

Appendix F - ANNUAL SWPPP REVIEW FORM

Facility Information		
Designated Name: Saginaw Nodular Industrial Land	Certificate of Coverage No.: MIS 120003, NPDES MI0059042	
Facility Contact Information		
Name: Dave Favero	Telephone No.: 734-879-9525	
Email Address: dfavero@racertrust.org	Certification No:	
Backup Facility Contact Information		
Name: Sam Solomon	Telephone No.: 248-990-1042	
Email Address: SSolomon@racertrust.org	Certification No:	
Certified Operator Information		
Name: Steve Hoevermeyer	Telephone No.: 616-437-7734	
Email Address: shoevermeyer@craworld.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>No spills during 2014</i> <i>No major construction activity in 2014</i>
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I certify that the above information is correct	
Name: <i>Steven S. Hoevermeyer</i>	Signature/ Date: <i>[Signature]</i> <i>1/6/15</i>

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