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

INSTRUCTIONS:

- 1) An inspection must be conducted no less than <u>every 7 days and within 24 hours after a storm event greater than or equal to 6.45 inches.</u>
- 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.

| <u>GEN</u> | IERAL INFORMATION: | | | | | | | | |
|----------------------|---|-----------------------------------|-------------|---------------------|------------------------------|--|--|--|--|
| 1 |) Date/Time Onsite | September 13, 2023/ 14:35 – 16:00 | | | | | | | |
| 2 | Pond Name | Lincoln Stone Quarry | | | | | | | |
| 3 | Type of Inspection | 7-day ⊠ Storm Event □ | | | | | | | |
| 4 |) Water Level in Pond | NORMAL | \boxtimes | <mark>HIGH</mark> □ | l <mark>LOW</mark> \square | | | | |
| 5 |) Water Differential (Boyd's – LSQ) * | NORMAL (| >5′) | YES | ⊠ <mark>NO</mark> □ | | | | |
| * | * Differential notification on 9/11/23 was 10.10 ft. | | | | | | | | |
| PHYSICAL INSPECTION: | | | | | | | | | |
| ls t | he impoundment incised? YES ⊠ NO □ | If yes, skip down to Question 9. | | | | | | | |
| | | YES | NO | N/A | CONDITION NOTES | | | | |
| 1) | Seepage from or through embankment/berm? | | | \boxtimes | | | | | |
| 2) | Sinkholes/Depressions/Bulges in Pond or embankments? | | | | | | | | |
| 3) | Signs of Piping/Channels or other Internal Erosion on embankments? | | | | | | | | |
| 4) | Cracking on Embankments/Berms? | | | \boxtimes | | | | | |
| 5) | Animal Burrows on embankments? | | | \boxtimes | | | | | |
| 6) | Excessive or Lacking Vegetative Cover on embankments? | | | | | | | | |
| 7) | Slope Erosion on berms or embankments? | | | \boxtimes | | | | | |
| 8) | Debris on embankments/berms? | | | \boxtimes | | | | | |
| 9) | Deterioration, malfunctions, or improper operation of overtopping control systems | | \boxtimes | | <u>NE</u> | | | | |
| 10) Visible Releases | | | \boxtimes | | NE | | | | |
| 11) | Potential for Dusting? | | \boxtimes | | NE | | | | |

| 12) If Yes to any of the above, or any other abnormalities are noted, please describe/explain: | | | | | | | |
|--|--|--------------|-------------------------------|-------------|--|--|--|
| | | | | | | | |
| 13) <mark>N</mark> | 13) Notified Shift Supervisor of Damage? YES Date Notified: N/A | | | | | | |
| 14) <mark>N</mark> | otified Station Management of Damage? YES | ed: N/A 🗆 | N/A 🗆 | | | | |
| 15) A | dditional Comments: | | | | | | |
| | | · | | | | | |
| 30-D/ | AY INSPECTION OF UNIT INSTRUMENTATION | | | | | | |
| HIGHL | IGHT APPROPRIATE MONTH: JAN FEB MAR APR MA | Y JUN JUL A | NUG <mark>SEPT</mark> OCT NOV | DEC | | | |
| | | GOOD | NEEDS REPAIR | N/A | | | |
| 1) | Level Instrumentation Verified Physically Intact | \boxtimes | | | | | |
| • | Level Instrumentation Verified Communicating to Website | \boxtimes | | | | | |
| 3) | Other Device(s) (if applicable) | | | \boxtimes | | | |
| Descr | ibe any "Needs Repair" checked above: | | | | | | |
| Verifi | cation contact/time <u>Last Verification on 9/15</u> , | /23 with | <u>at 1410 CS</u> | <u>5T</u> | | | |
| | | | | | | | |
| CONE | DITION 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 | | | | | | |
| ОВ | Condition requires regular observation to ensur worse. | e that the c | ondition does not be | come | | | |