

WEEKLY QUALIFIED PERSON CHECK LIST FOR JOLIET 29 STATION

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: 11/28/21 Time: 0900

Type of Inspection: Weekly Storm Event

GENERAL INFORMATION:

POND 1

POND 2

POND 3

(see Note)

(see Note)

| | | | |
|--------------------------|---|---|---|
| 1) Water Level in Pond | NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> | NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> | NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/> |
| 2) Is Ash Being Removed? | N/A | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | N/A |
| 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

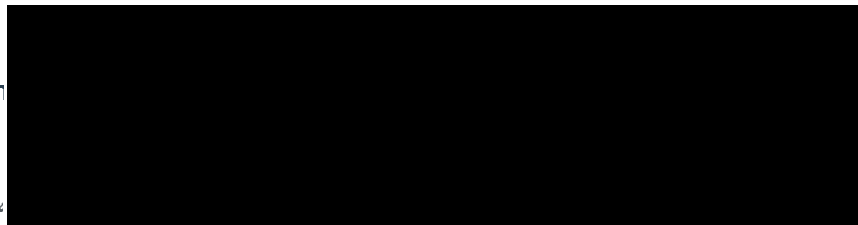
12.d) If No, Did You Reduce Pond Level? YES N/A

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 Sign



Note: Joliet 29 Pond 1 and Pond 3 are not CCR surface impoundments. Inspections are conducted as part of good operating practices.

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Date: 12/1/21 Time: 0930

Type of Inspection: Weekly Storm Event

GENERAL INFORMATION:

POND 1

POND 2

POND 3

(see Note)

(see Note)

| | | | |
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| 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:

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| | | | | | | |
|--|------------------------------|--|------------------------------|--|------------------------------|--|
| 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"/> |

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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

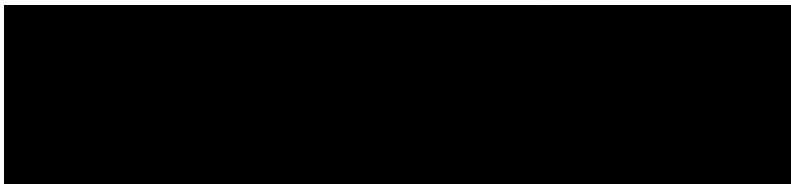
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Inspector Sign _____



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