

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

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

Date: 1/18/22  
 Time: 10:20  
 Inspector(s): [Signature]

Sky: Sunny Temp.: 32° Precip. (last 48 hrs): 0.04 Pool Elev.: 625.3

"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
<b>CREST</b>	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"/>				
<b>UPSTREAM EMBANKMENT</b>	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"/>				
<b>DOWNSTREAM EMBANKMENT</b>	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"/>				
<b>SPILLWAY(S)</b>	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"/>				



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

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

Date: 1/18/22  
 Time: 08:58  
 Inspector(s): D

Sky: Sunny Temp.: 32° Precip. (last 48 hrs): 0.04 Pool Elev.: 617.1

"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
<b>CREST</b>	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"/>				
<b>UPSTREAM EMBANKMENT</b>	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"/>				
<b>DOWNSTREAM EMBANKMENT</b>	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"/>				
<b>SPILLWAY(S)</b>	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"/>				



**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: 1/18/22  
 Time: 10:15  
 Inspector(s): [Signature]

Sky: Sunny Temp.: 32° Precip. (last 48 hrs): 0.04 Pool Elev.: 630.3

"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
<b>CREST</b>	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"/>				
<b>UPSTREAM EMBANKMENT</b>	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"/>				
<b>DOWNSTREAM EMBANKMENT</b>	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"/>				
<b>SPILLWAY(S)</b>	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"/>				



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

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

Date: 1/18/22  
 Time: 11:45  
 Inspector(s): D

Sky: Sunny Temp.: 32° Precip. (last 48 hrs): 0.04 Pool Elev.: N/A

"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
<b>CREST</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		✓				
Settlement		✓				
Erosion Rills		✓				
Animal Burrows		✓				
Misalignment		✓				
Vegetation (greater than 12")		✓				
<b>UPSTREAM EMBANKMENT</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		✓				
Sloughing / Bulging		✓				
Seepage		✓				
Sink Holes		✓				
Animal Burrows		✓				
Erosion Rills		✓				
Slope Protection / Rip Rap		✓				
Vegetation (greater than 12")		✓				
<b>DOWNSTREAM EMBANKMENT</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		✓				
Sloughing / Bulging		✓				
Seepage		✓				
Sink Holes		✓				
Sand Boils (indicate if flowing and color)		✓				
Animal Burrows		✓				
Erosion Rills		✓				
Vegetation (greater than 12")		✓				
<b>SPILLWAY(S)</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		✓				
Obstructions Present		✓				
Seepage		✓				
Sand Boils (indicate if flowing and color)		✓				
Erosion Rills		✓				