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

	33 166.	DIVIT COME DAD / AD CLINICALE					
Station:	Kincaid	Date	e: <u>07</u>	1/31/	24	_	
Impoundment Name:	Ash Pond	Time	:: 12	2:30	PM	_	
IEPA Number:	W0218140002-01	Inspector(s	): <u>7</u> 7).	Hule	run		
Sky: RAIN Temp.:	77°F	recip. (last 48 hrs): 0.89"		Poo	l Elev.:	-13	¥

"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.

additional sheets as necessary. Circle deneral co					ACTION			
ITEM		NO	DESCRIPTION	MONITOR	INVESTIGATE	SENT TO DSM		
CREST General Con	dition(	Good	Fair / Poor Repairs: Date:					
Cracking		1						
Settlement		V						
Erosion Rills		V						
Animal Burrows		V						
Misalignment		V						
Vegetation (greater than 12")		V						
UPSTREAM EMBANKMENT General Cor	idition:	Good	Fair / Poor Repairs: Date:					
Cracking		V						
Sloughing / Bulging		V						
Seepage		1						
Sink Holes		V						
Animal Burrows		V						
Erosion Rills		V				,		
Slope Protection / Rip Rap		M						
Vegetation (greater than 12")		7						
DOWNSTREAM EMBANKMENT General Cor	idition:	6009	/ Fair / Poor Repairs: Date:					
Cracking		V						
Sloughing / Bulging		V						
Seepage		V						
Sink Holes		V						
Sand Boils (indicate if flowing and color)		V						
Animal Burrows	V	<u> </u>						
Erosion Rills		V						
Vegetation (greater than 12")		V						
SPILLWAY(S) General Cor	ndition:		Fair / Poor Repairs: Date:					
Actively Flowing (provide depth)		7						
Obstructions Present		V						
Seepage		V.						
Sand Boils (indicate if flowing and color)		V						
Erosion Rills		1V						