

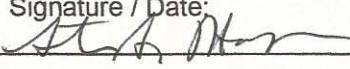
Appendix G - ANNUAL SWPPP REVIEW FORM

Facility Information	
Designated Name: Saginaw Modular Industrial Land	Certificate of Coverage No.: MIS120003, NPDES MI 0059042
Facility Contact Information	
Name: Dave Favero	Telephone No.: 734 879 9525
Email Address: dfavero@racertrust.org	Certification No.:
Backup Facility Contact Information	
Name: Sam Soloman	Telephone No.: 248 990 1042
Email Address: ssoloman@racertrust.org	Certification No.:
Certified Operator Information	
Name: Steve Hoewemeyer	Telephone No.: 616 437 7734
Email Address: Steve.Hoewemeyer@ghd.com	Certification No.: I-10477

SWPPP Review Checklist

1) Facility general information is current and accurate	(Yes)	No	
2) Site map is current and accurate	(Yes)	No	
3) Significant material inventory is current and accurate	(Yes)	No	
4) New exposures, processes and related controls have been documented appropriately in the SWPPP	(Yes)	No	NA
5) Spills have been recorded and reported as appropriate	Yes	No	(NA)
6) Employee SWPPP training was conducted and documented	(Yes)	No	
7) Records of routine preventative maintenance and housekeeping inspections are available in the SWPPP file	(Yes)	No	
8) Comprehensive site inspections have been completed, certified and filed in the SWPPP file	(Yes)	No	
9) Corrective actions noted in the inspection reports have been completed	(Yes)	No	
10) SWPPP has been reviewed and signed by the Certified Storm Water Operator and the Permittee or designated representative	(Yes)	No	

Additional Comments (use additional sheets if necessary):


I certify that the above information is correct	
Name: Steve Hoewemeyer	Signature / Date:  1/6/2020


SUBMIT THIS FORM TO THE DISTRICT OFFICE IDENTIFIED ON YOUR CERTIFICATE OF COVERAGE ON OR BEFORE JANUARY 10TH OF EACH YEAR

SWPPP CERTIFICATION

The permit requires that the SWPPP shall be reviewed and signed by the Certified Storm Water Operator(s) and by either the permittee or an authorized representative in accordance with 40 CFR 122.22. The SWPPP shall be retained on-site at the facility which generates the storm water discharge.

I certify under penalty of law that the storm water drainage system in this SWPPP has been tested or evaluated for the presence of non-storm water discharges either by me, or under my direction and supervision. I certify under penalty of law that this SWPPP has been developed in accordance with the General Permit and with good engineering practices. To the best of my knowledge and belief, the information submitted is true, accurate, and complete. At the time this plan was completed no unauthorized discharges were present. I am aware that there are significant penalties for submitting false information, including the possibility of fine or imprisonment for knowing violations.

Permittee or Authorized Representative	
Printed Name & Title: David Favero - Deputy Cleanup Manager - Michigan	
Signature & Date:	 1/7/2020

Certified Storm Water Operator	
Printed Name & Certification Number: Steve Hoevemeyer - Industrial site certification #: I-10477 expires 7/1/20	
Signature & Date:	 1/6/20
