

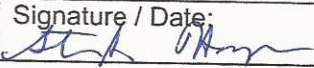
# Appendix F - ANNUAL SWPPP REVIEW FORM

<b>Facility Information</b>	
Designated Name: Saginaw Modular Industrial Land	Certificate of Coverage No.: MES 120003
<b>Facility Contact Information</b>	
Name: Dave Favero	Telephone No.: 217-741-6235
Email Address: dfavero@racertrust.org	Certification No.:
<b>Backup Facility Contact Information</b>	
Name: Sam Soloman	Telephone No.: 248-990-1042
Email Address: ssoloman@racertrust.org	Certification No.:
<b>Certified Operator Information</b>	
Name: Steven S. Hoevemeyer (GHD)	Telephone No.: 616-437-7734
Email Address: Steve.hoevemeyer@ghd.com	Certification No.: I-10477 Exp. 7/1/20

## SWPPP Review Checklist

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

Additional Comments (use additional sheets if necessary):  
 NPDES MI0059042  
 SESC 3196  
 • update map upon completion of current demo project  
 • erosion control measures maybe necessary upon demo completion

<b>I certify that the above information is correct</b>	
Name: Steven S. Hoevemeyer	Signature / Date:  1/4/16

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