

WEEKLY QUALIFIED PERSON CHECK LIST 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: 4-23-23 Time: 7:38 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 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?	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

If YES, answer questions below:

12.a) 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: _____

POND LEVEL INSTRUMENTATION

Pond 2 Level (ft) 5.6

Elevation FT/MSL (ft) 523.1

Gauge Marker Instrument is in good condition and readable: YES NO

NOTE: Joliet 29 Pond 1 & Pond 3 are not CCR Surface Impoundments. Inspections are conducted as part of Operations Best Practices.

Inspector Name (Print): _____

Inspector Signature: _____

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Date: 4/26/23 Time: 0830

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 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?	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"/>

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

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

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