

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

Station: Vermilion  
Impoundment Name: North Pond Cell 1&2  
IEPA Number: W183800002-01

Date: 10-9-2021

Time: 0845

Inspector(s): Charles Verone (CA)  
Michael Verone (CA)

Sky: Cloudy Temp.: 63°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"/>				
<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"/>		<u>Trees at River</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		<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>Trees at River</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>Shut in</u>			
Obstructions Present		<input checked="" type="checkbox"/>				
Seepage		<input checked="" type="checkbox"/>				
Sand Boils (indicate if flowing and		<input checked="" type="checkbox"/>				
Erosion Rills		<input checked="" type="checkbox"/>				

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

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

Date: 10-9-2021

Time: 0900

Inspector(s): Charles Verone CPY  
Michael Verone Jr

Sky: Cloudy Temp.: 63°F

Precip. (last 48 hrs): Trace

Pool Elev.: Capped

"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						
Settlement						
Erosion Rills						
Animal Burrows						
Misalignment						
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<u>Trees Present</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"/>		<u>near River Level</u>			<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"/>		<u>Trees Present</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>Trees Present</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>Capped</u>			
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"/>				

**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: 10-9-2021

Time: 0920

Inspector(s): Charles Nerone Cpr  
Michael Nerone Jr

Sky: cloudy Temp.: 63°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"/>		<u>Road wash out west side</u>			<input checked="" type="checkbox"/>
Animal Burrows		<input checked="" type="checkbox"/>				
Misalignment		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<u>Trees Growing in Pond</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"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		<u>Trees Growing in River</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>Trees Growing near River</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>Shut in</u>			
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"/>				