

## 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 28, 2025/ 9:20 – 10:20                                                                                      |
| 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"/> <b>HIGH</b> <input type="checkbox"/> <b>LOW</b> <input type="checkbox"/> |
| 5) Water Differential (Boyd’s – LSQ) * | NORMAL (>5’) YES <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>                                        |

\*Differential notification on 10/28/2025 was 8.75 ft.

### PHYSICAL INSPECTION:

Is the impoundment incised? YES  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: \_\_\_\_\_

Verification date/time: \_\_\_\_\_ Last verification on 10/14/2025 at 10:35 CT

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.