

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 | Click or tap here to enter text. <u>6/2/2021</u> | | |
| 2) Pond Name | Click or tap here to enter text. <u>Ash Surge Basin</u> | | |
| 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 | <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:

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

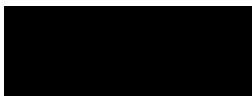
12.d) If No, Did You Reduce Pond Level? YES N/A

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: _____



6/2/2021

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- 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 | Click or tap here to enter text. <u>6/2/2021</u> |
| 2) Pond Name | Click or tap here to enter text. <u>Ash By Pass Basin</u> |
| 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: _____

30-DAY INSPECTION OF UNIT INSTRUMENTATION

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

Describe any "Needs Repair" checked above: _____

Inspector:  8/2/2021

WEEKLY INSPECTION CHECKLIST FOR SURFACE IMPOUNDMENTS

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GENERAL INFORMATION:

- | | | | |
|--|--|--|---|
| 1) Date | Click or tap here to enter text. <u>6/2/2021</u> | | |
| 2) Pond Name | Click or tap here to enter text. <u>Metal Cleaning Basin</u> | | |
| 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 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 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

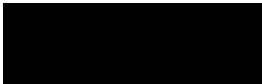
12.f) Notified Station Management of Damage? YES Date Notified: _____ N/A

12.g) Additional Comments: _____

30-DAY INSPECTION OF UNIT INSTRUMENTATION

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1) Pump Conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Polymer System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Wetwell/Basin Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Freeboard Measuring Device(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Inspector: _____  _____ 6/2/21

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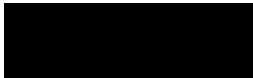
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Inspector:  6/2/2021