

WEEKLY INSPECTION CHECKLIST FOR SURFACE IMPOUNDMENTS

INSTRUCTIONS:

- 1) An inspection of each ash pond and related embankments/berms at the Station must be conducted:
 - a. Not less than every 7 days, and
 - b. Within 24 hours after a storm event greater than or equal to 6.20 inches.
- 2) The inspection must be conducted by a "qualified person" and the inspection records should be maintained at the Station for five years.
- 3) This is for all active and inactive ponds.
- 4) Not less than every 30 days, the qualified person must also inspect the CCR Unit Instrumentation.

GENERAL INFORMATION:

- | | | | |
|--|--|--|------------------------------|
| 1) Date | 8-11-2021 | | |
| 2) Pond Name | Ash Surge Basin (ASB) | | |
| 3) Type of Inspection | 7-day <input checked="" type="checkbox"/> | Storm Event <input type="checkbox"/> | |
| 4) General Condition | EMPTY <input type="checkbox"/> | FULL <input checked="" type="checkbox"/> | |
| 5) In Service | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| 6) Is Ash Being Removed During Inspection? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| 7) Water Level in Pond | NORMAL <input checked="" type="checkbox"/> | HIGH <input type="checkbox"/> | LOW <input type="checkbox"/> |

PHYSICAL INSPECTION:

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

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1) Seepage from or through embankment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Sinkholes/Depressions/Bulges in Pond or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Signs of Piping/Channels or other Internal Erosion on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Cracking on Embankments/Berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Animal Burrows on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Excessive or Lacking Vegetative Cover on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7) Slope Erosion on berms or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8) Debris on embankments/berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9) Deterioration, malfunctions, or improper operation of overtopping control systems

10) Visible Releases

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain:

12) Is there any damage to Pond Liner: YES NO N/A

12.a) If YES, Describe in Detail: _____

12.b) Specific Location: _____

12.c) Is Water Level Below Damage? YES NO N/A

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

30-DAY INSPECTION OF UNIT INSTRUMENTATION

	GOOD	NEEDS REPAIR	N/A
1) Pump Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Polymer System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Wetwell/Basin Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Freeboard Measuring Device(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Other Device(s) (pH meter)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any "Needs Repair" checked above: _____

Inspector: _____  _____

WEEKLY INSPECTION CHECKLIST FOR SURFACE IMPOUNDMENTS

INSTRUCTIONS:

- 1) An inspection of each ash pond and related embankments/berms at the Station must be conducted:
 - a. Not less than every 7 days, and
 - b. Within 24 hours after a storm event greater than or equal to 6.20 inches.
- 2) The inspection must be conducted by a "qualified person" and the inspection records should be maintained at the Station for five years.
- 3) This is for all active and inactive ponds.
- 4) Not less than every 30 days, the qualified person must also inspect the CCR Unit Instrumentation.

GENERAL INFORMATION:

- | | |
|--|---|
| 1) Date | 8-11-21 |
| 2) Pond Name | Ash Bypass Basin (ABB) |
| 3) Type of Inspection | 7-day <input checked="" type="checkbox"/> Storm Event <input type="checkbox"/> |
| 4) General Condition | EMPTY <input checked="" type="checkbox"/> FULL <input type="checkbox"/> |
| 5) In Service | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 6) Is Ash Being Removed During Inspection? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 7) Water Level in Pond | NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/> |

PHYSICAL INSPECTION:

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

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1) Seepage from or through embankment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Sinkholes/Depressions/Bulges in Pond or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Signs of Piping/Channels or other Internal Erosion on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Cracking on Embankments/Berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Animal Burrows on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Excessive or Lacking Vegetative Cover on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7) Slope Erosion on berms or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8) Debris on embankments/berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- 9) Deterioration, malfunctions, or improper operation of overtopping control systems
- 10) Visible Releases

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain:

12) Is there any damage to Pond Liner: YES NO N/A

12.a) If YES, Describe in Detail: _____

12.b) Specific Location: _____

12.c) Is Water Level Below Damage? YES NO N/A

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: The Ash Bypass Basin has been closed off.

30-DAY INSPECTION OF UNIT INSTRUMENTATION

	GOOD	NEEDS REPAIR	N/A
1) Pump Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Polymer System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Wetwell/Basin Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Freeboard Measuring Device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Other Device(s) (pH meter)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe any "Needs Repair" checked above: _____

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Inspector: _____  _____

WEEKLY INSPECTION CHECKLIST FOR SURFACE IMPOUNDMENTS

INSTRUCTIONS:

- 1) An inspection of each ash pond and related embankments/berms at the Station must be conducted:
 - a. Not less than every 7 days, and
 - b. Within 24 hours after a storm event greater than or equal to 6.20 inches.
- 2) The inspection must be conducted by a "qualified person" and the inspection records should be maintained at the Station for five years.
- 3) This is for all active and inactive ponds.
- 4) Not less than every 30 days, the qualified person must also inspect the CCR Unit Instrumentation.

GENERAL INFORMATION:

- | | | | |
|--|---|--|---|
| 1) Date | 8-11-21 | | |
| 2) Pond Name | Metals Cleaning Basin (MCB) | | |
| 3) Type of Inspection | 7-day <input checked="" type="checkbox"/> | Storm Event <input type="checkbox"/> | |
| 4) General Condition | EMPTY <input type="checkbox"/> | FULL <input checked="" type="checkbox"/> | |
| 5) In Service | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| 6) Is Ash Being Removed During Inspection? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| 7) Water Level in Pond | NORMAL <input type="checkbox"/> | HIGH <input type="checkbox"/> | LOW <input checked="" type="checkbox"/> |

PHYSICAL INSPECTION:

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

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1) Seepage from or through embankment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Sinkholes/Depressions/Bulges in Pond or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Signs of Piping/Channels or other Internal Erosion on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Cracking on Embankments/Berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Animal Burrows on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Excessive or Lacking Vegetative Cover on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7) Slope Erosion on berms or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8) Debris on embankments/berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

9) Deterioration, malfunctions, or improper operation of overtopping control systems

10) Visible Releases

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain:

12) Is there any damage to Pond Liner: YES NO N/A

12.a) If YES, Describe in Detail: _____

12.b) Specific Location: _____

12.c) Is Water Level Below Damage? YES NO N/A

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

30-DAY INSPECTION OF UNIT INSTRUMENTATION

	GOOD	NEEDS REPAIR	N/A
1) Pump Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Polymer System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Wetwell/Basin Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Freeboard Measuring Device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Other Device(s) (pH meter)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe any "Needs Repair" checked above: _____

_____ Instrumentation is installed only when processing boiler waste.

Inspector: _____  _____

WEEKLY INSPECTION CHECKLIST FOR SURFACE IMPOUNDMENTS (FAB)

INSTRUCTIONS:

- 1) An inspection of each ash pond and related embankments/berms at the Stations must be conducted:
 - a. Not less than every 7 days, and
 - b. Within 24 hours after a storm event greater or equal to 6.20 inches.
- 2) The inspection must be conducted by a "qualified person" and the inspection records should be maintained at the Station for five years.
- 3) This is for all active and inactive ponds.
- 4) Not less than every 30 days, the qualified person must also inspect the CCR Unit Instrumentation.

GENERAL INFORMATION:

- | | |
|--|---|
| 1) Date | 8-11-21 |
| 2) Pond Name | Former Ash Basin (FAB) |
| 3) Type of Inspection | 7-day <input checked="" type="checkbox"/> Storm Event <input type="checkbox"/> |
| 4) General Condition | EMPTY <input checked="" type="checkbox"/> FULL <input type="checkbox"/> |
| 5) In Service | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 6) Is Ash Being Removed During Inspection? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 7) Water Level in Pond | NORMAL <input type="checkbox"/> HIGH <input type="checkbox"/> LOW <input checked="" type="checkbox"/> |

PHYSICAL INSPECTION:

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

- | | YES | NO |
|--|-------------------------------------|-------------------------------------|
| 1) Seepage from or through embankment? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Sinkholes/Depressions/Bulges in Pond or embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Signs of Piping/Channels or other Internal Erosion on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4) Cracking on Embankments/Berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5) Animal Burrows on embankments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6) Excessive or Lacking Vegetative Cover on embankments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7) Slope Erosion on berms or embankments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8) Debris on embankments/berms? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9) Deterioration, malfunctions, or improper operation of overtopping control systems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10) Visible Releases

11) If Yes to any of the above, or any other abnormalities are noted, please describe/explain:

There are some large trees growing in the embankment and one area where the side of the embankment appears to have eroded. No significant changes in these conditions were observed.

Permitting for closure of the FAB is in progress.

12) Is there any significant damage to the embankment: YES NO

12.a) If YES, Describe in Detail: _____

12.b) Specific Location: _____

12.c) Is Water Level Below Damage? YES NO N/A

12.d) If No, Did You Reduce Pond Level? YES N/A

12.e) Notified Shift Supervisor of Damage? YES Date Notified: _____ N/A

12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

Inspector: _____  _____