

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 | October 23, 2024/ 10:53 – 12:00 |
| 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’) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

*Differential notification on 10/23/2024 was 7.72 ft.

PHYSICAL INSPECTION:

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

	YES	NO	N/A	CONDITION NOTES
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:

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: _____

30-DAY INSPECTION OF UNIT INSTRUMENTATION

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

	GOOD	NEEDS REPAIR	N/A
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: _____

Verification date/time: _____ Last verification on 9/25/2024 at 14:22 CST

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.