

## Weekly CCR Inspection Checklist for Lincoln Stone Quarry (rev7 – 2021)

### INSTRUCTIONS:

- 1) An inspection must be conducted no less than every 7 days and within 24 hours after a storm event greater than 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. RETURN FORM to Env. Specialist.
- 3) **HIGHLIGHTED ANSWERS reflect immediate problems – contact management.**

### GENERAL INFORMATION:

- |  |  |
|--|--|
| 1) Date/Time Onsite                    | February 2, 2022/15:15 – 16:40   |
| 2) Pond Name                           | Lincoln Stone Quarry   |
| 3) Type of Inspection                  | 7-day <input checked="" type="checkbox"/> Storm Event <input type="checkbox"/>                                       |
| 4) Water Level in Pond                 | NORMAL <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW <input type="checkbox"/>                |
| 5) Water Differential (Boyd’s – LSQ) * | NORMAL (>5’) <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

\* Differential notification on 2/01/22 was 8.24 ft.

### PHYSICAL INSPECTION:

Is the impoundment incised? 7      NO       If yes, skip down to Question 9.

|  | <b>YES</b>               | <b>NO</b>                           | <b>N/A</b>                          | <b>CONDITION NOTES</b> |
|--|--------------------------|-------------------------------------|-------------------------------------|------------------------|
| 1) Seepage from or through embankment/berm?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 2) Sinkholes/Depressions/Bulges in Pond or embankments?                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 3) Signs of Piping/Channels or other Internal Erosion on embankments?                | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 4) Cracking on Embankments/Berms?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 5) Animal Burrows on embankments?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 6) Excessive or Lacking Vegetative Cover on embankments?                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 7) Slope Erosion on berms or embankments?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 8) Debris on embankments/berms?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                  |
| 9) Deterioration, malfunctions, or improper operation of overtopping control systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | NE                     |
| 10) Visible Releases   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | NE                     |
| 11) Potential for Dusting?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | NE                     |

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

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13) Notified Shift Supervisor of Damage? YES  Date Notified: \_\_\_\_\_ N/A

14) Notified Station Management of Damage? YES  Date Notified: \_\_\_\_\_ N/A

15) Additional Comments: \_\_\_\_\_

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### **30-DAY INSPECTION OF UNIT INSTRUMENTATION**

HIGHLIGHT APPROPRIATE MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV **DEC**

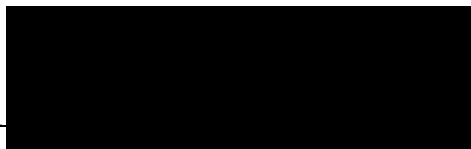
|  | <b>GOOD</b>                         | <b>NEEDS REPAIR</b>      | <b>N/A</b>                          |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1) Level Instrumentation Verified Physically Intact        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2) Level Instrumentation Verified Communicating to Website | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3) Other Device(s) ( <i>if applicable</i> )                | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Describe any "Needs Repair" checked above: \_\_\_\_\_

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Verification contact/time: \_\_\_\_\_

Inspector: \_\_\_\_\_



### **CONDITION NOTES:**

- NE No evidence of a problem
- GC Good condition
- MM Item needing minor maintenance and/or repairs within the year
- IM Item needing immediate maintenance to restore or ensure its safety or integrity
- EC Emergency condition which if not immediately repaired or other appropriate measures taken could lead to failure of the dam
- OB Condition requires regular observation to ensure that the condition does not become worse.