

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: 10-2-2021
 Time: 0910
 Inspector(s): Charles Verone
Michael Verone
 Pool Elev.: 1201m

Sky: cloudy Temp.: 60°F Precip. (last 48 hrs): Trace

"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		<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"/>				
UPSTREAM EMBANKMENT	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>			
DOWNSTREAM EMBANKMENT	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 Level</u>			
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs:	Date:		
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>	<u>Shot 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: W1838000002-03

Date: 10-2-2021
Time: 9:20

Inspector(s): Charles Nerone RM
 Michael Nerone

Sky: cloudy **Temp.:** 60°K **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
CREST	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"/>		Trees Present			<input checked="" type="checkbox"/>
UPSTREAM EMBANKMENT	General Condition: <u>Good</u> / Fair / Poor			Repairs: _____ Date: _____		
Cracking		<input checked="" type="checkbox"/>				
Sloughing / Bulging	<input checked="" type="checkbox"/>		Near River Level			<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"/>		Trees Present			<input checked="" type="checkbox"/>
DOWNSTREAM EMBANKMENT	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"/>		Trees Present			<input checked="" type="checkbox"/>
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor			Repairs: _____ Date: _____		
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>	Capped			
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: 10-2-2021
Time: 0930
Inspector(s): Charles Nerone CIP
Michael Nerone M
Pool Elev.: Normal

Sky: Cloudy **Temp.:** 60°F **Precip. (last 48 hrs):** Trace

"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		<input checked="" type="checkbox"/>				
Settlement		<input checked="" type="checkbox"/>				
Erosion Rills	<input checked="" type="checkbox"/>		Road washing out west side			<input checked="" type="checkbox"/>
Animal Burrows		<input checked="" type="checkbox"/>				
Misalignment		<input checked="" type="checkbox"/>				
Vegetation (greater than 12")	<input checked="" type="checkbox"/>		Trees Growing in Pond			<input checked="" type="checkbox"/>
UPSTREAM EMBANKMENT	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"/>		Trees Growing Near River			<input checked="" type="checkbox"/>
DOWNSTREAM EMBANKMENT	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"/>		Trees Growing Near River			<input checked="" type="checkbox"/>
SPILLWAY(S)	General Condition: <u>Good</u> / Fair / Poor		Repairs: _____ Date: _____			
Actively Flowing (provide depth)		<input checked="" type="checkbox"/>	Shut 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"/>				