



**OHIO VALLEY ELECTRIC CORPORATION**

3932 U. S. Route 23  
P. O. Box 468  
Piketon, Ohio 45661  
740-289-7200

WRITER'S DIRECT DIAL NO:

(740) 289-7259

April 2, 2026

**Delivered Electronically**

Mr. John Logue, Director  
Ohio Environmental Protection Agency  
50 West Town Street, Suite 700  
P.O. Box 1049  
Columbus, OH 43216-1049

Dear Mr. Logue:

**Re: Ohio Valley Electric Corporation - Kyger Creek Station  
Notification of CCR Rule Information Posting  
Annual EAP Review with Local Emergency Responders**

As required by 40 CFR 257.106(f)(6), the Ohio Valley Electric Corporation (OVEC) is providing notification to the State Director of the Ohio Environmental Protection Agency that documentation recording the annual exercise between OVEC representatives and local emergency responders is available for review on the facility's publicly accessible internet site and has been placed in the facility's operating record. The annual meeting is required per 40 CFR 257.73(a)(3)(i)(E), and provides an opportunity for local emergency responders to review the Emergency Action Plan (EAP) associated with each of the Kyger Creek Station CCR Surface Impoundments.

This information can be viewed on OVEC's publicly accessible internet site at:  
<http://www.ovec.com/CCRCompliance.php>

If you have any questions, please contact me at (740) 289-7259.

Sincerely,

A handwritten signature in black ink that reads "Jeremy Galloway". The signature is written in a cursive, flowing style.

Jeremy Galloway  
Environmental Specialist

JDG:zsh

<b>OVEC IKEC</b>	Title: Meeting Report	Doc. #: HRE-FRM-700-26	Date: 3/2015
Document Owner: Michelle Steele		Sponsoring Dept.: Human Resources	

## MEETING REPORT

Complete in Ink, Complete Shaded Portions if Applicable.

<b>Instructor/Facilitator (Print Name):</b> Tye Schwall		<b>Vendor (If Applicable):</b>	
<b>Site Region:</b> <input type="checkbox"/> CC <input checked="" type="checkbox"/> KC <input type="checkbox"/> SD (Check one)		<b>Meeting Location</b> (i.e., Training Room, Conference Room): Landfill Office	
<b>Department/Group:</b> EMA / Environmental		<b>Start Time:</b> 10:00 AM	<b>End Time:</b> 12:30 PM
<b>Topic/Subject Title:</b> Dam and Dike Table Top Drill - Review CCR Requirements			<b>Date:</b> 03/31/2026

### Summary of Meeting

<p><b>Discussion/Comments:</b> Reviewed Procedure and verified phone numbers. Table Top Dike Break at Fly Ash Pond. Toured Dikes at Gavin and Kyger with all in attendance</p>
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### Follow Up

Action Item	Person Responsible to Accomplish Action Item

**Routing**

- Department Head
- Local Training Representative

  
 \_\_\_\_\_  
 (Supervisor's Signature)

**Note: Employees are to print and sign their name on the back of this form.**

**Employee Sign In**

(Complete in Ink)

**Print Your Name Legibly In This Column**

- 1. J Ye Schwoll
- 2. Paul Hutchins
- 3. Hank Island
- 4. Zac Hammond
- 5. Jeremy Balloway
- 6. Rich Fuller
- 7. Kevin Lambert
- 8. TAYLOR HUFFMAN
- 9. Jim Miller
- 10. RICHARD A. SHOULDIS
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
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- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_

**Sign Your Name Legibly In This Column**

- 1. [Signature]
- 2. Paul R Hutchins
- 3. [Signature]
- 4. Zac Hammond
- 5. [Signature]
- 6. Rich Fuller
- 7. [Signature]
- 8. Taylor Huffman
- 9. [Signature]
- 10. Richard A Shuld
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
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- 22. \_\_\_\_\_
- 23. \_\_\_\_\_
- 24. \_\_\_\_\_

**Employees Absent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason: (Vacation, RDO, Sick, Etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entered into TP	Date Entered into TP
_____ (Initials)	_____

**FORM E.1**  
**EAP REVIEW VERIFICATION STATEMENT**

Name of Dam: South Flx AsL + Bottom AsL Ponds

Date of Drill: 3/31/26

- A. The current EAP is on hand and all revisions have been inserted.
- B. The emergency procedures observed during the drill were in accordance with the EAP.
- C. The readiness evaluated in the drill was acceptable.
- D. The communications network is correct and was verified.
- E. The training of personnel is sufficient and acceptable.
- F. The EAP Annual Review procedures were followed.

Additional Comments:

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\_\_\_\_\_  
(Individual responsible for conducting  
EAP Annual Review)

3/31/26  
\_\_\_\_\_  
Date

Henry Cleland  
\_\_\_\_\_  
(printed name)

  
\_\_\_\_\_  
(EAP Coordinator)

3-31-26  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
(printed name)