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

	35 1	LL. Al	OM. Code 845 / 40	CFR Part 257	/ /			
Station:	Coffeen	Date:			: 1/21/2	1		
Impoundment Name:				Time	: 108:2	5		
made and a second secon	er: W1350150004							
10.174 10011100						New York Control of the Control of t		j
Sky: Sung Temp.:			recip. (last 48 hrs):	Ø			36	
"YES" responses require description (s at the time of inspection. If "ACTION" additional sheets as necessary. Circle	selected is "INVES	TIGAT	E", please indicate date	RIPTION" section. "NO" re forwarded via email to D	esponse indicates no i am Safety Manager (E	ssues w OSM) .	ere obs Attach	served
additional streets as recessary.		The same of the sa				A	CTIO	V
ITEM	YES	NO		DESCRIPTION		MONITOR	INVESTIGATE	SENT TO DSM
CREST	General Condition	Good	/ Fair / Poor	Repairs:	Date:			
Cracking		Ti/						
Settlement		1						
Erosion Rills		V						
Animal Burrows		1						
Misalignment		1						
Vegetation (greater than 12")		17						
UPSTREAM EMBANKMENT	General Condition	: good	/ Fair / Poor	Repairs:	Date:			
Cracking		1						
Sloughing / Bulging		1						
Seepage		1						
Sink Holes		1						
Animal Burrows		1						
Erosion Rills		V						
Slope Protection / Rip Rap		1						
Vegetation (greater than 12")		K	1					
DOWNSTREAM EMBANKMENT	General Condition	G000)/ Fair / Poor	Repairs:	Date:			
Cracking		11/	1					
Sloughing / Bulging		12						
Seepage Seepage		V						
Sink Holes		i						
Sand Boils (indicate if flowing	and color)	V	1					
Animal Burrows		V						
Erosion Rills		i						
Vegetation (greater than 12")		منر						
SPILLWAY(S)	General Condition	n/Goo	d/Fair/Poor	Repairs:	Date:			
Actively Flowing (provide de		V	1		:			
Obstructions Present		V	1					
Seepage		V	1					
Sand Boils (indicate if flowing	and color)	V						
Erosion Rills		V						

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

Coffeen

Station:

Erosion Rills

Impoundment Name: Ash Pon		STATE STATE SALES AND ADDRESS OF THE PARTY O		Т	ime: $09:7$	0			
IEPA Number:	W1350150004	4-02		inspecto	r(s):				
Sky: Sunny Temp.:		1910	ecip. (last 48 hrs):	\$	Po	ol Elev.:			
"YES" responses require description (sat the time of inspection. If "ACTION"	size, depth, extent	s, color) STIGATE	and location in "DESC ", please indicate date	RIPTION" section. "N	O" response indicates to Dam Safety Manag	no issues w er (DSM) .	rere ob: Attach	served	
additional sheets as necessary. Circle	General Condition	for eac	h section.					A I	
							ACTION		
ITEM	YES	NO		DESCRIPTION		MONITOR	INVESTIGATE	SENT TO DSM	
CREST	General Condition	Good	/ Fair / Poor	Repairs:	Date:				
Cracking		V					-		
Settlement		i							
Erosion Rills		V							
Animal Burrows		V							
Misalignment		V	/						
Vegetation (greater than 12")	and the second	K	Establishin	ig COVEY				-	
UPSTREAM EMBANKMENT	General Condition	n: Good	/ Fair / Poor	Repairs:	Date:		To Carle of Service on		
Cracking		V					-	-	
Sloughing / Bulging		V					-	-	
Seepage		V					-	-	
Sink Holes		Iv					-	-	
Animal Burrows		V					-	+	
Erosion Rills		V					+	+	
Slope Protection / Rip Rap)	~					+	-	
Vegetation (greater than 12")	1		and an angle of the contract o			-	+	
DOWNSTREAM EMBANKMENT	General Conditio	n: 600d	/ Fair / Poor	Repairs:	Date:			-	
Cracking		1					-	-	
Sloughing / Bulging		1	1				-	-	
Seepage		V					-	+	
Sink Holes		V					-	+	
Sand Boils (indicate if flowing	and color)	V					-	+	
Animal Burrows		V					_	+	
Erosion Rills		V					-	+	
Vegetation (greater than 12'	')	i						+-	
SPILLWAY(S)	General Condition	on Good	/ Fair / Poor	Repairs:	Date:				
Actively Flowing (provide d	epth)	1	1				-	-	
Obstructions Present	and distributed to the state of	i					-	-	
Seepage	and the second second	V					_	-	
County Della (to None of Standard	and color)	U				D)	na n		

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

	35 II	L. AD	M. Code 845 / 40	CFR Part 257	-1.	1-:			
Station: Coffee				0	Date: 7/27/	21			
Impoundment Name: GMF Po		Pond Time: 07:3							
IEPA Number: W135015	0004	-03		Inspecto	or(s): 1	(Distribution of the Control of the			
Sky: Suny Temp.: 86	Pr		ecip. (last 48 hrs):	\$	and the second s	l Elev.:	ev.:		
"YES" responses require description (size, depth, e at the time of inspection. If "ACTION" selected is 'additional sheets as necessary. Circle General Con	'INVES	TIGATE	", please indicate date	RIPTION" section. "N forwarded via email	O" response indicates no to Dam Safety Manager	(03141).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						P	CTIO	N	
ITEM		NO	DESCRIPTION				INVESTIGATE	SENT TO DSM	
CREST General Con-	dition	Good	/ Fair / Poor	Repairs:	Date:				
	Tion.	1							
Cracking Settlement	+	U	f						
Erosion Rills	+	v							
Animal Burrows	+	v							
Misalignment	1	U							
Vegetation (greater than 12")	1	V	and the second s						
UPSTREAM EMBANKMENT General Con	dition	Good	/ Fair / Poor	Repairs:	Date:				
Cracking	T	V					-		
Sloughing / Bulging		V					-	+	
Seepage		V					-	-	
Sink Holes		0					-	-	
Animal Burrows		V					-	-	
Erosion Rills		0					-	-	
Slope Protection / Rip Rap		1					+	-	
Vegetation (greater than 12")		15/					+	+	
DOWNSTREAM EMBANKMENT General Con	ndition	Good	// Fair / Poor	Repairs:	Date:		Name and Address of the Owner, where	_	
Cracking		V					+	-	
Sloughing / Bulging		V	1				+-	+	
Seepage		1					-		
Sink Holes		/				_	-	-	
Sand Boils (indicate if flowing and color)		1	1			_	-	+	
Animal Burrows		V	2				-	+	
Erosion Rills		V					-	-	
Vegetation (greater than 12")		V	The state of the s				+	+	
SPILLWAY(S) General Co	nditio	Good	Fair / Poor	Repairs:	Date:				
Actively Flowing (provide depth)		1	1				-		
Obstructions Present		V	1				+	-	
Seepage		V					+	-	
Sand Boils (indicate if flowing and color)		V	1/						

Erosion Rills

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

Station: Coffeen Impoundment Name: GMF Recycle Pond Inspector(s): IEPA Number: W1350150004-04 Sky: Sunny Temp.: 86 Precip. (last 48 hrs): Pool Elev .: "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. **ACTION** NVESTIGATE MONITOR DESCRIPTION SENT TO DSM YES NO **ITEM** Date: Repairs: General Condition: Good / Fair / Poor **CREST** 1 Cracking Settlement **Erosion Rills Animal Burrows** Misalignment Vegetation (greater than 12") Date: UPSTREAM EMBANKMENT | General Condition Good / Fair / Poor Repairs: Cracking Sloughing / Bulging V Seepage Sink Holes i **Animal Burrows Erosion Rills** Slope Protection / Rip Rap Vegetation (greater than 12") DOWNSTREAM EMBANKMENT General Condition: Good/ Fair / Poor Repairs: Date: L Cracking Sloughing / Bulging Seepage Sink Holes Sand Boils (indicate if flowing and color) **Animal Burrows Erosion Rills** Vegetation (greater than 12") Date: General Condition: Good / Fair / Poor Repairs: SPILLWAY(S) Actively Flowing (provide depth) **Obstructions Present** Seepage Sand Boils (indicate if flowing and color)

Erosion Rills