

**WEEKLY QUALIFIED PERSON CHECKLIST FOR JOLIET 29 ASH PONDS**

**INSTRUCTIONS:**

- 1) An inspection of each ash pond and related embankments/berms at the Stations must be conducted **weekly and within 24 hours after a storm event greater or equal to 6.45 inches.**
- 2) The inspection must be conducted by a "qualified person" and the inspection records should be maintained at the Station for five years.
- 3) Every week, the qualified person must also inspect the CCR Unit Instrumentation.

Date: 04/25/2021 Time: 0839 Type of Inspection: Weekly  Storm Event

**GENERAL INFORMATION:**

	POND 1	POND 2	POND 3
1) Water Level in Pond	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>
2) Is Ash Being Removed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3) In Service?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

**PHYSICAL INSPECTION:**

1) Seepage from or through embankment? Includes roads around ponds and outside fence.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2) Sinkholes/Depressions/Bulges in Pond or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3) Signs of Piping/Channels or other Internal Erosion on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4) Cracking on Embankments/Berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5) Animal Burrows on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
6) Excessive or Lacking Vegetative Cover on embankments? (should be normal growth)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7) Slope Erosion on berms or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
8) Debris on embankments/berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9) Deterioration, malfunctions, or improper operation of overtopping control systems	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10) Visible Releases	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain: \_\_\_\_\_

12) Is there any damage to Pond Liner: YES  NO

12.a) If YES, Describe in Detail: \_\_\_\_\_

12.b) Specific Location: \_\_\_\_\_

12.c) Is Water Level Below Damage? YES  NO

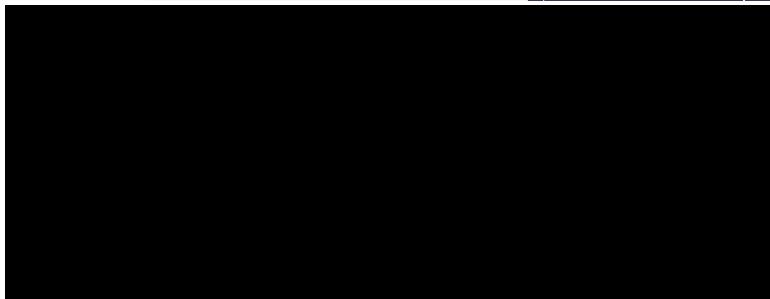
12.d) If No, Did You Reduce Pond Level? YES  N/A

12.e) Notified Shift Supervisor of Damage? YES  Date Notified: \_\_\_\_\_ N/A

12.f) Notified Station Management of Damage? YES  Date Notified: \_\_\_\_\_ N/A

12.g) Additional Comments: \_\_\_\_\_

Inspector Signature:



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- 1) An inspection of each ash pond and related embankments/berms at the Stations must be conducted **weekly and within 24 hours after a storm event greater or equal to 6.45 inches.**
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- 3) Every week, the qualified person must also inspect the CCR Unit Instrumentation.

**Date:** 4-28-21      **Time:** 7:00 AM      **Type of Inspection:** Weekly  Storm Event

**GENERAL INFORMATION:**

	POND 1	POND 2	POND 3
1) Water Level in Pond	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>	NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/>	NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>
2) Is Ash Being Removed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3) In Service?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

**PHYSICAL INSPECTION:**

1) Seepage from or through embankment? Includes roads around ponds and outside fence.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2) Sinkholes/Depressions/Bulges in Pond or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3) Signs of Piping/Channels or other Internal Erosion on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4) Cracking on Embankments/Berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5) Animal Burrows on embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
6) Excessive or Lacking Vegetative Cover on embankments? (should be normal growth)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7) Slope Erosion on berms or embankments?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
8) Debris on embankments/berms?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9) Deterioration, malfunctions, or improper operation of overtopping control systems	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10) Visible Releases	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain: \_\_\_\_\_

12) Is there any damage to Pond Liner: YES  NO

12.a) If YES, Describe in Detail: \_\_\_\_\_

12.b) Specific Location: \_\_\_\_\_

12.c) Is Water Level Below Damage? YES  NO

12.d) If No, Did You Reduce Pond Level? YES  N/A

12.e) Notified Shift Supervisor of Damage? YES  Date Notified: \_\_\_\_\_ N/A

12.f) Notified Station Management of Damage? YES  Date Notified: \_\_\_\_\_ N/A

12.g) Additional Comments: \_\_\_\_\_

Inspector Signature:

