

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

Station: Hennepin
 Impoundment Name: West Ash Pond 1
 IEPA Number: W1550100002-01

Date: 17 Dec 2025
 Time: 07:06
 Inspector(s): Mike Ollie

Sky: clear Temp.: 34°F Precip. (last 48 hrs): 1/16 Pool Elev.: 440' 1/2"

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

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Station: Hennepin
Impoundment Name: East Ash Pond 2
IEPA Number: W1550100002-04

Date: 17 Dec 2025
Time: 07:06
Inspector(s): Mike O'Le

Sky: clear **Temp.:** 34°F **Precip. (last 48 hrs):** 1/16" **Pool Elev.:** 440'2"

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

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

Station: Hennepin
 Impoundment Name: New East Primary Pond
 IEPA Number: W1550100002-05

Date: 17 Dec 2025
 Time: 07:06
 Inspector(s): Mike Ole

Sky: clear Temp.: 34°F Precip. (last 48 hrs): 1/16" Pool Elev.: 440' 2"

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

