

Appendix F - ANNUAL SWPPP REVIEW FORM

Facility Information		Certificate of Coverage No.:
Designated Name: <u>Saginaw Nuclear Industrial Land</u>		<u>MIS 120003</u>
Facility Contact Information		
Name: <u>Dave Favero</u>	Telephone No.:	<u>217-741-6235</u>
Email Address: <u>dfavero@rcertrust.org</u>	Certification No:	
Backup Facility Contact Information		
Name: <u>Sam Solomon</u>	Telephone No.:	<u>248-990-1042</u>
Email Address: <u>ssoloman@rcertrust.org</u>	Certification No:	
Certified Operator Information		
Name: <u>Steven S. Hoewemeyer</u>	Telephone No.:	<u>616-437-7734</u>
Email Address: <u>Steve.Hoewemeyer@gfd.com</u>	Certification No: <u>I-10477 Exp 7/1/20</u>	

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):

NPAES Permit No. MI0059042

I certify that the above information is correct

Name: Steve Hoewemeyer

Signature / Date: [Signature] 12/5/16

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