

APPENDIX F

SWPPP Training Documentation

SWPPP Team Members

Business or Firm Name:			Responsibility:
Xcel Energy			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Samuel, Joseph Senior Project Manager	joseph.m.samuel@xcelenergy.com	612-337-2338	
Mailing Address:	City:	State, Zip Code:	
414 Nicollet Mall, MP-8	Minneapolis	MN, 55401	

Business or Firm Name:			Responsibility:
Xcel Energy			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Hillstrom, Thomas Permitting Manager	thomas.hillstrom@xcelenergy.com	612-330-5835	
Mailing Address:	City:	State, Zip Code:	
414 Nicollet Mall, 7B	Minneapolis	MN, 55401	

Business or Firm Name:			Responsibility:
Xcel Energy			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input checked="" type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Little, Jason General Foreman Civil Const.	jason.r.little@xcelenergy.com	612-201-2743	
Mailing Address:	City:	State, Zip Code:	
8701 Monticello Ln. N.	Maple Grove	MN, 55369	

Business or Firm Name:			Responsibility:
			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Mailing Address:	City:	State, Zip Code:	

SWPPP Team Members, cont.

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
Clinton, Paul Project Manager	pclinton@clark-eng.com	605-331-2505	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input checked="" type="checkbox"/>	Record Keeping
1410 West Russell St.	Sioux Falls	SD, 57104	<input checked="" type="checkbox"/>	Training
			<input checked="" type="checkbox"/>	Other: Project Management

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
Desens, John Sr. Project Engineer	jdesens@clark-eng.com	605-225-3494	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input type="checkbox"/>	Record Keeping
2301 8th Ave. NE, Suite 125	Aberdeen	SD, 57401	<input type="checkbox"/>	Training
			<input checked="" type="checkbox"/>	Other: SWPPP Development

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
Petersen, Justin Sr. Project Engineer	jpetersen@clark-eng.com	605-878-0414	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input type="checkbox"/>	Record Keeping
114 1st Ave. NW	Watertown	SD, 57201	<input type="checkbox"/>	Training
			<input checked="" type="checkbox"/>	Other: SWPPP Development

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
Victor, Vanessa Project Manager	vvictor@clark-eng.com	605-878-0414	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input type="checkbox"/>	Record Keeping
114 1st Ave. NW	Watertown	SD, 57201	<input type="checkbox"/>	Training
			<input checked="" type="checkbox"/>	Other: Project Management

SWPPP Team Members, cont.

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input checked="" type="checkbox"/>	Inspections
Cohrs, Caleb Inspector	ccohrs@clark-eng.com	605-878-0414	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input checked="" type="checkbox"/>	Record Keeping
114 1st Ave. NW	Watertown	SD, 57201	<input type="checkbox"/>	Training
			<input type="checkbox"/>	Other:

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input checked="" type="checkbox"/>	Inspections
Wels, Justin Inspector	jwels@clark-eng.com	605-878-0414	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input checked="" type="checkbox"/>	Record Keeping
114 1st Ave. NW	Watertown	SD, 57201	<input type="checkbox"/>	Training
			<input type="checkbox"/>	Other:

Business or Firm Name:			Responsibility:	
Clark Engineering			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
Erickson, Bryan GIS Specialist	berickson@clark-eng.com	605-331-2505	<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input checked="" type="checkbox"/>	Record Keeping
1410 West Russell St.	Sioux Falls	SD, 57104	<input type="checkbox"/>	Training
			<input checked="" type="checkbox"/>	Other: GIS

Business or Firm Name:			Responsibility:	
			<input type="checkbox"/>	Permits
Last name, First Name, Title:	E-mail:	Telephone:	<input type="checkbox"/>	Inspections
			<input type="checkbox"/>	Maintenance
Mailing Address:	City:	State, Zip Code:	<input type="checkbox"/>	Record Keeping
			<input type="checkbox"/>	Training
			<input type="checkbox"/>	Other:

SWPPP Team Members, cont.

Business or Firm Name:			Responsibility:
			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Mailing Address:	City:	State, Zip Code:	

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Mailing Address:	City:	State, Zip Code:	

Business or Firm Name:			Responsibility:
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Last name, First Name, Title:	E-mail:	Telephone:	
Mailing Address:	City:	State, Zip Code:	

Business or Firm Name:			Responsibility:
			<input type="checkbox"/> Permits <input type="checkbox"/> Inspections <input type="checkbox"/> Maintenance <input type="checkbox"/> Record Keeping <input type="checkbox"/> Training <input type="checkbox"/> Other:
Last name, First Name, Title:	E-mail:	Telephone:	
Mailing Address:	City:	State, Zip Code:	

SWPPP Training Attendance Log			
Date & Time	Topics Covered:		
Trainer Name:		Print:	Signature:
Attendee Name	Attendee Company	Attendee Signature	
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