

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

**Station:** Newton  
**Impoundment Name:** Primary Ash Pond  
**IEPA Number:** W0780700001-01

**Date:** 8/13/2025  
**Time:** 11:00 AM  
**Inspector(s):** K Ochs

**Sky:** Clear    **Temp. °F:** 82    **Precip. (last 48 hrs):** 0"    **Pool Elev.:** 521'

"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		X				
Settlement		X				
Erosion Rills		X				
Animal Burrows		X				
Misalignment		X				
Vegetation (greater than 12")		X				
<b>UPSTREAM EMBANKMENT</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Cracking		X				
Sloughing / Bulging	X		Minor sloughing on south side-continuing to monitor	X		
Seepage		X				
Sink Holes		X				
Animal Burrows		X				
Erosion Rills		X				
Slope Protection / Rip Rap		X				
Vegetation (greater than 12")		X				
<b>DOWNSTREAM EMBANKMENT</b>	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				
<b>SPILLWAY(S)</b>	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		X	Pumps providing flow to backside of stoplogs			
Obstructions Present		X	Removed 1 stop log 5-12			
Seepage		X				
Sand Boils (indicate if flowing and color)		X				
Erosion Rills		X				