

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: 6/18/24
 Time: 07:10
 Inspector(s): JD

Sky: Pt. Cloudy Temp.: 80 Precip. (last 48 hrs): 0" Pool Elev.: 629.6

"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: Ash Pond 2
 IEPA Number: W1350150004-02

Date: 6/18/24
 Time: 08:30
 Inspector(s): SD

Sky: Pt. Cloudy Temp.: 85 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 type="checkbox"/>				
Settlement	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Erosion Rills	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Animal Burrows	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Misalignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sloughing / Bulging	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Seepage	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sink Holes	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Animal Burrows	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Erosion Rills	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Slope Protection / Rip Rap	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
DOWNSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sloughing / Bulging	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Seepage	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sink Holes	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sand Boils (indicate if flowing and color)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Animal Burrows	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Erosion Rills	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Obstructions Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Seepage	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Sand Boils (indicate if flowing and color)	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Erosion Rills	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

Date: 6/18/24
 Time: 09:45
 Inspector(s): _____

Sky: Pt. Cloudy Temp.: 85 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"/>				
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: 6/18/24
Time: 11:10
Inspector(s): 52

Sky: Pt. Cloudy **Temp.:** 90 **Precip. (last 48 hrs):** 0" **Pool Elev.:** 620.8

"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"/>				