	887.007	888.28	9/24/2014	1.27
624	873.601	874.87	9/24/2014	1.27
625	868.244	869.71	9/24/2014	1.47
626	877.921	879.21	9/24/2014	1.29
627	874.801	876.06	9/24/2014	1.26
628	891.87	893.37	9/24/2014	1.50
629	865.743	867.18	9/24/2014	1.44
630	881.439	882.78	9/24/2014	1.34
632	889.221	890.66	9/24/2014	1.44
633	859.42	860.82	9/24/2014	1.40
635	858.869	860.53	9/24/2014	1.66

LI Smith Post Fill QC

637	874.56	875.80	9/24/2014	1.24
640	859.462	860.87	9/24/2014	1.41
641	856.754	858.37	9/24/2014	1.62
642	876.294	877.57	9/24/2014	1.28
643	867.593	868.81	9/24/2014	1.22
658	906.399	907.99	9/8/2014	1.59
659	909.993	911.49	9/8/2014	1.50
660	905.467	906.88	9/8/2014	1.41
661	918.246	919.81	9/8/2014	1.56
662	930.777	932.17	9/8/2014	1.39
663	906.657	907.96	9/8/2014	1.30
664	909.405	910.86	9/8/2014	1.46
665	901.193	902.53	11/10/2014	1.34
666	916.651	918.61	9/8/2014	1.96
667	899.597	901.29	9/8/2014	1.69
668	930.649	932.14	9/8/2014	1.49
669	899.70	901.09	9/8/2014	1.39
670	898.748	900.07	9/8/2014	1.32
671	908.33	910.22	9/8/2014	1.89
671A	856.997	858.36	9/24/2014	1.36
672	924.007	925.46	9/8/2014	1.45
672A	903.699	905.51	9/8/2014	1.81
672B	863.43	864.88	9/24/2014	1.45
673	904.763	906.24	9/8/2014	1.48
673A	871.531	872.76	9/24/2014	1.23
674	854.726	856.88	9/24/2014	2.15
674A	880.368	882.23	9/24/2014	1.86
675	921.503	922.94	9/8/2014	1.44
675A	884.26	885.51	9/24/2014	1.25
676	860.119	861.53	9/24/2014	1.41
676A	890.676	892.27	9/8/2014	1.59
677	854.078	856.08	9/8/2014	2.00
678	858.94	860.51	11/10/2014	1.57
679	905.934	907.44	9/8/2014	1.51
680	853.268	854.76	9/24/2014	1.49
681	862.45	863.84	9/24/2014	1.39
682	866.077	867.22	9/24/2014	1.14
683	871.995	873.53	9/24/2014	1.53
684	858.807	860.31	9/24/2014	1.50

LI Smith Post Fill QC

684A	867.095	868.84	9/24/2014	1.75
685	857.194	858.46	9/24/2014	1.27
685A	872.161	873.53	9/24/2014	1.37
685B	871.93	873.18	9/24/2014	1.25
686	864.45	866.01	9/24/2014	1.56
686A	875.114	876.96	9/24/2014	1.85
686B	875.49	877.00	9/24/2014	1.51
687	870.443	871.79	9/24/2014	1.35
687A	864.338	865.60	9/24/2014	1.26
688	867.103	868.28	9/24/2014	1.18
688A	865.823	868.16	9/24/2014	2.34
689	861.82	863.02	9/24/2014	1.20
689A	864.842	866.31	9/24/2014	1.47
690	867.518	869.25	9/24/2014	1.73
691	870.848	872.07	9/24/2014	1.22
692	873.658	875.02	9/24/2014	1.36
713	867.153	869.00	9/24/2014	1.85
714	872.285	873.68	9/24/2014	1.39
715	869.445	870.73	9/24/2014	1.28
717	885.712	886.99	9/24/2014	1.28
719	894.18	895.68	9/24/2014	1.50
720	888.91	890.17	9/24/2014	1.26
721	879.962	881.20	9/24/2014	1.24
859	870.545	871.55	9/24/2014	1.01

Permits

Prescribed Burn

Burn Operation on MRS9 Range 16

Personnel involved

Cecil Taylor----- Responsible for Burn Operations
Jason Soth Torch----- Torch Operator No 1
Tony O'Shaughnassy -----Torch Operator No 2
David Abernathy----- Burn Safety
Matt Rushwald -----SW Observer
Harry Wallace-----NW Observer
Joel Pullen-----SE Observer
Paul Hanes-----NE Observer
Steve Meadows-----Water suppression Truck operator
Frank Bynum-----Water Suppression Truck assistant
Ronny (Envirogrind)-----Dozer operator
Randy Ginn-----Alabama Forestry Commission

Sequence of operation

8 Nov 2010---Preparatory Inspection held, all personnel briefed on specific work tasks and the safety aspects of the burn including reading the burn plan and the associated ASA.

8 Nov 2010---Coordination with Auburn Kennels completed and dog moved outside the EZ

8 Nov 2010---Required supplies and equipment purchased and staged for the IAW the plan for the burn operation, pre burn notifications completed

9 Nov 2010----

0600---Burn Permit obtained from state of Alabama IAW the burn plan

0800---Personnel and equipment being placed at locations identified IAW the work plan and weather conditions up dated. Burn day notifications completed

0900 the original start time for the burn was delayed due to problems with the water truck and moving the water supply trailer to specified locations.

0920---R Scott and R Hall arrived on site as observers for the MDA, Paul Hanes and Harry videoed the area and fire breaks prior to starting burn

1000 All equipment repaired and in proper locations for the burn operation, weather information updated the burn information winds, smoke and other associated discussed with forestry representative and the OK recived for burn operations.

1005-- Tail gate safety and emergency plans discussed with all site personnel, head count and emergency assembly points established. Wind conditions discussed and the fire starts point established based on wind directions

1020---SE corner of the burn area ignited with each of the torch operations traveling in assigned directions, Torch Operator No 1 going to the west and then turn north at the fire break and Torch Operator No 2 going North and then West at the fire break turn.

Safety Observers in placed and radio communications checked

1050---Torch Operator No 2 reached his assigned stop point and then travel around to the assist Torch Operator No 1 in completing the 100% perimeter ignition as planned.

1110---Torch Operator No 2 returned to the safe area after assisting where needed.

1130---Torch Operator No 1 completed the last part of the perimeter burn and returned to the safe area

1230---Burn Master completed tour of the burn area staying outside the EZ to check for any possible cross over of the fire breaks, none seen or reported.
1300---Lunch for site personnel with box lunches taken to the observers
1400--- Burn Master completed tour of the burn area staying outside the EZ to check for any possible cross over of the fire breaks, none seen or reported; the actual fire line is now well internal of the burn area with few hot spots observed near the perimeter
1500---Observers changed to roving observations due to the winds remaining light and the fire now internal of the range.
1515---The 2 night watch personnel trained on water truck operations by Steve Meadows
1600---Dozer operator released to be recalled if needed.
1630---One Detonation heard and reported
1700---2 additional detonation heard and reported
1705--- Assigned 2 MEC personnel to rover observer watch during the night to report and cross over of the fire breaks. All other personnel released from the fire tasks and returned to normal duties.
1830---Burn Master checked status of the fire via radio with night fire watch, normal operations with no problems reported
2300---5 detonations heard by night watch, no other problems reported or observed
10 Nov 2010
0300---3 detonations heard by night watch, no other problems reported or observed
0600--- Burn Master checked status of the fire via radio with night fire watch, normal operations with no problems reported
0630---Reduced the fire watch to 1 personnel with hourly checks of the burn area, smoke seen over the McClellan area.
0700---Burn safety toured the fire area, no problems observed or reported
0730---Normal operations with frequent checks of the burn area thru out the day established.
0930---Burn Master toured burn area, observed 3 hot spots on perimeter of area
1030---Water suppression truck used to extinguish the perimeter hot spots
1230---Burn Master toured burn area no problems see or reported
1500---Burn Master toured burn area, one hot spot observed on SE corner of burn area, water suppression truck operator notified to wet down.
1630---Water suppression truck wet down the SE corner hot spot
1730---Burn safety completed tour of burn area, no hot spots observed or problems reported
11 Nov 2010
0800---Burn safety toured area, no problems observed or reported, burn area fires are extinguished, smoke in some areas but no fires.
1200---Burn Master Tour of burn area no problems observed or reported; burn operations secured, normal routine established at MRS9 range 16.

Carl Jay

(Amended 2/91)

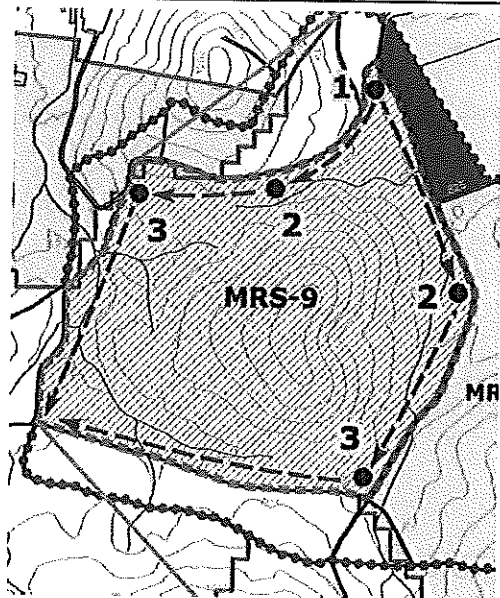
ALABAMA FORESTRY COMMISSION
PRESCRIBED BURNING PLAN

Unit or Landowner: McClellan Development Authority Permit No. 1109004A
Address: 4975 Bains Gap Road, Anniston, AL 36205 Telephone # 256-236-2011
Tract No. MRS-9 S 27 T 15 R 8 District NE County Calhoun
Acres to Burn 107 Chains to Plow _____ Previous Burn Date None

STAND DESCRIPTION

Overstory Type Pine-Hardwood Fuel Model 9 Height to Bottom of Crown 10'-30'
Understory Type Brush & Pine-Hardwood Litter
Fuel Description and Amount Brush & Pine-Hardwood Litter 4"
Purpose of Burn Hazard Reduction Topography & Soil _____
Intensity Desired Medium % Litter to Leave _____
Manpower Needs 10-12 Equipment Needs 4-Wheeler, Dozer, Pumper truck
Maximum Scorch Acceptable 20%
List Smoke Sensitive Areas City of Anniston to SW, Jacksonville to N
Special Precautions UXO, Heat, Grass on Range on MRS-8
Passed Screening System? _____
Adjacent Landowners to Notify 911, Anniston FD, US Fish & Wildlife, AFC

WEATHER FACTORS	<u>Preferred</u>	<u>Alternate</u> (if needed)	<u>Actual</u>
Surface Winds	<u>W 5-10</u>	<u>NW-S 5-10</u>	<u>NW 1-5</u>
Transport Winds	<u>W 10-20</u>	<u>NW-SW 10-20</u>	<u>LGT</u>
Minimum Mixing Height	<u>2100 Feet</u>	<u>3500 Feet</u>	<u>4400</u>
Stagnation Index	<u>41-100</u>	<u>61-100</u>	<u>65</u>
Maximum Temperature	<u>70° F</u>	<u>89° F</u>	<u>75°</u>
Relative Humidity	<u>30-40%</u>	<u>30-40%</u>	<u>35</u>
Fuel Moisture	_____	_____	_____
Starting Time	<u>0930</u>	<u>0900</u>	<u>1015</u>
Completion of Ignition	<u>1300</u>	<u>1300</u>	<u>1115</u>
Burning Technique	<u>Ring, aerial supplement if needed</u>	<u>Ring, aerial supplement if needed</u>	<u>Ring</u>
Lower Litter Moist	_____	_____	_____
		Date Burned	<u>11-9-10</u>
Prescription Done By <u>Randy Ginn</u>		Chains Plowed	_____
Title <u>Forest Ranger</u>		Date <u>9/28/10</u>	_____
Address <u>3985 Alabama Highway 21 North</u>		Telephone # <u>(256) 591-2706</u>	_____
Signature <u>[Signature]</u>			_____



Ignition Procedure 1 - Light from NE corner to south and west. 2 - Light south and west to corner.
3 - Light south and west lines at same time. This may be supplemented by aerial ignition.

MAP

Summary of Burn

Person Responsible for Burn Cecil L. Taylor

Cecil L. Taylor
Signature

Flame Height 6" Most Same to 3'

Escape? NO

Rate of Spread 3 mph

Smoke Dispersion OK - STRAIGHT UP

Smoke Problems OVERNIGHT LIGHT SMOKE ACROSS McCLURE RD AND AROUND NW OF BURN SITE

% Litter Left

Technique Used OK? DROP TORCHES

% Needles Discolored 20%

Publicity NONE - BURN SITE STAYED UNNOTICED

Bar Char VERY LIGHT AS FLAMES WERE LOW ACROSS BURN

Future Evaluation

% Crown Scorch

Bole Damage

Insect/Disease

Other Adverse Effects

Objectives Met?

Understory Kill

Soil Movement

Remarks

Evaluation By

Title

Date

SMOKE MANAGEMENT SCREENING FORM

Step I: Directions and Distance of Probable Smoke Impact

- A. Category Day
- B. (1) Fuel Type Pine-Hardwood
- (2) Firing Technique Ring and supplement with aerial ignition, if needed
- (3) Probable Smoke Impact Distance
- C. All surrounding areas within 10 chains shown on map? Yes
- D. Downwind smoke impact area located on map? None
- E. Down-drainage smoke impact areas located on map? None

Step II: Identify and List SSAs

- A. List SSAs within 5 (or 10) chains. No roads or buildings within 1,420'
- (1)
- (2)
- (3)
- B. List SSAs in downwind impact area. None
- (1)
- (2)
- (3)
- C. List SSAs in down-drainage impact area. None
- (1)
- (2)
- (3)

*If any SSAs listed in "A", "B" or "C" above, continue screening system.

SMOKE MANAGEMENT SCREENING FORM

Step III: SSAs in First $\frac{1}{4}$ Impact Area

A. Fuel Type in Windrows: None

(1) What did you do to eliminate windrows in the first $\frac{1}{4}$ of the impact area?

B. Fuel Type Other Than Windrows:

(1) SSAs adjacent to or within 5 (or 10) chains: No

If yes—what changes in prescription were made?

(2) SSAs in first $\frac{1}{4}$: No

If yes—what changes in prescription were made?

(3) If suggestions in (2) above cannot be done, what other changes were made?

Step IV: SSAs in Last $\frac{3}{4}$ of Impact Distance

A. Fuel Type in Windrows: None

If yes—what changes in prescription were made?

B. Fuel Type in Scattered Logging Debris or Small, Round Piles: None

If yes—what changes made?

C. Fuel Type is Understory or Fields: Pine/Hardwood

(1) Fuel head high or over: Yes

Any changes made? Winter burn with ring burn

(2) Fuel light loading and less than head high: Some

Any changes made?

Step V: SSAs in Last $\frac{3}{4}$ of Impact Distance

A. Any other changes made in prescription to be sure no smoke problem will occur?

Area is on old Fort McClellan and behind locked gates.

INFORMATION
FROM BUREAU
ON DAY OF BORN

000
FNUS54 KBMX 082107
FWFBMX

FIRE WEATHER PLANNING FORECAST
NATIONAL WEATHER SERVICE BIRMINGHAM AL
307 PM CST MON NOV 8 2010

.DISCUSSION...

DRY CONDITIONS ARE EXPECTED TO CONTINUE ACROSS ALL OF CENTRAL ALABAMA THROUGH THE REST OF THE WEEK. RELATIVE HUMIDITY VALUES COULD HOVER AROUND 25 PERCENT FOR SEVERAL HOURS DURING THE AFTERNOON OVER THE NEXT TWO DAYS. MOISTURE IS EXPECTED TO INCREASE BY NEXT WEEKEND.

ALZ017>021-026>029-036>038-090915-
BLOUNT-ETOWAH-CALHOUN-CHEROKEE-CLEBURNE-ST. CLAIR-TALLADEGA-CLAY-
RANDOLPH-COOSA-TALLAPOOSA-CHAMBERS-
INCLUDING THE CITIES OF...ONEONTA...GADSDEN...ANNISTON...CENTRE...
HEFLIN...PELL CITY...MOODY...TALLADEGA...SYLACAUGA...ASHLAND...
ROANOKE...ROCKFORD...ALEXANDER CITY...DADEVILLE...VALLEY...
LANETT...LAFAYETTE
307 PM CST MON NOV 8 2010

	TONIGHT	TUE	TUE NIGHT	WED
CLOUD COVER	CLEAR	CLEAR	CLEAR	CLEAR
PRECIP TYPE	NONE	NONE	NONE	NONE
CHANCE PRECIP (%)	0	0	0	0
TEMP	33	74 75	36 37	76 75
RH %	94	25 24	99 93	25 25
20FT WIND-AM(MPH)		LGT		LGT
20FT WIND-PM(MPH)	LGT	LGT	LGT	LGT
PRECIP AMOUNT	0.00	0.00	0.00	0.00
PRECIP DURATION				
MIXING HGT(AGL-FEET)		3600 4400		4800 4400
TRANSPORT WIND (MPH)		N 2 N 10		N 3
DISPERSION INDEX	1	55 69	1	33
REMARKS...NONE.				

.EXTENDED...

.THURSDAY...CLEAR. LOWS IN THE LOWER 40S. HIGHS IN THE MID 70S.
EAST WINDS UP TO 5 MPH.

.FRIDAY...CLEAR. LOWS IN THE LOWER 40S. HIGHS IN THE MID 70S.
SOUTHEAST WINDS UP TO 5 MPH.

.SATURDAY...PARTLY CLOUDY. LOWS IN THE MID 40S. HIGHS IN THE
UPPER 60S. SOUTH WINDS UP TO 5 MPH.

.SUNDAY...MOSTLY CLOUDY. A CHANCE OF SHOWERS AND THUNDERSTORMS.
LOWS IN THE MID 40S. HIGHS IN THE MID 60S. SOUTH WINDS AROUND
5 MPH SHIFTING TO THE NORTHEAST UP TO 5 MPH IN THE AFTERNOON.

.MONDAY...PARTLY CLOUDY. A CHANCE OF SHOWERS. LOWS IN THE LOWER
40S. HIGHS IN THE MID 60S. NORTHEAST WINDS UP TO 5 MPH.

1.0 INTRODUCTION

MRS-9 was previously used by the Army as an impact area for a variety of training activities involving military munitions. Known munitions fired in this area include, but are not limited to, the 40mm Grenade (HE) with sensitive fuzing, 66mm Rocket (LAW) and the 3.5inch Rocket (HEAT). MEC may be concealed by vegetation as a result of these training activities and vegetation having not been cleared from this area since the base was closed. The surface must be cleared of vegetation so that UXO Technicians have an unobstructed view to facilitate the safe remediation of surface and subsurface MEC. A prescribed burn will be conducted on approximately 107 acres of MRS-9 to provide a safe environment to conduct MEC remediation.

2.0 OBJECTIVES AND GOALS

The burn objectives and goals are to:

- Complete the prescribed burn operations with no injuries to personnel or the surrounding community,
- Hold the burn within the established containment lines,
- Minimize smoke impacts, and
- Clear vegetation to allow an unobstructed view of the ground for UXO Technicians.

3.0 BURN PRESCRIPTION

In order to safely execute the prescribed burn and meet the desired objectives a Prescribed Burning Plan was prepared by the Alabama Forestry Commission. The prescription for MRS-9 is attached. The primary and secondary containment lines or fire breaks are located along unimproved dirt roads that will be bladed and cleared of vegetation prior to the burn and are shown in Figure F-1. When the meteorological data and forecast models align within the burn parameters personnel and resources will be mobilized and a 3-day burn permit obtained from the Alabama Forestry Commission Montgomery dispatch. The morning of the burn a final decision will be made to proceed with the burn only if the meteorological data are within the prescription.

The fire will be ignited using drip torches and the ring method in accordance with the prescribed burn plan (Figure F-2). A helicopter may be utilized for localized aerial ignition if there are areas that have not achieved an adequate burn, following completion of the ground burn. A helicopter may also be used for reconnaissance of the fire and aerial fire mitigation, if required. Water sources for aerial fire suppression are available at Yahou Lake and Reilly Lake. The tertiary fire break is along paved roads. If the fire goes past the secondary fire break, the Anniston Fire Department will be called in to control the fire expansion. The Anniston Fire Department will fight the fire from the paved roads (tertiary fire break). The northwest portion of MRS-8 is dominantly grass and therefore presents a high fire hazard. In order to mitigate this potential fire hazard, a back burn will be completed along an approximate 300-foot swath as is shown in Figure F-2. The back burn will be performed on the burn day prior to the ground ignition of MRS-9.

4.0 EXPLOSIVES SAFETY

Based on the type of munitions known to have been used in MRS-9, the 3.5 inch Rocket HEAT M28A2 is the Munition with the Greatest Fragmentation Distance (MGFD) and will be used to establish the exclusion zone (EZ) during the prescribed burn in accordance with the DDESB-approved Amendment 11 to the McClellan Explosives Safety Submission (ESS) dated October 1, 2010. During prescribed burning, the nonessential personnel EZ is the Maximum Fragmentation Distance (MFD). The horizontal MFD for the 3.5 inch Rocket HEAT M28A2 is 1,420 feet and the vertical MFD is 1,128 feet. This EZ will be established prior to ignition of the prescribed burn and enforced until the area is declared safe by the Matrix UXOSO. The EZ for essential personnel during the prescribed burn is 235 feet from the interior edge of the primary fire break and is based on the hazard fragment distance (HFD) for the 3.5 inch Rocket HEAT M28A2. This EZ will be used for essential personnel during prescribed burn operations until the area is declared safe. No personnel will be allowed into the burn area until a 24-hr cool off period has occurred.

AHA-016: Drip Torch Operations

Minimum Personal Protective Equipment Requirements: Sturdy boots, safety glasses or goggles, gloves, cotton clothing		
Activity	Potential Hazards	Recommended Controls
Utilizing a Drip Torch for conducting a prescribed burn	Slip, trip, and fall hazards	<ul style="list-style-type: none"> • Avoid placing equipment or supplies in high traffic areas. • Continually inspect the work area for slip, trip, and fall hazards. • Watch for barbed wire and potential trip hazards when walking on brush covered terrain. • Determine best access route before transporting equipment. • Flag or cover inconspicuous holes to protect against falls. • Look before you step; ensure safe and secure footing. • Tools and accessories will be properly maintained and stored. • Wear high traction footwear.
	Flying debris, dirt, dust, etc.	<ul style="list-style-type: none"> • Wear safety glasses/goggles. • Ensure that eyewash is in proper working condition. • Observe the exclusion zone of 235 feet from the interior edge of the primary fire break.
Re-fueling drip torch	Splashing, Spills	<ul style="list-style-type: none"> • Wear gloves and goggles when filling drip torches. • Refill over a spill pad. • No smoking within 50 feet of the refilling operation. • Immediately wash any fuel that comes into contact with the skin. • Fire extinguisher will be stationed at refuel point.
Active operation of drip torch	Burns, Contact Dermatitis	<ul style="list-style-type: none"> • Only trained personnel will operate drip torches • Wear gloves and glasses. • Wear only natural fiber clothing. • When in use, keep the tip of the torch away from legs. • When not in use, carry torches upright. • No smoking during active torch operation.

AHA-017: Fire Truck Operations		
Minimum Personal Protective Equipment Requirements: Long pants, long-sleeved shirt, sturdy boots, safety glasses or goggles, gloves.		
Activity	Potential Hazards	Recommended Controls
Fire Truck Operations	Slip, Trip, Fall	<ul style="list-style-type: none"> • Use three points of contact when accessing or exiting the vehicle. • Ensure vehicle is stopped and the parking brake is set before exiting the vehicle. • Use only foothold and handholds that are designed for access of the truck.
	Brush fire hazards	<ul style="list-style-type: none"> • The fire truck should operate from the burned areas as much as possible in order to stay out of the path of the fire. Do not operate fire truck on non-burned areas with the fire traveling toward you. • Establish a pathway free of obstructions to safe refuge prior to starting fire operations. • Ensure all personnel know where the safe refuge is prior to the start of operations. • Keep all non-essential personnel away from the area. • Do not operate the truck downwind of the fire, always stay upwind in order to stay out of the path of travel and reduce smoke inhalation. • The fire truck should be kept out of dense smoke whenever possible. Smoke limits visibility and makes it more difficult to avoid hazards. • Windows must be rolled up at all times while working near the fire perimeter. Interior air conditioning (if available) must not bring in outside air. • Never work the fire from the uphill side, stay downwind and downhill from the fire. Fires tend to move rapidly up a hill and intensify. • If the fire is out of control, evacuate the area immediately to the safe refuge point. • Ensure that the crew has a means to call for help at all times during brush fire operations. • Avoid working under or near power lines. Since the areas containing them are usually cleared of brush, personnel often mistake them for safe areas and use them for rest or staging equipment. Never assume power lines to be deenergized, and always be on the alert for downed wires.

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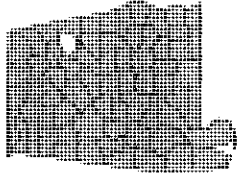
Revision 0, October 2010

Page 1 of 3

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Page 1 of 3

Alabama



Calhoun County



Area Enlarged Above



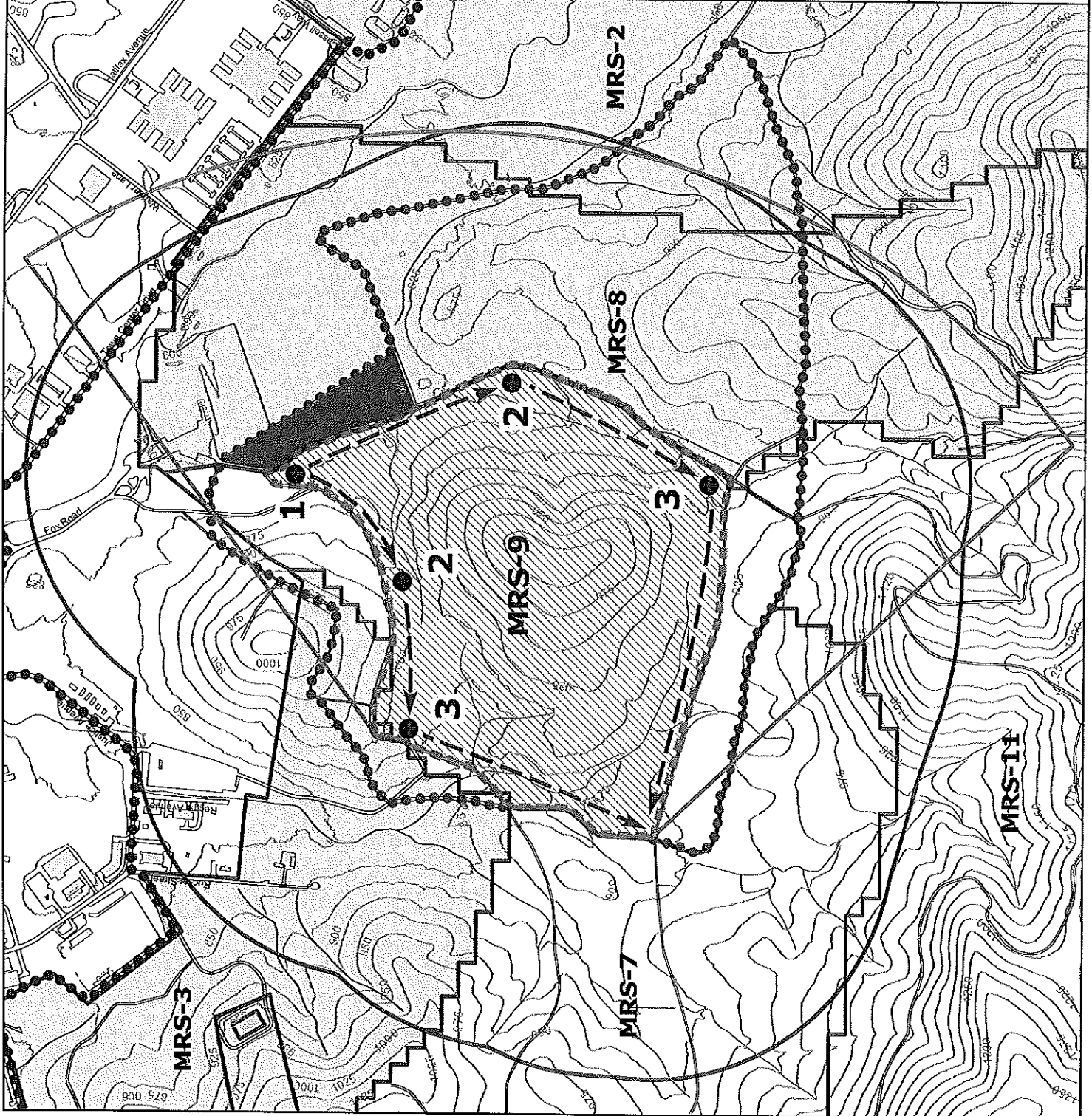
Legend

- Ignition Point
- Ignition Route
- Primary Fire Break
- Secondary Fire Break
- Tertiary Fire Break
- 1,420 feet
- Exclusion Zone
- Areas Previously Cleared of MEC
- Prescribed Burn Area
- Back Burn Area
- Smoke Arc
- Buildings
- Contour (25 foot)
- Streams
- Roads

0 400 800 Feet

FIGURE F-2
MRS-9 PRESCRIBED BURN
IGNITION PROCEDURE

McClellan
Anniston, Alabama



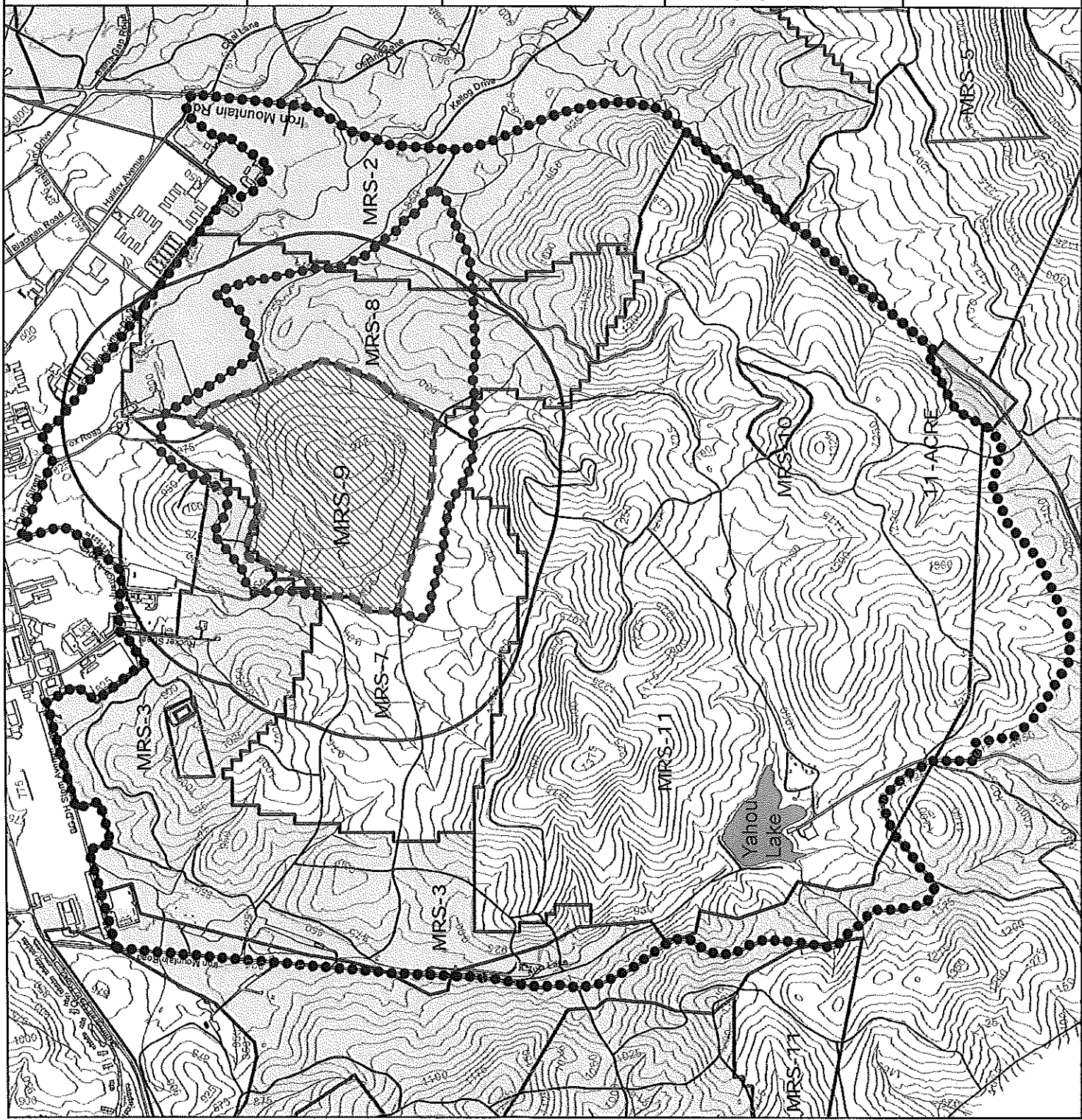
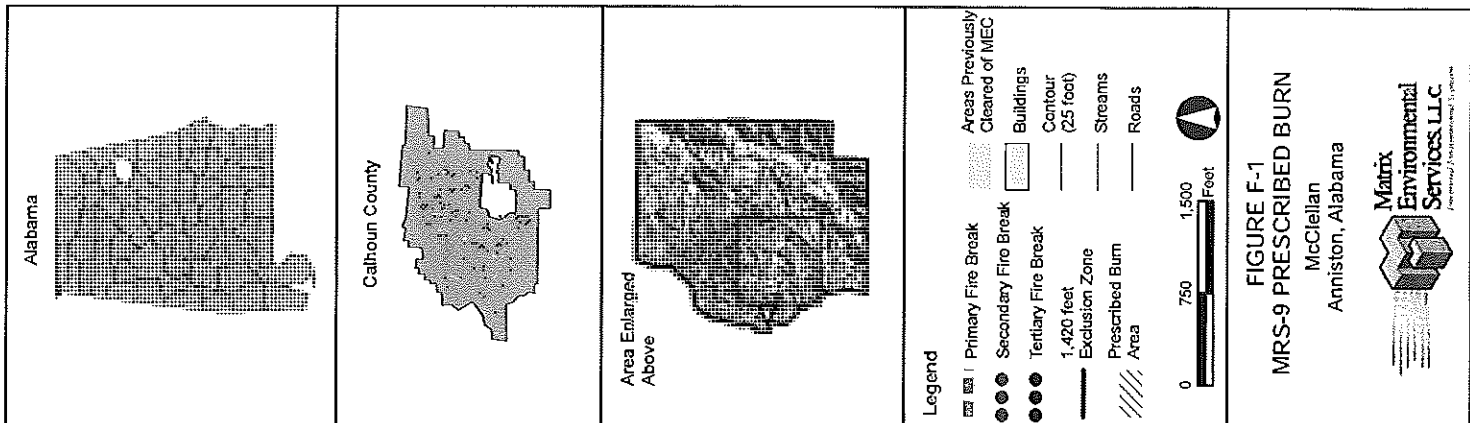


EXHIBIT A
TASK ORDER NUMBER 7
MRS-9 FIRE BREAK SITE PREPARATION
SCOPE OF WORK

1.0 GENERAL REQUIREMENTS

The CONTRACTOR shall furnish all management, supervision, labor, vehicles, tools, equipment, and supplies needed to complete the tasks outlined in this Scope of Work (SOW). The CONTRACTOR shall pay all taxes, licenses, filing fees, permits, or any other incidental costs associated with completion of this SOW.

The CONTRACTOR shall remove vegetation along the primary fire break outside the fence and inside the fence as necessary to provide a fire break clear of vegetation including removal of any overhanging limbs. CONTRACTOR shall also prepare an approximately 150 foot wide firebreak in the tall grass area along the western portion of MRS-8 Tract 8A along the westernmost portion of the area designated as Back Burn Area on the attached map.

CONTRACTOR will create three new access/connecting fire breaks (see locations on map), remove vegetation along the secondary fire break to provide a fire break clear of vegetation including removal of any overhanging limbs.

The CONTRACTOR will blade and blow the primary and secondary fire breaks with a dozer or other equipment where necessary to ensure a vegetation-free fire break. Any vegetation that is cut should be moved away from the fire breaks. Fire breaks are shown on the attached map.

During the prescribed burn day, CONTRACTOR will have on-call a dozer and operator able to respond within 30 minutes. CONTRACTOR will be paid only if requested to respond and only for actual time of dozer operation.

The CONTRACTOR shall be responsible for mobilizing and demobilizing personnel, field equipment, and vehicles necessary to perform the SOW. The CONTRACTOR shall also be responsible for providing qualified personnel, equipment, vehicles, required for safe operation of the equipment. Time lost because of inadequate equipment and/or vehicles; lost, stolen or damaged equipment and/or vehicles; or because of weather shall be at the CONTRACTOR's expense. Matrix Environmental Services, LLC will not be responsible for the CONTRACTOR's lost, stolen, or damaged equipment. CONTRACTOR is responsible for ensuring applicable safety measures are in place for safe operation of all equipment.

The CONTRACTOR is responsible for its own evaluation and implementation of appropriate health and safety requirements. CONTRACTOR shall be solely responsible for the health, safety and welfare of its employees and agents as related to performance of services, and shall strictly comply with all applicable federal, state, and local health and safety rules, regulations and guidance. CONTRACTOR bears full responsibility for evaluating health and safety requirements, and for providing all safety equipment and clothing necessary to protect the health and safety of its employees and agents. These provisions must be flowed down to the CONTRACTOR's subcontractors.

CONTRACTOR shall be solely responsible for (1) its work site safety practices and programs, including occupational health and safety; (2) CONTRACTOR shall erect and properly maintain at all times, as required by the conditions and progress of the work, all necessary safeguards for the protection of workers and the public; and (3) shall perform its services in accordance with, and comply with, all applicable Federal, state and local laws, ordinances, and regulations, including, but not limited to, all OSHA Regulations of 29 CFR 1910.120, USEPA Executive Order 1440.2 and 1440.3. In addition, subcontractor will comply with applicable requirements in the Matrix McClellan Health and Safety Plan.

Burn Operations For MRS-9, December

Burn Operations for MRS-9, January 5, 2012

0600- MEC Operations Brief

0615- MEC Safety Briefing

0630- Field Teams and Burn Team prepares equipment for Daily Operations

0700- Burn Permit obtained from the State of Alabama per SOP

0730- Burn Manager and Safety conduct a preliminary check of all firebreaks to insure proper control of prescribed burn.

Burn Team Assignments:

David Abernathy- Burn Manager

Paul Hanes- Safety

Joel Pullen and Eli Routh- Drip Torch Team 1

Troy Crawford and Matt Watson- Drip Torch Team 2

Stephen Meadows- Fire Truck Operator

Jason Soth- NW Observer

Daney Gipson- SW Observer

Tony Oshaugnassey- SE Observer

Jim Jordan- Dozer Operator

0800- Burn Operations Preparatory Briefing and Burn Safety Briefing

0900- All Burn Personnel staging equipment in designated areas.

0930- Burn Safety Manager makes all appropriate notifications to ignite the Burn.

1000- All Personnel are in position; Weather, Winds, and Moisture are perfect to ignite the Burn. Burn manager announces gives the order ignite the burn.

Torch teams start at the SW Corner and work in opposite directions.

1300- All chains have been lit. Fire appears to burning at a sustained rate.

1400- Fire has burnt away from fire breaks by more than 200 feet. Chance of Fire jumping is highly unlikely. At this time On-site Dozer operator is released from standby duty.

1600- Burn Manager conducted drive around of prescribed burn area(outside EZ). No Jumps noted. Burn is complete with the exception of one small chain approximately 200' long burning on the eastern side. Approximately 100' of unburned foliage remaining before final chain is complete.

1630- Burn Manager deems fire safe to leave. No night time watch required. All Burn Personnel released

January 6, 2012

0800- Burn Manager and Burn Safety Conducted a complete drive around of Burn area. No Hot Spots observed. No jumps observed. No smoke noted on Fort McClellan, However, a small hint of wood burning smell remains in the air.

1600- Burn Manager and Burn Safety Conduct a complete drive around and no hot spots or jumps observed. The burn is deemed safe to leave for the weekend until the final check can be completed and the burn called clear.

January 9, 2012

0800- Burn Manager and Burn Safety conduct final inspection of Burn Area. No hot spots not jumps observed all signs of fire have extinguished. Upon internal inspection of burned approximately 5% of MRS remains unburned. This portion will not hinder operations and is deemed safe to conduct surface sweep operations in.

0830- Burn operations called clear by Burn Manager and normal operations are ready to commence in MRS-9.

A stylized, handwritten signature in black ink, appearing to read 'D. Abernathy'.

David R. Abernathy

**ALABAMA FORESTRY COMMISSION
PRESCRIBED BURNING PLAN**

amended 12/02

Unit or landowner: McClellan Development Authority (Matrix) Permit # 01-05003B *cancelled due to Rain*
 Address: 283 Rucker St. Anniston, AL 36205 Telephone # 256-847-0780
 Tract # MRS-9 S 27 T 15 S R 8 E Region NE County Calhoun
 Acres to burn 107 Chains to plow 0 Previous burn date 9 Nov 2010

STAND DESCRIPTION

Overstory type Pine-Hardwood Fuel Model 9 Height to bottom of Crown 10'-30'
 Understory type Brush & Pine-Hardwood Litter
 Fuel description and amount Grass 1'-3', Brush 1'-2', & Pine-Hardwood Litter 1"-2"
 Purpose of burn Hazard Reduction Topography & soil Anniston & Alley 10-25% Slopes
 Intensity desired Hot % litter to leave Less than 10%
 Manpower needs 8-12 Equipment needs 4-wheeler, Dozer, Pumper Truck
 Maximum scorch acceptable 30%
 List smoke-sensitive areas City of Anniston to SW, Jacksonville to N
 Special precautions UXO, Heat, Flares used to ignite of impact area past creek beds
 Passed screening system? Yes
 Adjacent landowners to notify 911, Anniston FD, US Fish & Wildlife, AFC

<u>WEATHER FACTORS:</u>	<u>Preferred</u>	<u>Alternate (if needed)</u>	<u>Actual</u>
Surface winds	<u>W 5-10</u>	<u>NW-SW 5-10</u>	<u>WNW at 3mph - 5mph</u>
Transport winds	<u>W 10-20</u>	<u>NW-SW 10-20</u>	<u>10-20</u>
Minimum mixing height	<u>2100 FT</u>	<u>3500 FT</u>	<u> </u>
Stagnation index	<u>41-60</u>	<u>61-100</u>	<u> </u>
Maximum temperature	<u>65 F</u>	<u>55 F</u>	<u>51°F</u>
Relative humidity	<u>40-45%</u>	<u>30-40%</u>	<u>30-40</u>
Fuel moisture	<u> </u>	<u> </u>	<u> </u>
Starting time	<u>1300</u>	<u>1300 1000</u>	<u>1000</u>
Completion of ignition	<u>1530</u>	<u>1530</u>	<u> </u>
Burning technique	<u>Flares, Ring</u>	<u>Flares, Ring</u>	<u>Flares Ring</u>
Lower litter moist	<u> </u>	<u> </u>	<u> </u>

Date burned Randall Ginn
 Prescribed burn manager Randall Ginn Certification # PBM 1589

Address 3985 Alabama Highway 21 North, Jacksonville, AL 36265 Telephone # 256-591-2706, 435-6245


 Witness

 Date

Ignition Procedure 1 - Light from NE corner to south and west. 2 - Light south and west to corner.
3 - Light south and west lines at same time. This may be supplemented by aerial ignition.

MAP

Summary of Burn

Person Responsible for Burn David Abernathy 
Signature

Flame Height 1' most some 3'-4' Escape? None

Rate of Spread 3-4 mph Smoke Dispersion Straight - up and to the East

Smoke Problems None, Smoke Dispersing across mountains

% Litter Left 5% Technique Used O.K.? Drip Torches, Ring, Yes

% Needles Discolored _____ Publicity Local News Notified, Anniston Star Notified

Bark Char very light

Future Evaluation

% Crown Scorch _____ Bole Damage _____

Insect/Disease _____ Other Adverse Effects _____

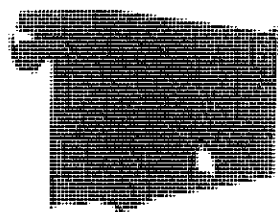
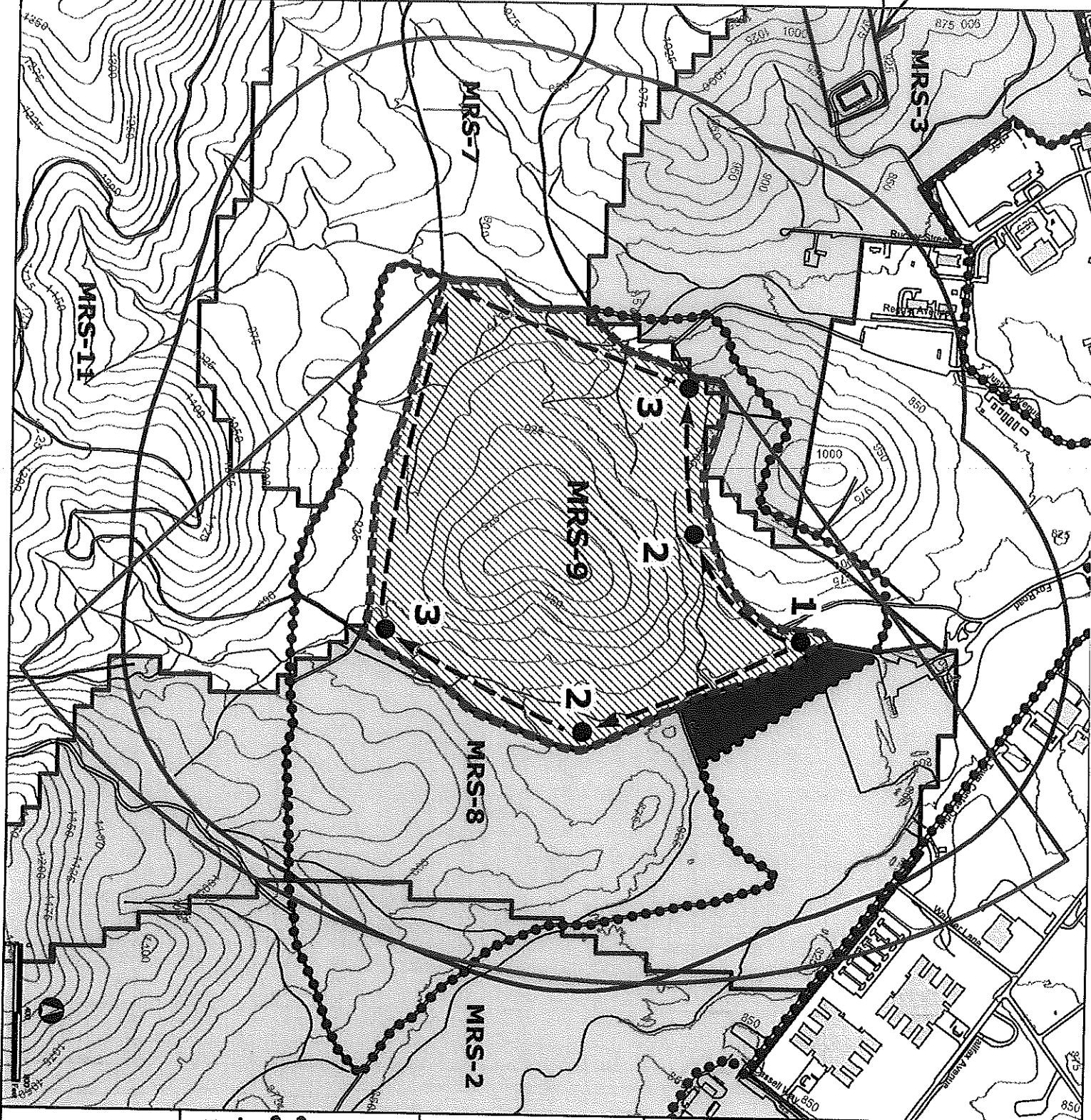
Objectives Met? Yes 95% forage Removed

Understory Kill _____ Soil Movement _____

Remarks _____

Evaluation By David Abernathy Title SUXOS

Date 1-9-2012

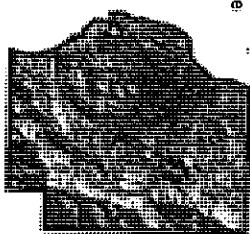


Alabama

Calhoun County



Area Enlarged Above



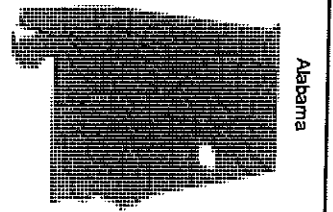
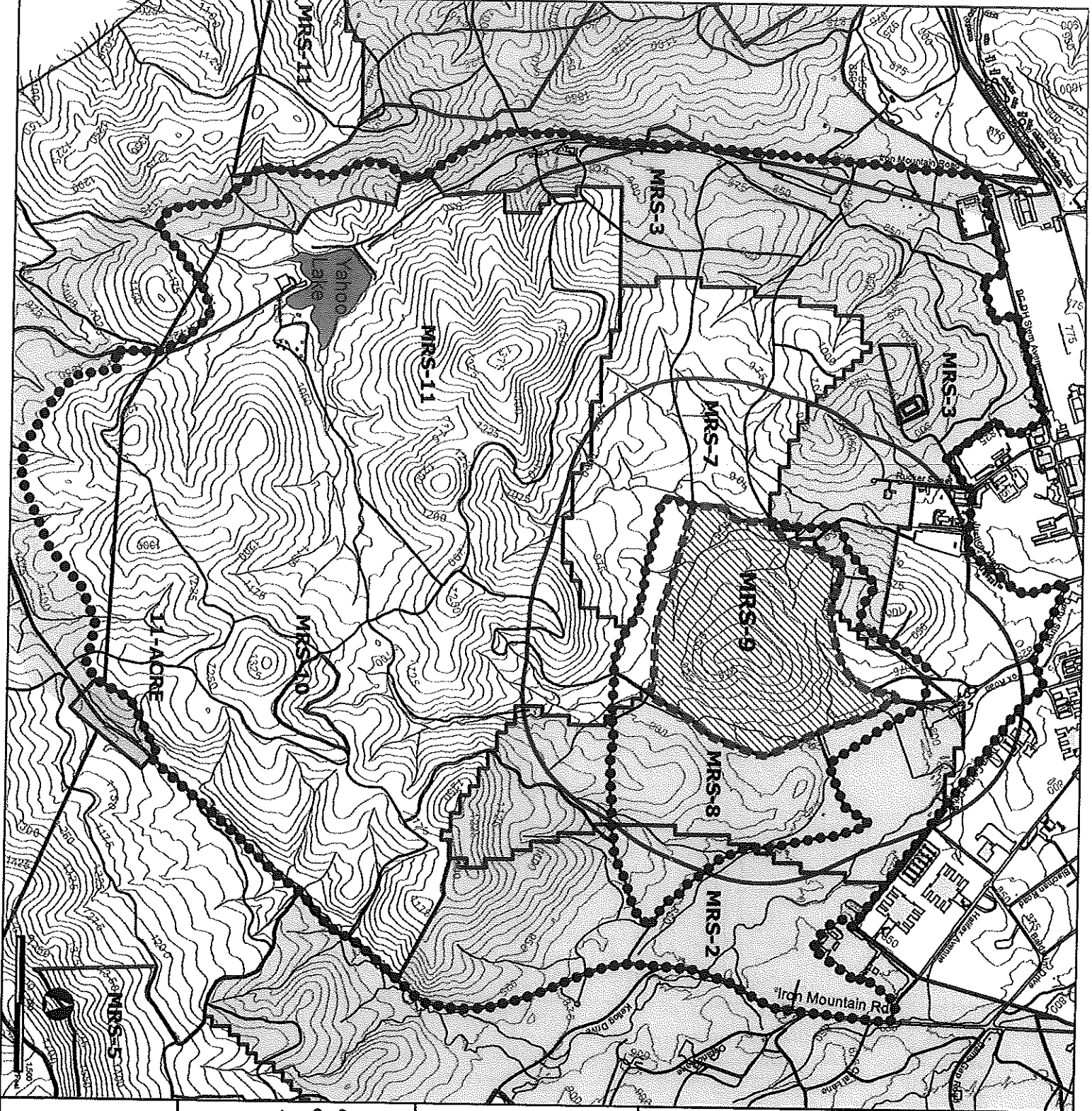
Legend

- Ignition Point
- Ignition Route
- ▨ Prescribed Burn Area
- ▨ Back Burn Area
- ▨ Smoke Arc
- ▨ Primary Fire Break
- ▨ Secondary Fire Break
- ▨ Tertiary Fire Break
- ▨ 1,420 foot Exclosure Zone
- ▨ Areas Previously Cleared of MEC
- ▨ Buildings
- ▨ Courtyard (25 foot)
- ▨ Streams
- ▨ Roads

**FIGURE F-2
MRS-9 PRESCRIBED BURN
IGNITION PROCEDURE**

McClellan
Anniston, Alabama

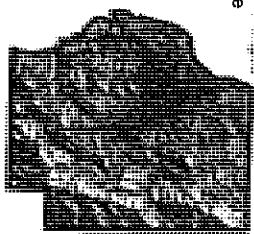




Alabama



Calhoun County



Area Enlarged Above

Legend

- Primary Fire Break
- Secondary Fire Break
- Tertiary Fire Break
- 1,420 feet Exclusion Zone
- /// Prescribed Burn Area
- ▨ Areas Previously Cleared of MEC
- ▨ Buildings
- Contour (25 foot)
- Streams
- Roads

FIGURE F-1
MRS-9 PRESCRIBED BURN

McClellan
Aniston, Alabama



Permits

Erosion Control Permits

LANCE R. LEFLEUR
DIRECTOR



Alabama Department of Environmental Management
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

ROBERT J. BENTLEY
GOVERNOR

April 22, 2014

ERIK QUIST
GENERAL COUNSEL / VICE PRESIDENT
STERLING OPERATIONS, INC
2229 OLD HWY 95
LENOIR CITY TN 37771

RE: Fort McClellan - MRS 9 - Site 9B
Calhoun County (015)

Dear Mr. Quist:

Based on your request, coverage under **General NPDES Permit Number ALR10AK43** is granted. The effective date of coverage is April 22, 2014.

Coverage under this permit does not authorize the discharge of any pollutant or wastewater that is not specifically identified in the permit and by the Notice of Intent.

You are responsible for compliance with all provisions of the permit including, but not limited to, the performance of required inspections and/or monitoring, and the preparation and implementation of a Construction Best Management Practices Plan (CBMPP) required by the permit.

The Alabama Department of Environmental Management encourages you to exercise pollution prevention practices and alternatives at your facility. Pollution prevention will assist you in complying with permit requirements.

A copy of the General NPDES Permit under which coverage of your discharges has been granted is enclosed. If you have any questions concerning this permit, please contact Stephanie Bailey by email at sbailey@adem.state.al.us or by phone at (334) 394-4314.

Sincerely,

Glenda L. Dean

Glenda L. Dean, Chief
Water Division

GLD/scb
Enclosure: Permit

File: NOI

Birmingham Branch
110 Vulcan Road
Birmingham, AL 35209-4702
(205) 942-6168
(205) 941-1603 (FAX)

Decatur Branch
2715 Sandlin Road, S. W.
Decatur, AL 35603-1333
(256) 353-1713
(256) 340-9359 (FAX)



Mobile Branch
2204 Perimeter Road
Mobile, AL 36615-1131
(251) 450-3400
(251) 479-2593 (FAX)

Mobile-Coastal
4171 Commanders Drive
Mobile, AL 36615-1421
(251) 432-6533
(251) 432-6598 (FAX)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT GENERAL PERMIT

DISCHARGE AUTHORIZED: DISCHARGES FROM CONSTRUCTION ACTIVITIES THAT RESULT IN A TOTAL LAND DISTURBANCE OF ONE ACRE OR GREATER AND SITES LESS THAN ONE ACRE BUT ARE PART OF A COMMON PLAN OF DEVELOPMENT OR SALE

AREA OF COVERAGE: THE STATE OF ALABAMA

PERMIT NUMBER: ALR10AK43

RECEIVING WATERS: ALL WATERS OF THE STATE OF ALABAMA

In accordance with and subject to the provisions of the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§1251-1378 (the "FWPCA"), the Alabama Water Pollution Control Act, as amended, Code of Alabama 1975, §§ 22-22-1 to 22-22-14 (the "AWPCA"), the Alabama Environmental Management Act, as amended, Code of Alabama 1975, §§22-22A-1 to 22-22A-15, and rules and regulations adopted thereunder, and subject further to the terms and conditions set forth in this permit, the Permittee is hereby authorized to discharge into the above-named receiving waters.

ISSUANCE DATE: April 1, 2011

EFFECTIVE DATE: April 1, 2011

EXPIRATION DATE: March 31, 2016

Glenda L. Dean

Alabama Department of Environmental Management

Table of Contents

PART I	Coverage Under This General Permit	3
A.	Permit Coverage	3
B.	Eligibility.....	3
C.	Prohibited Discharges.....	4
PART II	Notice of Intent (NOI) Requirements.....	5
A.	Deadlines for Notices of Intent.....	5
B.	Continuation of the Expired General Permit	5
C.	Contents of the Notice of Intent (NOI).....	5
D.	Submittal of Documents.....	6
E.	Additional Permittees Under a Single NOI.....	6
F.	Authorization to Discharge	6
PART III	Stormwater Pollution Prevention Requirements	8
A.	Erosion Controls and Sediment Controls.....	8
B.	Soil Stabilization	9
C.	Pollution Prevention Measures	9
D.	Construction Best Management Practices Plan (CBMPP)	9
E.	Spill Prevention, Control, and Management	11
F.	Training.....	11
G.	Inspection Requirements	12
H.	Corrective Action	14
I.	Suspension of Monitoring.....	14
J.	Precipitation Measurement	14
PART IV	Standard and General Permit Conditions	15
A.	Duty to Comply.....	15
B.	Need to Halt or Reduce Activity Not a Defense.....	15
C.	Duty to Mitigate	15
D.	Proper Operation and Maintenance.....	15
E.	Permit Actions	15
F.	Property Rights	15
G.	Duty to Provide Information	15
H.	Inspection and Entry	16
I.	Noncompliance Notification.....	16
J.	Retention of Records	16
K.	Signatory Requirements	17
L.	Transfers	17
M.	Bypass	17

<i>N.</i>	<i>Upset</i>	<i>17</i>
<i>O.</i>	<i>Severability.....</i>	<i>17</i>
<i>P.</i>	<i>Modification, Revocation and Reissuance, and Termination.....</i>	<i>17</i>
<i>Q.</i>	<i>Issuance of an Individual Permit.....</i>	<i>17</i>
<i>R.</i>	<i>Termination of Coverage.....</i>	<i>17</i>
<i>S.</i>	<i>Facility Identification.....</i>	<i>18</i>
<i>T.</i>	<i>Definitions</i>	<i>18</i>
PART V	Turbidity Monitoring.....	22
<i>A.</i>	<i>Applicability</i>	<i>22</i>
<i>B.</i>	<i>Sampling and Monitoring Requirements.....</i>	<i>22</i>
<i>C.</i>	<i>Representative Monitoring Points.....</i>	<i>22</i>
<i>D.</i>	<i>Test Procedures.....</i>	<i>22</i>
<i>E.</i>	<i>Monitoring Equipment and Instrumentation.....</i>	<i>23</i>
<i>F.</i>	<i>Reports of Turbidity Monitoring</i>	<i>23</i>

PART I Coverage Under This General Permit

A. Permit Coverage

This permit authorizes, subject to the conditions of this permit, discharges associated with construction activity that will result in land disturbance equal to or greater than one (1) acre or from construction activities involving less than one (1) acre and which are part of a common plan of development or sale equal to or greater than one (1) acre occurring on or before, and continuing after the effective date of this permit, except for discharges identified under Part I.C. of the permit. Coverage under this permit is not required for discharges associated with minor land disturbing activities (such as home gardens or individual home landscaping, repairs, maintenance work, fences and other related activities which result in minor soil erosion), animal feeding operation (AFO) or concentrated animal feeding operation (CAFO) construction activity that has been granted NPDES registration coverage pursuant to Chapter 335-6-7, normal agricultural practices and silvicultural operations.

B. Eligibility

1. Allowable Stormwater Discharges

This permit authorizes the following stormwater discharges:

- (a) Stormwater associated with construction activities defined in Part I.A. of this permit;
- (b) Stormwater discharges determined by the Director to require coverage under this permit;
- (c) Discharges from support activities (e.g., equipment staging yards, material storage areas, excavated material disposal areas, borrow areas) provided:
 - (i) The support activity is directly related to the construction site covered under this permit;
 - (ii) The support activity is not a commercial operation serving multiple unrelated construction projects by different operators, and does not operate beyond the completion of the construction activity at the last construction project it supports; and
 - (iii) Pollutant discharges from support activity areas are minimized to the maximum extent practicable and do not pose a reasonable potential to exceed applicable water quality standards.

2. Allowable Non-Stormwater Discharges

This permit authorizes the following non- stormwater discharges provided the non-stormwater component of the discharge is in compliance with Part III.C.:

- (a) Discharges from fire-fighting activities;
- (b) Fire hydrant flushings;
- (c) Waters used to wash vehicles where detergents are not used;
- (d) Water used to control dust;
- (e) Potable water including uncontaminated water line flushings not associated with hydrostatic testing;
- (f) Routine external building wash down associated with construction that does not use detergents;
- (g) Pavement wash waters where spills or leaks of toxic or hazardous materials have not occurred (unless all spilled material has been removed) and where detergents are not used;
- (h) Uncontaminated air conditioning or compressor condensate associated with temporary office trailers and other similar buildings;
- (i) Uncontaminated ground water or spring water;
- (j) Foundation or footing drains where flows are not contaminated with process materials such as solvents;
- (k) Landscape irrigation.

C. Prohibited Discharges

The following discharges associated with construction are not authorized by this permit:

1. Stormwater discharges that are mixed with sources of non-stormwater unless such stormwater discharges are:
 - (a) In compliance with a separate NPDES permit, or
 - (b) Determined by the Department not to be a contributor of pollutants to waters of the State.
2. Stormwater discharges currently covered under another NPDES permit;
3. Wastewater from washout of concrete, unless managed by an appropriate control;
4. Wastewater from washout and cleanout of stucco, paint, form release oils, curing compounds and other construction materials;
5. Fuels, oils, or other pollutants used in vehicle and equipment operation and maintenance;
6. Soaps or solvents used in vehicle and equipment washing;
7. Discharges from dewatering activities, including discharges from dewatering of trenches and excavations, unless managed by appropriate controls;
8. Discharges to surface waters from sediment basins or impoundments, unless an outlet structure that withdraws water from the surface, unless infeasible, is utilized;
9. Discharges where the turbidity of such discharge will cause or contribute to a substantial visible contrast with the natural appearance of the receiving water;
10. Discharges where the turbidity of such discharge will cause or contribute an increase in the turbidity of the receiving water by more than 50 NTUs above background. For the purposes of determining compliance with this limitation, background will be interpreted as the natural condition of the receiving water without the influence of man-made or man-induced causes. Turbidity levels caused by natural runoff will be included in establishing background levels.
11. Discharges of any pollutant into any water for which a total maximum daily load (TMDL) has been finalized or approved by EPA unless the discharge is consistent with the TMDL; and
12. Discharges to waters listed on the most recently approved 303(d) list of impaired streams unless the discharge will not cause or contribute to the listed impairment.

PART II Notice of Intent (NOI) Requirements

A. Deadlines for Notices of Intent

Any person wishing to obtain coverage under this general permit shall submit an NOI in accordance with the following schedule:

1. Owners or operators of new construction sites or sites for which a complete and correct NOR has not been submitted to the Department in accordance with ADEM Admin Code r. 335-6-12-.10 prior to the effective date of this general permit must submit a NOI prior to the initiation of construction activity.
2. Owners or operators of construction sites that have an expired registration for which a complete and correct NOR has not been submitted to the Department in accordance with ADEM Admin Code r. 335-6-12-.10 prior to the effective date of this general permit must submit a NOI prior to the continuation of construction.
3. Owners or operators of construction sites that have submitted a complete and correct NOR to the Department in accordance with ADEM Admin Code r. 335-6-12-.10 prior to the effective date of this general permit must submit a NOI at least thirty (30) days prior to the expiration of the NOR.

B. Continuation of the Expired General Permit

If this permit is not reissued or replaced prior to the expiration date, it will be administratively continued in accordance with the ADEM Administrative Code Chapter 335-6-6 and remain in force and effect if the Permittee submits an updated NOI meeting the requirements of Part II.C. before the expiration of this permit. Any Permittee who was granted permit coverage prior to the expiration date will automatically remain covered by the continued permit until the earlier of:

1. Reissuance or replacement of this permit, at which time the Permittee must comply with the Notice of Intent conditions of the new permit to maintain authorization to discharge; or
2. Issuance of an individual permit; or
3. A formal permit decision by the Department not to reissue this general permit, at which time the Permittee must seek coverage under an alternative general permit or an individual permit.

C. Contents of the Notice of Intent (NOI)

1. The NOI shall include:
 - (a) A general description of the construction activity for which coverage is desired, which shall be in sufficient detail to allow the Department to determine that the stormwater and non-stormwater discharges are included in the category of this general permit.
 - (b) The latitude and longitude to the nearest second of the entrance to the construction site and each point of discharge for which coverage under this general permit is desired. For the purposes of this requirement the entrance to the construction site will be identified as the primary point of access by normal vehicle traffic.
 - (c) Identification of the waterbodies receiving discharges for which coverage under this general permit is desired.
 - (d) The correct fee pursuant to ADEM Admin. Code R. 335-1.
 - (e) A portion or copy of a U.S. Geological Survey map showing the site location.
 - (f) A contact person, address and phone number for the site to be covered under the general permit.
 - (g) For priority construction sites, the NOI must be accompanied by a copy of the CBMPP prepared and certified as required by Part III.D.

2. The NOI shall be signed by a person meeting the requirements for signatories under ADEM Admin. Code r. 335-6-6-.09 and the person signing the NOI shall make the certification required for submission of documents under ADEM Admin Code r. 335-6-6-.09.
3. The NOI shall be signed by a QCP and shall have the following certification statement: *"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."*

D. Submittal of Documents

The NOI and all other documents required to be submitted to the Department by this general permit shall be delivered to the following address:

**Alabama Department of Environmental Management
Water Division
Post Office Box 301463 (Zip Code: 36130-1463)
1400 Coliseum Boulevard (Zip Code: 36110-2059)
Montgomery, Alabama**

E. Additional Permittees Under a Single NOI

Multiple operators conducting regulated land disturbances in a common plan of development may jointly submit an NOI. An NOI covering multiple operators must include a site plan clearly describing each operator's areas of operational control.

F. Authorization to Discharge

1. Except as otherwise limited by Part II.F.2 or II.F.3., the operator is authorized to discharge in accordance with the requirements of this permit upon the Department's receipt of a complete and timely NOI which meets the requirements of this permit and ADEM Admin. Code r. 335-6-6-.23.
2. Coverage under this permit is conditionally granted, and the requirement to submit an NOI is suspended for governmental agencies and utilities for construction activity associated with immediate and effective emergency repairs and response to natural disasters, human health or environmental emergencies, or to avert/avoid imminent, probable, or irreparable harm to the environment or severe property damage. The operator or controlling/participating federal, State, or local government agencies/entities conducting emergency construction activity shall document the emergency condition, ensure compliance with the requirements of this permit to the extent possible, and shall notify the Department as promptly as possible regarding the occurrence of the emergency construction disturbance and measures that have been implemented and are being implemented to protect water quality. Unless the requirement to obtain a permit pursuant to the requirements of this permit are suspended or voided by the Director on a categorical or individual emergency basis, the operator shall submit the appropriate project information, NOI, and the required application fee for construction or

reconstruction activity after emergency repairs have been accomplished, according to a schedule acceptable to the Department.

3. For priority construction sites, the operator is authorized to discharge thirty (30) days from the Department's receipt of a complete and technically adequate NOI and CBMPP meeting the requirements of Parts II.C. and III.D, unless, within thirty (30) days from the Department's receipt of the NOI, the Department notifies the operator that additional time is needed to review the NOI and CBMPP. Where the operator receives such notification from the Department, that operator may not discharge until the Department formally acknowledges receipt of a complete and technically adequate NOI and CBMPP.

PART III Stormwater Pollution Prevention Requirements

The stormwater control requirements in this Part are the technology-based, non-numeric effluent limitations and conditions that apply to all discharges from construction projects eligible for coverage under this permit. These requirements apply the national effluent limitations guidelines and new source performance standards found at 40 CFR Part 450.

Where the requirements in this Part are stricter than any corresponding Federal, State, or local requirements, the requirements in this permit take precedence.

A. Erosion Controls and Sediment Controls

The Permittee shall design, install, and maintain effective erosion controls and sediment controls, appropriate for site conditions to, at a minimum:

1. Control stormwater volume and velocity within the site to minimize soil erosion;
2. Control stormwater discharges, including both peak flow rates and total stormwater volume, to minimize erosion at outlets and to minimize downstream channel and streambank erosion;
3. Minimize the amount of soil exposed during construction activity through the use of project phasing or other appropriate techniques;
4. Minimize the disturbance of steep slopes, unless infeasible;
5. Minimize sediment discharges from the site;
6. Minimize the generation of dust;
7. Minimize all stream crossings;
8. Stabilize all construction entrances and exits; and minimize off-site tracking of sediment from vehicles;
9. Where applicable, install storm drain inlet protection measures to further prevent sediment discharges;
10. Provide and maintain natural buffers around surface waters, direct stormwater to vegetated areas to increase sediment removal and maximize stormwater infiltration, unless infeasible;
11. Minimize soil compaction and, unless infeasible, preserve topsoil; and
12. Implement measures or requirements to achieve the pollutant reductions consistent with a TMDL finalized or approved by EPA. Applicable TMDLs are located and/or can be accessed at <http://adem.alabama.gov/programs/water/approvedTMDLs.htm>
13. Additional Design Requirements
 - (a) Sediment control measures, erosion control measures, and other site management practices must be properly selected based on site-specific conditions, must meet or exceed the technical standards outlined in the Alabama Handbook and the site-specific CBMPP prepared in accordance with Part III.D.
 - (b) Unless specified otherwise by the Alabama Handbook, sediment control measures, erosion control measures, and other site management practices shall be designed and maintained to minimize erosion and maximize sediment removal resulting from a 2-year, 24-hour storm event.
 - (c) The Permittee is encouraged to design the site, the erosion prevention measures, sediment controls measures, and other site management practices with consideration of minimizing stormwater runoff, both during and following construction, including facilitating the use of low-impact development (LID) and green technologies.

B. Soil Stabilization

Final stabilization of disturbed areas must, at a minimum, be initiated immediately whenever any clearing, grading, excavating or other earth disturbing activities have permanently ceased on any portion of the site. Temporary stabilization of disturbed areas must be initiated immediately whenever work toward project completion and final stabilization of any portion of the site has temporarily ceased on any portion of the site and will not resume for a period exceeding thirteen (13) calendar days.

C. Pollution Prevention Measures

The Permittee must design, install, implement, and maintain effective pollution prevention measures to minimize the discharge of pollutants. At a minimum, such measures must be designed, installed, implemented and maintained to:

1. Minimize the discharge of pollutants from equipment and vehicle washing, wheel wash water, concrete washout, and other wash waters. Wash waters must be treated in a sediment basin or alternative control that provides equivalent or better treatment prior to discharge;
2. Minimize the exposure of building materials, building products, construction wastes, trash, landscape materials, fertilizers, pesticides, herbicides, detergents, sanitary waste and other materials present on the site to precipitation and to stormwater; and
3. Minimize the discharge of pollutants from any spills and leaks from, including but not limited to vehicles; mechanical equipment; chemical storage; and refueling activities.

D. Construction Best Management Practices Plan (CBMPP)

1. Except as provided by Part II.F.2, construction activity may not commence until a CBMPP has been prepared in a format acceptable to the Department and certified by a QCP as adequate to meet the requirements of this permit.
2. The Permittee shall properly implement and regularly maintain the controls, practices, devices, and measures specified in the CBMPP.
3. The CBMPP shall include:
 - (a) A general description of the construction site activity, including:
 - (i) The function of the construction site activity (e.g. residential subdivision, shopping mall, highway, etc.); and
 - (ii) Identification of all known operators of the construction site, and the areas of the site over which each operator has control;
 - (b) A description of the intended sequence of major activities which disturb soils, including but not limited to, grubbing, excavation, and/or grading;
 - (c) Estimates of the total area expected to be disturbed by grubbing, excavation, and/or grading, including offsite borrow and fill areas;
 - (d) A detailed description of the erosion controls, sediment controls, and management practices to be implemented at the site during each sequence of activity in accordance with Part III.A;
 - (e) A detailed description of controls needed to meet State water quality standards, waste load allocations or other measures necessary for consistency with applicable TMDLs finalized or approved by EPA;

- (f) A detailed description of enhanced or special controls needed to prevent or eliminate discharges of sediment and other pollutants of concern from priority construction sites, to the maximum extent practicable;
- (g) A description of temporary and permanent stabilization practices, including a schedule and/or sequence for implementation;
- (h) A description of energy or flow velocity dissipation devices at discharge locations and along the length of any outfall channel;
- (i) Identification of all allowable sources of non-stormwater discharges listed in Part I.B.2, except for flows from fire fighting activities that are or may be combined with stormwater discharges associated with construction activity at the site;
- (j) A description of the pollution prevention measures used to manage non-stormwater discharges;
- (k) A description of the best management practices to be installed during site construction and operated and maintained following final stabilization at sites where the post-construction volumes or velocities of stormwater runoff are significantly different from conditions existing prior to the construction activity;
- (l) A site topographic map (e.g. USGS quadrangle map), clearly showing:
 - (i) Sufficient detail to identify the location of the construction site;
 - (ii) For non-linear projects, pre-construction contours at a sufficient interval to adequately determine pre-construction stormwater runoff patterns throughout the site. These pre-construction contours must be certified by a professional engineer or land surveyor presently licensed by the Board of Registration for Professional Engineers and Land Surveyors;
 - (iii) The external and internal (if subdivided) property boundaries of the project;
 - (iv) Areas to be disturbed by excavation, grading, or other activities;
 - (v) Identification of sediment control measures, erosion control measures, planned stabilization measures, and other site management practices;
 - (vi) Locations of all waters of the state within a 1 mile radius of the site
 - (vii) Locations of wetlands and riparian zones;
 - (viii) Locations of all points of discharge to waters of the State; and
 - (ix) Locations of all points of discharge to waters of the State; and
 - (x) Locations of all stormwater monitoring points.
- (m) A description of procedures for:
 - (i) Sweeping or removal of sediment and other debris that has been tracked from the site or deposited from the site onto streets and other paved surfaces;
 - (ii) Removal of sediment or other pollutants that have accumulated in or near any sediment control measures, stormwater conveyance channels, storm drain inlets, or water course conveyance within or immediately outside of the construction site; and
 - (iii) Removal of accumulated sediment that has been trapped by sediment control measures at the site, in accordance with applicable maintenance requirements covered under this permit.
- (n) A description of the procedures for handling and disposing of wastes generated at the site, including, but not limited to, clearing and demolition debris, sediment removed from the site, construction and domestic waste, hazardous or toxic waste, and sanitary waste.

4. Maintain an Updated CBMPP

- (a) The CBMPP shall be updated as necessary to address changes in the construction activity, site weather patterns, new TMDLs finalized or approved by EPA, new 303(d) listings approved by EPA, or manufacturer specifications for specific control technologies.
- (b) The CBMPP shall be amended if inspections or investigations by site staff or by local, state, or federal officials determine that the existing sediment control measures, erosion control measures, or other site management practices are ineffective or do not meet the requirements of this permit. All necessary modifications to the CBMPP shall be made within seven (7) calendar days following notification of the inspection unless granted an extension of time by the Department.
- (c) If existing sediment control measures, erosion control measures, or other site management practices prove ineffective in protecting water quality or need to be modified; or if additional sediment control measures, erosion control measures, or other site management practices are necessary to meet the requirements of Part III.A. B. C. and E., implementation shall be completed before the next storm event whenever practicable. If implementation before the next storm event is impracticable, then new land disturbance activities must cease until the modified or additional controls can be implemented.
- (d) A copy of the CBMPP shall be maintained at the site during normal operating hours as defined by Part IV. T. of this permit when regulated land disturbing activities are occurring.

E. Spill Prevention, Control, and Management

The Permittee shall prepare, implement, and maintain a Spill Prevention, Control and Countermeasures (SPCC) Plan in accordance with 40 CFR Part 112 and ADEM Admin Code r.335-6-6-.12(r) for all applicable onsite petroleum storage tanks. The Permittee shall also prepare, implement, and maintain a SPCC Plan in accordance with ADEM Admin Code r.335-6-6-.12(r) for any stored pollutant(s) that may, if spilled, be reasonably expected to enter a water of the state or the collection system for a publicly or privately owned treatment works. The SPCC Plan(s) shall be maintained as a separate document or as part of the CBMPP Plan required in Part III.D. above. The Permittee shall implement appropriate structural and/or non-structural spill prevention, control, and/or management sufficient to prevent any spills of pollutants from entering a water of the state or a publicly or privately owned treatment works. The plan(s) must be consistent with the requirements of 40 CFR Part 112 and/or ADEM Admin Code r.335-6-6-.12(r). Any containment system used to implement this requirement shall be constructed of materials compatible with the substance(s) contained and of materials which shall prevent the contamination of groundwater and shall be capable of retaining 110 percent of the volume of the largest container of pollutants for which the containment system is provided. The Permittee shall maintain onsite or have readily available sufficient oil & grease absorbing material and flotation booms to contain and clean-up fuel or chemical spills and leaks. Soil contaminated by paint or chemical spills, oil spills, etc. must be immediately cleaned up, remediated, or be removed and disposed of in a Department approved manner.

F. Training

Unless the Permittee has employed or contracted with a QCP that performs duties as required by this permit, and the QCP is readily available and able to be present onsite as often as is necessary to ensure full compliance with the requirements of this permit, the Permittee shall ensure that:

1. At least one onsite employee shall be certified as a Qualified Credentialed Inspector (QCI) by completing an initial training and annual refreshers through an ADEM-approved Qualified Credentialed Inspector Program (QCIP) conducted by a cooperating training entity.
2. The QCIP must be approved by the Department prior to use and provide training in the following areas:
 - (a) The applicable requirements of the Alabama NPDES rules;
 - (b) The requirements of this permit;
 - (c) The evaluation of construction sites to ensure that QCP designed and certified erosion controls and sediment controls detailed in a CBMPP are effectively implemented and maintained;
 - (d) The evaluation of conveyance structures, receiving waters and adjacent impacted offsite areas to ensure the protection of water quality and compliance with the requirements of this permit; and
 - (e) The general operation of a turbidity meter or similar device intended for the measurement of turbidity.
3. Each individual holding a QCI Certification need not be on-site continuously and they may conduct site inspections at multiple sites permitted by them or their employer.
4. Each individual holding QCI certification shall obtain annual certification of satisfactory completion of formal refresher education or training regarding general erosion controls and sediment controls, the requirements of this permit, and the general operation of a turbidity meter or similar device intended for the measurement of turbidity. The refresher training requirements, including but not limited to, appropriate curricula, course content, course length, and any participant testing, shall be subject to acceptance by the Director prior to use.

G. Inspection Requirements

1. Daily Observations

- (a) Each day there is activity at the site, the Permittee shall visually observe that portion of the construction project where active disturbance, work, or construction occurred to note any rainfall measurements occurring since the previous observation, and any apparent BMP deficiencies in the area of active disturbance.
- (b) Such daily observations may be performed by appropriate site personnel.
- (c) The Permittee shall maintain a log of all daily observations and record in such log any rainfall measurements and BMP deficiencies observed.

2. Site Inspections

- (a) A site inspection shall consist of a complete and comprehensive observation of the entire construction site including all areas of land disturbance, areas used for storage of materials that are exposed to precipitation, affected ditches and other stormwater conveyances, as well as all outfalls, receiving waters and stream banks to determine if, and ensure that:
 - (i) Effective erosion controls and sediment controls have been fully implemented and maintained in accordance with this permit, the site CBMPP, and the Alabama Handbook;
 - (ii) Pollutant discharges have been prevented/minimized to the maximum extent practicable, and

- (iii) Discharges do not result in a contravention of applicable State water quality standards for the receiving stream(s) or other waters impacted or affected by the Permittee.
- (b) Site inspections shall be performed by a QCI, QCP, a qualified person under the direct supervision of a QCP.
- (c) For non-linear projects, a site inspection shall be performed once each month and after any qualifying precipitation event, commencing as promptly as possible, but no later than 24-hours after resuming or continuing active construction or disturbance, and completed no later than 72-hours following the qualifying precipitation event;
- (d) For linear projects where active construction or areas where perennial vegetation has not been fully established, meeting the definition of final stabilization, a site inspection shall be performed after any qualifying precipitation event since the last inspection, beginning as promptly as possible, but no later than 24-hours after resuming or continuing active construction or disturbance and completed no later than five (5) days after the qualifying precipitation event;
- (e) A site inspection shall also be performed as often as is necessary until any poorly functioning erosion controls or sediment controls, non-compliant discharges, or any other deficiencies observed during a prior inspection are corrected and documented as being in compliance with the requirements of this permit.
- (f) On all active disturbance, dredging, excavation, or construction undertaken or located within the banks of a waterbody, including but not limited to, equipment/vehicle crossings, pipelines, or other transmission line installation, conveyor structure installation, and waterbody relocation, streambank stabilization, or other alterations, a site inspection shall be performed at least once a week and as often as is necessary until the disturbance/activity impacting the waterbody is complete and reclamation or effective stormwater quality remediation is achieved.
- (g) The inspection shall be recorded in a written format acceptable to the Department. The inspection record shall include:
 - (i) The site name and location, discharge point number, date, time and exact place of any sampling performed;
 - (ii) The name(s) of person(s) who performed the inspection and/or obtained any samples or measurements taken;
 - (iii) The dates and times of the inspection and any samples or measurements taken;
 - (iv) A description of any sampling and analytical techniques or methods used, including source of method and method number;
 - (v) The results of any analyses performed;
 - (vi) Weather conditions at the time of the inspection;
 - (vii) Description of any discharges of sediment or other pollutants from the site;
 - (viii) Locations of discharges of sediment or other pollutants from the site;
 - (ix) Locations of BMPs that need to be maintained;
 - (x) Locations of BMPs that failed to operate as designed;
 - (xi) Locations where BMPs required by the CBMPP are not installed or installed in a manner inconsistent with the CBMPP; and
 - (xii) Locations where additional BMPs are needed that did not exist at the time of the inspection. This requirement is applicable only to site inspections performed by a QCP or qualified persons under the direct supervision of a QCP.

3. CBMPP Evaluations

- (a) The QCP shall perform an onsite evaluation of all erosion and sediment controls being implemented for adequacy and consistency with site conditions.
- (b) The CBMPP evaluation shall be performed as often as necessary until poorly functioning or damaged erosion controls or sediment controls are corrected, and, at a minimum, once every six months.
- (c) If, based on the CBMPP evaluation, the QCP identifies any needed modifications or additions to erosion and sediment controls, the CBMPP shall be updated in accordance with Part III.D.4.
- (d) The Permittee shall maintain appropriate documentation of the CBMPP evaluation.

H. Corrective Action

1. Any poorly functioning erosion controls or sediment controls, non-compliant discharges, or any other deficiencies observed during the inspections required under Part III.G.2 shall be corrected as soon as possible, but not to exceed five (5) days of the inspection unless prevented by unsafe weather conditions.
2. In the event of a breach of a sediment basin/pond temporary containment measures shall be taken within 24 hours after the inspection. Permanent corrective measures shall be implemented within five (5) days of the inspection; however, if permanent corrective measures cannot be implemented within the timeframes provided herein the Permittee shall contact the Department; and
3. The operator shall promptly take all reasonable steps to remove, to the maximum extent practical, pollutants deposited offsite or in any waterbody or stormwater conveyance structure.

I. Suspension of Monitoring

Suspension of applicable monitoring and inspection requirements for phased projects or developments may be granted provided:

1. The Department is notified in writing at least thirty days prior to the requested suspension;
2. The Permittee and the QCP certify in the request that all disturbance has been graded, stabilized, and/or fully vegetated or otherwise permanently covered, and that appropriate, effective steps have been and will be taken by the Permittee to ensure compliance with the requirements of this permit and commit that these measures will remain continually effective until the permit is properly terminated.
3. The Permittee notifies the Department prior to resumption of disturbance or commencement of the next phase of development and the Permittee complies with the requirements of this Permit prior to commencement of additional disturbance.

J. Precipitation Measurement

The Permittee shall measure and record all precipitation occurring at the construction site. Precipitation measurements shall be taken using continuous recorders or daily readings of an onsite rain gauge or other measurement device acceptable to the Department. Precipitation measurements must be representative of the Permittee's site.

PART IV Standard and General Permit Conditions

A. Duty to Comply

1. The Permittee must comply with all conditions of the permit. Any permit noncompliance constitutes a violation of the AWPCA and the FWPCA and is grounds for enforcement action, or for termination or denial of coverage under this permit.
2. Any person who violates a permit condition is subject to a civil penalty as authorized by Code of Alabama (1975) §22-22A-5(18) (1987 Cum. Supp.) and/or a criminal penalty as authorized by the AWPCA.

B. Need to Halt or Reduce Activity Not a Defense

It shall not be a defense for the Permittee in an enforcement action that it would have been necessary to halt or reduce construction activities in order to maintain compliance with the conditions of the permit.

C. Duty to Mitigate

The Permittee shall take all reasonable steps to mitigate or prevent any violation of the permit or to minimize or prevent any adverse impact of any permit violation.

D. Proper Operation and Maintenance

The Permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the Permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. Operation of backup or auxiliary facilities is required only when necessary to achieve compliance with the conditions of this permit.

E. Permit Actions

This permit may be modified, revoked and reissued, suspended, or terminated for cause. The filing of a request by the Permittee for a permit modification, revocation and re-issuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

F. Property Rights

This permit does not convey any property rights of any sort or any exclusive privilege.

G. Duty to Provide Information

1. The Permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and re-issuing, suspending, or terminating this permit or to determine compliance with this Permit. The Permittee shall also furnish to the Director upon request, copies of records required to be kept by this Permit.
2. The Permittee shall inform the Director in writing of any change in the Permittee's mailing address or telephone number or in the Permittee's designation of a facility contact or officer

having the authority and responsibility to prevent and abate violations of the AWPCA, the Department's rules and the terms and conditions of this permit no later than ten (10) days after such change. Upon request of the Director, the Permittee shall furnish an update of any information provided in the NOI.

3. If the Permittee becomes aware that it failed to submit any relevant facts in the NOI; or submitted incorrect information in the NOI; or in any report to the Director, it shall promptly submit such facts or information with a written explanation for the mistake and/or omission.

H. Inspection and Entry

The Permittee shall allow the Director, or an authorized representative, upon the presentation of credentials and other documents as may be required by law to:

1. Enter upon the Permittee's premises where a regulated activity is located or conducted, or where records must be kept under the conditions of this Permit;
2. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this Permit;
3. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this Permit; and
4. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the AWPCA, any activities, substances or parameters at any location.

I. Noncompliance Notification

1. If for any reason, the Permittee's discharge does not comply with any limitation or condition of this permit, the Permittee shall verbally notify the Director within 24 hours of the noncompliant event followed by a written report within five (5) days of the non-compliant event.
2. A written noncompliance notification shall be in a format acceptable to the Department and shall include:
 - (a) A description of the noncompliant event, its cause, if known, and location;
 - (b) The expected period of noncompliance, including dates and times.
 - (c) A description of any corrective measures taken or to be taken to correct the noncompliance and mitigate any associated effects to the environment.

J. Retention of Records

1. The Permittee shall retain records of all inspection records, monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by the permit, and records of all data used to complete such reports, for a period of at least three (3) years from the date of the inspection, sample measurement, or report. This period may be extended by request of the Director at any time. If litigation or other enforcement action, under the AWPCA and/or the FWPCA, is ongoing which involves any of these records, the records shall be kept until the litigation is resolved.
2. All records required to be kept for a period of three (3) years shall be kept at the permitted facility or an alternate location identified to the Department in writing and shall be available for inspection.

K. Signatory Requirements

The NOI and all reports or information submitted to the Director shall be signed and certified according to the requirement of ADEM Admin Code r. 335-6-6-.09. Where required by this Permit, documents will also be signed by a QCP or QCI.

L. Transfers

This permit is not transferable to any person except after written notice to the Department. The Department may require the submittal of an updated NOI to change the name of the Permittee and any other information affected by the proposed transfer.

M. Bypass

Any bypass of erosion controls, sediment controls, or any other stormwater management/treatment controls specified in the CBMPP is prohibited except as provided by ADEM Admin Code r. 335-6-6-.12(m).

N. Upset

Any upset claimed by the Permittee is subject to the requirements of ADEM Admin Code r. 335-6-6-.12(n).

O. Severability

The provisions of this permit are severable, and if any provision of this permit or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances, and the remainder of this permit shall not be affected thereby.

P. Modification, Revocation and Reissuance, and Termination

The Director may modify, revoke and reissue, or terminate this permit in accordance with ADEM Admin. Code r. 335-6-6-.23(7).

Q. Issuance of an Individual Permit

The Director may require the Permittee to obtain an individual permit for discharges covered by this permit in accordance with ADEM Admin. Code r. 335-6-6-.23(9).

R. Termination of Coverage

1. The Director may suspend or terminate coverage under this permit for cause without the consent of the Permittee. Cause shall include, but not be limited to noncompliance with this permit or the applicable requirements of Department rules, or a finding that this permit does not control the stormwater discharge sufficiently to protect water quality.

2. Notice of Termination

The Permittee must submit a Notice of Termination (NOT) in a format acceptable to the Department within thirty (30) days of one of the following conditions:

- (a) Final stabilization has been achieved on all portions of the site;

- (b) Another operator has assumed control over all areas of the site that have not achieved final stabilization and the new operator has submitted an NOI for coverage under this permit; or
 - (c) Coverage under an individual permit or alternative general permit has been obtained.
3. Content of the Notice of Termination
- The NOT shall include:
- (a) The Permittee name, permit number, and location of the site; and
 - (b) Certification by the Permittee and the QCP that all construction activity covered by this permit has been completed and final stabilization has been achieved; or
 - (c) Identification, including complete contact information, of the person that has assumed legal or operational control over the construction site.

S. Facility Identification

The Permittee shall post and maintain sign(s) at the front gate/entrance, and if utility installation, where project crosses paved county, State, or federal highways/roads, and/or at other easily accessible location(s) to adequately identify the site prior to commencement of and during NPDES construction until permit coverage is properly terminated. Such sign shall display the name of the Permittee, "ADEM NPDES ALR10" followed by the five digit NPDES permit number, facility or project name, and other descriptive information deemed appropriate by the Permittee.

T. Definitions

1. 2-year, 24-hour storm event means the maximum 24-hour precipitation event with a probable recurrence interval of once in two years as defined by the National Weather Service and Technical Paper No. 40, "Rainfall Frequency Atlas of the U.S.," May 1961, or equivalent regional or rainfall probability information developed there from.
2. Alabama Handbook means the March, 2009 edition of Alabama Handbook For Erosion Control, Sediment Control, And Stormwater Management On Constructions Sites And Urban Areas, Alabama Soil and Water Conservation Committee (ASWCC).
3. ADEM means the Alabama Department of Environmental Management.
4. AWPCA means the Alabama Water Pollution Control Act.
5. Best Management Practices or BMPs mean implementation and continued maintenance of appropriate structural and non-structural practices and management strategies to prevent and minimize the introduction of pollutants to stormwater and to treat stormwater to remove pollutants prior to discharge.
6. Common Plan of Development or Sale means any announcement or piece of documentation (e.g., sign, public notice, or hearing, sales pitch, advertisement, drawing, permit application, zoning request, computer design, etc.) or physical demarcation (e.g., boundary signs, lot stakes, surveyor markings, etc.) indicating construction activities may occur on a specific plot.
7. Construction means any land disturbance or discharges of pollutants associated with, or the result of building, excavation, land clearing, grubbing, placement of fill, grading, blasting, reclamation, areas in which construction materials are stored in association with a land disturbance or handled above ground, and other associated areas including, but not limited to, construction site vehicle parking, equipment or supply storage areas, material stockpiles, temporary office areas, and access roads. Construction also means significant pre-construction land disturbance activities performed in support or in advance of construction activity including, but not limited to, land clearing, dewatering and geological testing.
8. Construction Activity means the disturbance of soils associated with clearing, grading, excavating, filling of land, or other similar activities which may result in soil erosion.

Construction activity does not include agricultural and silvicultural practices, but does include agricultural buildings.

9. **Construction Site** means any site regardless of size where construction or construction associated activity has commenced, or is continuing, and associated areas, including sites where active work is suspended or has ceased, until the activity is completed and effective reclamation and/or stormwater quality remediation has been achieved.
10. **Construction Waste** means construction and land disturbance generated materials, including but not limited to, waste chemicals, sediment, trash, debris, litter, garbage, construction demolition debris, land clearing and logging slash or other materials or pollutants located or buried at the site prior to disturbance activity or that is generated at a construction site.
11. **Control Measure** refers to any Best Management Practice or other method used to prevent or reduce the discharge of pollutants to waters of the State.
12. **CWA or The Act** means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Pub.L. 92-500, as amended Pub. L. 95-217, Pub. L. 95-576, Pub. L. 96-483 and Pub. L. 97-117, 33 U.S.C. 1251 et.seq.
13. **Department** means the Alabama Department of Environmental Management or an authorized representative.
14. **Director** means the Director of the Department or his designee.
15. **Discharge**, when used without a qualifier, refers to "discharge of a pollutant" as defined in ADEM Administrative Code r. 335-6-6-.02(m).
16. **EPA** refers to the U.S. Environmental Protection Agency.
17. **Final Stabilization** means the application and establishment of the permanent ground cover (vegetative, pavements of erosion resistant hard or soft material or impervious structures) planned for the site to permanently eliminate soil erosion to the maximum extent practicable. Established vegetation will be considered final if 100% of the soil surface is uniformly covered in permanent vegetation with a density of 85% or greater. Permanent vegetation shall consist of; planted trees, shrubs, perennial vines; an agricultural or a perennial crop of vegetation appropriate for the region. Final stabilization applies to each phase of construction.
18. **FWPCA** means the Federal Water Pollution Control Act
19. **Green Infrastructure** refers to systems and practices that use or mimic natural processes to infiltrate, evapotranspire (the return of water to the atmosphere either through evaporation or by plants), or reuse storm water or runoff on the site where it is generated.
20. **Linear Project** means land disturbing activities conducted by an underground /overhead utility or highway department, including, but not limited to any cable line or wire for the transmission of electrical energy; any conveyance pipeline for transportation of gaseous or liquid substance; any cable line or wire for utility communications; or any other energy resource transmission ROW or utility infrastructure, e.g., roads and highways. Activities include the construction and installation of these utilities within a corridor. Linear project activities also include the construction of access roads, staging areas, and borrow/spoil sites associated with the linear project.
21. **Low Impact Development or LID** is an approach to the maintenance of predevelopment hydrology in land development (or re-development) that works with nature to manage storm water as close to its source as possible. LID employs principles such as preserving and recreating natural landscape features, minimizing effective imperviousness to create functional and appealing site drainage that treat storm water as a resource rather than a waste product.
22. **Maximum extent practicable (MEP)** means full implementation and regular maintenance of available industry standard technology and effective management practices, such as those contained in the Alabama Handbook and site-specific CBMPP, designed to prevent and/or minimize discharges of pollutants and ensure protection of groundwater and surface water quality.

23. **Minor Land Disturbing Activities** means activities which will result in minor soil erosion such as home gardens or individual home landscaping, repairs, maintenance work, fences, routine maintenance and other related activities.
24. **Mixing Zones** means that portion of the receiving waters where mixture of effluents and natural waters take place. Mixing zones in streams shall not preclude passage of aquatic life up or down stream, shall not exceed a width of 50 percent of the stream width, shall not exceed a length of 5 times the width of the mixing zone, and shall not exceed an area of 25 percent of the stream cross-sectional area, and a mixing zone shall not encompass drinking water intakes. The total area of all mixing zones in a lake shall not encompass more than ten percent of the surface area of the lake, the radius of any one zone shall not encompass water intakes.
25. **Nephelometric Turbidity Unit or NTU** means a numerical unit of measure based upon photometric analytical techniques for measuring the light scattered by fine particles of a substance in suspension.
26. **Normal Operating Hours** means from 6:00 a.m. to 6:00 p.m, Monday through Friday, excluding federal holidays established pursuant to 5 U.S.C. § 6103. Normal operating hours also include any time when workers are present or when construction activity is occurring, regardless of the particular day or time of day.
27. **Operator** means any person or other entity, that owns, operates, directs, conducts, controls, authorizes, approves, determines, or otherwise has responsibility for, or exerts financial control over the commencement, continuation, or daily operation of activity regulated by this permit. An operator includes any person who treats and discharges stormwater or in the absence of treatment, the person who generates and/or discharges stormwater, or pollutants. An operator may include but may not be limited to, property owners, agents, general partners, LLP partners, LLC members, leaseholders, developers, builders, contractors, or other responsible or controlling entities.
28. **Plan or Sale** as included in the phrase "larger common plan of development or sale" is broadly defined to mean any announcement or documentation, sales program, permit application, presentation, zoning request, physical demarcation, surveying marks, etc., associated with or indicating construction activities may occur in an area.
29. **Pollutant of concern** refers to sediment, turbidity, and any other pollutant known or reasonably expected to be found in untreated discharges associated with the construction site.
30. **Post-construction** refers to any phase of construction where final stabilization has been achieved, and all but minor construction activities have been completed. The term post-construction is not affected by the final operational status of the site or whether the site has been placed into operation according to its final intended use.
31. **Priority construction site** means any site that discharges to a waterbody which is listed on the most recently EPA approved 303(d) list of impaired waters for turbidity, siltation, or sedimentation, any waterbody for which a TMDL has been finalized or approved by EPA for turbidity, siltation, or sedimentation, any waterbody assigned the Outstanding Alabama Water use classification in accordance with ADEM Admin. Code r. 335-6-10-.09, and any waterbody assigned a special designation in accordance with ADEM Admin. Code r. 335-6-10-.10.
32. **Qualified Credentialed Professional or QCP** means a professional engineer (PE), or a Certified Professional in Erosion and Sediment Control (CPESC) as determined by CPESC, Inc. Other registered or certified professionals such as a registered landscape architect, registered land surveyor, registered geologist, registered forester, Registered Environmental Manager as determined by the National Registry of Environmental Professionals (NREP), or Certified Professional and Soil Scientist (CPSS) as determined by ARCPACS, and other Department accepted professional designations, certifications, and/or accredited university programs that can document requirements regarding proven training, relevant experience, and continuing education, that enable recognized individuals to prepare CBMPPs, to make sound professional judgments regarding Alabama NPDES rules, the requirements of this chapter, planning, design, implementation, maintenance, and inspection of construction sites, receiving

waters, BMPs, remediation/cleanup of accumulated offsite pollutants from the regulated site, and reclamation or effective stormwater quality remediation of construction associated land disturbances, that meet or exceed recognized technical standards and guidelines, effective industry standard practices, and the requirements of this chapter. The QCP shall be in good standing with the authority granting the registration or designation. The design and implementation of certain structural BMPs may involve the practice of engineering and require the certification of a professional engineer pursuant to Alabama law.

33. A **qualified person under the direct supervision of a QCP** refers to an individual who is an employee of the QCP or the QCP's firm, and is familiar with current industry standards for erosion and sediment controls and able to inspect and assure that BMPs or other pollution control devices (silt fences, erosion control fabric, rock check devices, etc.) and erosion control efforts (grading, mulching, seeding, growth management, etc.) or management strategies have been properly implemented and regularly maintained. Such individual may not certify the CBMPP or modifications to the CBMPP.
34. **Qualifying precipitation event** refers to any precipitation of 0.75 inches or greater in any 24-hour period.
35. **Severe property damage** means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.
36. **Site** means the land or water area where any facility or activity for which coverage under this permit is required is physically located or conducted, including adjacent land use in connection with the facility or activity.
37. **State water quality standards** refer to numeric and narrative standards set forth at ADEM Admin Code chaps. 335-6-10 and 335-6-11.
38. **Stormwater** means runoff, accumulated precipitation, process water, and other wastewater generated directly or indirectly as a result of construction activity, the operation of a construction material management site, including but not limited to, precipitation, upgradient or offsite water that cannot be diverted away from the site, and wash down water associated with normal construction activities. Stormwater does not mean discharges authorized by the Department via other permits or regulations.
39. **Steep Slope** means a slope of 15% or greater.
40. **Temporary Stabilization** means the application and establishment of temporary ground cover (vegetative, pavements of erosion resistant hard or soft materials or impervious structures) for the purpose of temporarily reducing raindrop impact and sheet erosion in areas where Final Stabilization cannot be established due to project phasing, seasonal limitations or other project related restrictions.
41. **Total Maximum Daily Load or TMDL** means the calculated maximum permissible pollutant loading to a waterbody at which water quality standards can be maintained; The sum of wasteload allocations (WLAs) and load allocations (LAs) for any given pollutant.

PART V Turbidity Monitoring

A. Applicability

Beginning six months after the effective date of this permit, the Permittee of a priority construction site disturbing ten (10) acres or more at one time shall conduct turbidity monitoring in accordance with Part V .

B. Sampling and Monitoring Requirements

1. Required samples shall be collected:
 - (a) At the nearest accessible location just prior to discharge and after final treatment, or at the point(s) where stormwater runoff leaves the property boundary;
 - (b) In the receiving stream at the nearest accessible location upstream of the point of discharge; and
 - (c) In the receiving stream at the nearest accessible location immediately downstream of the mixing zone.
2. Samples shall be obtained and analyzed by a Qualified Credentialed Inspector (QCI); a Qualified Credentialed Professional (QCP); or a qualified person under the direct supervision of a QCP.
3. All turbidity measurements shall be recorded in a format acceptable to the Department.
4. Discharge turbidity monitoring shall be performed:
 - (a) In conjunction with any comprehensive inspection when discharges are occurring; or
 - (b) Following a qualifying precipitation event if discharges occur as a result of the event.
5. Samples and turbidity measurements are not required outside of normal operating hours or during unsafe weather conditions.

C. Representative Monitoring Points

For the purposes of conducting turbidity monitoring required by this permit, the Permittee may designate one or more stormwater monitoring points as representative of all stormwater runoff from the construction site. This designation may only occur after the submittal of a certification by the QCP that the selected discharge point(s) adequately represent the flow and pollutant characteristics of the construction site. The certification must be submitted in writing and approved by the Department prior to the regulated land disturbance exceeding ten (10) acres. Any modifications to stormwater monitoring points that occur as a result of changing site conditions must also be certified by the QCP, submitted in writing and approved by the Department.

D. Test Procedures

Sample collection and preservation shall conform to 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h). Samples collected for turbidity may be analyzed using a turbidimeter that is properly calibrated according to the manufacturer's instructions. The Permittee must maintain a calibration log which shall be made available to the Department for review upon inspection or request. In the event that the sample exceeds the upper range of the turbidimeter, the sample must be analyzed in accordance with the requirements of 40 CFR Part 136 and guidelines published pursuant to Section 304(h) of the FWPCA, 33 U.S.C. Section 1314(h).

E. Monitoring Equipment and Instrumentation

All equipment and instrumentation used to determine compliance with the requirements of this permit shall be installed, maintained, and calibrated in accordance with the manufacturer's instructions or, in the absence of manufacturer's instructions, in accordance with accepted practices. If used, flow measurement devices shall be calibrated at least once every twelve (12) months.

F. Reports of Turbidity Monitoring

All monitoring data should be recorded and retained with the inspection reports and be made available to the Department during inspections or submitted to the Department upon request.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALR100000

SCB

NPDES PERMIT NUMBER ALR100000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES THAT RESULT IN A TOTAL LAND DISTURBANCE OF ONE ACRE OR GREATER AND SITES LESS THAN ONE ACRE BUT ARE PART OF A LARGER COMMON PLAN OR DEVELOPMENT OR SALE

\$1155.00

Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY
NPDES PERMIT NUMBER ALR100000
RECEIPT NUMBER 14-3258

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

I. PERMITTEE INFORMATION Initial: ☒ Modification: ☐ Transfer: ☐ Renewal: ☐ Previous ALR: _____

Permittee Name Sterling Operations Inc.	Responsible Official Phone Number 865 988-6063
Responsible Owner/Operator or Official, and Title Erik Quist, General Counsel	Responsible Official E-Mail Address Erik.Quist@SterlingGo.com
Responsible Official (RO) Street/Physical Address 2229 Old Hwy 95	City, State, and Zip Code Lenoir City, TN 37771
Responsible Official (RO) Mailing Address 2229 Old Hwy 95	City, State, and Zip Code Lenoir City, TN 37771

II. FACILITY INFORMATION

Facility/Site Name Fort McClellan – MRS 9 – Site 9B	Facility Contact and Title Robin Scott, McClellan Development Authority		
Facility Street Address or Location Description 11 th Ave, Former Camp McClellan	Facility Contact Phone Number 256 236-2011		
Facility Front Gate Latitude and Longitude 33.704288, -85.791160	City Anniston	Zip Code 36205	County(s) Calhoun
Directions to the Site East on 12 th St toward Gurnee Ave (0.3 mi), Turn Left on to Quintard Ave (1.2 mi), Continue onto McClellan Blvd (2.2 mi), Turn Right onto Summerall Gate Rd (1.7 mi), Turn Right onto Rucker St (0.4 mi), Slight Left onto 25 th St (0.1 mi), Take Second Right onto 11 th Ave, (0.1 mi)			

III. ACTIVITY DESCRIPTION

Brief Description of Construction / Land disturbance activity(s): One site consisting of 7.6 acres will be excavated down to one foot, hauled approximately (on average) 1,000 ft south-southwest to be sifted for UXO's and other debris then returned to its original location. The site will have 100% of the vegetation removed prior to excavation.	
Area of the Permitted site:	Total site area in acres: 10.9 Total disturbed area in acres: 10.24

IV. RECEIVING WATERS

List name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, and the waterbody classification.			
Receiving Water	Latitude	Longitude	Waterbody Classification
South Branch of Cane Creek	33.711107°	-85.788860°	Cane Creek is F&W

V. PRIORITY CONSTRUCTION SITE

Is this a Priority Construction Site? Yes ☐ No ☒ If yes, attach/submit a copy of the CBMPP

VI. FACILITY MAP

Please attach a USGS topographic map showing the location of the Facility including site boundaries.

VII. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."

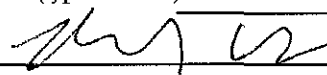
QCP Designation/Description: Registered Professional Land Surveyor

Address P.O. Box 15, Tyrone, GA 30290

Registration / Certification: AL 24967

Name and Title (type or Print) Ronald Godwin

Phone Number 770-560-3910

Signature 

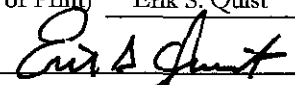
Date Signed 4/14/14

VIII. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controller member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity. "I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other 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, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. 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 further certify that the proposed discharges described in this registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

Name and Title (type or Print) Erik S. Quist

Official Title General Counsel

Signature 

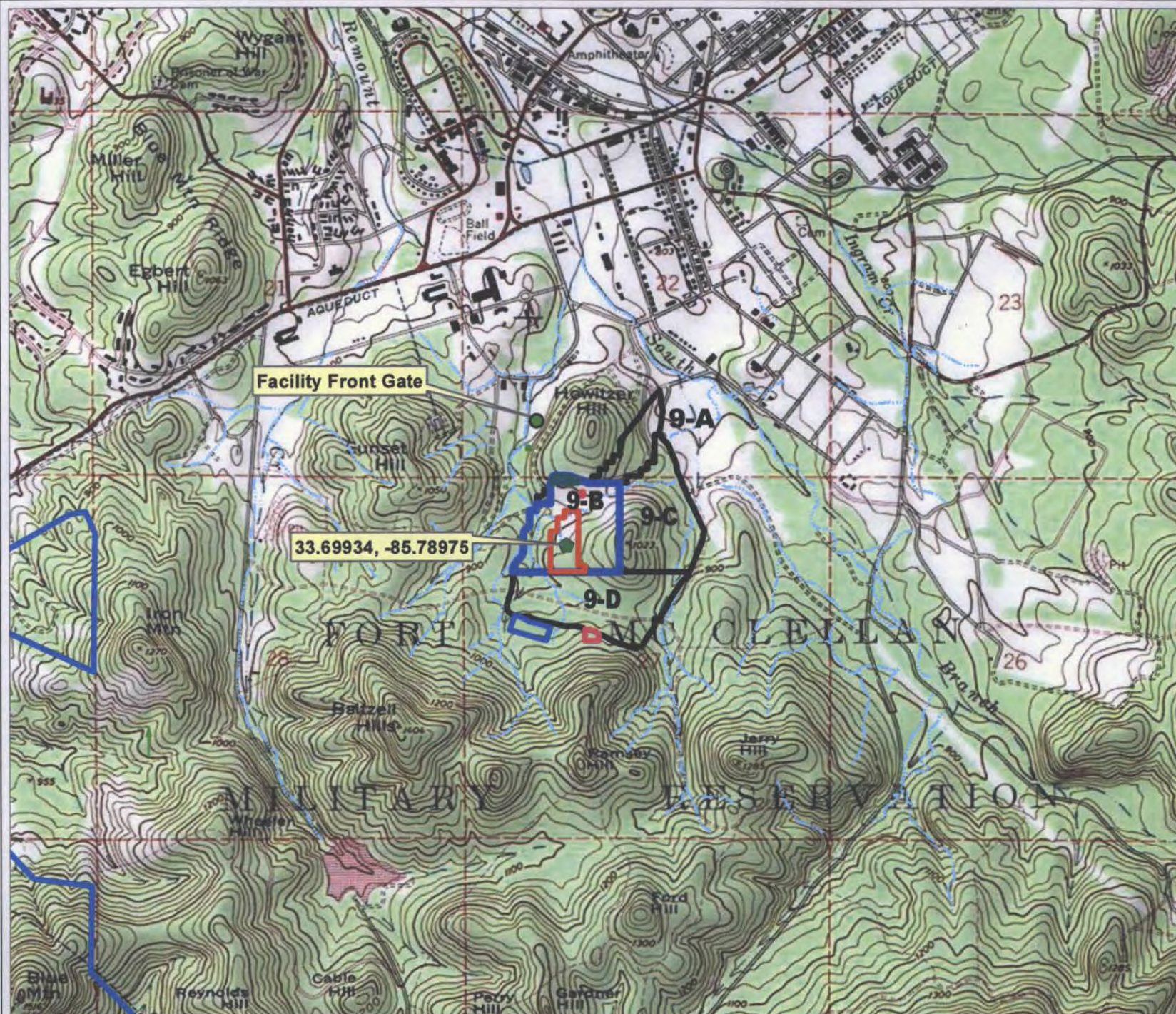
Date Signed 15 April 2014

NOI Facility Map

Clearance to One Foot
at Fort McClellan MRS-9, Tract 9B,
Fort McClellan, Alabama

Legend

- Dig & Sift Area Center
- Dig & Sift Area
- Lay Down Area
- MEC Inspection
- 30' x 60' x 8' Deep Fire Trench
- HT Temporary Storage
- Fuel Tank
- Streams
- All other MRS-9 Tracts
- Tract 9-B
- Fort McClellan Boundary



The views, opinions, and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy, or decision, unless so designated by other documentation.

7.5 Minute USGS Quad Sheet
Anniston, AL

	Author: DRB	Date: 4/14/2014	HB# xxxxx	Path: L:\McClellan\MRS-9\NOI_Facility_Map_8x11.mxd Fort McClellan, Alabama
Feet	Coordinate System: NAD 1983 StatePlane Alabama East FIPS 0101 Feet			

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Sterling Operations, Inc.	
Entity ID Number	932 - 750
Entity Type	Foreign Corporation
Principal Address	2229 OLD HWY 95 LENOIR CITY, TN 37771
Principal Mailing Address	2229 OLD HWY 95 LENOIR CITY, TN 37771
Status	Exists
Place of Formation	Delaware
Formation Date	6-22-1987
Qualify Date	3-14-2006
Registered Agent Name	CSC LAWYERS INCORPORATING SVC INC
Registered Office Street Address	150 SOUTH PERRY STREET MONTGOMERY, AL 36104
Registered Office Mailing Address	150 SOUTH PERRY STREET MONTGOMERY, AL 36104
Nature of Business	
Capital Authorized	
Capital Paid In	
Annual Reports	
Annual Report information is filed and maintained by the Alabama Department of Revenue. If you have questions about any of these filings, please contact Revenue's Business Privilege Tax Division at 334-242-1170 or www.ador.alabama.gov . The Secretary of State's Office cannot answer questions about or make changes to these reports.	
Report Year	2006 2007 2008 2009 2010 2011 2012
Transactions	
Transaction Date	8-10-2010
Registered Agent Changed From	ANDERSON, PATRICK 4801 UNIVERSITY SQ STE 15 HUNTSVILLE, AL 35816
Transaction Date	3-25-2013
Legal Name Changed From	EOD Technology, Inc.
Transaction Date	3-25-2013
Registered Agent Changed From	CSC LAWYERS INCORPORATING SRV INC 150 SOUTH PERRY STREET MONTGOMERY, AL 36104
Scanned Documents	
Click here to purchase copies.	
Document Date / Type / Pages	3-14-2006 Articles of Formation 1 pg.
Document Date / Type / Pages	8-10-2010 Registered Agent Change 1 pg.
Document Date / Type / Pages	3-25-2013 Articles of Amendment 6 pgs.

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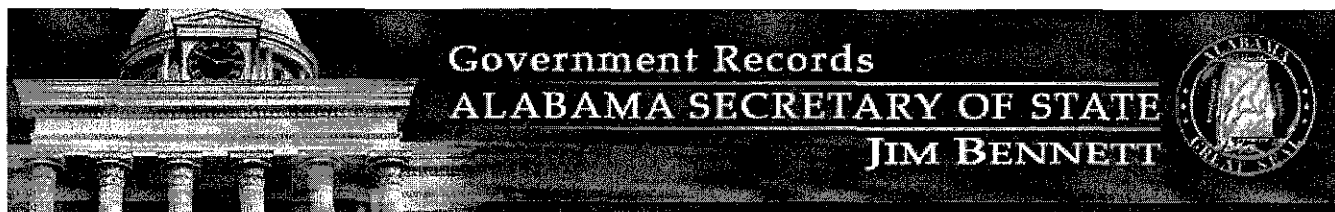
Sterling Operations, Inc.	
Entity ID Number	932 - 750
Telephone Number	865-988-2427
Date Processed by Revenue	3-25-2014
Reporting Address	STERLING OPERATIONS INC 2229 OLD HIGHWAY 95 LENOIR CITY, TN 37771-6747
Agent as Reported	CSC LAWYERS INCORPORATING SRV INC 150 S PERRY ST MONTGOMERY, AL 36104
President	MATTHEW, KAYE P O BOX 24173 KNOXVILLE, TN 37933
Secretary	
General Business	OTHER P.O. BOX 24173 KNOXVILLE, TN 37933-2173

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Date Processed by Revenue	3-25-2014
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Phone: (334) 242-7200
Fax: (334) 242-4993

Bailey, Stephanie C

From: Erik.Quist@sterlinggo.com
Sent: Tuesday, April 22, 2014 3:23 PM
To: Bailey, Stephanie C
Subject: RE: Sterling Operations Inc. - fort McClellan -MRS 9 - Site 9B

Stephanie,

Per our phone conversation, I confirm that I have full authority to sign any document on behalf of our Company as either V.P. & General Counsel or as the Corporate Secretary. I currently hold these positions.

Erik S. Quist | Sterling Operations, Inc.
Vice President & General Counsel

P: +1 865.988.6063 | F: +1 865.988.6067
Email: esquist@sterlinggo.com | Website: www.SterlingGO.com



From: Bailey, Stephanie C [<mailto:SCBailey@adem.state.al.us>]
Sent: Tuesday, April 22, 2014 3:27 PM
To: Erik S. Quist
Subject: Sterling Operations Inc. - fort McClellan -MRS 9 - Site 9B

Mr. Quist,

We spoke on the phone today. Please give me a call regarding above site. Thanks

Stephanie Bailey
334-394-4314

This e-mail is intended only for the person or entity to which it is addressed and may contain information that is legally privileged, confidential or otherwise protected and exempt from disclosure. Dissemination, distribution or copying of this e-mail or the information herein by anyone other than the intended recipient, or an employee or agent responsible for delivering the message to the intended recipient, is prohibited. If you have received this e-mail by mistake, please delete it, including any attachments, from your system immediately and notify the original sender via return e-mail or at their phone number herein listed.
Thank you.

NOTICE OF INTENT – GENERAL PERMIT NUMBER ALR100000

NPDES PERMIT NUMBER ALR100000 IS A GENERAL PERMIT AUTHORIZING DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITIES THAT RESULT IN A TOTAL LAND DISTURBANCE OF ONE ACRE OR GREATER AND SITES LESS THAN ONE ACRE BUT ARE PART OF A LARGER COMMON PLAN OR DEVELOPMENT OR SALE

Mail to: Alabama Department of Environmental Management
Water Division
Post Office Box 301463
Montgomery, Alabama 36130-1463

FOR OFFICE USE ONLY

NPDES PERMIT NUMBER

RECEIPT NUMBER

PLEASE COMPLETE ALL QUESTIONS. RESPOND WITH "N/A" AS APPROPRIATE. INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES WILL DELAY PROCESSING. IF SPACE IS INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. ATTACH CBMPP AND OTHER INFORMATION AS NEEDED. PLEASE TYPE OR PRINT LEGIBLY IN INK.

I. PERMITTEE INFORMATION Initial: ☒ Modification: ☐ Transfer: ☐ Renewal: ☐ Previous ALR: _____

Permittee Name Sterling Operations Inc.	Responsible Official Phone Number 865 988-6063
Responsible Owner/Operator or Official, and Title Erik Quist, General Counsel	Responsible Official E-Mail Address Erik.Quist@SterlingGo.com
Responsible Official (RO) Street/Physical Address 2229 Old Hwy 95	City, State, and Zip Code Lenoir City, TN 37771
Responsible Official (RO) Mailing Address 2229 Old Hwy 95	City, State, and Zip Code Lenoir City, TN 37771

II. FACILITY INFORMATION

Facility/Site Name Fort McClellan – MRS 9 – Site 9B	Facility Contact and Title Robin Scott, McClellan Development Authority		
Facility Street Address or Location Description 11 th Ave, Former Camp McClellan	Facility Contact Phone Number 256 236-2011		
Facility Front Gate Latitude and Longitude 33.704288, -85.791160	City Anniston	Zip Code 36205	County(s) Calhoun
Directions to the Site East on 12 th St toward Gurnee Ave (0.3 mi), Turn Left on to Quintard Ave (1.2 mi), Continue onto McClellan Blvd (2.2 mi), Turn Right onto Summerall Gate Rd (1.7 mi), Turn Right onto Rucker St (0.4 mi), Slight Left onto 25 th St (0.1 mi), Take Second Right onto 11 th Ave, (0.1 mi)			

III. ACTIVITY DESCRIPTION

Brief Description of Construction / Land disturbance activity(s): One site consisting of 7.6 acres will be excavated down to one foot, hauled approximately (on average) 1,000 ft south-southwest to be sifted for UXO's and other debris then returned to its original location. The site will have 100% of the vegetation removed prior to excavation.
Area of the Permitted site: Total site area in acres: <u>10.9</u> Total disturbed area in acres: <u>10.24</u>

IV. RECEIVING WATERS

List name of receiving water(s), latitude & longitude (decimal or deg,min,sec) of location(s) that run-off enters the receiving water, and the waterbody classification.			
Receiving Water	Latitude	Longitude	Waterbody Classification
South Branch of Cane Creek	33.711107°	-85.788860°	Cane Creek is F&W

V. PRIORITY CONSTRUCTION SITE

Is this a Priority Construction Site? Yes ☐ No ☒ If yes, attach/submit a copy of the CBMPP

VI. FACILITY MAP

Please attach a USGS topographic map showing the location of the Facility including site boundaries.

VII. QUALIFIED CREDENTIALLED PROFESSIONAL (QCP) CERTIFICATION

"I certify under penalty of law that a comprehensive Construction Best Management Practices Plan (CBMPP) for the prevention and minimization of all sources of pollution in stormwater and authorized related process wastewater runoff has been prepared under my supervision for this site/activity, and associated regulated areas/activities. The CBMPP meets the requirements of this permit and if properly implemented and maintained by the operator, discharges of pollutants in stormwater runoff can reasonably be expected to be effectively minimized to the maximum extent practicable according to the requirements of ADEM Administrative Code Chapter 335-6-6-.23 and this Permit. The CBMPP describes the erosion and sediment control measures that must be fully implemented and regularly maintained as needed at the permitted site in accordance with sound sediment and erosion control practices to ensure the protection of water quality."


QCP Designation/Description: Registered Professional Land Surveyor

Address P.O. Box 15, Tyrone, GA 30290

Registration / Certification: AL 24967

Name and Title (type or Print) Ronald Godwin

Phone Number 770-560-3910

Signature 

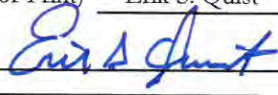
Date Signed 4/14/14

VIII. OPERATOR - RESPONSIBLE OFFICIAL SIGNATURE

Pursuant to ADEM Administrative Code Rule 335-6-6-.09, this NOI must be signed by a Responsible Official of the permittee who is the operator, owner, the sole proprietor of a sole proprietorship, a general/controlling member or partner, a ranking elected official or other duly authorized representative for a unit of government; or an executive officer of at least the level of vice-president for a corporation, having overall responsibility and decision making for the site/activity. "I certify under penalty of law that this form, the CBMPP, and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the qualified credentialed professional (QCP) and other 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, correct, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations. 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 further certify that the proposed discharges described in this registration have been evaluated for the presence of any non-construction and/or coal/mineral mining stormwater, or process wastewaters have been fully identified."

Name and Title (type or Print) Erik S. Quist

Official Title General Counsel

Signature 

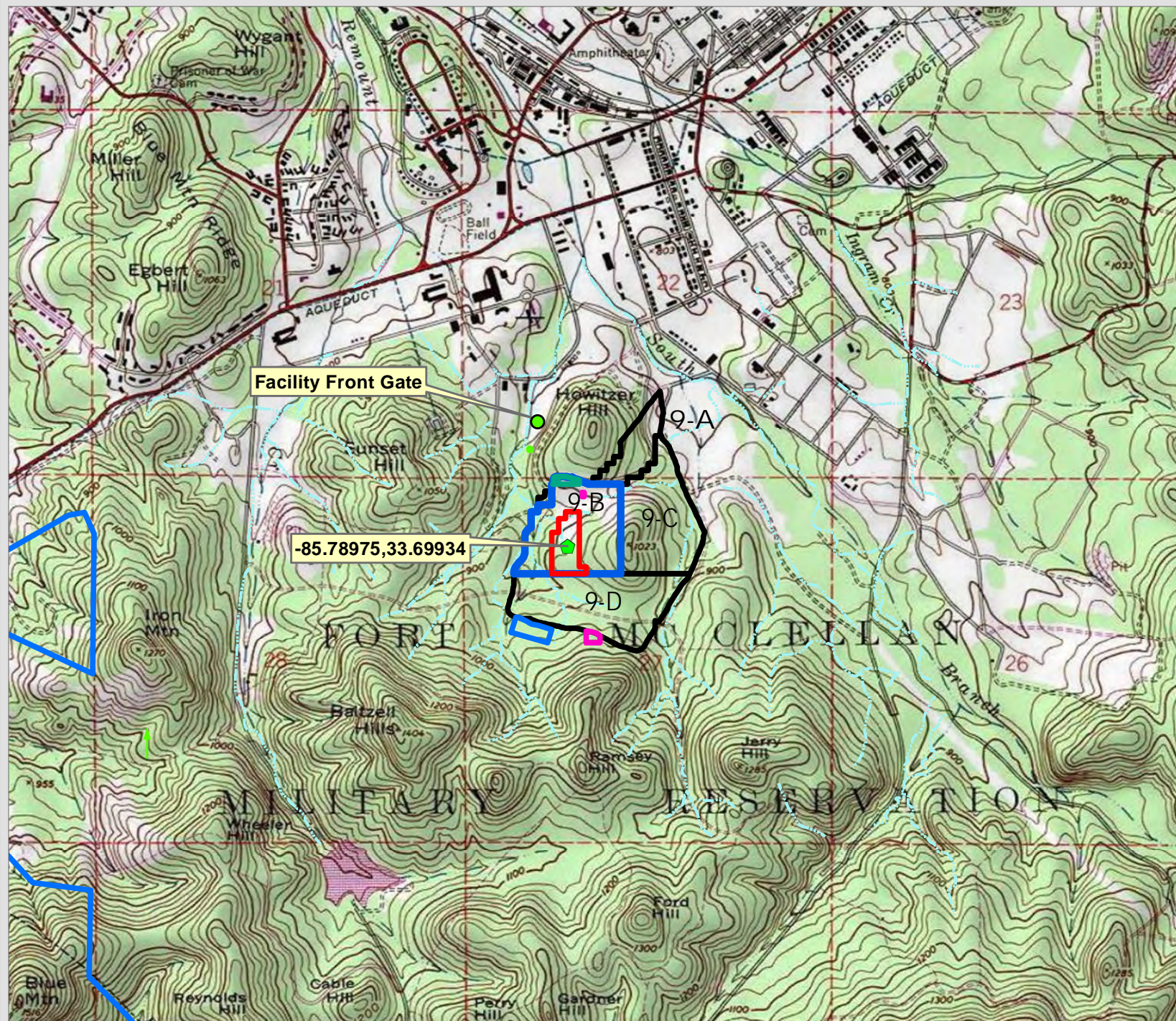
Date Signed 15 April 2014

NOI Facility Map

Clearance to One Foot
at Fort McClellan MRS-9, Tract 9B,
Fort McClellan, Alabama

Legend

- Dig & Sift Area Center
- Dig & Sift Area
- Lay Down Area
- MEC Inspection
- 30' x 60' x 8' Deep Fire Trench
- HT Temporary Storage
- Fuel Tank
- Streams
- All other MRS-9 Tracts
- Tract 9-B
- Fort McClellan Boundary



The views, opinions, and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy, or decision, unless so designated by other documentation.

7.5 Minute USGS Quad Sheet
Anniston, AL

	Author: DRB	Date: 4/11/2014	HB# xxxxx	Path: L:\McClellan\MRS-9\NOI_Facility_Map_8x11.mxd
	Coordinate System: NAD 1983 StatePlane Alabama East FIPS 0101 Feet		Fort McClellan, Alabama	

Daily Rainfall Summary and Site Inspections

Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection
10/1/14	0		11/1/14	0		12/1/14	0		1/1/15	0.23		2/1/15	0.6		3/1/15	0	
10/2/14	0		11/2/14	0		12/2/14	0		1/2/15	0.64		2/2/15	0.02		3/2/15	0.23	
10/3/14	0.84		11/3/14	0		12/3/14	0		1/3/15	1.49		2/3/15	0		3/3/15	0.11	
10/4/14	0		11/4/14	0		12/4/14	0.05		1/4/15	1.34		2/4/15	0		3/4/15	0.15	
10/5/14	0		11/5/14	0		12/5/14	0.04		1/5/15	0		2/5/15	0		3/5/15	0.3	
10/6/14	0	X	11/6/14	0.25	X	12/6/14	1.63		1/6/15	0	X	2/6/15	0		3/6/15	0.01	
10/7/14	0		11/7/14	0		12/7/14	0		1/7/15	0		2/7/15	0		3/7/15	0	
10/8/14	0		11/8/14	0		12/8/14	0	X	1/8/15	0		2/8/15	0		3/8/15	0.02	
10/9/14	0		11/9/14	0		12/9/14	0		1/9/15	0		2/9/15	0.17		3/9/15	0.04	
10/10/14	0.57		11/10/14	0		12/10/14	0		1/10/15	0		2/10/15	0		3/10/15	0.32	
10/11/14	0.37		11/11/14	0		12/11/14	0		1/11/15	0.01		2/11/15	0	X	3/11/15	0.43	
10/12/14	0.05		11/12/14	0		12/12/14	0		1/12/15	0.07		2/12/15	0		3/12/15	0.01	x
10/13/14	0.03		11/13/14	0		12/13/14	0		1/13/15	0.04		2/13/15	0		3/13/15	0.45	
10/14/14	1.99	X	11/14/14	0		12/14/14	0		1/14/15	0.02		2/14/15	0		3/14/15	0.03	
10/15/14	0		11/15/14	0		12/15/14	0		1/15/15	0.15	X	2/15/15	0		3/15/15	0	
10/16/14	0		11/16/14	2		12/16/14	0.1		1/16/15	0		2/16/15	1.4		3/16/15	0	
10/17/14	0		11/17/14	1.51		12/17/14	0		1/17/15	0		2/17/15	0.46		3/17/15	0	
10/18/14	0		11/18/14	0	X	12/18/14	0	X	1/18/15	0		2/18/15	0		3/18/15	0	
10/19/14	0		11/19/14	0		12/19/14	0.13		1/19/15	0		2/19/15	0		3/19/15	0.26	
10/20/14	0		11/20/14	0		12/20/14	0.14		1/20/15	0		2/20/15	0		3/20/15	0.27	
10/21/14	0		11/21/14	0		12/21/14	0		1/21/15	0		2/21/15	0		3/21/15	0.04	
10/22/14	0		11/22/14	0		12/22/14	0.32		1/22/15	0.18		2/22/15	0		3/22/15	1.12	
10/23/14	0	X	11/23/14	0.84		12/23/14	1.22		1/23/15	1.21		2/23/15	0		3/23/15	0.07	
10/24/14	0		11/24/14	0		12/24/14	0.49		1/24/15	0.08	X	2/24/15	0		3/24/15	0	x
10/25/14	0		11/25/14	0		12/25/14	0		1/25/15	0.08		2/25/15	0.47		3/25/15	0	
10/26/14	0		11/26/14	0	X	12/26/14	0		1/26/15	0		2/26/15	0.23		3/26/15	0.46	
10/27/14	0		11/27/14	0		12/27/14	0.42		1/27/15	0		2/27/15	0.11	X	3/27/15	0.14	
10/28/14	0		11/28/14	0		12/28/14	1.48		1/28/15	0		2/28/15	0		3/28/15	0	
10/29/14	0.61		11/29/14	0		12/29/14	0.16	X	1/29/15	0					3/29/15	0	
10/30/14	0.01		11/30/14	0		12/30/14	0.03		1/30/15	0					3/30/15	0.56	
10/31/14	0.01					12/31/14	0		1/31/15	0					3/31/15	0	

Daily Rainfall Summary and Site Inspections (Continued)

Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection	Date	Rainfall inches	SGO Site Inspection
4/1/15	0.38		5/1/15	0		6/1/15	0.31		7/1/15	0.22		8/1/15	0		9/1/15	0	x
4/2/15	0.64		5/2/15	0		6/2/15	0		7/2/15	0.01		8/2/15	0		9/2/15	0	
4/3/15	0.72		5/3/15	0		6/3/15	0		7/3/15	0.61		8/3/15	0		9/3/15	0	
4/4/15	0.43		5/4/15	0		6/4/15	0		7/4/15	1.6		8/4/15	0		9/4/15	0	
4/5/15	0		5/5/15	0		6/5/15	0		7/5/15	0		8/5/15	0	x	9/5/15	0.49	
4/6/15	0		5/6/15	0		6/6/15	0		7/6/15	0	x	8/6/15	0.82		9/6/15	0	
4/7/15	0.06		5/7/15	0		6/7/15	0		7/7/15	0		8/7/15	0	x	9/7/15	0	
4/8/15	0		5/8/15	0		6/8/15	0.02		7/8/15	0		8/8/15	0		9/8/15	0	
4/9/15	0	x	5/9/15	0		6/9/15	0.03		7/9/15	0		8/9/15	0		9/9/15	0.15	
4/10/15	0.86	x	5/10/15	0		6/10/15	0		7/10/15	0		8/10/15	1.07		9/10/15	0	
4/11/15	0		5/11/15	0		6/11/15	0		7/11/15	0		8/11/15	0.32	x	9/11/15	1.05	
4/12/15	0		5/12/15	0.39		6/12/15	0.09		7/12/15	0		8/12/15	0.01		9/12/15	0	
4/13/15	0.54		5/13/15	0	x	6/13/15	0		7/13/15	0		8/13/15	0		9/13/15	0	x
4/14/15	0.5		5/14/15	0		6/14/15	0		7/14/15	0.23		8/14/15	0		9/14/15	0	
4/15/15	0.07		5/15/15	0.04		6/15/15	0	x	7/15/15	0		8/15/15	0		9/15/15	0	
4/16/15	0.53		5/16/15	0.26		6/16/15	0		7/16/15	0		8/16/15	0.01		9/16/15	0	
4/17/15	0.66		5/17/15	0.03		6/17/15	0		7/17/15	0		8/17/15	0.17		9/17/15	0	
4/18/15	0.15		5/18/15	0		6/18/15	0		7/18/15	0.01		8/18/15	0.68		9/18/15	0	
4/19/15	0.56		5/19/15	0		6/19/15	0		7/19/15	0.45		8/19/15	0.57		9/19/15	0	
4/20/15	0		5/20/15	0		6/20/15	0.45		7/20/15	0.01	x	8/20/15	0.03		9/20/15	0	
4/21/15	0		5/21/15	0		6/21/15	0		7/21/15	0		8/21/15	0.04		9/21/15	0.06	x
4/22/15	0		5/22/15	0		6/22/15	0		7/22/15	0	x	8/22/15	0		9/22/15	0	
4/23/15	0		5/23/15	0		6/23/15	0		7/23/15	0.34		8/23/15	0.75		9/23/15	0	
4/24/15	0.09	x	5/24/15	0		6/24/15	0		7/24/15	0		8/24/15	0	x	9/24/15	0.03	
4/25/15	0		5/25/15	0		6/25/15	0		7/25/15	0.01		8/25/15	0		9/25/15	0.17	
4/26/15	1.34		5/26/15	0.03		6/26/15	0.02		7/26/15	0		8/26/15	0		9/26/15	0	
4/27/15	0		5/27/15	2.56	x	6/27/15	0		7/27/15	0		8/27/15	0		9/27/15	0	
4/28/15	0.08	x	5/28/15	2.05		6/28/15	0		7/28/15	0.28		8/28/15	0		9/28/15	0.13	
4/29/15	0.12		5/29/15	0.01		6/29/15	0	x	7/29/15	0.01		8/29/15	0.37		9/29/15	0.02	
4/30/15	0		5/30/15	0	x	6/30/15	0		7/30/15	0		8/30/15	0.76		9/30/15	0	
			5/31/15	0.08					7/31/15	0		8/31/15	0				

These are the significant rainfall events greater than .75 inches in a 24 hour period

This week SGO and R&D implemented the controls Terry Smalls set forth. Consisted mainly of the installation of 12"x10' wattles and rip/rap rock

Visit made by Jeff Yonuss to asses any erosion issues. Jeff was not yet QCI certified so he did not generate a report. He did report findings to Terry Small who developed a plan to address the erosion issues

Made site improvements



Alabama Department of Environmental Management
adem.alabama.gov

1400 Coliseum Blvd. 36110-2400 ■ Post Office Box 301463
Montgomery, Alabama 36130-1463
(334) 271-7700 ■ FAX (334) 271-7950

October 21, 2015

ERIK QUIST
GENERAL COUNSEL / VICE PRESIDENT
STERLING OPERATIONS, INC
2229 OLD HWY 95
LENOIR CITY TN 37772

RE: Termination of General NPDES Permit
General NPDES Permit Number **ALR10AK43**
Fort McClellan - MRS - Site 9B
11th Ave, Former Camp McCellan
Anniston, AL 36205
Calhoun County (015)

Dear Mr. Quist:

Based on your request of October 16, 2015 for termination of the referenced General NPDES Permit Number ALR10AK43, termination is granted. The termination is effective the date of this letter.

If you have any questions or comments, please contact Stephanie Bailey by email at sbailey@adem.state.al.us or by phone at (334) 394-4314.

Sincerely,

Glenda L. Dean, Chief
Water Division

GLD/scb

NOT/45115



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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 07/14/2014, 0930 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 07/14/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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.

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Permit Number: ALR10AK43	County: Calhoun
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Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 07/16/2014, 0930 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 07/16/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 07/28/2014, 1100 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 07/28/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 08/12/2014, 0830 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 08/12/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 08/30/2014, 0830 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 08/30/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 09/17/2014, 1400 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 09/17/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 09/30/2014, 1530 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 09/30/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 10/06/2014, 0800 _____ conducted by the QCP, QCI, or a qualified person (list: _____ John Clark, QCI _____ 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 John Clark, QCI, T3668	Signature	Date 10/06/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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): See Item III.4 below.
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 checked="" type="checkbox"/> YES <input 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: Drainage swales throughout site require rehabilitation. Agreed upon remedy is to re-shape the most severe gullies and rock line. Apply rock lining in moderate swales and place wattles at appropriate locations throughout the site.
4. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: At the outfall of the main drain, the check dams breached. The sediment remained within the drainage basin but deposited just outside of the controlled site (less than 25 yards) in a natural topographical depression.
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input checked="" type="checkbox"/> YES <input 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.

Item V.

[illegible]

"Based upon the inspection of (date & time) 10/23/2014, 0932-1330 _____ conducted by the QCP, QCI, or a qualified person (list: _____ Terry W Small, P.E. QCP _____ 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 Terry W Small, P.E., AL 34548-E	Signature	Date 10/23/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: See continuation sheet
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 checked="" type="checkbox"/> YES <input 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.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 11/06/2014, 0930-1330 _____, conducted by the QCP, QCI, or a qualified person (list: _____) Terry W Small, P.E. QCP 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 Terry W Small, P.E., AL 34548-E	Signature 	Date 11/06/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

Continuation Sheet for ADEM CSW Inspection Report Form 23 11/11

Date: 6 Nov 2014

Item III.4

- A. Approximately 100 yards upstream from the discharge point of the main drainage channel, side-of-hill surface runoff was inhibited from efficiently entering the rock lined channel. Water was being diverted around the outside of the channel's eastern edge for approximately seven feet before re-entering the channel. The diverted runoff was scouring the reclaimed surface soils potentially eroding the surface soils to below the specified one foot cover requirement.
- B. There were small scattered spots throughout the site where re-vegetation efforts were unsuccessful.

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Have any BMPs failed to operate as designed? If "Yes", please provide location(s) and description of BMP(s) that failed: See continuation sheet
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 checked="" type="checkbox"/> YES <input 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.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 11/18/2014, 1030-1430 _____, conducted by the QCP, QCI, or a qualified person (list: _____) Terry W Small, P.E. QCP 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 Terry W Small, P.E., AL 34548-E	Signature 	Date 11/18/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 11/18/2014

Continuation Sheet for ADEM CSW Inspection Report Form 23 11/11

Date: 18 Nov 2014

Item III.4

- A. Some scouring was evolving into small rills undermining selected wattles throughout the site. The impact was minimal; however the inspection team performed maintenance on the affected wattles.
- B. Portions of some underutilized wattles were relocated throughout the site to intercept “wash” areas where rills were beginning to form.
- C. Additionally, at other locations, built up soil deposits were removed from behind wattles that were functioning properly as a matter of routine maintenance.

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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.	

Item V.

[illegible]

Based upon the inspection of (date & time) 11/26/2014, 0930 _____, conducted by the QCP, QCI, or a qualified person (list: _____ Terry W Small, P.E. QCP_ 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 Terry W Small, P.E. AL 24548-E	Signature	Date 11/26/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 11/26/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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:
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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.

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2. <input checked="" type="checkbox"/> YES <input 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.	

Item V.

[illegible]

Based upon the inspection of (date & time) 12/08/2014, 0930 _____, conducted by the QCP, QCI, or a qualified person (list: _____ Terry W Small, P.E. QCP_ 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 Terry W Small, P.E. AL 24548-E	Signature	Date 12/08/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 12/08/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

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Item IV.

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1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is this facility a Priority Construction Site?	
2. <input checked="" type="checkbox"/> YES <input 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.	

Item V.

[illegible]

Based upon the inspection of (date & time) 12/18/2014, 1130 conducted by the QCP, QCI, or a qualified person (list: Jeffery A Yonuss. 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 Jeffery A Yonuss QCI T4005	Signature	Date 12/18/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 12/18/2014

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: Sterling Global Operations, Inc	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<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 checked="" type="checkbox"/> YES <input 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: Additional wattles required at various locations on East and West slopes to intercept sheet flow to prevent rills and gullies.
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
3. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 12/29/2014, 1130 _____ conducted by the QCP, QCI, or a qualified person (list: _____ Jeffery A Yonuss. 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 CBMP, 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 Jeffery A Yonuss QCI T4005	Signature	Date 12/29/2014
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature	Date 12/29/2014

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:	Facility/Site Name:
Permit Number:	County:
Facility Entrance Latitude & Longitude:	Phone Number:
Facility Street Address or Location Description:	

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
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input 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 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 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 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 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 type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

Weather Conditions:

[illegible]

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ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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[illegible]

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Name & Designation of QCI or QCP	Signature	Date
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ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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[illegible]

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Name & Designation of QCI or QCP	Signature	Date
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ADEM NPDES CONSTRUCTION STORMWATER INSPECTION REPORT AND BMP CERTIFICATION

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Facility Entrance Latitude & Longitude:	Phone Number:
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[illegible]

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Name & Designation of QCI or QCP	Signature	Date
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Weather Conditions:

[illegible]

"Based upon the inspection of (date & time) _____ 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 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	Signature	Date
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Name & Title of Permittee Responsible Official	Signature	Date
--	-----------	------

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input 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: <div style="text-align: center; margin-top: 10px;">Matting will be placed in areas after it is mowed.</div>
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) 04/09/2015 0930-1130 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 04/09/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 04/09/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

“Based upon the inspection of (date & time) 04/10/2015 1600-1700 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 04/10/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 04/10/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

“Based upon the inspection of (date & time) 04/24/2015 1630-1530 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 04/24/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 4/27/14

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 04/28/2015 1530-1700 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 04/28/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 4/30/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) 5/13/2015 1400-1530 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 05/13/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 5/18/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 5/27/2015 1500-1600 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 5/27/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 6/4/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 05/30/2015 1500-1600 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 05/30/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 6/1/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 6/15/2015 1300-1400 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 6/15/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 6/16/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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):
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) 06/29/2015 1600-1700 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 06/29/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 06/30/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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):
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 07/20/2015 1400-1500 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 07/20/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 7/27/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES NO

Item III.

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Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
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Item V.

[illegible]

"Based upon the inspection of (date & time) 07/22/2015 1400-1500 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 07/22/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 07/27/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES NO

Item III.

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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:
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Item IV.

The Permittee shall conduct turbidity monitoring in accordance with Part V of the permit:	
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4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 08/05/2015 1300-1600 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 08/05/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 08/06/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES NO

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Item IV.

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1. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is this facility a Priority Construction Site?	
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3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 8/07/2015 1700-1800 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 08/07/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 8/11/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES NO

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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

“Based upon the inspection of (date & time) 08/11/2015 0800- 0900 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 08/11/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 8/11/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

“Based upon the inspection of (date & time) 8/24/2015 0830-0930 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 8/24/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 8/24/15

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:	Facility/Site Name:
Permit Number:	County:
Facility Entrance Latitude & Longitude:	Phone Number:
Facility Street Address or Location Description:	

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
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

Item III.

1. <input type="checkbox"/> YES <input 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 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 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 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 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 type="checkbox"/> NO	Is this facility a Priority Construction Site?
2. <input type="checkbox"/> YES <input type="checkbox"/> NO	Has the facility disturbed greater than 10 acres?
3. <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the site discharging at the time of inspection?
4. <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples collected, if "Yes", sampling data must be attached.

Item V.

[illegible]

"Based upon the inspection of (date & time) _____ 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 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	Signature	Date
Name & Title of Permittee Responsible Official	Signature	Date

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

“Based upon the inspection of (date & time) 09/13/2015 1200-1300 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 Jathan Futral, QCI T4133	Signature 	Date 09/13/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 9/13/15

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: Sterling Global Operations, Inc.	Facility/Site Name: Fort McClellan, MRS 9, Site 9B
Permit Number: ALR10AK43	County: Calhoun
Facility Entrance Latitude & Longitude: N 33°42'13", W085°47'29"	Phone Number: 865-988-6063
Facility Street Address or Location Description: Fort McClellan, MRS 9, Site 9B	

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
Cane Creek	11	N/A	YES • NO
			YES NO
			YES NO
			YES NO
			<input type="checkbox"/> YES 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO Has the facility disturbed greater than 10 acres?	
3. <input type="checkbox"/> YES <input type="checkbox"/> NO Was the site discharging at the time of inspection?	
4. <input type="checkbox"/> YES <input type="checkbox"/> NO Samples collected, if "Yes", sampling data must be attached.	

Item V.

[illegible]

"Based upon the inspection of (date & time) 9/21/2015 1000-1100 conducted by the QCP, QCI, or a qualified person (list: Jathan Futral, QCI) 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 CBMP, 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 Jathan Futral, QCI T4133	Signature 	Date 09/21/2015
Name & Title of Permittee Responsible Official Brian Gentry, Project Manager	Signature 	Date 9/25/15