

CCR Impoundment Weekly Inspection
35 ILL. ADM. Code 845 / 40 CFR Part 257

Station: Coffeen
 Impoundment Name: Ash Pond 1
 IEPA Number: W1350150004-01

Date: 6/1/2021
 Time: 07:50
 Inspector(s): JR & MB

Sky: Overcast Temp.: 61 Precip. (last 48 hrs): 0 Pool Elev.: 35"

"YES" responses require description (size, depth, extents, color) and location in "DESCRIPTION" section. "NO" response indicates no issues were observed at the time of inspection. If "ACTION" selected is "INVESTIGATE", please indicate date forwarded via email to Dam Safety Manager (DSM). Attach additional sheets as necessary. Circle General Condition for each section.

ITEM	YES	NO	DESCRIPTION	ACTION		
				MONITOR	INVESTIGATE	SENT TO DSM
CREST	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____	<input checked="" type="checkbox"/>		
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Settlement		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Misalignment		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____	<input checked="" type="checkbox"/>		
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sloughing / Bulging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sink Holes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Slope Protection / Rip Rap		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
DOWNSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____	<input checked="" type="checkbox"/>		
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sloughing / Bulging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage	<input checked="" type="checkbox"/>		<i>South side & small spot on east</i>	<input checked="" type="checkbox"/>		
Sink Holes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____	<input checked="" type="checkbox"/>		
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Obstructions Present		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

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Station: Coffeen
 Impoundment Name: Ash Pond 2
 IEPA Number: W1350150004-02

Date: 6/1/21
 Time: 07:00
 Inspector(s): JR, MB

Sky: Overcast Temp.: 61 Precip. (last 48 hrs): 0 Pool Elev.: NA

"YES" responses require description (size, depth, extents, color) and location in "DESCRIPTION" section. "NO" response indicates no issues were observed at the time of inspection. If "ACTION" selected is "INVESTIGATE", please indicate date forwarded via email to Dam Safety Manager (DSM). Attach additional sheets as necessary. Circle General Condition for each section.

ITEM	YES	NO	DESCRIPTION	ACTION		
				MONITOR	INVESTIGATE	SENT TO DSM
CREST	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Settlement		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Misalignment		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<i>Allowing new vegetation to become established</i>	<input checked="" type="checkbox"/>		
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sloughing / Bulging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sink Holes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Slope Protection / Rip Rap		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<i>See above</i>	<input checked="" type="checkbox"/>		
DOWNSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sloughing / Bulging		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sink Holes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Animal Burrows		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<i>See above</i>	<input checked="" type="checkbox"/>		
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Obstructions Present		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Seepage		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Erosion Rills		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		

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Station: Coffee
 Impoundment Name: GMF Pond
 IEPA Number: W1350150004-03

Date: 6/1/21
 Time: 0855
 Inspector(s): MSB

Sky: overcast Temp.: 61°F Precip. (last 48 hrs): None Pool Elev.: 590.1

"YES" responses require description (size, depth, extents, color) and location in "DESCRIPTION" section. "NO" response indicates no issues were observed at the time of inspection. If "ACTION" selected is "INVESTIGATE", please indicate date forwarded via email to Dam Safety Manager (DSM). Attach additional sheets as necessary. Circle General Condition for each section.

ITEM	YES	NO	DESCRIPTION	ACTION		
				MONITOR	INVESTIGATE	SENT TO DSM
CREST	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Settlement		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Misalignment		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Sloughing / Bulging		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sink Holes		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Slope Protection / Rip Rap		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
DOWNSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Sloughing / Bulging		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sink Holes		<input checked="" type="checkbox"/>				
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>				
Obstructions Present		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				

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Station: Coffeen
 Impoundment Name: GMF Recycle Pond
 IEPA Number: W1350150004-04

Date: 6/1/21
 Time: 0915
 Inspector(s): MSB

Sky: overcast Temp.: 61°F Precip. (last 48 hrs): None Pool Elev.: 500.1

"YES" responses require description (size, depth, extents, color) and location in "DESCRIPTION" section. "NO" response indicates no issues were observed at the time of inspection. If "ACTION" selected is "INVESTIGATE", please indicate date forwarded via email to Dam Safety Manager (DSM). Attach additional sheets as necessary. Circle General Condition for each section.

ITEM	YES	NO	DESCRIPTION	ACTION		
				MONITOR	INVESTIGATE	SENT TO DSM
CREST	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Settlement		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Misalignment		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Sloughing / Bulging		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sink Holes		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Slope Protection / Rip Rap		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
DOWNSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		<input checked="" type="checkbox"/>				
Sloughing / Bulging		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sink Holes		<input checked="" type="checkbox"/>				
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>				
Animal Burrows		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")		<input checked="" type="checkbox"/>				
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>				
Obstructions Present		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				