

## Appendix F - ANNUAL SWPPP REVIEW FORM

<b>Facility Information</b>		
Designated Name: Saginaw Nodular Industrial Land	Certificate of Coverage No.: MIS 120003, NPDES MI0059042	
<b>Facility Contact Information</b>		
Name: Dave Favero	Telephone No.: 734-879-9525	
Email Address: dfavero@racertrust.org	Certification No:	
<b>Backup Facility Contact Information</b>		
Name: Sam Solomon	Telephone No.: 248-990-1042	
Email Address: SSolomon@racertrust.org	Certification No:	
<b>Certified Operator Information</b>		
Name: Steve Hoevermeyer	Telephone No.: 616-437-7734	
Email Address: steve.hoevermeyer@ghd.com	Certification No: I-10477 Exp. 7/1/2020	

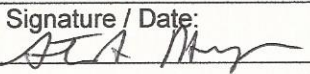
### SWPPP Review Checklist

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):

Current stockpiles will have to be inspected in spring to verify seeding in the fall has taken root.

I certify that the above information is correct

Name: Steven S Hoevermeyer	Signature / Date:  1/8/18
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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