

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 | April 1, 2025/ 10:30– 11:45 |
| 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 4/1/2025 was 8.37 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 3/11/2025 at 16:32 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.