

DEPARTMENT OF ENVIRONMENTAL QUALITY  
AIR QUALITY DIVISION

**FCE Summary Report**

<b>Facility :</b> CMS Generation Kalamazoo River Generating Station	<b>SRN :</b> N6731
<b>Location :</b> 6900 EAST MICHIGAN AVENUE Comstock TWP	<b>District :</b> Kalamazoo
	<b>County :</b> KALAMAZOO
<b>City :</b> COMSTOCK TWP <b>State:</b> MI <b>Zip Code :</b> 49093	<b>Compliance Status :</b> Compliance
<b>Source Class :</b> MAJOR	<b>Staff :</b> Monica Brothers
<b>FCE Begin Date :</b> 8/1/2016	<b>FCE Completion Date :</b> 1/9/2018
<b>Comments :</b> Company shows compliance with all its requirements.	

**List of Partial Compliance Evaluations :**

Activity Date	Activity Type	Compliance Status	Comments
01/09/2018	ROP SEMI 2 CERT	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.
01/09/2018	ROP Annual Cert	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.
01/09/2018	Scheduled Inspection	Compliance	Announced Scheduled Inspection
08/04/2017	ROP Semi 1 Cert	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.
07/20/2017	ROP Semi 1 Cert	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.
03/10/2017	MAERS	Compliance	ROP Report Certification was received on 3/06/17 for their electronic MAERS submittal.
01/10/2017	ROP SEMI 2 CERT	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.

Activity Date	Activity Type	Compliance Status	Comments
01/10/2017	ROP Annual Cert	Compliance	Company reports compliance with all requirements during the period. The report was received on time and with the signature of the responsible official.

Name: *Moni M. M.* Date: *1/22/18* Supervisor: *MB 1/23/2018*  
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