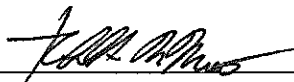


AMERICAN ELECTRIC POWER  
CONESVILLE POWER PLANT  
ASH POND COMPLEX

EMERGENCY ACTION PLAN  
RECEIPT SIGNATURE PAGE

This is to acknowledge receipt of the appropriate number of copies of the Emergency Action Plan for the Ash Pond Complex at the Conesville Power Plant. We have read and understood the Plan and agree to our responsibilities listed in the Plan.

NAME (Print) Rob McMastere

SIGNATURE 

DATE 10-21-2019

AGENCY/COMPANY Carleton Co EMA

Please return to: Conesville Power Plant  
42701 County Road 273  
Conesville, Ohio 43811

Attn: EAP Coordinator

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AMERICAN ELECTRIC POWER  
CONESVILLE POWER PLANT  
ASH POND COMPLEX

EMERGENCY ACTION PLAN  
RECEIPT SIGNATURE PAGE

This is to acknowledge receipt of the appropriate number of copies of the Emergency Action Plan for the Ash Pond Complex at the Conesville Power Plant. We have read and understood the Plan and agree to our responsibilities listed in the Plan.

NAME (Print) TY STEWART

SIGNATURE 

DATE 10/28/19

AGENCY/COMPANY FCV VOL. FD

Please return to: Conesville Power Plant  
42701 County Road 273  
Conesville, Ohio 43811

Attn: EAP Coordinator

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AMERICAN ELECTRIC POWER  
CONESVILLE POWER PLANT  
ASH POND COMPLEX

EMERGENCY ACTION PLAN  
RECEIPT SIGNATURE PAGE

This is to acknowledge receipt of the appropriate number of copies of the Emergency Action Plan for the Ash Pond Complex at the Conesville Power Plant. We have read and understood the Plan and agree to our responsibilities listed in the Plan.

NAME (Print) Cichon, Kevin

SIGNATURE 

DATE 1 Nov 19

AGENCY/COMPANY Coshocton County Sheriff's Office

Please return to: Conesville Power Plant  
42701 County Road 273  
Conesville, Ohio 43811

Attn: EAP Coordinator

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# CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): \_\_\_\_\_

Canesville Ash Pond Complex

Plant Personnel conducting the meeting: Beth Mullen / Plant Environmental Coordinator

Date: 10/21/19

Time Held: 09:00

Attending Organization: \_\_\_\_\_

Print Name: Ral Mcmasters Sign: 

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Use multiple pages to document additional organizations or attendees.

# CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): \_\_\_\_\_

Conesville Ash Pond Complex

Plant Personnel conducting the meeting: Beth Mullen / Plant Environmental Coordinator

Date: 10/28/19 Time Held: 10:00am

Attending Organization: FCV VOL. FD

Print Name: TY STEWART ASSI. CHIEF Sign: 

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Use multiple pages to document additional organizations or attendees.

# CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): \_\_\_\_\_  
Conesville Ash Pond Complex

Plant Personnel conducting the meeting: Beth Mullen

Date: 11/1/19 Time Held: 11:00 am

Attending Organization: Coshocton County Sheriff's Department

Print Name: Det Kevin A. Cichow Sign: [Signature]

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Attending Organization: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Use multiple pages to document additional organizations or attendees.