

## 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 8, 2025/ 10:40– 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 4/8/2025 was 8.49 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 4/8/2025 at 11:56 CDT

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.