

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

**Station:** Vermilion  
**Impoundment Name:** North Pond Cell 1&2  
**IEPA Number:** W1838000002-01

**Date:** 6-13-2021  
**Time:** 10:30-  
**Inspector(s):** Mark Moore

**Sky:** Clear **Temp.:** 82°F **Precip. (last 48 hrs):** Trace **Pool Elev.:** Normal

"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"/>		Grass mowed cut sent to DSM 6-13-21			<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"/>		Grass mowed cut sent to DSM 6-13-21			<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"/>		needs mowed			<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"/>	shot in			
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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**35 ILL. ADM. Code 845 / 40 CFR Part 257**

**Station:** Vermilion  
**Impoundment Name:** Old East Pond  
**IEPA Number:** W183800002-03

**Date:** 6-13-2021  
**Time:** 10:30  
**Inspector(s):** Charles Neronc

**Sky:** clear **Temp.:** 82 °F **Precip. (last 48 hrs):** Trace **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		<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"/>		<u>Grass needs cut</u>			<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"/>		<u>Base of Berm river level issue</u>	<input checked="" type="checkbox"/>		
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<u>Grass needs cut</u>			<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"/>		<u>Grass needs cut</u>			<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"/>	<u>Pond filled in</u>			
Obstructions Present		<input checked="" type="checkbox"/>	<u>11 11 11</u>			
Seepage		<input checked="" type="checkbox"/>	<u>11 11 11</u>			
Sand Boils (indicate if flowing and color)		<input checked="" type="checkbox"/>	<u>11 11 11</u>			
Erosion Rills		<input checked="" type="checkbox"/>	<u>11 11 11</u>			



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

**Station:** Vermilion  
**Impoundment Name:** New East Pond Cell 1&2  
**IEPA Number:** W1838000002-04

**Date:** 6-13-21  
**Time:** 10:30  
**Inspector(s):** Mike Nierman

**Sky:** Clear **Temp.:** 82°K **Precip. (last 48 hrs):** Trace **Pool Elev.:** Normal

"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")			Grass weeds cut sent DSM 6-13-21			<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"/>		Grass weeds cut sent DSM 6-13-21			<input checked="" type="checkbox"/>
<b>DOWNSTREAM EMBANKMENT</b>	General Condition: Good / 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"/>		Grass weeds cut sent to DSM 6-13-21			<input checked="" type="checkbox"/>
<b>SPILLWAY(S)</b>	General Condition: Good / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>	shot in			
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"/>				