

CONESVILLE INDUSTRIAL PARK LLC
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 Industrial Park (CIP). We have read and understood the Plan and agree to our responsibilities listed in the Plan.

NAME (Print) Ty Stewart

SIGNATURE [Handwritten Signature]

DATE 2/24/21

AGENCY/COMPANY FLV Vol. FD

Please return to: Conesville Industrial Park (CIP)
42701 County Road 273
Conesville, Ohio 43811

Attn: EAP Coordinator



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NAME (Print) Rob Mcmaster

SIGNATURE [Signature]

DATE 2/21/2021

AGENCY/COMPANY Colbert Co EMA

Please return to: Conesville Industrial Park (CIP)
42701 County Road 273
Conesville, Ohio 43811

Attn: EAP Coordinator



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NAME (Print) Sgt Michael White

SIGNATURE [Handwritten Signature]

DATE 2/18/2021

AGENCY/COMPANY Conesville Sheriff

Please return to: Conesville Industrial Park (CIP)
42701 County Road 273
Conesville, Ohio 43811

Attn: EAP Coordinator

CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rue required for annual face to face meeting

Meeting was held to discuss the Emergency Action Plan for the following: CCR Ash Roads

Date: 2/18/21 Time: 1400 Organization: Construction Specialist

Print Name: Sgt Michael LeVine Signature: [Signature]

Date: 2/21/21 Time: 10:22 Organization: Logistics Co EMD

Print Name: Bob McManis PIJ Signature: [Signature]

Date: 2/21/21 Time: 10:55 Organization: FLV Vol. FD

Print Name: A STEWART Signature: [Signature]

Date: _____ Time: _____ Organization: _____

Print Name: _____ Signature: _____

Date: _____ Time: _____ Organization: _____

Print Name: _____ Signature: _____

Date: _____ Time: _____ Organization: _____

Print Name: _____ Signature: _____

Date: _____ Time: _____ Organization: _____

Print Name: _____ Signature: _____