

# 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.: 217-741-6235
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	<input checked="" type="radio"/> Yes	No	
2) Site map is current and accurate	<input checked="" type="radio"/> Yes	No	
3) Significant material inventory is current and accurate	<input checked="" type="radio"/> Yes	No	
4) New exposures, processes and related controls have been documented appropriately in the SWPPP	<input checked="" type="radio"/> Yes	No	NA
5) Spills have been recorded and reported as appropriate	<input checked="" type="radio"/> Yes	No	NA
6) Employee SWPPP training was conducted and documented	<input checked="" type="radio"/> Yes	No	
7) Records of routine preventative maintenance and housekeeping inspections are available in the SWPPP file	<input checked="" type="radio"/> Yes	No	
8) Comprehensive site inspections have been completed, certified and filed in the SWPPP file	<input checked="" type="radio"/> Yes	No	
9) Corrective actions noted in the inspection reports have been completed	<input checked="" type="radio"/> Yes	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	No	

Additional Comments (use additional sheets if necessary):

I certify that the above information is correct

Name: Steven S. Hoevermeyer	Signature / Date: <i>Steve Hoevermeyer</i> / 1/6/14
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SUBMIT THIS FORM TO THE DISTRICT OFFICE IDENTIFIED ON YOUR CERTIFICATE OF COVERAGE ON OR BEFORE **JANUARY 10<sup>TH</sup>** OF EACH YEAR